

# LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. *JESUIT.*

## Guide for Faculty and Staff: ASSISTING STUDENTS IN DISTRESS



Wellness Center  
for Health and Counseling



# Introduction

Faculty, staff, and resident advisors are in a unique position to help identify students in distress. College is a time of transition and adjustment for many, and the challenges may create or initiate overwhelming distress. Many students cannot or will not reach out for help, and some cannot go to their friends or family for support. A student may turn to you for help with an issue. When these incidents occur, you are on the “front line” of defense. Early intervention has been shown to significantly increase the student’s chances of getting better and/or seeking treatment. During times, when you are faced with a student in distress it may seem as though you cannot do anything or that you are not qualified to help. It can be difficult to know the best approach to take with the student. This guide was created to provide suggestions for you in these situations. It offers succinct advice and strategies on how to cope and intervene with a student in distress. It is important to know that a counselor in the Wellness Center is available to consult with you when these situations arise.

Many students are not prepared to deal with the many stressors that they will face. College students typically encounter many challenges at once and do not have the tools to manage the stress they are experiencing. Some of the most common stressors include (but are not limited to): transition to college, academic/career concerns, trauma (physical and emotional), romantic relationships, family issues and financial difficulties. In the most recent American College Health Assessment (2012) 45.6 percent of students surveyed reported “stress” being the main factor affecting their academic performance. Anxiety, depression, and relationship difficulties (20.2 percent, 12.4 percent and 10.4 percent respectively) were also among the highest contributing factors reported. Many students also enter college with pre-existing trauma (e.g., physical or sexual abuse, loss of family member, natural disaster and difficult family life). Some students also come to college having pre-existing mental health concerns with 75 percent of these students experiencing onset of these problems before the age of 24 (Reavley & Joram, 2010). These are manageable with treatment and follow-up care, but can emerge and unravel during times of increased stress and noncompliance with treatment (e.g., medication/counseling). If a student shows significant alteration or inconsistent behavior, it is likely a sign that the student is in need of counseling or is a “cry for help.”

# How to Identify Students in Distress

There is a difference between a student who has stress and a student who is in crisis. The main difference is that a student in crisis is no longer able to use his/her coping skills to get himself/herself through. Students experiencing a crisis can become overwhelmed with the emotional or physiological response, and their level of anxiety escalates. If this happens, some students can become disoriented (e.g., lose track of time, obligations such as assignment due dates, etc.), non-functional (e.g., missing classes, uncontrollable emotions) or attempt to harm themselves (e.g., cutting, attempted suicide).

A student in a *serious mental health crisis* may exhibit some of the following behaviors:

- Suicidal thoughts (including both verbal and written references).
- Threats to harm others (including both verbal and written threats).
- Fear of losing control.
- Highly disruptive behavior (e.g., vandalism, hostility, aggression, heightened anger).
- Inability to communicate (e.g., slurred speech, tangential or disjointed thoughts).
- Loss of contact with reality (e.g., hearing or seeing things that are not there, grandiose beliefs or behavior).

A student who is overly stressed may exhibit behaviors that are cause for concern. These behaviors may not be disruptive, but can foster substantial emotional/physiological suffering. Most students who fall in this category (not crisis) may be reluctant to reach out for help because they do not want to “burden” you, or think it “isn’t a big deal.” In some cases these students who fall between the cracks and are not approached can be the most at risk.

A student in moderate distress may exhibit some of the following behaviors:

## **Marked changes in academic performance**

- Repeated (and unusual) requests for special consideration (*especially if student is uncomfortable or emotional when discussing circumstances surrounding the request.*)
- Excessive absences or unexplained absences.
- Poor or recent change in concentration.

- Falling asleep in class.
- Exaggerated emotional response which is clearly inappropriate in the given situation.
- Avoids participation or sudden withdrawal from class and others.

### **Marked changes in behavior**

- Changes in personal dress and/or hygiene.
- Change in patterns of interaction (e.g. avoidance, anxiety when called upon or hyperactivity dominating discussions, inappropriate commentary).
- Depressed mood.
- Swollen, red, or bloodshot eyes.
- Marked change in fatigue, appearing sad or exhausted.
- Dramatic weight loss or weight gain.

