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# Helping the Emotionally Distressed Student

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A Guide for Faculty and Staff



Counseling and  
Psychological Services

*Presented by*

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# HELPING THE EMOTIONALLY DISTRESSED STUDENT

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## INTRODUCTION

As a member of the faculty/staff at Cal Poly Pomona, you are constantly interacting with students. At times, you may encounter a student undergoing an overwhelming amount of stress. Numerous students are experiencing serious and painful crises in their lives that can interfere with their education and negatively influence their abilities to function.

In the college community, about 15.4% of the students (per a recent National Institute of Mental Health epidemiological study) may be distressed by depression, acute anxiety, drug or alcohol abuse or other serious conditions. This translates to more than 3,000 Cal Poly students. Projections from studies of entering college freshmen are even more troubling. As many as 20% or 900 Cal Poly freshmen are struggling with depression or anxiety severe enough to require professional “mental health care.”

The most recent information that we have gathered on the Cal Poly Pomona campus indicates that around midterms and finals there is increased likelihood that you will encounter emotionally troubled students in the classroom or across from your desk. Freshmen, transferring students, international students and students with learning disabilities may also encounter transitional difficulties that impact their emotional state.

This booklet is designed to give you some useful techniques in dealing with distressed or difficult students. Typically, distressed or difficult students are described as aggressive, depressed, suicidal, anxious, suspicious, or in poor contact with reality. Included in this guide are brief descriptions and comments on possible interventions with these types of students and more. Your ability to recognize the signs of emotional distress, and your courage to acknowledge your concerns directly to the student, are often noted by students as the most significant factor in their successful problem resolution.

### Some Signs of Emotional Distress

- Declining grades and low motivation in completing assignments
- Frequent absenteeism
- Sadness, tearfulness
- Falling asleep in class
- Poor concentration
- Withdrawn or isolative
- References to suicide, homicide, or death
- Nervousness and anxiety
- Restlessness or agitation
- Exaggerated irritability including undue aggressive behavior towards others
- Impaired speech
- Deterioration in personal hygiene
- Bizarre or strange behavior

## WHAT YOU CAN DO

It is important to remember that most of these students are not really different from other students. Most are experiencing situational frustrations, pressures, conflicts and, in their own way, are asking for help. If you choose to approach a student you're concerned about or if a student reaches out to you for help with personal problems, here are some suggestions that might assist you:

- TALK to the student in private and give the student your undivided attention. It is possible that just a few minutes of effective listening on your part may be enough to help the student feel cared about as an individual and more confident about what to do.
- LISTEN in a sensitive, non-threatening way. If you have initiated the contact, express your concern in behavioral, nonjudgmental terms. For example, “I’ve noticed you’ve been absent from class lately and I’m concerned,” rather than “Where have you been lately? You should be more concerned about your grades.”
- COMMUNICATE understanding by repeating back the essence of what the student has told you. Try to include both content and feelings (“It sounds like you’re not accustomed to such a big campus and you’re feeling left out of things.”) Let the student talk.
- GIVE HOPE by helping them realize there are options and suggest resources such as friends, family, clergy, or counseling professionals on campus.
- MAINTAIN clear and consistent boundaries and expectations. It is important to maintain the professional nature of the faculty-to-student or staff-to-student relationship and the consistency of academic expectations, exam schedules, etc.
- REFER to CAPS, when the problem is more serious than you feel comfortable handling, when you are extremely busy, stressed and cannot find the time to deal with the problem, when you have helped as much as you can and further assistance is needed, when you think your personal feelings about the student will interfere with your objectivity, when the student admits that there is a problem, but does not want to talk to you about it, or when the student asks for information or assistance that you are unable to provide.

CAPS’ individual counseling services are designed for students who can benefit from short-term counseling. If the student’s situation requires longer term therapy, he/she will likely be referred to a more appropriate off-campus resource.

## MAKING A REFERRAL TO COUNSELING AND PSYCHOLOGICAL SERVICES

Referring a student may be a difficult process if the person has fears about getting help for emotional problems. It would be helpful to remember you are doing what you think best for the student and knowing your limits of competency is important and commendable rather than something negative. Do not allow yourself to be coerced into the role of therapist because the student is reluctant to seek professional help.

