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Introduction

All members of the University community are expected to conduct themselves in a manner which is conducive to an environment that encourages the free exchange of ideas and information.

However, from time to time, the University is called upon to assist individuals who are displaying behavior which:

1. threatens themselves or others; and/or that
2. severely impairs their ability to function within the University environment; and/or that
3. makes impossible the proper functioning of an academic program through obstructive or disruptive behavior.

To ensure respect for the legal rights of every person, the University seeks, through referral or intervention, to assist in ensuring that appropriate professional care is available for those who are in need of it, and to safeguard the rights of all members of the University community through a fair application of the Student Conduct Code. You can view the Conduct Code on the web at:

http://www.uml.edu/student-services/dean/policies/

The Counseling Center and Dean of Students often work together to address these issues.

There may be occasions when a faculty or staff member notices that a student is exhibiting behavior indicating a possible need for individual assistance and/or referral for professional help. Some symptomatic behaviors might include an increasing lack of motivation, isolation, sudden absences from class, symptoms of depression or hostility, weight loss, inappropriate behavior or comments, etc. If you would like to discuss a student’s situation in connection with mental health concerns or would like a referral for professional assistance you may contact:

The Counseling Center, McGauvran 363, 978-934-4331.

For emergency situations, when it appears that a person is going to harm himself/herself or someone else, contact:

University Police x2911 (978-934-2911);

Dean of Student Services x2100 (978-934-2100);

The Counseling Center x4331 (978-934-4331).
Purpose

This guide was written to assist UMass Lowell faculty and staff in making referrals to the Counseling Center. The primary objective of the guide is to familiarize you with the referral process and thereby increase the likelihood of a successful referral to the Counseling Center. In writing the guide we have attempted to provide answers to the kinds of questions that are commonly asked of us by persons who want to make a referral.

Of the almost 400 students who use the services of the Counseling Center each year, approximately 20% indicate that they had been referred by a faculty or staff member. Clearly, you play a key role in helping students to obtain the kind of assistance we can provide.

This guide is directed toward making student referrals. We are happy to meet with faculty and staff regarding issues or concerns related to students or workplace difficulties. We do not provide personal counseling for faculty and staff. However, we will meet with faculty and staff to assist in assessing difficulties and finding an appropriate referral.

Quick Facts about the Counseling Center

- The Counseling Center has been a full time service staffed by licensed professionals since 1975
- There is no additional charge to students who seek counseling.
- All counseling services are confidential. Use of counseling services is not noted anywhere on a student's university record.
- The Counseling Center primarily uses a short-term counseling model. We try to work with clients in a focused way to assist them in being able to address their personal difficulties while maintaining academic success.
- The three professional staff members (2 full time, 1 half time) have a combined total of over 65 years experience at UMass Lowell.
- Hours of operation are: 8:30 A.M. to 5:00 P.M., Monday-Friday (12 months). Emergency after-hours services are available on-call through University Police (978-934-2398)

Indications for Counseling

The reasons that individuals seek help from counselors are as varied as people themselves. They range from wanting to solve a particular problem to wanting to enhance his/her own personal development.

The following indications can be useful in making a decision about referring an individual to the Counseling Center. To prevent possible overreaction to a single or an isolated behavior, it is advisable to look for clusters of signs that appear at approximately the same time.
Stated Need for Help

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 the possible feelings and intentions underlying his/her 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 concerns.

Changes in Mood or Behavior

Actions that are inconsistent with an individual's normal behavior may indicate that he/she is experiencing psychological distress. An individual who withdraws from usual social interaction, demonstrates an unwillingness to communicate, commits antisocial acts, has spells of unexplained crying or outbursts of anger, or demonstrates unusual irritability may be suffering from symptoms associated with a psychological problem.

Anxiety and Depression

Anxiety and depression are two of the more common psychological disturbances that can present significant problems for students. Both of these rather common emotional states, when they become prolonged or severe, can impair an individual's normal functioning. When an individual's ability to function in a normal manner becomes impaired due to anxiety or depression, some kind of assistance should be recommended. Our staff can assess the underlying causes for these impairments, and provide appropriate treatment.