## How Can You Help Students in Distress?

**F**aculty and staff are not expected to be clinicians or to constantly monitor a student's behavior. Many faculty and staff members are the first contact students have and your response can be crucial and even life-altering for the distressed student. If you notice a student experiencing or expressing any of the above behaviors, this guide can help you navigate the student's issues and make the appropriate referral. If you feel uncomfortable or uneasy at any time about what to do with a particular student, seek consultation from a counselor in the Counseling Center (315-445-4195).

### **GENERAL GUIDELINES**

1. **ENSURE PRIVACY** when you talk with the student. Make sure you and the student set aside time when neither one of you is rushed or preoccupied. If you feel unsafe, ask a colleague to join you and explain to the student why.
2. **EXPRESS CONCERN** in behavioral and non-judgmental terms. For example, "I've noticed you have missed several classes recently, is everything okay?" NOT "Where have you been lately? Your grades are suffering."
3. **LISTEN** to the student in an open, nonthreatening and sensitive manner. It might be tough for the student to fully disclose what is happening, especially if a recent trauma has occurred. For example, "It sounds like something is

really bothering you. I'm here to listen and help in any way I can.”

4. **EMPATHIZE** with the student. Try to understand his/her point of view by asking questions and **CLARIFYING** your understanding of the problem at hand. You can do this by repeating the essence of what the student has said. Include both the **CONTENT** (“It sounds like you’re having a hard time adjusting to college ...”) and **FEELINGS** (“and you’re feeling overwhelmed.”).
5. **NORMALIZE** the situation. Simply giving the student hope that things can get better can de-escalate the situation. It is very important for him/her to realize that they have options. Suggest resources such as resident advisors (RA’s), area directors (AD’s), friends, family, Campus Ministry or the Counseling Center. Remember you are **NOT** a problem solver, and your purpose should be to instill hope that things can get better and refer the student to the appropriate office or professional.
6. **AVOID** judging, evaluating and criticizing the student. Such a response will make the student less apt to seek help. Keep in mind any cultural or value differences, and respect the student’s beliefs, even if you do not agree with them.
7. **REFER** the student to professionals. Some students are reluctant to seek help, but let them know that seeking help is a sign of strength and courage, not weakness or failure.
8. **FOLLOW UP** with the student in a reasonable amount of time. This will demonstrate your commitment and care for the student’s well-being. Also, be sure to check with the referral appointment and make sure it was kept.
9. **CONSULT** with a professional about any concerns you still have. If you are ever in doubt about what to do, call the Security Office (315-445-4444) or the Counseling Center (315-445-4195) for consultation. The Counseling Center is available after hours and on weekends during the fall and spring semesters. The on-call therapist can be reached by calling security, who will connect you with someone from the Counseling Center.

## **HOW TO REFER A STUDENT TO COUNSELING**

If you have a student who is not in crisis, but you believe he could benefit from counseling services, encourage him/her to contact the Counseling Center for an appointment.

**STEP 1.** If the student is in your office and you have discussed the option of counseling with him/her, it is important to encourage him/her to contact the Counseling Center (preferably from your office) to make the appointment. Students can call the Counseling Center (315-445-4195) to schedule an intake appointment or they can visit our office located in Romero Hall (across from the Health Office).

STEP 2. The student will spend 50 minutes with a counselor during the intake appointment. From there, the counselor and the student will decide what services are needed.

If you are ever in doubt about making a referral to the counseling center, consult with a supervisor or colleague. You may also call the Counseling Center between 8:30 a.m. - 4:30 p.m. to consult with a therapist about your concerns.

*Any student who exhibits threatening, violent or highly disruptive behavior needs a different approach. It is appropriate to call the Security Office (315-445-4444) if your immediate safety is in jeopardy. For non-urgent matters, you can also contact the assistant dean of student development at (315-445-4525).*

## **STUDENTS RELUCTANT TO SEEK HELP**

Some students you encounter will be reluctant to seek help and counseling. We cannot make decisions for them, and counseling is always a personal choice. If you find that a student is ambivalent about counseling, here are some ways you can assist a student in seeking professional help.