When you discuss a referral, it would be helpful for the student to hear in a clear, concise manner your concerns and why you think counseling would be of benefit. You might also tell them a few facts about Counseling and Psychological Services (CAPS). For instance, all services are free to enrolled students, and there is a counselor available to see students Monday through Friday from 8:00am to 5:00pm. All discussions are confidential, except where disclosure is required by law (i.e., where there is reasonable suspicion of abuse of children, disabled or elderly persons; where the client presents a serious danger of violence to another person, or where the client is likely to harm himself or herself unless protective measures are taken.)

When referring a student to CAPS, it is important to inform him/her that there are two standard ways to be seen by a counselor.

1. The student can call CAPS at (909)869-3220 and schedule an initial intake appointment. Having the student call for an appointment increases his/her responsibility and commitment to come in for counseling.
2. A student can be seen on a “walk-in” basis if they are experiencing an emergency and/or crisis. Crisis counselors are available during all hours of operations (Monday-Friday, 8:00am to 5:00pm). Under certain circumstances, it may be helpful if someone can escort the student to CAPS. Please call before walking a student to CAPS.

Part of the referral process may include a consultative call to CAPS. The student or the referring party may want to speak to the counselor on intake or crisis duty. The intake or crisis counselor, because of his/her availability, is usually the most appropriate person to contact. In addition, the intake counselor will be able to answer most of your referral questions and assist in the referral process. Nonetheless, it is also possible to consult with a particular counselor if you choose to do so. Keep in mind, however, that the counselor may either personally see the referred student or for various reasons (e.g., schedule conflict, workload) refer him/her to the most appropriate counselor on staff.

In order for a counselor to talk to the referring party, the student/client must sign an “Authorization to Exchange Confidential Information” form (available for download on our website at <http://dsa.csupomona.edu/caps>). If you have any questions regarding referrals or the CAPS’ services, please call us and we will be happy to talk to you.

## GENERAL CRISIS INTERVENTION GUIDELINES

A crisis situation occurs when the student feels unable to cope with what is occurring in his/her life. The more helpless the individual feels, the greater the crisis. As a result of the crisis situation, the student may feel depression, anxiety, hostility, or shame.

If you encounter a student experiencing a crisis, there are a number of helpful actions that you can take. First, it is important to help the student discuss the situation and his/her feelings. Let the student know that you hear his/her concern and remain open, for you have probably been approached because you are trusted. Second, it is important to know how far you are willing to work with the student and convey when that limit has been reached. Being realistic about what you can offer is crucial when making a decision about how you can help a student. Third, know appropriate referral sources. These are discussed in the last section of this booklet.

Overall, when dealing with most students in crisis situations, conveying your concern and willingness to help in any way you can (including referral) is probably the most important thing you can do. Your support, encouragement and reassurance will be particularly valuable to a student in crisis. The student in crisis is reactive and limited in awareness-the basic guideline is to maintain your own full responsibility and sensitivity.

## CROSS-CULTURAL COMMUNICATION THE CULTURALLY DIFFERENT STUDENT

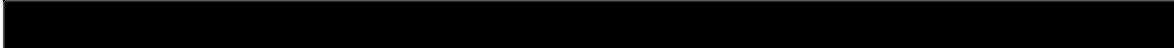
Cal Poly has a richly diverse community and each day you likely work with students who come from a background and culture quite different from your own. In this sense, many interactions and much communication are cross-cultural. Communicating across differences can be a key factor in a staff or faculty member's ability to teach, support and guide students.

### DO:

- Check often with the student to make sure you understand his or her concern correctly.
- If you encounter a culturally different student who may be experiencing distress, it is important to make some contact with them and express your concerns. Reach out to this student for he/she will tend not to seek assistance from you.
- Respect cultural differences-ask and listen for the student's cultural framework and perspectives. Take time to learn more about specific cultures.
- Ask for clarification.
- Be thoughtful about how your style of communication might be interpreted by a student from another culture.
- Understand cross-cultural differences add another layer of complexity to communication.
- Consider how a history of racism, oppression, discrimination and stereotyping could affect how students perceive Cal Poly and your attempts to help them.
- Validate, empathize and acknowledge the student's plight and pain-this need, while important for all students, is often accentuated in students who see themselves as culturally different.
- Be aware of and sensitive to non-verbal messages and check with the student about your interpretation of the messages. For example, a lack of eye contact in some cultures shows respect while in others may communicate avoiding the truth. Forceful, loud, and expressive language in some cultures is intended to invite a strong and respectful dialogue; in other cultures it can be viewed as hostile or disrespectful.
- Offer to help in specific ways-consider a direct and personal intervention in the case of system difficulties, i.e.: make a phone call or accompany the student to help him/her connect with another department or faculty member.

