

# Addressing Mental Health on Programs Abroad

Developed by the University of Rochester Counseling Center

## PURPOSE

University of Rochester Counseling Center supports the academic mission of the college by providing resources that help students get the most of their study abroad experience and achieve their educational goals. Resources are designed to improve skills and reduce the effects of emotional and interpersonal problems that interfere with learning. These resources address a wide range of student problems ranging from developmental concerns to more serious psychological difficulties. Traveling and studying abroad can exacerbate certain mental health conditions and program leaders should look out for students who may be showing early signs of issues.

## YOUR ROLE AS TRIP LEADERS

You play a central role in student help-seeking efforts. First, you are often in a direct position to observe students studying abroad and be aware of their behavior. Second, students frequently turn to informal help-givers like you to obtain advice and support. Although you are not expected to provide counseling, it is helpful for you to understand the critical role you can play in:

- Prevention of student problems
- Being familiar with the signs that indicate a student is in need of help
- Responding to student problems
- Understanding the steps in making appropriate referrals

## ABOUT THIS GUIDE

The purpose of this guide is to assist you in your efforts to respond to distressed or distressing students by providing the following:

- Information about student problems
- Information on the important role you play in responding to student problems
- Tips on how to respond to student problems
- Information about appropriate resources abroad that assist students with problems
- Guidelines on how to make referrals to appropriate individuals or services

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## Addendum

This Addendum contains "Descriptive Information" as well as "Do's" and "Don'ts" for dealing with each of the following kinds of students.

## **WHAT YOU SHOULD KNOW ABOUT SYMPTOMS OF DISTRESSED OR DISTRESSING STUDENTS**

Sometimes it is very clear when a student is having difficulties coping, and at other times psychological distress is masked with less obvious symptoms. Some obvious and not-so-obvious signs of distress are:

### **Problems with Academic Performance**

- Poor academic performance and preparation, particularly if such behavior represents a change in previous functioning
- Excessive absences or tardiness, especially if representing a change in functioning
- Chronic indecisiveness or procrastination
- Repeated requests for special considerations
- Increased concern about grades despite satisfactory performance
- Increased dependence - student hangs around you or makes excessive appointments to see you during office hours

### **Unusual Behavior**

- Listlessness, lack of energy, or falling asleep in class
- Disruptive classroom behavior
- Marked changes in personal hygiene
- Impaired speech or disjointed, confused thoughts
- Aggressive or threatening behavior
- Extreme mood changes or excessive, inappropriate display of emotions
- Hyperactivity, irritability, or heightened anxiety
- Prolonged or extreme emotionality
- Dramatic weight loss or weight gain with no apparent physical illness/reason
- Bizarre or strange behavior indicating a loss of contact with reality
- Use of mood altering chemicals (e.g. alcohol or drugs)

### **Traumatic Change in Relationships**

- Death of family member or close friend
- Difficulties in marriage or close relationships
- Problems at home with family or roommates

### **References to Suicide or Homicide**

- Overt (or veiled) references to suicide - verbally or in writing
- Statements of helplessness or hopelessness
- Indications of persistent or prolonged unhappiness
- Isolated self from friends and family
- Pessimistic feelings about the future
- Homicidal threats

## The Grieving Student

During the course of most college student's academic careers, it is likely he or she will have someone close to him or her die (e.g., sibling, parent, grandparent, close friend, boy/girlfriend). Each person will grieve in slightly different ways.

### What You Can Do:

- Ask the student if he/she would like to talk about the person who has died (e.g., "Would you like to tell me about your friend?").
- Listen carefully and compassionately (e.g., "I am so sorry you have lost your grandmother, and I feel sad as I listen to you talk about her").
- Have Kleenex available.
- Consider the option of allowing students to postpone turning in assignments or taking exams.
- 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.")

### Don't:

- Be afraid of tears. Tears are a natural, healthy way to release very intense emotions.
- Avoid discussing the deceased person with the student. He/She is often grateful to find someone who will listen.
- Say, "It's not that bad," "Things will get better," "Crying won't help," or "I know exactly what you are feeling."

## The Anxious/Shy Student

Anxiety is a normal response to a perceived danger or threat to one's well-being. For some students, the cause of their anxiety will be clear; but for others, it is difficult to pinpoint the source of stress.