References to Suicide

If an individual alludes to details of where, when, or how he/she may be contemplating suicide, then immediate consultation, referral and follow-up is necessary. Regardless of the circumstances or context, any reference to committing suicide should be considered serious. To conclude that a student's suicidal talk is simply a bid for attention is extremely risky. A judgment about the seriousness of the suicidal thought or gesture should not be made without consultation with a professional counselor.

Physical Complaints

Physical distress or complaints that seem to have no apparent cause may be indicative of psychological or stress-related problems. Some physical symptoms of these problems may include a loss of appetite or excessive eating, insomnia or excessive sleeping, lethargy, headaches or gastrointestinal distress.

Traumatic Changes in Personal Relationships

Personal problems often result when an individual experiences traumatic changes in personal relationships. The death of a family member or close friend, difficulties in marriage or family relationships, divorce, changes in family responsibilities, and difficulties in other significant relationships can all result in increased stress and psychological difficulties.

Drug and Alcohol Abuse

Students may attend class under the influence of a drug or exhibit signs of being "hung over." Excessive drinking, drug abuse, or drug dependence are almost always indicative of psychological problems.

Academic Problems

Many students find the demands of college-level academic work to be greater than anticipated. While it is expected that all students will go through some adjustment periods, those who demonstrate a consistent discrepancy between their performance and their potential may be in need of assistance. Frequent
absences, failure to complete assignments, repeated requests for extensions, and inattentiveness in class are problems which might have a psychological/emotional basis and thus might be appropriate for personal counseling. In 2001-2002, over 50% of our clients indicated that their personal problems were having an effect on their academic performance, almost 25% reporting this as a ‘major’ effect.

When to Refer

Aside from the signs or symptoms that may suggest the need for counseling, there are other guidelines that may help you to define the limits of your involvement with a particular student's problem. A referral is usually indicated in the following situations:

- A student presents a problem or requests information that 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 talking with the student has been effective;
- You lack sufficient time to listen effectively to the student;
- You do not feel comfortable discussing a student's personal problems;
- A student is becoming over-reliant or dependent upon you.

How to Refer

When you have determined that a student might benefit from professional counseling, we suggest the following guidelines:

1. Get to know the referral sources. Learn the names and specializations of staff members in the Counseling Center. This will tend to increase your comfort in making referrals and increase the likelihood of a proper match between the student's needs and the professional counselor's skills.
2. Use a direct approach with the student and express your concern for his or her welfare. Do not attempt to deceive or trick the student into seeking counseling. Make it clear that this recommendation represents your best judgment based on your assessment of his/her particular problem(s). Be specific regarding the behaviors that have raised your concerns, and avoid making generalizations about the individual.
3. Anticipate student concerns and fears about seeking counseling. Be prepared to address them. Some typical issues are presented in the next section.
4. Create a positive expectation. It is important that you firmly believe in the competence of the professional counselor and communicate that belief to the student. A successful outcome is more likely and integrating this dimension into the process heightens your credibility.
5. To make an appointment the student can either call (978-934-4331) or stop by 363 McGauvran. Some faculty call to make an appointment while the student is in the faculty member's office, and some faculty walk over with a student. Unless the student requests a specific counselor for the intake interview, our secretary will assign him/her to an available counselor.
6. 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 or explore other options for assistance. If the student emphatically says "No," then respect that decision, and again leave the situation open for possible reconsideration at a later time.
7. Ask the student at a later date what action he/she has taken. Even if the student did not accept your attempted referral it will show your continued interest.
Student Concerns About Counseling

Students often have a number of concerns about counseling and seeking assistance that, if not directly discussed, can deter them from acting upon a referral. It is useful to anticipate these issues and subsequently to make responses that are factual, encouraging, and appropriate.

Concern: Only crazy people go to counseling (and I'm not crazy).
Response: I don't think you are crazy. People go to counseling for all kinds of problems. The UML Counseling Center sees 400 students a year for individual counseling.