*Cross-Cultural Communication-The Culturally Different Student (continued)*

**DON'T:**

- Automatically judge a student and their problems.
  - Make assumptions based on a student's cultural background.
  - Patronize.
  - Say "I know what you mean..." unless you share the student's cultural background, then you MIGHT be able to truthfully say this.
- 

## THE ANXIOUS AND STRESSED STUDENT

According to national epidemiological statistics, anxiety, phobia, and panic conditions are the most prevalent form of mental disorder. This suggests that at this moment 3,400 Cal Poly students are experiencing stress levels high enough to seriously compromise their ability to perform at their full academic potential. Danger seems to be everywhere for anxious students but some students will have difficulty identifying the exact sources of their fears. Not knowing what is expected and conflict are primary causes of anxiety. Unknown and unfamiliar situations and high and unreasonable self-expectations also increase anxiety. These students often have trouble making decisions.

### DO:

- Let them discuss their feelings and thoughts in private when you both have time and are not preoccupied. Often this alone relieves a great deal of pressure.
- Reassure when appropriate.
- Remain calm, listen sensitively and communicate understanding by repeating back the essence of what the student said, i.e.: "It sounds like you're not used to such a big campus and you're feeling left out."
- Be clear and explicit about what you are willing to do. It may be helpful to have the student repeat what you have said to ensure he/she understands.
- Take seriously the severity of anxious symptoms
- Recommend that the student consult with a trained professional at CAPS about their anxiety.
- Follow-up and check with the student later to see how he/she is doing.

### DON'T:

- Make things more complicated.
- Minimize the perceived threat to which the student is reacting.
- Take responsibility for their emotional state.
- Get frustrated when your suggestions are resisted.
- Overwhelm with information or ideas to "fix" his/her condition.

## THE SUSPICIOUS STUDENT

Typically, these students complain about something other than their psychological difficulties. They are tense, anxious, and mistrustful loners. 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. Nonetheless, they may seem capable and bright. This type of student is often mistrusting of psychological counseling and reluctant to engage in it. You may wish to consult with CAPS on how to proceed.

### **DO:**

- Express compassion and concern 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.
- Refer to Counseling and Psychological Services to assist with anxiety, frustration, and/or anger.

### **DON'T:**

- Assure the student that you are his/her friend. If appropriate, agree that you're a stranger, but say that even strangers can be concerned.
- Be overly warm and nurturing.
- Flatter or participate in their games; you don't know their rules.
- Be cute or humorous.
- Challenge or agree with any mistaken or illogical beliefs.
- Be ambiguous.

## THE DEPENDENT, PASSIVE OR DEMANDING STUDENT

Typically, the utmost time and energy given to these students is not enough; they often seek to control your time and unconsciously believe that the amount of time they receive is a reflection of their worth. You may find yourself increasingly drained and feeling responsible for this student in a way beyond your normal involvement. It is helpful if the student can be connected with the proper sources of support on-campus and in the community in general.

### **DO:**

- As much as possible; let them make their own decisions.
- Set limits with them on your personal time and involvement, e.g., "Excuse me. I need to attend to other things."
- Offer referrals to other sources on and off campus.

### **DON'T:**

- Let them use you as their only source of support.
- Get trapped into giving advice, "Why don't ...?" etc. Their behavior often triggers "parental" responses.
- Avoid the student as an alternative to setting and enforcing limits.

## THE DEPRESSED STUDENT

Studies show that at any given time, seven percent of the general population is clinically depressed. This suggests that presently, more than 1,400 Cal Poly students are struggling with a serious depression.

Typically, these students get the most sympathy. They show a multitude of symptoms, (e.g., tearfulness/emotionality, markedly diminished performance, infrequent class attendance, lack of energy or motivation, irritability, increased anxiety, deterioration in personal hygiene, significant weight loss or gain and alcohol or drug use). When given a small amount of attention for a short period of time, students experiencing depression often respond well. Early intervention increases the chances of the student's rapid return to optimal performance.

### **DO:**

- Let students 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 he/she is feeling. Initially, students can often be reluctant to talk, yet attention from others helps the student feel more worthwhile.
- Tell student of your concern.
- Refer to Counseling and Psychological Services.