- Assure the student that anything said in a counseling session is CONFIDENTIAL and will not be shared with anyone unless he gives written permission.
- Normalize counseling for the student.
- Reassure the student that counseling is for anyone needing assistance with coping strategies or with interpersonal or emotional difficulties.
- Make sure the student knows that he can make an appointment with the Counseling Center for one session only, without commitment for further sessions.
- Let the student know that no problem is TOO BIG or TOO SMALL for counseling. Some students may feel that they are wasting a counselor's time.
- Review the counseling center website, [www.lemoyne.edu/wellness](http://www.lemoyne.edu/wellness), with the student as a way to become familiar with staff members and services offered. Sometimes it is helpful for him/her to find someone he/she would like to work with before calling for an appointment.
- Consult with us! Call the Counseling Center if you are struggling with a reluctant student. We may be able to offer you some other helpful suggestions.

## **ADDITIONAL SUPPORT**

In addition to making referrals to counseling services, faculty, administrators and staff may also make a referral to the E.A.S.E. committee.

## **E.A.S.E**

The Early Alert System Exchange (E.A.S.E.) is a program that provides avenues to professors, administrators and staff to assist Le Moyne students who show signs of needing support for their academic success. As components of E.A.S.E., “Academic Alert” and the “Students of Concern” enlist a team of consultants to aid students toward that success.

### **Academic Alert**

An early alert tool for college faculty

**FACULTY:** Le Moyne’s Academic Alert is a tool for reaching out to and supporting students in need. It enables faculty an opportunity to identify students who are in need of additional support. As an instructor, you can refer students to the Office of Academic Advising and Support if the student exhibits risk factors that may limit his/her or her ability to be successful at Le Moyne. Such factors may include academic challenges, excessive absences, major life events causing overwhelming stress, unmet emotional or medical needs, or lack of a support structure. Simply log on to ECHO at [echo.lemoyne.edu](http://echo.lemoyne.edu) and click on your course roster from your faculty menu. Once you have selected your appropriate roster, each student’s name, photo, and email address will appear. You will notice that there is an “Academic Alert” option listed here. Click on the “Academic Alert” and use the online form to submit information regarding the student’s current situation. When completing the online form, please try to provide as many details as possible.

### **Student of Concern Referral**

An early alert for College Administrators and Staff

Le Moyne’s Student of Concern Referral is a tool for reaching out to and supporting students in need. It enables you, as a Le Moyne employee, to identify students who are in need of additional support beyond what you can provide in your role on campus. Please use this online referral form for students who exhibit risk factors limiting their ability to be successful. Such factors may include major life events causing overwhelming stress, unmet emotional or medical needs, lack of support structure or academic challenges. Simply log on to ECHO at <http://echo.lemoyne.edu> and view your personal menus. You will see the Student of Concern Referral listed in the Campus Tools section. Click on this link and use the online form to submit information regarding the student’s current situation. Please try to provide as many details as possible in order to help in the outreach and intervention. If you have questions regarding the E.A.S.E. program, please call Allison Farrell at (315) 445-4597 or Mark Godleski at (315) 445-4525.



# Specific Distress Guidelines

## THE SUICIDAL STUDENT

Suicide is an extremely sensitive and important subject on every college campus. Every year 1,100 college students complete suicide (ACHA, 2011). In many cases, a suicidal person is typically ambivalent about completing suicide, and his/her thoughts are sometimes a plea for help. When students show signs of suicide, their thoughts are typically time-limited, and your response can be the difference in the student seeking the appropriate help.