Concern: Going for counseling is a sign of weakness. It shows I can't handle my own problems.
Response: You are capable of handling most of your problems. There are some, however, that are difficult to handle alone. Recognizing when you need assistance, and then getting it, is a sign of good problem-solving ability.

Concern: Counseling won't work for me. It's not effective.
Response: There are no guaranteed results, that is true. There is a high probability, though, that counseling can be helpful. It has worked for a large number of students and it could work for you. Give it a try.

Concern: The counselor will tell other people about my problem.
Response: What you share with a counselor is considered confidential. Information is not released to anyone (parents, friends, instructors) without your permission and does not appear on your University record.

Confidentiality

Professional ethics dictate that the sessions conducted by Counseling Center staff are confidential in nature. Information about those sessions or their content will 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 as may be required by law. The Counseling Center adheres strictly to this policy.

Faculty/staff members often have an understandable desire to know if a student who has been referred to the Center has actually attended a session and/or if any progress is being made. With the student's permission, we will confirm whether a student has made an appointment following a referral, but will not discuss details without a signed release of information from the student. This policy 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/information are not part of a student's educational records.

The Counseling Process

Students who have not been to counseling may want to know what happens on a first visit to the Counseling Center. We follow a uniform set of procedures which make up our "intake" process:

The student completes an intake form. The two-page form takes approximately 10 minutes to complete and includes: basic demographic information (age, major, race, etc.), a checklist of "concerns", and a description of our confidentiality policy.

The student ("client") is introduced to a counselor. All counseling sessions are conducted in private offices and interview rooms.

Typically, the intake/evaluation session will be 50-60 minutes. Some of that time is devoted to establishing good rapport and putting the client at ease. The client is encouraged to express his/her concerns. The purpose of the session is to make an initial assessment of the client's concerns, contributing factors, and coping strategies. The counselor will determine whether the Center can be of assistance; if we cannot, he/she will suggest a referral to the client. The counselor schedules a subsequent session if appropriate. In the majority of cases the counselor who does the intake interview will see the client for later sessions. Exceptions are when the counselor already has a full case load or believes another staff member has skills better suited to the client's needs. The client is not pressured to schedule a second appointment. Typically, we will see a client once/week for 50-60 minutes/session.
Counseling Center Services

The Counseling Center provides a range of services in addition to the individual counseling for which we are generally known.

Presentations, workshops, and seminars are given as requested for classes, residence halls, groups, and organizations. Certain programs are planned in advance by counseling staff and are advertised each semester. Among the topics presented are: Self-Esteem Enhancement, Stress Management, Relationship-Building, Time Management, Adjustment to College, and Depression.

Consultation

Counseling Center staff will meet with individuals, small groups, organizations, and departments to assist them in defining issues and developing strategies to deal with their concerns. Examples include:

- I have a friend who needs counseling. What should I do?
- We want to improve relationships among our members. How do we go about that?
- There seems to be quite a bit of stress in our department. What can we do?

Referrals

The Counseling Center maintains an extensive list of resources available in this area and can provide suggestions for referral. Private practitioners, physicians, substance abuse treatment centers, and human service agencies are among some of the resources we can help you to locate.

Crisis Intervention

An on-call counselor is available from 8:30 a.m. - 5:00 p.m., Monday through Friday. Students living in Residence Halls are also provided after-hours emergency assistance. In the event of an after-hours emergency, calls should be placed with the UML Police Department (978-934-2398). The Police Department will then contact a counseling center staff member.

Staff

Noel J. Cartwright, Ph.D., Director
Elyse Lemaire, Ph.D., Staff Psychologist
Rhoda Trietsch, M.Ed., Assoc. Director

Note. Each staff member works with a variety of concerns in addition to specialty areas. More than one counselor is available to work with a specific type of problem. Three graduate students (interns) selected from graduate Psychology and Counseling programs in the greater Boston area, are employed in the Counseling Center each academic year. Graduate interns provide individual counseling to clients while under the direct supervision of the professional staff. All telephone calls for the professional staff are received at our central number (978-934-4331). Each staff member does have a private office phone number that is not released. We do not give these numbers out because outside calls made directly into a staff member's office, while he/she was engaged in a counseling session, would be disruptive.