### **DON'T:**

- Say, "Don't worry," "Crying won't help," or "Everything will be better tomorrow."
- Bombard the student with "fix it" solutions or advice.
- Chastise the student for poor or incomplete work.
- Be afraid to ask whether the student is suicidal if you think he/she may be, e.g., "Sometimes when people are depressed, they think about suicide. Have you been having these kinds of thoughts?" You do NOT increase the risk of suicide by asking about it. Studies indicate people having suicidal thoughts are often relieved to be asked.

## THE STUDENT VICTIMIZED BY DISCRIMINATION

Discrimination occurs when an individual or group is treated differently based upon perceived characteristics such as age, ethnicity, gender, race, national origin, and sexual orientation. Unlawful discrimination occurs when the individual or group is denied the social and/or economic opportunities afforded the majority solely on the basis of unrelated characteristics such as age, race, gender, etc.

The following anti-discrimination statutes apply to students: Title VI of the Civil Rights Act of 1964 and the regulations adopted there under, prohibit discrimination on the basis of race, color, or national origin. Title IX of the Education Amendments of 1972, as amended, and the administrative regulations adopted there under prohibit discrimination on the basis of sex in education programs and activities. Section 504 of the Rehabilitation Act of 1973, as amended, and the regulations adopted there under prohibit discrimination on the basis of disability. Additional anti-discrimination statutes, which apply to employees, are also enforced by this institution.

### **DO:**

- Listen and show concern.
- Recognize that discrimination seriously affects the student's ability to learn, to develop, and to interact with others.
- Direct complaints of discrimination to the Office of Diversity and Compliance, CLA Building, Room B1-10, (909) 869-4646.
- Refer the student to Counseling and Psychological Services when appropriate.
- Refer disabled students to Disability Resource Center, Building 9, Room 103, (909) 869-3333.
- Understand that the reported incident may be one of many.

### **DON'T:**

- Invalidate or ignore the problem.
- Deny the student's perception of the incident(s).
- Take a defensive posture.
- Rationalize or excuse the behavior of others.

## THE STUDENT WHO HAS BEEN SEXUALLY HARASSED

Sexual harassment can be defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. It does not matter that the person's intention was not to harass. It is the effect of the harassment that harms. As long as the conduct interferes with a student's academic performance or creates an intimidating, hostile, or offensive learning environment, it may be considered sexual harassment. Often, sexual harassment is not an isolated, one-time-only occurrence but a repeated pattern of inappropriate behavior that may include:

- Comments about one's body or clothing
- Questions about one's sexual behavior
- Demeaning references to one's gender
- Sexually oriented jokes
- Conversations filled with innuendoes and double meanings
- Displaying of sexually suggestive pictures or objects
- Repeated non-reciprocated demands for dates or sex

"The University makes the campus community aware of the policy and procedures regarding the recognition and prevention of sexual harassment. The office of Diversity is charged with distributing this policy and ensuring that appropriate educational and training opportunities are provided to the campus community-employees and students. A policy statement is published in the University Catalog and the complete policy is available in the Office of Diversity and Human Resource Services. The policy is also available on the Office of Diversity website at <<http://www.csupomona.edu/~diversity/>>" (Cal Poly Catalog, 2005-2007, p.55).

### **DO:**

- Listen and help clarify what happened concerning the sexual harassment. Validate the student's perceptions and encourage the student not to engage in self-blame.
- Make the student aware of the complaint procedures contained in the Cal Poly Pomona Catalog, 2005-2007, "Policy Prohibiting Sexual Harassment."
- Direct complaints of sexual harassment to the Office of Diversity, CLA Building, Room B1-10, (909) 869-4646.
- Refer the student to Counseling and Psychological Services when appropriate.

### **DON'T:**

- Take an inactive stance. Not taking action can have negative consequences for the student.
- Overreact, but listen, support, and guide the student to appropriate channels.
- Invalidate the student's report of incidents.

## THE STUDENT WHO HAS SURVIVED SEXUAL ASSAULT

Sexual assault occurs far more frequently than was believed in the past. Recent studies have found that many college students had experienced some form of sexual assault in dating situations. For purposes of this manual, we define sexual assault as any sexual activity that is not agreed upon by adults who are capable of consent.

