



Rochester Community and Technical College

Assisting Students During

# Emotional Distress

A GUIDE FOR FACULTY AND STAFF

Student Health Services (HS140) 507.285.7261 | Counseling Services (SS133) 507.285.7260



## Your Role in Student Health

As a member of the Rochester Community and Technical College 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 well 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 RCTC students and the larger academic community.

## CAMPUS RESOURCES

Career and Counseling Services.....	285-7260
Student Health Services.....	285-7261
Security .....	285-7262
Veterans Services.....	529-6142
Admissions and Records.....	285-7265
Disability Services .....	280-2968
Financial Aid Office.....	285-7271
International Student Services .....	280-5511
Student Life .....	285-7204
Student Support Services UCR.....	285-7230
Student Support Services Heintz Center.....	285-7119
Tutoring Services.....	280-5534

## OFF-CAMPUS RESOURCES

<b>Alcoholics Anonymous</b> .....	507-289-5636
1340 3rd Avenue SE, Rochester	
<b>St. Mary's Emergency Trauma Unit</b> .....	507-255-5591
1216 2nd Street SW, Rochester	
<b>Rochester Police Department (non-emergency)</b> .....	507-328-6800
Emergency.....	911
101 4th Street SE, Rochester	
<b>Olmsted County Department of Social Services</b> .....	507-328-6400
Government Center, 2116 Campus Dr. SE, Rochester	
<b>Zumbro Valley Psychological Services</b> .....	507-289-2089
Connections and Referral Unit.....	507-281-6248
343 Woodlake Drive SE, Rochester	
<b>Taxicab Services:</b>	
Alternate Transportation.....	507-358-7014
Med City Taxi.....	507-282-8294
Yellow Cab.....	507-282-2222
<b>Women's Shelter</b> .....	507-285-1010
<b>Victim's Services</b> .....	507-328-7270

## INTERVENTION, CONSULTATION, AND REFERRAL SERVICES

### Counseling Services

SS133  
507-285-7260  
[http://www.rctc/counseling\\_career\\_center/](http://www.rctc/counseling_career_center/)

#### **Hours:**

##### **Academic Year**

Monday, Thursday, Friday: 8:00am - 4:00pm  
Tuesday, Wednesday: 8:00am - 7:00pm

##### **Summer**

Monday through Friday: 8:00am - 4:00pm

### Student Health Services

HS140  
507-285-7261  
<http://www.rctc/services/health/HealthServices@rctc.roch.edu>

#### **Hours:**

##### **Academic Year Only**

Monday through Thursday: 8:00am - 3:30pm  
Friday: 8:00am - 1:30pm

*\* Alcohol and other drug assessments available for all currently enrolled RCTC or WSU Rochester students.*

### After Hours and Weekends

#### **UCR Security**

EA101  
507-285-7262

#### **Rochester Police**

101 4th Street SE, Rochester (55904)  
507-328-6800

#### **Emergency Services**

911  
Available 24 hours per day

## 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 during the academic year are 8:00am to 4:00pm on Mondays, Thursdays, and Fridays and 8:00am to 7:00pm on Tuesdays and Wednesdays. Call us at 285-7260, 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.

***The Counseling Services staff and other professionals on campus are available to assist you.***



## 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 undue 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 285-7260 or go to Counseling Services (SS133) 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.

*\*If the student is in crisis: Contact the Counseling office. Notify the receptionist that you have a student in crisis.*

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 RCTC 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. This student can then make a decision about how much to reveal to you.

## The Student Experiencing an Eating Disorder

Eating disorders affect people of all ages, but are especially prevalent among college students. Though they are more common in women, they can occur in men as well. Often times, these disorders co-exist with other mental health problems such as depression, anxiety, or substance abuse. The earlier eating disorders are diagnosed and treated, the better the chance for a full recovery.

### Warning Signs:

- Marked decrease/increase in weight
- Development of abnormal or secretive eating habits
- Restrictive eating or purging behaviors (vomiting, fasting, laxatives, diet pills, or diuretics)
- Frequent trips to the bathroom after eating
- Preoccupations or obsessive thoughts about weight and body shape, food, and dieting
- Distorted body image
- Compulsive or excessive exercising, such as exercising at inappropriate times or inappropriate settings
- Frequent complaints of hunger, tiredness, and cold
- Moodiness or irritability
- Social withdrawal because of weight/body image concerns
- Roommates or friends who are concerned about the student's eating and/or purging behaviors

## HOW FACULTY AND STAFF CAN HELP

### Do:

- Establish trusting rapport with the student.
- Focus on specific behaviors that concern you. Behaviors are difficult to deny.
- Express concern for the student in a caring, supportive and non-judgmental manner.
- Suggest that the student talk with someone about these issues, suggest Counseling Services (285-7260, SS133).
- Maintain contact with the student after a referral is made.

### Don't:

- Argue with the student.
- Focus on weight rather than health and effective functioning.
- Judge or label the student's behaviors
- Comment or give advice about the student's weight loss or appearance (even complimentary comments about appearance).
- Attempt to force or encourage the student to eat.
- Monitor the student's eating habits.

## The Student Experiencing Substance Abuse Problems

Given the stresses of college life, students are especially susceptible to drug abuse. Substance use and abuse among college students is often a misguided way to cope with anxiety, depression, and the stressors of college life. A variety of substances are available that provide escape from pressing demands. However, these drugs soon create their own set of problems in the form of addiction, accident proneness, and poor health. The most abused substance is alcohol. Alcohol and other drug related accidents remain the greatest single cause of preventable death among college students.

