



ASSISTING THE EMOTIONALLY DISTRESSED STUDENT

A RESOURCE FOR FACULTY AND STAFF

UWM.EDU/MENTALHEALTH



Norris Health Center

YOUR ROLE IN STUDENT HEALTH

As a member of the University of Wisconsin-Milwaukee campus community, you are undoubtedly interacting with students on a regular basis. At times, you will have contact with students whose problems or behaviors will cause you concern and may even interfere with your work or the education of other students. Without appropriate intervention, these students' issues may not be resolved and you may be faced with a persistent, recurring problem.

As a faculty or staff member interacting daily with students, you are in an excellent position to recognize behavior changes that characterize a potentially serious problem.

You may feel overwhelmed or you may have competing concerns, such as other students waiting to see you. A student's behavior, especially if it is inconsistent with your previous observations, could constitute a cry for help. Certain signals that distressed students give out may go unnoticed, and even when noticed, it can be very difficult to intervene.

A key component of a successful intervention involves knowing how to respond during these incidents and also being aware of what resources to call upon. This handbook was created to help you and your department when these challenging occasions arise. The straightforward advice, techniques and suggestions will serve as a guide for all who cope with, intervene, and assist troubled and/or distressed students in or out of the classroom.

Intervention, Consultation and Referral Services

University Counseling
Services of the
Norris Health Center
414-229-4716
mentalhealth.uwm.edu

Location:
NWQ 5th Floor

Hours:
M - TR: 8 am - 4:45 pm
F: 9 am - 4:45 pm

After hours and weekends:

University Police (24/7)

Emergency: **9-911** (campus phone)
414-229-9911 (cell phone)

Non-emergency: **414-229-4627**

Milwaukee County Crisis Line (24/7)
414-257-7222

Milwaukee County Behavioral Health Division
414-257-7260

National Suicide Prevention Lifeline (24/7)
1-800-273-8255



INTERVENTION: SUGGESTED GUIDELINES WHEN TALKING WITH DISTRESSED STUDENTS

Openly acknowledging to students that you are aware of their distress, sincerely concerned about their welfare and willing to help them explore alternative responses, can have a profound and positive effect. We encourage you, whenever possible, to speak directly and honestly with a student when you sense that they are in emotional distress. Conveying your concern and willingness to help a student is probably the most important thing you can do.

When you are immediately involved with a student experiencing distress, we recommend the following:

- **Request to see the student in private.** This may help minimize embarrassment and defensiveness.
- **Briefly acknowledge** your observations and perceptions of their situation.
- **Express your concerns** directly and honestly.
- **Listen carefully** and try to see the issues from the student's perspective, without necessarily agreeing or disagreeing.
- **Attempt to identify the problem.**
- **Do not ignore inappropriate or strange behavior.**
- **Involve yourself only as far as you feel comfortable and competent.**

CONTACT UNIVERSITY POLICE IF:

- You are seriously concerned about a student's immediate safety
- A student informs you that they have taken an overdose or taken suicidal action
- You are concerned about a student's safety and they refuse to go to University Counseling Services, or if University Counseling Services is closed.

WALK THE STUDENT TO UNIVERSITY COUNSELING SERVICES IF:

you have witnessed a student demonstrating a situational, emotional, verbal or behavioral clue, which in isolation, or combined, seriously concerns you.

CONSULTATION: EXPLORE YOUR OPTIONS

A counselor is available during the week:
8 am–4:45 pm, Mon.–Thurs.
9 am–4:45 pm, Fri.

Call 414-229-4716, identify yourself to the receptionist, and ask to speak with the Crisis Counselor.

If you are uncertain about how to work with a specific student, we encourage you to contact University Counseling Services to consult. A brief consultation may help you sort out the relevant issues, explore alternative approaches and determine whether to refer the student for counseling or other services.

REFERRAL: GETTING HELP FOR THE STUDENT

When you discuss a referral to University Counseling Services with a student, it would be helpful for the student to hear your concerns in a clear and concise manner. It is also valuable to explain why you believe counseling will be beneficial.

When should I refer a student to University Counseling Services?

The decision to refer a student for counseling is based on your observations of the student's level of emotional distress.

While each student experiences emotional distress in a different way, some common indicators you might observe include:

- Infrequent class attendance and inadequate effort put into assignments
- Lack of enthusiasm about various aspects of student life
- Falling asleep in class
- Lack of energy
- Dependency (e.g., the student who hangs around your office or makes excessive appointments to see you)
- Sadness, tearfulness
- Marked change in personal hygiene
- High levels of irritability, including undue aggressive or abrasive behavior
- Bizarre or strange behavior
- Unusual bruises or lacerations on face and/or body
- Preoccupation with death
- Expressed suicidal thoughts or attempts

How should I refer a student to University Counseling Services?

- 1 Suggest the student call 414-229-4716, — to schedule an appointment.
- 2 Volunteer to call University Counseling Services — while student is with you to ensure contact.
- 3 Offer to walk the student over to the University Counseling Services — located in the NWQ 5th floor.