Sexual assault is often experienced as a wrenching loss of control over one's life. For a survivor of sexual assault, restoring that loss requires the ongoing support of others to let survivors make their own decisions. Who to tell about the sexual assault must be their decision, including whether or not to report it to the police. It is especially important to respect the privacy and the rights of the survivor.

The first reaction to an assault may be shock, in which state the survivor appears to be functioning fairly normally, but is in fact in need of extra support and recovery time.

Survivors often react to an assault by feeling guilt or shame (e.g., "It wouldn't have happened if only I wasn't walking there," or "What did I do to provoke him?"). It is very important that faculty and staff do their best to reassure a survivor that the responsibility for the assault rests only with the perpetrator.

It is very normal for people to forget an experience of being sexually assaulted or abused; only to have it resurface in their awareness many months or years later. When such a memory surfaces, the survivor may need as much support as someone who has survived a recent trauma.

### **DO:**

- Listen to the student and help the student find a time/place/person with whom to talk comfortably.
- Allow the student to make her/his own choices about what to do next, even if you disagree. Give the student credit for having lived through a terrible situation.
- Assess the student's need for immediate safety. Police assistance is available by calling 911.
- Believe the student's experiences without question. Listen without making judgments or giving advice.
- Let the student know that there are supportive services available. Project SISTER provides 24hour/7day confidential counseling, referrals, court, and hospital accompaniment, and other services as needed. Call (909) 626-HELP.

### **DON'T:**

- Assume that the incident is not traumatic, even if the student does not seem too distressed.
- Make comments or questions that imply the student could have been responsible, could have done something different, etc.

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\* The term "survivor" is used in acknowledgement of the victim's strength for having survived a sexual assault.

## THE STUDENT WITH AN EATING DISORDER

Students with an eating disorder think about food, weight, and body shape in distorted ways. This leads to ways of eating and managing weight that are harmful to the mind and body and can be deadly. An eating disorder can make it hard for the student to do things he/she wants to do in classes, sports, with friends and with family. It can make the person feel anxious and miserable most of the time and is often upsetting to others.

Eating disorders are very prevalent. More than five million Americans suffer from an eating disorder. This includes 5% of young women and 1% of young men. College women ages 18-22 have a higher incidence than those younger, older, or not in college. 15% of young women have substantially disordered eating attitudes and behaviors. An estimated 1,000 women die each year of anorexia nervosa.

Eating disorders are also men's issues. A recent study of college men (Journal of American College Health, May, 2002) showed that 20% "had significant worries about their weight and shape and regularly employed restrictive eating behaviors, such as limiting food intake and following specific rules about eating." Most men who have a significant woman in their lives-sister, mother, girlfriend, or wife - are affected in some way by the distorted body image or distorted eating behavior.

### DO:

- Establish rapport with the student.
- Focus on specific behaviors that concern you. Behaviors are difficult to deny.
- Express concern for the student in a caring, supporting, and non-judgmental manner.
- Focus on the negative consequences of the student's actions and appeal to a desire to reduce or eliminate these negative consequences.
- Involve a third party in the process if you have information. (Roommates can be particularly informative with this problem).
- Consult with CAPS. If student's behavior appears to be life-threatening, then definitely seek assistance.
- Reassure the student that help is available and change is possible.
- Try to get the student to make a commitment to contact a counseling and/or medical referral. If the student expresses reluctance, find out why and address the concerns.
- Follow-up, show continued support; ask about the referral.

*The Student with an Eating Disorder (continued)*

**DON'T:**

- Confront the student when you do not have privacy.
  - Argue with the student.
  - Give advice about weight loss, exercise, or appearance.
  - Attempt to force the student to eat.
  - Get into a battle over whether or not the student should label the behavior an “eating disorder.”
  - Support or agree with the students’ denial
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## THE STUDENT WHO ABUSES SUBSTANCES

The high levels of stress of university life and/or perceptions of peer pressure often make students especially vulnerable to substance abuse. A variety of substances can provide an escape from pressing demands. However, these drugs soon create several problems in the form of addiction, proneness to accidents and poor health. The most commonly abused drug is alcohol. Unfortunately, alcohol and other drug related accidents remain the single cause of preventative death among the college population.