QUICK REFERENCE PHONE NUMBERS

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<th>Service</th>
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<tr>
<td>Counseling Center</td>
<td>x4331</td>
<td>Residence Life</td>
<td>x2100</td>
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<tr>
<td>Student Health Services</td>
<td>x4991</td>
<td>Career Services</td>
<td>x2355</td>
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<tr>
<td>UML Police Department</td>
<td>x2398</td>
<td>Centers for Learning</td>
<td>x2936 (North) x2941 (South)</td>
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<tr>
<td>UML Police Emergency</td>
<td>x2911</td>
<td>Disability Services</td>
<td>x4338 or x4574</td>
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<td>Dean of Students</td>
<td>x2100</td>
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Dealing with Aggressive Students

When dealing with an angry student, it is of utmost importance to be aware of your own verbal and non-verbal behaviors.

De-escalation and Safety Techniques for Faculty and Staff

Unfortunately, colleges are experiencing an increase in violence and aggression. What most of us used to perceive as a problem in other communities is now at our front door. From verbal abuse to physical assault, staff members increasingly have to deal with angry and out-of-control students.

Anger is a strong emotion, one that can consume and cause loss of rational thought. Many a person has hurt another in anger only to be very regretful later when clearer thoughts returned. An angry student is only a moment away from potential physical aggression.

How should we deal with a student who is aggressive? What can we do to prevent aggression? Are there warning signals? How can we increase our own personal safety? Examining effective techniques to deal with angry students and then using those techniques is the thrust of this article.

Awareness is the First Key

First of all, we need to attune ourselves to signals of potential crisis behavior. By being aware of such signals, we can help de-escalate the behaviors and protect others and ourselves.

Typically, there is a change in behavior before physical aggression occurs. Verbal clues (what is said), paraverbal clues (how something is expressed), and kinesics (body language) indicate when one is beginning to lose control. An angry student may become verbally abusive, including cursing and/or threats. Voice volume and rate typically increase. Body language shows signs of anger, including body tenseness, pointing fingers, and/or leaning forward as if in an attack mode – including “getting your face.”

When dealing with an angry student, it is of utmost importance to be aware of your own verbal and non-verbal behaviors. The way you respond to a person who is beginning to lose control can unintentionally increase the likelihood of physical aggression or it can help decrease the likelihood of aggression.

How to Respond Verbally

Remain calm and in control – When someone is directing verbal defiance toward you, the natural but incorrect tendency is to respond likewise. If another person yells at you, the automatic reaction is to raise your voice, too. Unfortunately, this tends to cause the other person to become even more distressed. A calm reply and cool head are essential.

Listen to the other person and respond empathetically – Don’t interrupt. Listen to what is being said and validate feelings. Most (but not all) persons will calm down once they get what is bugging them off their chest. Interrupting and/or denying their feelings tend to accentuate the anger. When the person pauses, calmly say something like, “I understand you are upset.” Remain nonjudgmental at this point until more information can be obtained and the problem is addressed.

Be aware of your paraverbals – The three paraverbal components are tone, volume, and rate. Remember, an upset person is beginning to lose rational thought, which means he/she is not focusing well on your actual words. Use a tone of voice that is calming. Avoid tones that suggest impatience, disgust, or sarcasm. Volume should be moderate – not too loud or too soft. Speak clearly and slowly. Too rapid or too halting speech conveys agitation and loss of control. By speaking calmly and clearly, you are more likely to de-escalate the student’s anger and are more likely to be heard.
Use the student’s name – People respond to their name. If you know the student’s name, use it.

Set limits – Give choices and consequences. This technique gives information to the other person for making a conscious choice. For example, to a verbally abusive student, “If you refrain from cursing, we can discuss your concerns. If not, this conversation is ended.” To a student who refuses to follow your directive, “If you return to your seat, we can continue this discussion. If you do not, then you must leave the classroom.” Choices need to be clear, concise, and enforceable.