### Signs of Substance Abuse:

- Loss of interest
- Lack of motivation, energy, self-esteem
- Poor performance
- Secretive or suspicious behavior
- Reduced memory/attention span
- Change in friends
- Unexplainable mood swings
- Drastic weight loss or gain
- Sloppy appearance
- Defiant of authority

### HOW FACULTY AND STAFF CAN HELP

#### Do:

- Confront the student with the behaviors that are of concern.
- Address the substance abuse issue if the student is open and willing.
- Offer support and concern for the student's overall well-being.
- Suggest that the student talk with someone about these issues, suggest Counseling Services (285-7260, SS133).
- Maintain contact with the student after a referral is made.

#### Don't:

- Attempt to discuss the situation if the person is under the influence.
- Convey judgment or criticism about the student's substance use.
- Make allowances for the student's irresponsible behavior.
- Ignore signs of intoxication in the classroom.

## The Student Experiencing Anxiety

Anxiety is a natural response to the emotional, physical, financial and other life changes students' encounter during college. Much of this stress and anxiety are normal, however, some students may experience chronic or relentless anxiety that may indicate the presence of an anxiety disorder. Anxiety can be generalized across a range of situations, or it may be situation-specific (e.g. test anxiety, social anxiety, public speaking anxiety). Untreated anxiety in college students may lead to isolation, difficulty in classes, depression, substance abuse, or in extreme cases, suicide. With appropriate treatment, the vast majority of people suffering from anxiety disorder can be helped.

### Symptoms of Anxiety:

- Agitation
- Panic
- Avoidance
- Irrational fears
- Fear of losing control
- Ruminations
- Excessive worry
- Sleep or eating problem

## HOW FACULTY AND STAFF CAN HELP

### Do:

- Talk to the student in private.
- Remain calm and assume control in a soothing manner.
- Focus on relevant information, speaking concretely and concisely.
- Help the student develop an action plan that addresses the main concern.
- Encourage the student to seek help, suggest Counseling Services (285-7260, SS133).

### Don't:

- Overwhelm the student with information or complicated solutions.
- Argue with irrational thoughts.
- Devalue the information presented.
- Assume the student will get over the anxiety without treatment.

## 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



*Appropriate treatment can help over 80% of those who suffer from depression.*

DEPRESSION

## 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.
- Refer the student to the Counseling Center (285-7260, SS133) or contact a counselor for advice on how to proceed.

### 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

#### One or more significant losses have occurred

- 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: not being accepted into major of choice, loss of status on the job.

### SITUATIONAL

#### Several depressive symptoms are present

- 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

### SITUATIONAL

#### Something a person says, overtly or covertly, may communicate suicidal thoughts and intent.

- "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****Something a person does may communicate a self-destructive  
motive**

- 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 (285-7260, SS133)

**After Hours:**

- Contact UCR Security: 507-285-7262, EA101
- Call 911

**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, before you're certain that's not what he/she hopes to accomplish
- 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 Experiencing 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).

### Warning Signs :

- Explosive outbursts
- Ongoing belligerent hostile behavior
- Threats of violence
- Impulsive or Chronic use of intimidation or bullying
- Uncontrolled Anger
- Feelings of rejection
- Feelings of being persecuted or picked on
- Low interest and/or poor performance in class or on assignments
- Social Withdrawal
- Alcohol or Drug Use

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 Security (285-7262, EA101) or Counseling Services (285-7260, SS133)



## 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
- Have a student call for help if the incident occurs during class

### 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")
- Make threats or dares
- Corner or touch the student
- Press for explanations for his/her behavior

### Post Violent or Aggressive Incident

- Report incident or threat of incident to Campus Security (EA101, 285-7262)
- Debrief with supervisor
- Debrief with a counselor at Counseling Services (SS133, 285-7260)

## Survey Results

In 2008, the College Student Health Survey Report was administered to Rochester Community and Technical College students.

### RCTC students reported that in the past 12 months:

- 15.9% were diagnosed with a mental health condition
- 8.4% were diagnosed with depression
- 0.9% attempted suicide
- 24.4% have unmanaged stress
- 11.4% were taking medication for depression
- 7.8% were taking medication for a mental health condition other than depression
- 72.9% have used alcohol
- 12.4% have used marijuana

### RCTC students reported that within their lifetime:

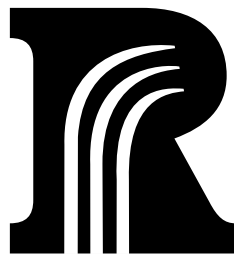
- 2.1% have been diagnosed with anorexia and/or bulimia
- 26.6% of students have engaged in high-risk drinking

### Tie to Academics:

Students' mental health concerns directly influence academic achievement as well as other aspects of their lives. Based on data from the 2008 College Student Health Survey Report:

- Students who were diagnosed with a mental health condition had lower GPA's than those without mental health conditions.
- Those who were ineffectively managing stress tended to have lower GPA's than those who were more effective in stress management.
- 49.5% of students said that mental health issues were causing them academic problems.
- 42.8% of students said they were having academic problems due to stress.
- 16.7% performed poorly on a test or important project as a result of alcohol or drug use.

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.



**Rochester**  
COMMUNITY AND TECHNICAL  
**College**

### Counseling Services

SS133  
507-285-7620

[http://www.rctc.edu/counseling\\_career\\_center/](http://www.rctc.edu/counseling_career_center/)





**Get there.**

851 30th Avenue SE  
Rochester, MN 55904  
1.800.247.1296 or 507.285.7210  
TTY Relay # 1.800.627.3529  
[www.rctc.edu](http://www.rctc.edu)

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