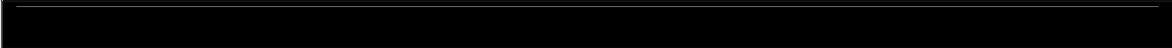
Faculty usually identifies students abusing alcohol when impairments associated with alcohol abuse undermine the student's performance or when irresponsible, unpredictable behavior influences the learning environment (e.g. intoxicated and disorderly in class). Because of the denial that exists in most substance abusers, it is important to express your concern about the student not in terms of suspicions about alcohol and other drugs but in terms of specific changes in behavior or performance.

### DO:

- Be aware of common signs of drug abuse:
  - ✓ Inability to engage in class activities
  - ✓ Deteriorating class performance
  - ✓ Irregular class attendance
  - ✓ Periods of memory loss (blackouts)
  - ✓ Preoccupation with drugs
- Demonstrate your genuine concern for the student.
- Communicate with the student only when he/she is sober.
- Communicate your concern about the student with respect to alcohol and other drugs in terms of specific performance or behavioral changes.
- Confront unsatisfactory performance or behavioral changes by pointing out deteriorating class performance or irregular class attendance.
- Communicate support and concern when related to the student's willingness to address the problem.
- Suggest and encourage him/her to seek assistance.
- Refer the student to Counseling and Psychological Services.
- Refer the student to Alcoholics Anonymous (A.A.) if the student is open to it. A.A. meets on campus in The ReEntry and WoMen's Resource Center (x3206).
- Contact the necessary resources in cases of intoxication (e.g. University Police, x3070).
- Maintain contact with the student after the referral.

*The Student Who Abuses Substances (continued)*

**DON'T:**

- Negate, deny, or ignore the problem.
  - Criticize or denigrate.
  - Communicate your concern in judgmental or suspicious terms.
  - Encourage the inappropriate behavior.
  - Accept or tolerate the student's irresponsible behavior in the classroom.
  - Argue or try to convince them of their substance abuse; they will deny this until they're ready to work on the problem.
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## THE VERBALLY AGGRESSIVE STUDENT

Students usually become verbally abusive when in frustrating situations that they see as being beyond their control; anger and frustration become displaced from those situations onto 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. This behavior is often associated with the use of alcohol and other drugs.

### DO:

- Acknowledge their anger and frustration, e.g., “I hear how angry you are.”
- 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 vent and tell you what is upsetting them.
- Reduce stimulation; invite the person to your office or other quiet place if this is comfortable for you.
- Consider keeping your office door open or inviting another faculty or staff to join you with the student.
- 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, e.g., “I’m sorry you are so upset. I’d like to help if I can.”
- Be honest and genuine.
- Refer to Counseling and Psychological Services.
- Call University Police if you feel you are in immediate danger. Dial 911 from any campus telephone or call (909) 869-3070.

*The Verbally Aggressive Student (continued)*

**DON'T:**

- Get into an argument or shouting match or touch the student as this may be perceived as aggression or otherwise unwanted attention.
- Become hostile or punitive yourself, e.g., "You can't talk to me that way!"
- Press for explanations or reasons for their behavior. "Now I'd like you to tell me exactly why you are so obnoxious."
- Look away and not deal with the situation.
- Placate aggression.
- Give away your own rights as a person.



## THE STUDENT WHO SELF-INJURES

Students who cause physical harm to their bodies in order to deal with overwhelming feelings have nothing to be ashamed of. It is likely that they're keeping themselves alive and maintaining psychological integrity with the only tool they have right now. It is a crude and ultimately self-destructive tool, but it works; they get relief from the overwhelming pain/fear/anxiety in their lives. The prospect of giving it up may be unthinkable, which makes sense; they may not realize that self-harm is not the only or even best coping method around.

For many students who self-injure, though, there comes a breakthrough moment when they realize that change is possible, that they can escape, that things can be different. They begin to believe that other tools do exist and begin figuring out which of these non-self-destructive ways of coping work for them.

Cutting, burning, hitting, interfering with wound healing, pulling hair and breaking bones are forms of self-injury. Here is a "portrait" of someone who self-injures: female, now in her mid-20's to early 30's, injuring herself since her teens, middle- or upper-middle class, intelligent, well-educated, often with an eating disorder, from a background of physical or sexual abuse or with an alcoholic parent.

### **DO:**

- Understand your feelings. Be honest with yourself. It is natural to feel repulsed, frightened, angry, helpless, overwhelmed, etc.
- Take care of yourself. Set limits for yourself as well as for them.
- Refer to Counseling and Psychological Services (x3220).
- Support the person without supporting the behavior.
- Be hopeful.
- Acknowledge their pain. It does not make it go away, but can make it more bearable.
- Educate yourself.

