INTRODUCTION

Your Role in Student Health

As a member of the University of Wisconsin-River Falls campus community, you may be constantly interacting with students. At times, you will have contact with students whose problems or behaviors cause you concern, discomfort, or may interfere with your work or the education of other students.

At times you may feel overwhelmed by competing concerns, such as students waiting to see you. A student's behavior, especially if it is inconsistent with your previous observations, could constitute as a cry for help. Certain signals that distressed students give out may go unnoticed for a variety of reasons. Even upon noticing them, it can be very difficult to intervene.

However, it is important to know that it is likely that a situation involving a distressed student will not just go away on its own. Without an intervention of some kind, you may be faced with a persistent and recurring problem. An effective intervention requires knowing how to respond to these incidents and the resources available.

This booklet was created to help you when these difficult occasions arise. It offers straightforward advice, techniques, and suggestions on how to cope with, intervene, and assist troubled and/or distressed students. Our professional staff in Counseling Services invites you to utilize this guide as you continue your valued service to UWRF students and the larger academic community.

Campus Resources

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<th>Campus Resource</th>
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<tr>
<td>Academic Success Center</td>
<td>(715) 425-3531</td>
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<td>Career Services</td>
<td>(715) 425-3572</td>
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<td>Counseling Services</td>
<td>(715) 425-3884</td>
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<td>Ability Services</td>
<td>(715) 425-0740</td>
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<td>Financial Aid Office</td>
<td>(715) 425-3141</td>
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<td>University Police</td>
<td>(715) 425-3133</td>
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<td>Registrar’s Office</td>
<td>(715) 425-3231</td>
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<td>Residence Life</td>
<td>(715) 425-4444</td>
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<td>Student Affairs Office</td>
<td>(715) 425-0720</td>
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<td>Student Conduct and Community Standards</td>
<td>(715) 425-0720</td>
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<td>Student Health Services</td>
<td>(715) 425-3293</td>
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Assisting Students During Emotional Distress
Acknowledgements

We wish to thank Counseling and Psychological Services, University Health Services, University of California, Berkeley for their permission to use material from their publication, “Assisting the Emotionally Distressed Student, A Guide for Staff and Faculty.”
**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 he/she is in emotional distress.

*When you are directly 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 point of view without necessarily agreeing or disagreeing.

- **Attempt to identify the problem.** You can help by exploring with the student alternative responses to their present distress.

- **Inappropriate and strange behavior should not be ignored.** Comment on what you have observed, but not in a judgmental way.

- **Involve yourself only as far as you feel comfortable and competent.** The Counseling Services staff and other professionals on campus are available to assist you.

**Consultation: Exploring Your Options**

If you are unsure of how to work with a specific distressed student, we encourage you to consult with one of the counselors on our staff. Once you contact us, a counselor will be made available to you for consultation immediately or very soon thereafter. Office hours are 8 AM to 4:30 PM, Monday through Friday. Call us at (715) 425-3884, inform the receptionist who you are, and ask to speak with a personal counselor. A brief consultation may help you sort out the relevant issues and explore alternative approaches.
Referral: Getting Help for the Student

When you discuss a referral for counseling with a student, it would be helpful for the student to hear your concerns in a clear and concise manner and why you think counseling would be helpful. The following questions and answers may be helpful in your decision to refer a student to Counseling Services:

When should I refer a student to Counseling Services?

The decision to refer a student to Counseling Services is first based upon your own observations; i.e., does the student show signs and symptoms of emotional distress? While each student experiences emotional distress in a different way, some common indicators you might observe include:

- Expressed suicidal thoughts or attempts
- High levels of irritability including aggressive or abrasive behavior expressed towards you or others
- Lack of energy
- Marked change in personal hygiene
- Bizarre or strange behavior
- Sadness, tearfulness
- Frequent binge eating episodes or extreme loss of appetite
- Dependency, i.e., the student who hangs around your office or makes excessive appointments to see you
- Infrequent class attendance and inadequate effort put into the assignments
- Falling asleep in class
- Lack of enthusiasm about various aspects of student life
- Unusual bruises or lacerations on face and/or body

How should I refer a student to Counseling Services?