University Counseling Services personnel are under ethical and legal obligations not to release confidential information. They cannot tell faculty or staff members when a student is receiving counseling services. Counseling staff may listen to information you want to share with them about a student, but may only provide you with information regarding the student with his/her written permission. The only exception is when the student presents an imminent danger to self or others.

If you refer a student to University Counseling Services, you will be notified that the student attended an initial appointment only if the student gives written permission to do so. If you would like more information about a student's contact with us, you may ask the student directly. The student can then make a decision about how much to reveal to you.

How should I act if a student is behaving in a bizarre manner, dangerous, or losing control?

Remain calm. This may help the student to control his/her emotions.

Be simple and direct. Try to convey your understanding of the problem, and respond honestly about whether you can help.

Be firm. Sometimes there is a manipulative quality to unusual behavior and it is important to set clear limits. By providing limited choices you have the potential to increase a student's compliance with directives.

Consult with University Counseling Services if you need assistance. The Crisis Counselor is available from 8 am – 4:45pm Mon.-Thurs. and 9 am – 4:45pm Fri. Additional counseling staff are available as back-up between 12 pm – 4 pm. If you feel the student presents a direct or immediate danger to self or others, do not hesitate to contact University Police (9-911).

Report it. Notify the Dean of Students Office regarding highly concerning behaviors that don't involve immediate risks. Complete the form found at uwm.edu/reportit.

WARNING SIGNS AND SYMPTOMS

Due to the opportunities for faculty and staff to observe and interact with students, they are often the first to recognize students who are depressed. Be alert for a pattern of the indicators listed below, but also understand that not everyone who is depressed experiences every symptom. Some people experience a few symptoms, some many, and the severity of those symptoms varies between individuals.

- Persistent sad, empty or anxious mood
- Feelings of hopelessness and pessimism
- Feelings of guilt, worthlessness, helplessness
- Insomnia, awaking early, or oversleeping
- Decreased energy, fatigue; being “slowed down”
- Appetite and/or weight loss
- Overeating and/or weight gain
- Decline in personal hygiene
- Loss of interest in hobbies and activities once enjoyed, including sex and school
- Inconsistent class attendance
- Difficulty concentrating, remembering
- Persistent physical issues non-responsive to treatment (headaches, digestive disorders, chronic pain)
- Thoughts of death/suicide, suicide attempts

How Faculty and Staff Can Help

Do:

- Let the student know you are aware they are feeling down and you would like to help.
- Reach out more than halfway and encourage the student to discuss how they are feeling.
- Encourage them to seek help, possibly suggesting University Counseling Services.

Don't:

- Ignore remarks about suicide.
- Minimize the student's feelings (e.g. everything will be better tomorrow.)
- Bombard the student with “fix it” solutions or advice.
- Be afraid to ask whether the student is suicidal if you think they may be.

DEPRESSION: THE FACTS

- Depressed feelings are part of a natural emotional and physical response to life's ups and downs.
- Situational depression is an expected reaction to an identifiable stressor during which symptoms ebb and flow and eventually lift.
- Most college students will experience periods of situational depression at some point during their college careers.
- Major depression is a physical, cognitive, emotional and behavioral condition.
- Depression affects the way you eat and sleep, the way you feel about yourself, and the way you think about things.
- Major depression is not a passing blue mood nor is it a sign of personal weakness or a condition that can be wished or willed away.
- Someone with depression cannot simply shake off the feelings and “get better.”
- Depression can interfere significantly with academic and social functioning.
- Without treatment, symptoms can last for weeks, months or years.
- Appropriate treatment can help over 80% of those who suffer from depression.

43.2% of students have, in the past 12 months, felt so depressed that it was difficult to function.

UWM NCHA Survey, Spring 2015



Acts of aggression and violence are often a means of being heard or retaliating against what feels like a hopeless situation.



VERBAL AGGRESSION AND VIOLENCE: THE FACTS

- Violence in most situations is rare and typically occurs when a student’s level of frustration has been so intense or of such an enduring nature as to erode all of the student’s emotional controls.
- Violent and aggressive behavior rarely comes out of the blue.
- Students usually become verbally abusive in frustrating situations they perceive as being beyond their control.
- Anger becomes displaced from those situations onto the nearest target.
- Explosive outbursts or ongoing belligerent hostile behavior becomes the student’s way of gaining power and control.
- Violent behavior can be associated with the use of alcohol or other drugs.

CONTACT UNIVERSITY POLICE if you are seriously concerned about your safety or the safety of others.

CONTACT THE UWM CARE TEAM at uwm.edu/reportit regarding individuals who may pose a safety risk.