How to Respond Nonverbally

Nonverbals are probably the most important aspect of dealing with a potentially aggressive person. Studies show, when in a rational state of mind, body language conveys about 55 percent of our message, paraverbal communication about 35 percent, and verbal communication about 10 percent. When dealing with an agitated person, even more is conveyed nonverbally and less verbally.

Respect personal space – Personal space is the area around a person in which he/she feels safe. For most persons and situations, it is about 2 to 3 feet. Entering an upset person’s personal space intensifies emotions. As a general rule, keep at least one leg length away (about 36 inches) to prevent escalation and to increase your own safety.

Maintain an open stance – Slightly turn your body at an angle to the other person. Keep your hands open and in plain view. This stance is less threatening. Do not cross your arms or point your finger.

Eye contact and facial expression should be appropriate to the situation – Your face and eyes convey a direct message to the other person. Maintain general eye contact, but do not stare through the other person. Know cultural habits. Some ethnic groups consider it inappropriate to directly look at another when upset or being disciplined. Your facial expression should be serious but not angry or fearful. You want to convey concern and control.

If Attacked

1. Increase personal space immediately.
2. Call police and yell (FIRE) for help.
3. Use the least force necessary to protect yourself and keep the student from being hurt.
4. With the help of other adults, safely restrain a student who does not stop physically acting out.
5. Dodge or deflect blows if possible.
6. If grabbed, release by twisting away abruptly.

By using the minimum force necessary rather than excessive force, you increase safety for all, and you reduce the potential for litigation. The response need depends on the specific situation.

In Closing

Note and rehearse the safety techniques described here. Hopefully, you will never need them. However, if faced with a possibly aggressive situation, it will be important to respond confidently and appropriately. Your well-being and that of your students are vital to the success of education.

Adapted from an article by R. Ladson Berry, Teaching for Excellence, volume XIII, number 9.
Identifying and Responding to Disturbing / Disruptive Behavior

University faculty and staff are sometimes faced with student behavior that is troublesome to them in their role of maintaining an effective learning environment. Various student services exist to support faculty and staff with these situations. The campus resources listed in this publication are available for consultation or student referral.

It may be helpful to talk over your concerns if you're not sure about the action you want to take. The Counseling Center, the Dean of Students Office, and supervisors or Department Chairs are available to assist you. Frequently, just talking with another professional will clarify issues and help you in your problem solving.

Examples of student behavior that you may find disturbing, disruptive, or both, are included in this brochure. On the grid you will find the University resources available to assist you should you want a consultation for yourself, or a referral option for a student.

It is useful to distinguish between student behavior that is disturbing rather than disruptive.

IDENTIFYING DISTURBING BEHAVIOR

Disturbing behavior usually causes us to feel concerned, alarmed, afraid or frustrated. Disturbing behavior of a student 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 in the university. However, it may indicate that a particular student is having a difficulty that affects his/her academic performance.

Examples of disturbing behavior may include such things as:

- A student who jokes in class about killing himself,
- A student who perspires profusely when giving a talk in front of a class.
- A student who discloses that her mother was diagnosed with terminal cancer.
- A student who seems to work harder than most students but can't pass an exam.
- A student who appears to be losing significant weight yet speaks with pride about how little she eats.
- A student whose writing appears disjointed and fragmented, as though he cannot maintain a logical sequence in his thought processes.
- A student who reports that FBI agents are following him around campus.
INTERVENTIONS FOR DISTURBING BEHAVIOR

Clearly, faculty and staff have options for responding to student behavior they find disturbing. They can do nothing. They can initiate a private conversation with the student about the behavior that concerns them. They can consult with other professionals on campus. They can refer the student to other professionals on campus. Faculty and staff can learn techniques for defusing hostile or emotional situations by consulting The Counseling Center or the Dean of Students Office.

IDENTIFYING DISRUPTIVE BEHAVIOR

Disruptive behavior, on the other hand, is student behavior that interferes with the educational process of other students. It may or may not be responsive to faculty or staff intervention. It is behavior that may prevent faculty members and staff from carrying out professional responsibilities. Specific examples of disruptive behavior include:

- A student who physically confronts another person
- A student who verbally abuses another person
- A student who interrupts the educational process in class by:
  - making remarks out of turn
  - taking over the lecture
  - dominating class discussion
- A student who physically acts out toward University property by:
  - breaking windows
  - throwing furniture
  - smashing doors

INTERVENTIONS FOR DISRUPTIVE BEHAVIOR

The university professional may find the following procedures helpful when dealing with disruptive behavior:

Securing a safe environment is always the top priority. If you have any questions about immediate safety, call University Police at x2911 from any phone.