Observation of the following warning signs (one or in combination) indicates suicidal risk and requires communication with a mental health professional or an immediate call to Campus Security:

1. Expression or desire to kill/harm himself/herself or desire to be dead (verbal and written).
2. A distinct plan to harm himself/herself.
3. Available means to carry out plan.
4. Student shows signs of heightened stress due to grief, loss or academic difficulty.
5. Withdrawal of participation or increased aggression/agitation.
6. Depressive symptoms such as excessive sleepiness, hopelessness, feelings of exhaustion, guilt/shame, loss of interest in school or activities, marked neglect of hygiene.
7. Extreme mood swings.
8. Preparation to leave (e.g., giving possessions away, or saying unwarranted “goodbyes”).
9. Marked increase in drug or alcohol abuse.
10. Implication of death being an option (e.g., “I may not be around in the future.”).

### Other resources for students:

- [www.ulifeline.org](http://www.ulifeline.org), a site for persons struggling with suicidal thoughts or feelings
- [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org), (800)273-TALK (8255) a 24-hour suicide hotline
- CONTACT'S HOTLINE NUMBER (315-251-0600) which is a 24 hour telephone counseling and crisis hotline

**If you suspect that a student is suicidal, DO NOT HESITATE TO CALL Campus Security (315-445-4444).** Students express elicited suicidal thoughts or desires through email, over the phone, or in person. It is also very important that the Counseling Center (315-445-4195) is contacted immediately, even if there is no intent for self-harm. When the counseling office is closed, a coun-

selor is on call 24/7 during the academic year. The counselor can be reached by calling **Campus Security**.

A few helpful responses

- Listen and take the student seriously! Stay calm, be accepting of his/her struggle. **DO NOT JUDGE**.
- Remember that many people expressing thoughts of suicide are pleading for help.
- **ASK DIRECTLY** if the student is thinking of harming himself/herself (e.g., “You seem very upset, and I am wondering if you are thinking about hurting yourself. What exactly are you thinking about doing?”)
- **DO NOT** agree to confidentiality. Suicide is a serious issue, and if a student threatens to harm himself/herself, consult the Counseling Center (315-445-4195) or call Campus Security (315-445-4444).
- **GET** help for the student.

A few less-than-helpful responses

- Not asking directly if the person is thinking about harming himself/herself. Most of the time, doing **NOTHING** is worse than seeking appropriate help.
- Minimizing his/her feelings and brushing him/her off as someone who is “seeking attention.”
- Trying to be a hero. By not consulting the above resources, you are doing more harm than good.
- Promising secrecy or that you will not consult with others will put you in a difficult and compromising situation.

## **THE DEPRESSED STUDENT**

Depression is something that affects many college students. With the number of changes that occur during college, it is normal for students, at some point, to experience some form of depression.

Faculty, staff, RAs and administrators are in a unique position to recognize signs and symptoms of distressed students. It is important to know that not every student will exhibit or display **ALL** symptoms. If you are unsure about what to do, consult with the counseling staff.

### **Depression symptoms**

1. Consistent or persistent depressed, sad or anxious mood. Sometimes feelings of being “empty” or if the person appears tearful.

2. Marked loss of interest in all or some pleasurable activities (e.g., quitting sports teams, withdrawal from class discussions, isolation).
3. Significant weight loss or loss of appetite.
4. Feelings of being “worthless” or “hopeless” sometimes marked by guilt or worthlessness.
5. Diminished ability to concentrate or focus (e.g., loss of concentration in class, marked drop in grades or test scores).
6. Consistent fatigue or feeling “tired all the time”.
7. Recurrent thoughts of death, suicide or suicide attempts.
8. Insomnia, either early morning awakening or oversleeping (e.g., immediate marked absences from morning classes).
9. Feelings of restlessness or signs of irritability.

31.3 percent of students reported feeling “so depressed that it was difficult to function” and 61 percent of students reported feeling “very sad.”  
ACHA, 2012

#### A few helpful responses

- Acknowledge that you notice the student is struggling and “feeling down.”
- Reach out. Sometimes students are embarrassed or feel that you will “not understand.”
- Offer referral options to help them cope with their difficulties (Counseling Center, Campus Ministry).
- DO NOT ignore suicidal thoughts or remarks. Always take them seriously and contact the Counseling Center.