You can make a referral to Counseling Services in any of the following ways:

- Simply suggest that the student call (715) 425-3884 or go to Counseling Services in 211 Hagestad Hall to make an appointment.
- Volunteer to call Counseling Services while the student is with you in order to ensure that contact is made.
- Offer to walk the student over to Counseling Services.
**Confidentiality**

Counselors 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. Counselors 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 a danger to self or others.

If you refer a student to a UWRF personal counselor, 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 Counseling Services, you can directly ask the student. The student can then make a decision about how much to reveal to you.

**Behavior Intervention Team**

The entire UWRF community plays an important role in promoting a safe and secure educational environment at UWRF. Employees and students are strongly encouraged to report to and/or notify the Behavioral Intervention Team of concerns regarding the behavior or conduct of members of the campus community. Concerning behaviors may include, but are not limited to questionable, suspicious, threatening, or inappropriate conduct that is displayed through a person’s appearance, expression, communication, actions, or other manner. The BIT may then assess the risk associated with these concerns and, in cooperation with other appropriate departments, formulate an appropriate response when an individual's behavior and/or statements generate concern that he/she may present a threat to the health or safety of self or others. The team is convened by the Office of Student Conduct and Community Standards. To consult or refer a student of concern, contact the office at (715) 425-0720.
The Student Experiencing Depression

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 come and go and eventually lift. Most college students will experience periods of situational depression at some point during their college careers. 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. Without treatment, symptoms can last for weeks, months or years. Appropriate treatment can help over 80% of those who suffer from depression.

Symptoms of Depression:

- Persistent sad, anxious or “empty” mood
- Feelings of hopelessness, pessimism
- Loss of interest or pleasure in hobbies that a person once enjoyed
- Insomnia, early morning awakening or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy, fatigue, being “slowed down”
- Thoughts of death or suicide, suicide attempts
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- Inconsistent class attendance
- Decline in personal hygiene

How Faculty and Staff Can Help

**Do:**

- Let the student know you are aware that she/he is feeling down and you would like to help
- Encourage the student to discuss how she/he is feeling
- Offer options to further investigate/manage the symptoms of depression
- Always encourage the student to seek help, suggesting Counseling Services

**Don’t:**

- Minimize the student’s feelings (i.e., everything will be better tomorrow)
- Bombard the student with “fix it” solutions or advice
- Neglect to ask whether the student is suicidal, if you think this is a possibility
- Ignore remarks about suicide
The Student Experiencing Suicidal Thoughts

It is not uncommon for students to engage in some degree of suicidal thinking. As a member of the faculty or staff, you may be in contact with students who have expressed these thoughts to you. It is important that you do not simply overlook these comments, because the student may be reaching out to you.

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

These clues seem to fall into the following categories:

**Situational Clues**

- Overwhelming loss(es): 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, loss of status on the job.

**Emotional Clues**

- Sleeping too little or too much
- Difficulty concentrating
- Eating much more or much less than usual
- Low energy
- No longer interested in previously pleasurable activities
- Apathy
- Poor self care (not showering(dirty clothing)
- Crying spells
- Feelings of worthlessness
- Increased social isolation
- Low self-esteem
- Preoccupation with death
- Hopelessness about the future
- Irritability and mood swings

**Verbal Clues**

- “I’m going to kill myself.”
- “I wish I were dead.”
- “I’m not the person I used to be.”
- “I don’t see any way out.”
- “My family or everyone would be better off without me.”
- “I just can’t go on or I can’t take it any longer.”
- “I just feel like I am in the way all the time.”
- “Life has lost its meaning for me.”
- “Nobody needs me anymore.”
- “If (such and such) happens/doesn’t happen I am going to kill myself.”
- “I don’t have the strength to go on anymore.”
- “I am getting out.”
Behavioral Clues