Talk with the student, preferably in the privacy of the faculty or staff member's office. If you are fearful of violence erupting, ask another colleague, Department Chair, or supervisor to be present. Inform the student of the behavior that needs to change, a timeline for when the change needs to be made, and delineate the consequences if the change does not occur. Follow through with the consequences if the change does not occur. After the meeting, commit the content of the meeting to paper. It is sometimes helpful and/or necessary to provide the student with a written copy of your requirements and the consequences.

Some procedures for intervention in the classroom or offices of the University are:

- Verbal request to stop the behavior.
- Verbal request to leave.
- Call University Police at x2911 from any campus phone.
- Consult the Dean of Students Office about possible violations of the Student Conduct Code.
## Resources to contact with various student behavior issues

**Key:**

- **Initial Contact = 1, Further Contact = 2**

| **A = Student Health Services (x4991)** | **E = University Police, (x2911 - also for EMS)** |
| **B = The Counseling Center (x4331)** | **F = Office of Equal Opportunity (x3565)** |
| **C = Dean of Students Office (x2100)** | **G = Disability Services (x4338; x 4574)** |
| **D = Department Chair** | **H = Centers for Learning (x2936; x2941)** |

### WORKING WITH A STUDENT WHO:

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<th>Condition</th>
<th>A</th>
<th>B</th>
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<td>Talks about suicide or homicide</td>
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<td>Exhibits behavior that seems bizarre or out of touch with reality</td>
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<td>Seems overly emotional, e.g. aggressive, depressed, anxious, demanding,</td>
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<td>Is suspected of cheating</td>
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<td>Is the subject of complaints by other students regarding class behavior</td>
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<td>Reports sexual harassment, civil rights discrimination</td>
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<td>Appears to have a learning problem</td>
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<td>Appears to have a medical problem, e.g. seizure, fainting, fatigue, sleep, illness</td>
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<td>Has a serious problem with test/presentation anxiety</td>
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<tr>
<td>Needs help with test taking, learning strategies, and time management</td>
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<td>Appears to have an eating disorder or distorted body image</td>
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<td>Continuously disrupts class and refuses to stop</td>
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<td>Has a chronic illness, e.g. asthma, diabetes</td>
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<td>Is a victim of violence, stalking, intimidation</td>
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<td>Displays anger or hostility inappropriately</td>
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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 THAT ARE LIKELY TO HELP:

- Respond with warmth and kindness, but with firm reasoning.
- Remove extra stimulation of the environment and see them in a quiet atmosphere (if you are comfortable in doing so).
- Acknowledge your concerns and state that you can see they need help, e.g., "It seems very hard for you make sense of all these things that are happening and I am concerned about you. I'd like to help."
- Acknowledge and try to understand the feelings or fears without supporting the misperceptions, e.g., "I understand you think they are trying to hurt you and I know how real it seems to you, but I don't hear the voices (see the devil, etc.)."
- Reveal your difficulty in understanding them (when appropriate), e.g., "I'm sorry but I don't understand. Could you repeat that or say it in a different way?"
- 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. It's O.K. to joke, laugh, or smile when appropriate.

RESPONSES NOT LIKELY TO HELP:

- Arguing or try to convince them of the irrationality of their thinking, for it makes them defend their positions (false perceptions) more.
- Playing along, e.g., "Oh yeah, I hear the voices (or see the devil)."
- Encouraging further revelations of craziness.
- Demanding, commanding, or ordering.
- Expecting customary emotional responses.
The Anxious Student

Danger is everywhere even though what makes students 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 increase anxiety also. These students often have trouble making decisions.