#### A few less-than-helpful responses

- Forgetting students are in a different phase of life, and offering no support or empathy.
- Telling them to “fix it” or offering quick solutions.
- Minimizing their feelings (e.g., “That’s no excuse for a late paper”).
- Being fearful of asking about suicide or other mental health issues.

## THE STUDENT STRUGGLING ACADEMICALLY

Many students struggle academically and it may come to your attention through marked decrease in grades, poor test performance, or if the student comes to you to discuss his/her struggle with the course. Before you assume that the student just “doesn’t care,” keep in mind that there are many other reasons students struggle in the classroom, including, but not limited to:

1. Difficulty with the course material.
2. Loss of a parent or friend.
3. Having a disability (Attention Deficit Hyperactivity Disorder (ADHD), learning disability, autism spectrum).
4. Work schedule. Many students work while in school, and it can sometimes become overwhelming and difficult to balance.
5. Mental health issues (depression, anxiety, etc).

45.6 percent of students indicated stress is the major factor impacting their academic performance. ACHA, 2012

#### A few helpful responses

- Reach out. Many students are embarrassed when they receive a bad grade or are doing poorly, and are afraid that you (the professor) will be angry or unwilling to help. Try reaching out with statements such as, “ I noticed your last exam did not go that well” or “It seems like you are struggling with some of the material for this class. Would you like to meet during office hours to figure out a way to make this class go better for you?”
- Refer them to tutoring (315-445-4177) located in the rear of the library.
- Refer or call the Office for Academic Advisement and Support (315-445-4624) located in Reilly Hall, Room 342.

#### A few less-than-helpful responses

- Minimizing the student’s struggle with the course content or a specific exam. Making the student feel bad about his/her grades will only push him/her away from seeking the appropriate help.
- Knowing your limits, and not referring to the above resources or consulting a counselor or academic counselor.
- Not considering outside difficulties that may be impacting the student and believing the student is just “lazy” or “uninterested.” Many students who go undiagnosed with a learning disability struggle to make it in the classroom.

## THE ANXIOUS STUDENT

A student experiencing any type or level of anxiety will be clear. Anxiety can be brought on by many factors, but in the academic setting it is typically a result of pressure to perform well in school and/or a fear of not being “good enough.” Students who struggle with anxiety typically display the following symptoms:

1. Excessive worry or apprehension.
2. Feelings of being “keyed up” or “on edge.”
3. Easily fatigued.
4. Marked change in concentration or displaying difficulty concentrating.
5. Physiological responses such as: rapid heartbeat, sweating, clammy skin, dizziness, tight chest, trembling or shaking, short of breath.
6. Irritability.
7. Sleeping problems or sleep disturbance (e.g. difficulty staying asleep or falling asleep).

50.7 percent of students reported feeling “overwhelming anxiety”.  
 ACHA, 2012

In some cases, these symptoms can compound and result in a panic attack. In these situations many people express immediate symptoms which can include feeling as though they can’t breathe, and an overall fear of losing control.

A few helpful responses

- Allow the student to leave the classroom if he/she is experiencing severe anxiety or a panic attack.
- Talk with the student in a private setting, allowing him/her to express his/her concerns or source of anxiety.
- Reassure the student that you will assist him/her in getting help.
- Talk slowly and remain calm. Doing this will dissipate some of the anxiety the student may be feeling.
- If the student is experiencing a panic attack, stay with him/her until the symptoms subside and consult a counselor.
- Refer the student to the Counseling Center or Academic Support Center for test taking skills, test anxiety or generalized anxiety concerns.

A few less-than-helpful responses

- Making the student feel bad about having anxiety (not acknowledging his/her experience or feelings).
- Providing “fix-it” solutions instead of remaining calm and talking it through with the student.
- Becoming overly anxious and getting “caught up” yourself.