Regardless of the cause, the resulting symptoms may include:

- Rapid heart palpitations
- Chest pain or discomfort
- Dizziness
- Sweating
- Trembling or shaking
- Cold, clammy hands

The student may also complain of difficulty concentrating, obsessive thinking, feeling continually "on the edge," having difficulty making decisions, or being too fearful/unable to act. In rarer cases, a student may experience a panic attack in which the physical symptoms occur so spontaneously and intensely that the student may fear she/he is dying. The following guidelines remain appropriate in most cases:

**What You Can Do:**

- Encourage the student to discuss his/her feelings and thoughts, as this alone often relieves a great deal of pressure.
- Provide reassurance without being unrealistic.
- Remain calm and take lead in a soothing manner.
- Be clear and direct about expectations.
- Provide a safe and quiet environment until the symptoms subside.
- Be patient.
- Help student develop an action plan that addresses their main concerns.

**Don't:**

- Minimize the perceived threat to which the student is reacting.
- Take responsibility for the student's emotional state.
- Overwhelm the student with complex information or ideas to "fix" his/her condition.
- Be judgmental or cynical.
- Get caught up and lost in their anxiety.
- Disregard their feelings.
- Argue with student's irrational thoughts.
- Assume the student will "get over it".

## The Student Who May Have an Eating Disorder

Eating disorders represent complex physiological and psychological difficulties, which are typically characterized by unhealthy and/or obsessive thoughts and behaviors linked to food, eating habits, and body image. Although, many college students struggle with disordered eating patterns and body image concerns, dancers and athletes are especially at risk. The two most serious eating disorders, Anorexia Nervosa and Bulimia Nervosa, can be health and/or life threatening. Anorexia can best be characterized by voluntary self-starvation; whereas Bulimia is a disorder in which the individual becomes entrapped in a vicious cycle of alternating food binges and purges (i.e. vomiting, laxative abuse, excessive exercise). While individuals struggling with Anorexia are usually severely underweight, those struggling with Bulimia are often normal weight, or even overweight. Binge Eating Behavior is characterized by recurrent episodes of binge eating that are not followed by inappropriate compensatory behaviors (purging) to

prevent weight gain. These disorders often become the major preoccupying theme in an individual's life, causing numerous interpersonal and medical problems, and often interfering with his/her academic and/or work performance.

Due to the opportunities that faculty and staff have to observe and interact with students in classrooms and the student lounge, you are often the first to recognize that a student may be struggling with an eating disorder. Look for a pattern of indicators, such as:

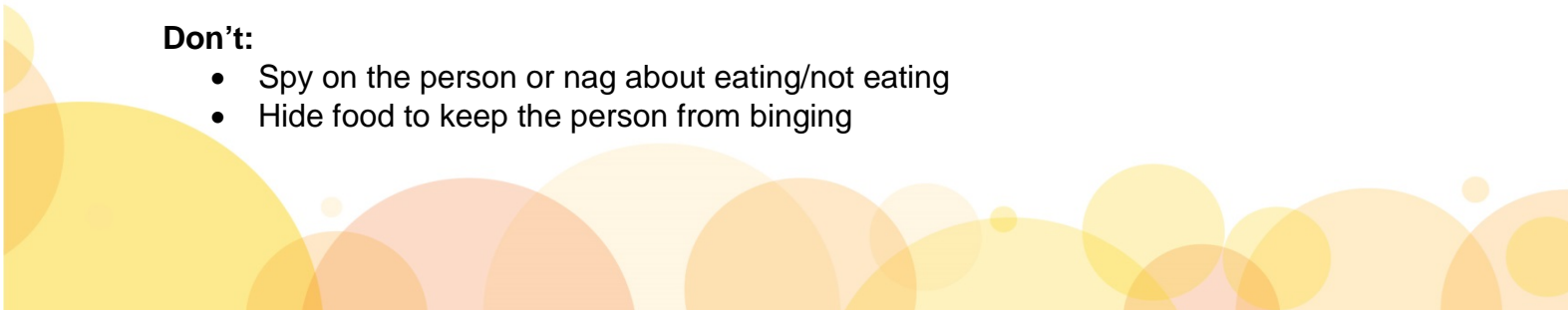
- Obsession with food/dieting
- Low self-esteem
- Ritualistic behavior around food
- Distorted body image
- Extremely regimented life
- Excessive exercise
- Perfectionist expectations of self
- Binging/purging
- Excessive dental/medical problems
- Compulsive behavior
- Difficulty concentrating/focusing
- 15% weight loss (Anorexia)
- Isolation/withdrawal from friends
- Secretive eating