RESPONSES THAT ARE LIKELY TO HELP:
- Let them discuss their feelings and thoughts. Often this alone relieves a great deal of pressure.
- Reassure when appropriate.
- Remain calm.
- Be clear and explicit.

RESPONSES NOT LIKELY TO HELP:
- Making things more complicated.
- Taking responsibility for their emotional state.
- Overwhelming them with information or ideas.

The Demanding, Passive 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 THAT 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, e.g., “Excuse me, I need to attend to other things now.”

RESPONSES NOT LIKELY TO HELP:
- Letting them use you as their only source of support.
- Getting trapped into giving advice, “Why don’t you, etc.?”
  This behavior often triggers our “parental” responses.
- Getting angry.
**The Depressed Student**

Typically, these students get the most sympathy. They show a multitude of systems, e.g., guilt, low self-esteem, feelings of worthlessness, and inadequacy as well as physical symptoms such as decreased or increased appetite, difficulty staying asleep, early awakening, low interest in daily activities. They show low activity levels because everything is an effort and they have little energy.

**RESPONSES THAT ARE LIKELY TO HELP:**

- Let student know you're aware he/she is feeling down and you would like to help.
- Reach out more than halfway and encourage the student to express how she/he is feeling, for he/she is often initially reluctant to talk, yet others' attention helps the student feel more worthwhile.
- Tell student of your concern.
- Strongly encourage student to seek professional help, and avoid becoming their only help source.

**RESPONSES NOT LIKELY TO HELP:**

- Saying things like: “Don't worry,” “Crying won't help,” or “Everything will be better tomorrow.”
- Being afraid to ask whether the student is suicidal if you think he/she may be.
  (See also: Appendix: Suicide Concerns Brochure)

**The Grieving Student**

Many college students, during the course of their college careers, are likely to experience the loss of someone close (often a grandparent but sometimes a sibling, close friend, boy/girlfriend). Some students are dealing with their own life threatening illnesses.

**RESPONSES THAT ARE LIKELY TO HELP:**

- Listen carefully and compassionately
- Consider the option of allowing students to postpone turning in assignments or taking exams. (Some departments may require documentation of the loss or illness.)
- When appropriate, if you are comfortable, you can share similar experiences you have had so the student doesn't feel alone or "crazy" (e.g., "When my mother passed away, I couldn't concentrate on anything either").
- Be on the alert for signs that the student is feeling a need to harm him/herself as a way to cope with the pain. (See section on "The Suicidal Student").

**RESPONSES NOT LIKELY TO HELP:**

- Being afraid of tears. Tears are a natural, healthy way of releasing intense 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, e.g. *"It can't be that bad."*
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 on lectures. 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 THAT ARE LIKELY TO HELP:

- Let the student know of resources at The Counseling Center (x.4331) or Greater Lowell Rape Crisis Service (800-542-1212).
- If the student is in need of immediate medical attention he or she could be referred to the nearest hospital emergency room, or you can call campus EMT’s at x2911.
- If the student is going to the hospital for a medical examination, remind them not to shower, and to bring any clothing worn during the assault with them in a paper bag.

RESPONSES NOT LIKELY TO HELP:

- Taking control since the victim already feels a great loss of control.
- Believing rape myths (e.g., 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.). This can result in blaming the victim.
- Letting your own feelings about the perpetrator override those of the victim. If you get too angry or make threats against the perpetrator, the victim may not share further feelings in an attempt to keep you from getting into trouble.

The Substance Abusing Student

National and local studies suggest that substance abuse is a potent contributor to numerous campus problems - missed classes, academic difficulties including failure, dropping out or being dismissed from school, vandalism, sexual assault, relationship violence - among the most common. Death is a less common but tragic consequence of abuse as well.

RESPONSES THAT ARE LIKELY TO HELP:

- Be on the alert for signs of alcohol or other drug abuse: preoccupation with drugs; reduced ability to participate in class activities; deteriorating performance in class, and/or periods of memory loss (blackouts), or falling asleep in class; behavioral signs such as slurred speech, stumbling.
- Share your concern for the person and discuss it behaviorally (e.g., "Your performance is dropping in class," "You do no participate as much," "You turn in assignments late").
- Encourage the student to seek help or referral information from The Counseling Center 978-934-4331, Alcoholics Anonymous – 978-957-4690, or, for family members Al-Anon 781-843-5300
- Call University Police in instances of out-of-control and/or intoxicated behavior.