## THE STUDENT UNDER THE INFLUENCE

Alcohol and drug use is a major issue on every college campus. Many students are not considered “alcohol dependent,” but those students who are struggling with a drug or alcohol addiction can take a toll on friends, family and colleagues. There are many signs of alcohol or drug abuse, use and addiction. Knowing a few of those signs and symptoms may be helpful in identifying students at risk. The list of symptoms below is not meant to be comprehensive, and exhibiting just one of these problems is not always a cause for concern. If you have any uncertainty or are unsure of what to do, consult a mental health professional.

1. **Impairment of behavior or mood** This includes loss of concentration, imbalance, slurred speech, depressed mood, nervousness, loss of coordination, inability to work properly, excessively belligerent in class or in public setting, unresponsive or passing out due to alcohol/drug use.
2. **Impairment of mental alertness** Marked lack of concentration in class, work, or social setting, is persistently “confused” and unable to follow directions.
3. **Impairment of relationships** Noticeable detachment from social relationships (this can be decreased contact with a professor, friends, family, etc.), consistently missing appointments or work (e.g., class, advisement meetings, important academic or work-related meetings), change in social group, direct change in interests (e.g., hanging out with different people, different establishments etc.), avoidant behavior, and/or aggressive behavior when confronted about alcohol/drug use.
4. **Consistent difficulties with university academic and alcohol/drug policy** Consistent write-ups for alcohol use/possession/intoxication, marked drop in grades, missed appointments with professors or academic officials, complaints of feeling “ill” as excuse for missed assignments or appointments, lack of responsibility for actions and increased judicial difficulties with university or local authorities.

Assessing students for alcohol/drug abuse can be difficult. Many students who have substance use issues are high functioning, and it may be hard to assess their actual safety. It is best to discuss concerns with the student when he is (or you believe him/her to be) sober. Do not try to have a rational/logical conversation with the student if you believe he may be impaired. It would be best to call Campus Security (315-445-4444) to assist the student and ensure he makes it home safely. Remember to remain calm and patient with the student.

A few helpful responses

- Always assess safety. If a student is expressing self-harm thoughts or behaviors, call Campus Security IMMEDIATELY (315-445-4444).
- Remain calm (NOT ANGRY) with the student and talk in a private setting (e.g., “I have noticed a dramatic change in your course work. Is there anything you would like to discuss?”).
- Allow the student to talk and express his/her issue to you. LISTEN first, TALK second.
- Recap what the student has expressed to you, and repeat the alcohol or drug issues that he has described.
- Refer to the Counseling Center or walk the student down to the Counseling Center.

A few less-than-helpful responses

- Getting angry or punitive will only exacerbate the student’s reluctance to seek help.
- Showing or telling him/her the consequences will be counterintuitive.
- Criticizing, judging or making him/her feel ashamed for his/her use will not ease the transition into treatment.

## **THE STUDENT WITH AN EATING DISORDER**

Many people with eating disorders struggle daily with ruminating thoughts about their weight, food and physique in misrepresented ways. These thoughts can compound for that person and add extreme anxiety and other related mental health concerns. Many people who struggle with eating disorders struggle to balance school work, social life and managing their distorted thoughts.

How to identify the warning signs of a person with an eating disorder

1. Excessive or marked increase or decrease in body weight.
2. Body image issues (e.g., preoccupation with body shape, excessive talk about body, constant thoughts regarding body image).
3. Compulsive exercise. Typically feelings of guilt or desire to workout (“If I don’t exercise, I will feel incomplete”). Exercising impedes on personal and academic life (e.g., missing class to exercise, canceling meeting or social functions to work out).
4. Abnormal eating habits. On college campuses this could include changed eating habits in dining hall (e.g., smaller portions, eating in room and not in public, or eating particular foods every day or every meal).
5. Increased emotional sensitivity. Student becomes increasingly moody, depressed, anxious or irritable.