#### **What You Can Do:**

- Let the person with an eating disorder know that you are concerned about him/her. In a direct and non-punitive manner, indicate to the student all the specific observations that have aroused your concern
- Remember a person with an eating disorder is just that – first a person, and secondarily, one who has trouble with food
- Be available to listen – one of the best ways to help someone gain control over eating is to reach out as a friend instead of focusing on his/her eating behavior
- Select a time to talk to the student when you are not rushed and won't be interrupted
- Be supportive and encourage the person to get help. Your responsibilities are not to diagnose or provide therapy; it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble support and the proper therapeutic resources.
- If the information you receive is compelling, communicate to the student your tentative sense that he or she might have an eating disorder as well as your conviction that the matter clearly needs to be evaluated.
- Call the Counseling Center to discuss the best way to help this person.

#### **Don't:**

- Spy on the person or nag about eating/not eating
- Hide food to keep the person from binging



- Let yourself be convinced that the person really doesn't have a problem
- Be afraid to let the person know that you are concerned about him/her
- Avoid conflicts or a battle of the wills with your student.
- Avoid placing shame, blame, or guilt on your student regarding their actions or attitudes.
- Avoid giving simple solutions. For example, "If you'd just stop, then everything would be fine!"
- Do not intentionally or unintentionally become the student's therapist, savior, or victim.

## **The Demanding Student**

Typically, the time and energy you give to the demanding student is never enough. They often seek to control your time and unconsciously believe the amount of time received reflects their worth. Students who are demanding can be intrusive and persistent and may require much time and attention. Demanding traits can be associated with anxiety, depression, personality problems, and/or thought disorders, mania, drug use/abuse.

Characteristics of student who are demanding include:

- A sense of entitlement
- An inability to empathize
- A need for control
- Difficulty in dealing with ambiguity
- Perfectionism
- Difficulty with structure and limits
- Dependency
- Fears about handling life
- Elevated mood
- Drug use or abuse

### **What You Can Do:**

- Talk to the student in a place that is safe and comfortable
- Remain calm and take the lead
- Offer limited but positive feedback
- Set limits on your time and keep to them (e.g., "I have only 10 minutes" or "Excuse me, I need to attend to other things")
- Emphasize behaviors that are and aren't acceptable
- Be prepared for manipulative requests and behaviors
- Respond quickly and with clear limits to behavior that disrupts class, student sessions, or consultations
- Maintain clear boundaries in relationship
- Offer them other possibilities of places to get support/attention

**Don't:**

- Argue with the student
- Give in to inappropriate requests, making exceptions, special “deals” bargains
- Adjust your schedule or policies to accommodate the student
- Ignore inappropriate behavior that has a negative impact on you or other students
- Feel obligated to take care of the student, or feeling guilty for not doing more
- Let him/her use you as his/her only source of support.
- Get trapped into being bullied out of your comfort zone (time, role)

### **The Dependent/Passive Student**

You may find yourself feeling increasingly drained and responsible for this student in a way that is beyond your normal involvement. It may seem that even 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 reflects their worth. It is helpful if the student can be connected with proper sources of support on-campus and in the community in general.

**What You Can Do:**

- Let students make their own decisions
- Validate when they take independent action
- Set firm and clear limits on your personal time and involvement
- Offer referrals to other resources

**Don't:**

- Get trapped into giving continual advice, special conditions/treatment, etc.
- Avoid the student as an alternative to setting and enforcing limits
- Over commit

### **The Depressed Student**

Depression, and the variety of ways it manifests itself, is part of a natural emotional and physical response to life's ups and downs. With the busy and demanding life of a college student, it is safe to assume that most students will experience periods of reactive depression during their college careers. It is when the depressive symptoms become so extreme or are so enduring that they begin to interfere with the student's ability to function in school, work, or social environments, that the student will come to your attention and be in need of assistance.