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 a rage or anger directed toward themselves.

RESPONSES THAT 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 Counseling Center (x4331), Emergency Room, or inform University Police (x2911). There is also a Samaritans suicide hotline (866-912-4673 – toll-free).
- If actively suicidal, call University Police (x 2911) and Counseling Center (x 4331).
- Take care of yourself. Helping someone who is suicidal is hard, demanding, and draining work.

RESPONSES NOT LIKELY TO HELP:
- Minimizing the situation or depth of feeling, e.g., “Oh it will be much better tomorrow.”
- Being afraid to ask the person if they are so depressed or sad that they want to hurt themselves e.g., “You seem so upset and discouraged that I’m wondering if you are considering suicide, hurting yourself, or dying? Do you feel hopeless?
- Overly committing yourself and, therefore, not be able to deliver on what you promise.
- Ignoring your limitations.

The Suspicious Student

Typically, these students complain about something other than their psychological difficulties. They are tense, anxious, mistrustful, loners, and have few friends. They tend to interpret minor oversights as significant personal rejection and often overreact to insignificant occurrences. They see themselves as the focal point of everybody’s behavior and everything that happens has special meaning to them. They are overly concerned with fairness and being treated equally. Feelings of worthlessness and inadequacy underlie most of their behavior. They seem capable and bright. They are also often hard to ‘reach’.

RESPONSES THAT ARE LIKELY TO HELP:
- Express compassion without intimate friendship. Remember, suspicious students have trouble with closeness and warmth.
- Be firm, steady, punctual, and consistent.
- Be specific and clear regarding the standards of behavior you expect.

RESPONSES NOT LIKELY TO HELP:
- Assuring the student that you are his/her friend; agree you’re a stranger, but even strangers can be concerned.
- Being overly warm and nurturing.
- Flattering or participating in their games; you don’t know the rules.
- Being cute or humorous.
- Challenging or agreeing with any mistaken or illogical beliefs.
- Being ambiguous.
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 THAT ARE LIKELY TO HELP:

- Acknowledge their anger and frustration, e.g., “I hear how angry you are.” or “I understand that you're angry about this.”
- Rephrase what they are saying and identify their emotion, e.g., “I can see how upset you are because you feel your rights are being violated and nobody will listen.”
- Allow them to ventilate, get the feelings out, and tell you what is upsetting them.
- Reduce stimulation; invite the person to your office or other quiet place if this is comfortable.
- Tell them that you are not willing to accept their verbally abusive behavior, e.g., “When you yell and scream at me that way, I find it hard (impossible) to listen.”
- Tell them they are violating your personal space and to please move back (if they are getting physically too close), e.g., “Please stand back; you're too close.”
- Help the person problem-solve and deal with the real issues when they become calmer.

RESPONSES NOT LIKELY TO HELP:

- Getting into an argument or shouting match.
- Becoming hostile or punitive yourself, e.g., ”You can't talk to me that way!”
- Pressing for explanation or reasons for their behavior. “Now I'd like you to tell me exactly why you are so obnoxious.”
- Looking away and not deal with the situation.
- Giving away your own rights as a person.

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 THAT ARE LIKELY TO HELP:

- Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation, e.g., "I can see you're really upset and really mean business and have some critical concerns on your mind."
- Explain clearly and directly what behaviors are acceptable, e.g., "You certainly have the right to be angry but hitting (breaking things) is not O.K."
- Get necessary help--other staff, University Police ext. 2911, Counseling Center, ext 4331
- Stay in open area.
- Divert attention when all else fails, e.g., “If you hit me, I can't be of help.”

RESPONSES NOT LIKELY TO HELP:

- Ignoring warning signs that the person is about to explode, e.g., yelling, screaming, clenched fists, statements like, “You're leaving me no choice.”
- Threatening, daring, taunting, or pushing into a corner.
- Touching.