Helping A Distressed Student

Step 1: Observed or Reported Behavior of Concern

**ACADEMIC**
- Excessive procrastination
- Uncharacteristic poor preparation or performance
- Repeated requests for extensions or special considerations
- Unusual classroom interactions, e.g., argumentative
- Ongoing career or course indecision
- Excessive absence or tardiness
- Avoiding or dominating discussions
- References to suicide or homicide in verbal statements or in writing
- Difficulty concentrating or attending

**BEHAVIORAL**
- Change in personal hygiene
- Dramatic weight gain or loss
- Frequently falling asleep in class
- Agitation/aggressiveness
- Unruly behavior
- Impaired speech
- Disoriented thoughts
- Intense emotions/distress
- Physically harming self (cutting, burning)
- Substance impaired
- Panic attacks

**INTERPERSONAL**
- Asking advisor/faculty for help with personal problems
- Dependency on advisor/faculty
- Hanging around staff/faculty office
- Avoidance of faculty/advisor
- Disruptive behavior
- Inability to get along with others
- Complaints from other students
- Social isolation

**COMMON WARNING SIGNS**

**EMOTIONAL**
- Hopelessness
- Frequent crying spells/distress
- Panic episodes
- Poor ability to regulate emotions
- Agitation
- Irritability
- Unrelenting sadness or anxiety

**FUNCTIONAL DISTRESS**
- Does not interfere with daily activities, e.g., student maintains regular routine of going to class/work
- Anxiety because of academic performance
- Mild depression ("blues") due to relationship problems
- Homesickness
- Situational stress
- Typically transient problems, e.g., crying due to recent loss
- Does not last more than two weeks

**CHRONIC DISTRESS**
- Some disruption or interference in daily activities, e.g., not going to classes regularly
- Repetitive disturbance in adjustment and/or pattern of disruptive behaviors
- Frequent crying spells
- Repeated outbursts of temper
- Chronic physical or mental health condition
- Repeated alcohol/drug abuse
- Poor coping skills
- Ongoing problems – more than two weeks in duration

**CRITICAL - NON-EMERGENCY**
- Unusually loud or disruptive behavior
- Restlessness, agitation, unusual or disturbed thoughts
- Excessive withdrawal or isolation
- Noticeable fatigue, loss of energy, disturbed sleep, or changes in appetite
- Fear of leaving room
- Significant weight change or appetite disturbance
- Significant changes in personal hygiene
- Panic attacks related to recent stresses such as academic performance, relationship problems

**CRITICAL/EMERGENCY**
- Threatens (directly or indirectly) or takes action to harm self
- Threatens (directly or indirectly) or takes action to harm others
- Actively psychotic (hallucinating or delusional) – unable to care for self
- Student requests to speak to a Counselor

Step 2: Determine Level of Distress

**CONVERSATION**
- Talk privately to minimize embarrassment or defensiveness
- Avoid making promises to keep information shared confidential
- Listen carefully to both content and emotions expressed
- Ask how you can best support student during a difficult time
- Express concern in a non-judgmental way
- Respect the student’s value system
- Consider referral to psychoeducational programming, e.g., stress management workshop or Counseling Center

**OBSERVATION**
- Observe any ongoing difficulties

**CONVERSATION**
- See guidelines under response to FUNCTIONAL DISTRESS
- Discuss your observations and perceptions of the situation directly and honestly with the student
- Help the student identify options for action and explore possible consequences

**REFER TO COUNSELING CENTER**
- Be frank with students about the limits of your ability to help them
- Encourage them to get to experts who can help them address their concerns
- Consider consulting Counseling Center staff for suggestions on referring reluctant students or to discuss student concerns
- Remind the student that counseling services are confidential and accessible

**DOCUMENT**
- Make a record of your observations, conversation and recommendations

**ONGOING OBSERVATION**

**CONSULTATION**
- During office hours contact Counseling Center staff for recommendations
- Ask for the CC Associate Director, Director or walk-in counselor
- Provide Counseling Center staff with a description of the situation that has led to your concern

**REFER**
- During office hours, walk with student (if wanted) to the Counseling Center
- For students who are resistant or unwilling to come to the Counseling Center or who are argumentative, agitated or hostile contact the Office of the Dean of Students for assistance

**DOCUMENT**
- Consider referral to Student Behavioral Intervention Team (SBIT) via Office of the Dean of Students

**NEXT STEPS**

- Record concerns and observations, consultations, actions taken

**CONFERENCE**

- Make a record of your observations, conversation and recommendations

**ONGOING OBSERVATION**

**CHECK-IN WITH STUDENT**
- Suggest Counseling Center if the student indicates ongoing concerns

**CONSULTATION**
- If student continues to exhibit critical concerns contact the Office of the Dean of Students (or communicate your concerns to the Student Behavioral Intervention Team)

**STUDENT FOLLOW-UP WILL BE**

**COORDINATED BY STUDENT BEHAVIORAL INTERVENTION TEAM VIA OFFICE OF THE DEAN OF STUDENTS**

**OBSERVATION**