Due to the opportunities that faculty and staff have to observe and interact with students, you are often the first to recognize that a student is in distress. Look for a pattern of these indicators:

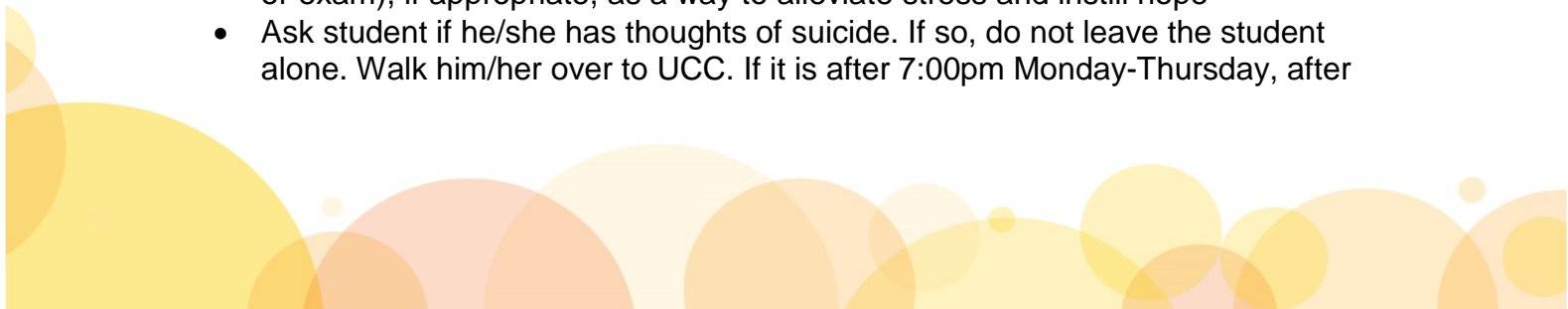
- Tearfulness/general emotionality or a marked lack of emotion
- Feelings of emptiness, hopelessness, helplessness and worthlessness
- A deep sense of sadness
- Dependency (a student who makes excessive requests for your time)
- Markedly diminished performance
- Lack of energy/motivation
- An inability to experience pleasure
- Infrequent or sporadic class attendance
- Increased anxiety/test anxiety/performance anxiety
- Difficulties with concentration, memory, and decision-making
- Irritability
- Deterioration in personal hygiene
- Irregular eating and sleeping
- Fatigue and social withdrawal
- Alcohol or drug use

Sometimes depression includes irritation, anxiety and anger. In its most serious form, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain. Research shows that depression can be highly responsive to both psychotherapy and medication.

Students experiencing depression often respond well to a small amount of attention for a short period of time. Early intervention increases the chances of the student's rapid return to optimal performance.

### **What You Can Do:**

- Talk to the student in private
- Listen carefully and validate the student's feelings and experiences
- Be supportive and express your concern about the situation
- Let the student know you've noticed that she/he appears to be feeling down and you would like to help
- Reach out and encourage the student to discuss how she/he is feeling
- Offer options to further investigate and manage the symptoms of depression. Discuss clearly and concisely an action plan such as having the student immediately call for a counseling appointment.
- Refer student to the University Counseling Center (275-3113)
- Be willing to consider or offer flexible arrangements (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope
- Ask student if he/she has thoughts of suicide. If so, do not leave the student alone. Walk him/her over to UCC. If it is after 7:00pm Monday-Thursday, after



5:00 pm on Friday, or on the weekend, access emergency service by calling our on-call service @ 275-3113

- If concerned, ask

#### **Don't:**

- Minimize the student's feelings, e.g. "Don't worry. Everything will be better tomorrow."
- Bombard the student with "fix it" solutions or advice
- Argue with the student or disrupt that the student is feeling depressed
- Provide too much information for the student to process
- Chastise the student for poor or incomplete work
- Expect the student to stop feeling depressed without intervention
- Be afraid to ask whether the student is suicidal if you suspect she/he may be (e.g. "Have you had thoughts of harming yourself?" See page entitled "The Suicidal Student" for further information.)
- Assume they are suicidal
- Assume the family knows about the student's depression

## **The Student in Poor Contact with Reality**

These students have difficulty distinguishing fantasy from reality, being out of touch with reality, the dream from the waking state. Their thinking is typically illogical, confused, or irrational; their emotional responses may be incongruent or inappropriate; speech that makes no sense; and their behavior may be bizarre or disturbing. They may experience hallucinations, often auditory, and may report hearing voices. They are socially withdrawn, an inability to connect with or track normal communication, extreme or unwarranted suspicion. While this student may elicit alarm or fear from others, they are generally not dangerous and are more frightened and overwhelmed by you than you are by them. If you cannot make sense of their conversation, they may be in need of immediate assistance.