- A previous suicide attempt, particularly a recent or highly lethal attempt
- Giving away valued possessions
- Procuring means: buying a gun or asking for sedatives, etc.
- Composing a suicide note
- Putting personal affairs in order
- Poor adjustment to recent loss of loved one
- Sudden, unexplained recovery from a severe depression
- Resigning from social groups, extracurricular activities, not attending classes
- Bizarre or inappropriate behaviors
- Crying spells without external triggers
- Becoming disorganized, loss of contact with reality
- Any unexplained change in typical behavior (change in grades, increased aggression, drug use, mood changes, etc.)
- Visiting a physician for unexplained or vague symptoms (75% of successful suicides were preceded by such a visit within one month of suicide)
- Substance abuse: alcohol, and/or other drugs
- Change in eating behaviors; e.g., overeating or loss of appetite

How Faculty and Staff Can Help

**Do:**
- Talk about suicide openly and directly
- Try to sound calm and understanding
- Be confident and caring, and know the resources available
- Take charge and call or walk the student to Counseling Services in 211 Hagestad Hall. Please call (715) 425-3884 to notify Counseling Services you are coming

**After Hours:**
- Contact University Police at (715) 425-3133

**Don’t:**
- Sound shocked by anything the person tells you
- Emphasize the shock and embarrassment that the suicide would be to the person’s family
- Ignore comments such as “The world would be better off without me.”
- 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
The Student Exhibiting Verbal Aggression and Violence

Verbal aggression and violent behaviors have increased on university campuses nationwide. It is very important to recognize, take seriously, and be prepared to act strategically in response to such behaviors.

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 (You). Explosive outbursts or ongoing belligerent hostile behavior become the student’s way of gaining power and control. It is important to remember that for the most part the student is not angry with you personally but at his/her world and that you are an object of pent-up frustrations.

Violence in these situations is rare and typically occurs when the 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. This behavior is often associated with the use of alcohol and other drugs.

Prevention

- Be familiar with your Departmental Safety Plan
- Ensure that you have a way to communicate for help
- Be observant of student’s behaviors and your surroundings
- Consult University Police (715) 425-3133
  or Counseling Services (715) 425-3884
How Faculty and Staff Can Help

**Do:**
- Remain calm, get help if needed; take some deep breaths
- Have access to a door; keep large furniture such as a desk between you and the student
- Maintain a posture that is poised, ready to move quickly, but not fearful, be aware of surroundings
- Acknowledge their anger and frustration (e.g., “I can hear how upset you are”)
- Be direct and firm about behaviors you will accept (e.g., “I need for you to step back,” “I’m having a hard time understanding you when you yell.”)
- Allow them to open up, get the feelings out, and tell you what is upsetting them
- If possible, leave an unobstructed exit for the person

**Don’t:**
- Ignore warning signs (body language, clenched fists)
- Get into an argument or shouting match
- Become hostile or punitive yourself (e.g., “You can’t talk to me that way”)
- Press for explanations for their behavior
- Make threats or dares
- Corner or touch the student
- Press for explanations for his/her behavior

**POST VIOLENT OR AGGRESSIVE INCIDENT**
- University Police (715) 425-3133
- Debrief with supervisor
- Debrief with a counselor at Counseling Services (715) 425-3884
In 2012, the American College Health Association National College Health Assessment was administered to University of Wisconsin-River Falls students. UWRF students reported experiencing the following within the last 12 months:

- 42.4% felt things were “hopeless” one or more times
- 89% felt “overwhelmed with all they had to do” one or more times
- 80.9% felt “exhausted” one or more times
- 55.4% felt “very sad” one or more times
- 26.3% felt “so depressed it was difficult to function” one or more times
- 7.2% “seriously considered attempting suicide” one or more times
- 2.0% “attempted suicide” one or more times
- 68.4% experienced sleep difficulties

UWRF students reported that during the course of their lives 25% of females and 14% of males have been diagnosed with depression.

**Tie to Academics**

Students’ mental health concerns directly influence academic achievement as well as other aspects of their lives. It is imperative that students seek treatment as soon as possible when wrestling with these serious issues. Personal counseling is available free of charge to all students.

Contact Jennifer Elsesser at jennifer.elsesser@uwrf.edu with questions or feedback regarding the content of this booklet.

Updated 8/2014