### A few helpful responses

- Talk with the student in a private setting and express your concern about specific behavior (e.g., “I am concerned about your health and well-being. Are you doing okay?”).
- Express concern in a supportive and empathetic manner. Avoid judgment and labeling.
- Sometimes information will be available to you through a third party (e.g., roommate). If this is the case, try and involve that person, as this can help re-establish concern for the student.
- Many students will deny their problem. If you have evidence or continued concern for the student’s health or well-being, it may be helpful to consult the Counseling Center or student development office.
- You cannot force a student to seek help. If he refuses to seek counseling, ask why and explore those concerns with the student (e.g., “What are your biggest concerns for seeking help? Are you worried others will find out?”).
- Remind the student that counseling is confidential and you (and the counselors) only want to help.
- ALWAYS FOLLOW UP with the student; this shows sincere concern. Remember to ask about the referral.

In a survey of female college students, 58 percent felt pressure to be a certain weight, and of the 83 percent that dieted for weight loss-44 percent were of normal weight.

Remember, eating disorders also affect men, and most men are unlikely to seek treatment because of the perception that it is a “woman’s disease.”

### A few less-than-helpful responses

- Talking to or confronting the student in a public setting. Many students with eating disorders feel very self-conscious about their weight and self-image.
- Forcing the student to admit to having a problem and labeling it an “eating disorder” or telling them they “should just eat something.”
- Offering “fix it” solutions (e.g., exercise routine, weight-loss strategies or healthy foods to eat).

## THE SUSPICIOUS STUDENT

Many of you have probably run into a student that is troublesome and causes you (and the classroom) great difficulty. The suspicious student is one that you might consider a “loner” or “disconnected.” These students tend to be:

1. Mistrustful, cautious, tense or anxious.
2. The student also tends to feel as though everything being said by you or colleagues is directed at him/her.



3. The student obtains the focus of many conversations, and usually project blame onto others and can become overly angry.
4. The student often feels rejected and overreacts (e.g., blaming you for giving him/her a bad grade because you do not like him/her) which leads to them being overly concerned about fairness and being treated equally.
5. Sometimes these students will engage others in the classroom about being treated unfairly, or will go to department chairs to complain about inadequate treatment.

#### Some helpful responses

- Be clear, confident, and firm with your expectations and what you are and are not willing to do.
- Be compassionate; mind your own frustration and anger.
- Be aware of boundaries and your physical space. Make sure you keep a distance physically (in case of heightened anger) and emotionally (as to not be “pulled in” by their accusations).

Campus security (315-415-4444) should be notified when a student becomes violent or aggressive. Remember to always take threats seriously, and do not ignore any warning signs.

#### Some less-than-helpful responses

- Get emotionally close to the student and become sympathetic to his/her issue.
- Assure him/her that you are a friend. Always remain PROFESSIONAL and know your boundaries. It is easy to want to please or make the student “go away.”
- Avoid complying with the student’s demands to or accusations. If necessary, include a trusted colleague with any and all meetings with the student.

## THE VIOLENT OR AGGRESSIVE STUDENT

Violent behavior is a major concern for any college campus. If a student exhibits violent behavior in a classroom, or anywhere on campus, Campus Security should be notified immediately. Faculty and staff should have an action plan in place for situation like these. The best predictor that can help you become more aware of aggressive or violent students is a history of violent or aggressive behavior.

#### Some symptoms include:

1. Signs of acting suspicious.
2. Agitation or hostile behavior.
3. Hyper vigilance (suspiciously scanning the environment).

#### 4. Delusions or hallucinations.

If the student becomes loud, angry and/or physical

- It is important to always remain calm
- Talk in a calm, clear, directive voice
- DO NOT have any physical contact with the aggressive person unless defending yourself.
- Try to place yourself behind a desk or other physical barrier.
- Be aware of exits, and ensure that there is a clear exit for both you and the student.
- If possible CALL CAMPUS SECURITY (315-445-4444).

A few less-than-helpful responses

- Yelling, arguing or raising your voice toward the student.
- Not acknowledging the warning signs (posture, clenched fists and hyper-vigilance).
- Demanding the student to stop behavior, or making threats (“If you don’t remove yourself, I’ll have to take action” or “Calm down or else!”).

Always report incidents to your department chair or supervisor once you or the student is removed from the situation. Consult with the Counseling Center (315-445-4195) or Office of Student Development (315-445-4525) if necessary.

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