WARNING SIGNS

There are a number of behaviors, when occurring together, could signal the potential for aggressive or violent behavior. These include:

- Disrespect toward authority
- Blaming others for mistakes
- Insistence that they are always right
- A sense of entitlement
- Feeling victimized or disrespected
- Over-reacting to criticism
- Trouble controlling anger
- Poor decision-making
- Extreme/bizarre behavior
- Irrational beliefs
- Having been a victim of bullying
- Increase in risk-taking behavior
- Vandalism or property damage
- Failing to acknowledge the feelings or rights of others
- Threatening others
- Access to or fascination with weapons, especially guns
- Carrying a weapon
- Detailed plans to commit acts of violence
- Alcohol and/or drug abuse
- Social isolation
- Academic struggles
- A history of violent/aggressive behavior
- History of discipline problems or run-ins with authority

How Faculty and Staff Can Help

Do:

- Acknowledge the student’s anger/frustration
- Allow the student to get feelings out and tell you what is upsetting them
- Be directive and firm about behaviors that you will /will not accept (“I need for you to step back”; “I can’t understand you when you yell.”)
- Be familiar with the departmental safety plan
- Ensure a method to communicate for help
- Be observant of the student’s behavior and your surroundings
- Have access to a door
- Maintain a posture that is poised, ready to move quickly but not fearful
- When possible, leave an unobstructed exit for the student

Don’t:

- Ignore warning signs (body language, clenched fists)
- Get into an argument or shouting match
- Become hostile or punitive
- Press for explanations for their behavior
- Make threats or dares
- Corner or touch the student

SUICIDE: THE FACTS

- Suicide is preventable.
- In a University of Michigan survey about important factors in preventing a suicide attempt, 39% of students cited the desire to finish school as a deterrent.
- Many who attempt suicide have given a warning sign. When someone talks about suicide they may be giving a clue that should not be ignored.
- Asking someone about his/her suicidal ideation may bring relief that someone has finally recognized his/her emotional pain.
- Most suicidal people are ambivalent and do not necessarily want to die, they just want to end their pain. Many are miserable but wish to be saved.
- A previous suicide attempt increases the risk that a person will try again.

12.3% of college students seriously considered attempting suicide and 1.8% of students attempted suicide within the previous 12 months.

UWM NCHA Survey, Spring 2015

WARNING SIGNS AND CLUES

Suicidal risk is based on a constellation of clues, not just observing any one clue.

Emotional:

- Crying spells
- Difficulty concentrating
- Feelings of worthlessness
- Increased social isolation
- Low energy
- Low self-esteem
- Lack of interest in pleasurable activities
- Preoccupation with death
- Apathy
- Hopelessness about the future
- Poor self care (not showering/ dirty clothing)
- Irritability and mood swings

Verbal:

- *“I just feel like I am in the way all the time.”*
- *“I’m not the person I used to be.”*
- *“Life has lost its meaning for me.”*
- *“My family would be better off without me.”*
- *“Take this, I won’t be needing it.”*
- *“I don’t have the strength to go on any longer.”*
- *“You won’t be seeing me around anymore.”*
- *“I wish I were dead.”*
- *“I am getting out.”*
- *“If _____ happens or doesn’t happen, I am going to kill myself.”*
- *“_____ was the last straw.”*
- *“I’m going to kill myself.”*

WARNING SIGNS AND CLUES (continued)

Situational:

- Death of a loved one, break-up with a partner, etc.
- Loss of highly valued entities; support systems, social institutions, etc.
- Loss of status or opportunity; rejection from graduate school, not being accepted into major of choice, or loss of status on the job.

Behavioral:

- Poor adjustment to loss of loved one
- Crying spells without external triggers
- Sleeping too much or too little
- Change in eating behaviors; e.g., overeating or loss of appetite
- Any unexplained change in typical behavior (change in grades, increased aggression, drug use, mood changes, social withdrawal, acting out sexually)
- Becoming disorganized, loss of reality contact
- Resigning from social groups, activities
- Not attending classes
- Sudden, unexplained recovery from a severe depression
- Giving away valued possessions
- Putting personal affairs in order
- A previous attempted suicide; particularly a recent or highly lethal attempt
- Procuring means: buying a gun, asking for sedatives, etc.
- Composing a suicide note
- Substance abuse

How Faculty and Staff Can Help

Do:

- Talk about suicide openly and directly.
- Take charge and call or walk the student to University Counseling Services.
- Try to sound calm and understanding.
- Be confident, caring and know the campus resources available, like University Counseling Services.

Don’t:

- Appear shocked by anything the student tells you.
- Emphasize the embarrassment that the suicide would be to the person’s family. (This may be exactly what they hope to accomplish.)
- Engage in a philosophical debate on the moral aspects of suicide. (You may not only lose the debate, but also the suicidal person.)
- Become too personally involved with the student.

FOR MORE INFORMATION

Learn more about assisting emotionally distressed UWM students by contacting University Counseling Services of Norris Health Center, **414-229-4716** or visiting **mentalhealth.uwm.edu**.

Acknowledgment

University Counseling Services of the University of Wisconsin-Milwaukee's Norris Health Center would like to thank the University of California-Berkeley University Health Services' Counseling and Psychological Services for allowing us to adapt their materials for use at UWM. Their work in this regard made ours possible. Special thanks to UWM's University Relations Integrated Marketing Services for their contributions toward the production of this document.



**Safety Awareness
For Everyone**

Developed in conjunction with the UWM S.A.F.E. campaign. General information on campus safety is available online at **campussafety.uwm.edu** or by contacting the University Police, **414-229-4627**.