### **DON'T:**

- Take it personally. It is not about you.
- Avoid the subject. In fact, bring it up, e.g., "I know that sometimes you hurt yourself, and I would like to understand it. People do it for so many reasons. If you could help me understand why you do it, I would be grateful." But don't push it.
- Try to make them stop. Confiscating implements can just push them to be more creative. Punishment and guilt can feed the self-hatred that can lead to self-injury.
- Do not push the matter.

## THE STUDENT IN POOR CONTACT WITH REALITY

These students have difficulty distinguishing fantasy from reality, their imaginings from their perceptions. Their thinking is typically illogical, confused, and 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.

### DO:

- Respond with warmth and kindness, but with firm reasoning.
- Remove the person from the extra stimulation of the environment and meet in a quieter atmosphere (if you are comfortable in doing so).
- Acknowledge your concerns and state that you see they need help, e.g., "It seems very hard for you to integrate all these things that are happening and I am concerned for you. I would like to help."
- Acknowledge 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 do not hear the voices (see the devil, etc.)."
- Reveal your difficulty in understanding them (when appropriate), e.g., "I am sorry but I do not 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 is okay to joke, laugh, or smile when appropriate.
- Refer to Counseling and Psychological Services (x3220).

### DON'T:

- Argue or try to convince them of the irrationality of their thinking; it makes them defend their position (false perceptions) more.
- Play along, e.g., "Oh yeah, I hear the voices (or see the devil)."
- Encourage further revelations or craziness.
- Demand, command, or order.
- Expect customary emotional responses.

## 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 unable to do anything about it. It occurs in moments of intense frustration or when sustained frustration erodes the student's emotional controls. The adage, "An ounce of prevention is worth a pound of cure," best applies here. This behavior is often associated with the use of alcohol and other drugs.

### DO:

- Call University Police if you or others are in imminent danger. Dial 911 from any campus telephone or call (909) 869-3070.
- Try this: Disarm the student by finding some grain of truth. Empathize by putting yourself in the student's shoes. Inquire by asking for more information and try to move to a productive resolution.
- Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation, e.g., "I can see you really mean business and have some critical concerns on your mind."
- Stay calm. Breathe. Listen. Limit questions.
- Explain clearly and directly what behaviors are acceptable, e.g., "You certainly have the right to be angry, but hitting (breaking things) is not okay."
- Keep statements simple, clear and direct.
- Get necessary help (other staff, University Police, Student Health Services, CAPS).
- Stay in an open area: keep furniture between you and the student. Keep posture, gestures, and voice non-threatening.
- Indicate your willingness to problem-solve or find other resources.
- Divert attention when all else fails, e.g., "If you hit me, I cannot be of help."
- Remember that student discipline is implemented by the Office of Judicial Affairs.
- Refer to Counseling and Psychological Services (x3220).

### DON'T:

- Ignore warning signs that the person is about to explode, e.g., yelling, screaming, clenched fists, statements like, "You're leaving me no choice."
- Threaten, dare, taunt, or push into a corner.
- Touch the student.
- Have potential "weapons" nearby that the student could use.

## THE SUICIDAL STUDENT

Suicide is the second leading cause of death among college students. Any one of us can become suicidal if life hits us hard enough. The suicidal person is intensely ambivalent about killing himself/herself and typically responds to help; suicidal states are definitely time limited; most people who commit suicide are not psychotic. High risk indicators include: feelings of hopelessness, helplessness, and futility; a severe loss or threat of loss; a detailed suicidal plan; history of a previous attempt; history of alcohol or drug abuse; feelings of alienation and isolation; and preoccupation with death. Suicidal students usually want to communicate their feelings and the inability to do so results in a rage or anger directed toward themselves.

### **DO:**

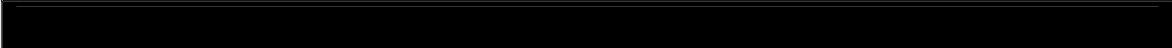
- Call University Police if immediate emergency intervention is needed. Dial 911 from any campus telephone or call (909) 869-3070.
- Take the student seriously-80% of suicides give warning of their intent.
- Acknowledge that a threat of or attempt at suicide is a plea for help.
- Voice your concern. Take the initiative to ask what is troubling the student, let him/her know how concerned you are and bring the student to Counseling and Psychological Services, if possible.
- Be available to listen, to talk, to be concerned, but refer the student to Counseling and Psychological Services or other appropriate agency if you get overwhelmed or if you need a professional consultation or assistance. Attempt to make sure the student actually gets some help.
- Minister to yourself. Helping someone who is suicidal is hard, demanding, and draining work.

### **DON'T:**

- Minimize the situation or depth of feeling, e.g., "Oh it will be much better tomorrow." The situation will not take care of itself.
- Be 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.").
- Act shocked or surprised at what the student says.
- Over-commit yourself and, therefore, not be able to deliver on what you promise, e.g., a vow to secrecy.
- Challenge or dare; or argue/debate moral issues.
- Ignore your limitations.

If you observe any of the following warning signs that might indicate suicidal risk, communicate them to a mental health professional as soon as possible.

- A. Expression of desire to kill himself/herself or wishing to be dead.
- B. Presence of a plan to harm self.
- C. Means are available to carry out a plan to harm himself/herself.
- D. Suicide plan is specific as to time, place, and notes are already written.
- E. High stress due to grief, illness, loss of new job, academic difficulty, etc.
- F. Symptoms of depression are present, such as loss of appetite and sleep, severe hopelessness or agitation, feeling of exhaustion, guilt/shame, loss of interest in school and work or sexual activities, change or deterioration of hygiene.
- G. Intoxication or drug abuse, including alcohol.
- H. Previous suicide attempt by the individual, a friend or a family member.
- I. Isolation, loneliness or lack of support.
- J. Withdrawal or agitation.
- K. Preparation to leave, e.g., giving away possessions, packing belongings.
- L. Secretive behavior.
- M. Major mood changes, e.g., elation of person who has been depressed, extroversion of previously quiet person.
- N. Indirect comments implying death is an option, e.g., person implies he/she may not be around in the future.



## REFERRAL RESOURCES

There may come a time when you wish to refer a student to one of the services on campus. The following are guidelines that may facilitate the referral process.

### Refer a student when:

- A. The problem or request for information is beyond your knowledge.
- B. You feel that for some reason, no matter what it is, you cannot work with the student or feel like you are being used.

In emergencies, if a student appears dangerous to others or to self, call the University Police emergency dispatcher at 911 immediately. All telephones on campus will direct 911 calls to University Police. Give your name, location, and department. Advise them of the situation and remain where you are until contacted by an officer. The officers of the Cal Poly Pomona University Police receive special training in dealing with violent and/or emotionally disturbed students; they will respond promptly and effectively. **Please note: when you call 911 on your cellular phone, you will be connected to the Highway Patrol, not University Police.**

### COUNSELING AND PSYCHOLOGICAL SERVICES

Building 66, Room 116

(909) 869-3220

Hours: 8:00AM to 5:00PM  
Monday to Friday by appointment

Immediate crisis counseling is available during all hours of operation for urgent crisis situations (e.g., suicidal student, homicidal student, the survivor of sexual assault, and the student who has poor contact with reality).

**For Emergencies, Dial 911**

## EMERGENCY and IMPORTANT ON & OFF-CAMPUS RESOURCES

University Police	Emergency Calls	911
	Routine Calls	909-869-3070
Counseling and Psychological Services		909-869-3220
Disability Resource Center		909-869-3333
Student Health Center		909-869-4000
The Pride Center		909-869-3064
The ReEntry & WoMen's Resource Center		909-869-3206
The Cesar Chavez Student Center for Higher Education		909-869-5035
The African American Student Center		909-869-5006
The Native American Student Center		909-869-6877
The Asian/Pacific Islander Student Center		909-869-5023
Project Sister (Sexual Assault) - 24hrs		909-626-HELP
House of Ruth (Domestic Violence) - 24hrs		909-988-5559
LA Suicide Prevention Center Crisis Line - 24hrs		877-7CRISIS 877-727-4747
Tri-City Mental Health Suicide Hotline - 24hrs		909-623-9500
San Bernadino County Suicide Crisis - 24hrs		800-832-9119
Aurora Behavioral Health Care/ Charter Oak Hospital Hotline		800-654-COPE 800-654-2673

These materials were developed as a result of the combined efforts of the Counseling Centers in the Organization of Counseling Center Directors in Higher Education (OCCDHE). They are designed to assist faculty and staff in identifying and intervening with students who are in distress.