**Bipolar disorder** involves periods of serious depression combined with periods of extreme euphoria and frenzied thinking and behavior, the latter of which can reflect a poor reality. A person with bipolar disorder can become psychotic.

**Psychological illnesses that involve psychotic** features often have an onset between the late teens and early 30s.

#### **What You Can Do:**

- Respond with warmth and kindness, as well as with firm reasoning
- Speak to the student in a direct and concrete manner regarding your plan for getting him/her to a safe environment
- Remove extra stimulation from the environment (turn off the radio, step outside of a noisy room)

- Acknowledge your concerns and state that you can see they need help
- Acknowledge their feelings or fears without supporting the misperceptions, e.g., "I understand you think someone is following you, but I don't see anyone and I believe you're safe."
- Acknowledge your difficulty in understanding them and ask for clarification or restatement, e.g., "I'm not sure I understand what you're trying to tell me, can you try to explain it more clearly?"
- Focus on the "here and now." Ask for specific information about the student's awareness of time, place, and destination
- Speak to their healthy side, which they have. It's okay to laugh and joke when appropriate
- Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia
- Recognize that a student in this state may be dangerous to self or others
- Consult with a professional at UCC (275-3113)
- Accompany the student to UCC or call (911) if the student is highly impaired

**Don't:**

- Argue or try to convince them of the irrationality of their thinking as this commonly produces a stronger defense of the false perceptions
- Play along with or encourage further discussion of the delusion processes, e.g., "Oh yes, I hear the voices (or see the devil)."
- Demand, command, or order
- Expect customary emotional responses
- Assume the student will be able to care for him/herself
- Agitate the student with questions, pressure, etc.
- Assume the student understands you
- Allow friends to care for that student without getting professional advice
- Get locked into one way of dealing with the student. Be flexible
- Assume the family knows about the student's condition

### **The Student Suspected of Substance Abuse/Addiction**

Alcohol is the preferred drug on college campuses and is the most widely used psychoactive drug. Alcohol abusers in college populations tend to abuse other drugs, both prescription and illicit. Patterns of use are affected by fads and peer pressure.

The effects of alcohol on the user are well known. Student alcohol abuse is most often identified by faculty and staff when irresponsible, unpredictable behavior affects the learning, work, or living environment (i.e. drunk and disorderly in class, or office), or when a combination of the health and social impairments associated with alcohol abuse sabotages student performance. 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.

**Signs that a student may have an alcohol problem:**

- Failure to fulfill major work, school, or home responsibilities
- Specific school problems such as poor attendance, low grades, and/or recent disciplinary action
- Drinking in situations that are physically dangerous, such as driving a car
- Having recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk
- Continued drinking despite having ongoing relationship problems that are caused or worsened by drinking
- Mood changes such as temper flare-ups, irritability, and defensiveness
- Physical or mental problems such as memory lapses, poor concentration, bloodshot eyes, lack of coordination, or slurred speech

**Signs that a student may have a drug problem:**

- Experiencing withdrawal symptoms (e.g. nausea, restlessness, insomnia, concentration problems, sweating, tremors, anxiety)
- After reducing or stopping chronic drug use, taking a drug in order to avoid withdrawal symptoms
- Spending a lot of time getting, using, and recovering from the effects of a drug
- Abandoning previously-enjoyed activities, such as hobbies, sports, and socializing, in order to use drugs
- Neglecting school, work, or family responsibilities
- Taking risks while high, such as starting a fight or engaging in unprotected sex
- Continuing to use despite physical problems (e.g., blackouts, flashbacks, infections, injuries) or psychological problems (e.g., mood swings, depression, anxiety, delusions, and paranoia) the drug has caused
- Legal troubles because of drug use, such as arrests for disorderly conduct, driving under the influence, or stealing to support drug habit

**What You Can Do:**

- Treat the situation as serious
- Confront the student with his/her behavior that is of concern and encourage the student to seek help
- Address the substance abuse issue if the student is open and willing
- Offer support and concern for the student's overall well-being
- Recognize that denial is a powerful aspect of substance problems and that it can involve conscious or unconscious lying and distorting the truth
- Make a referral to an appropriate helping department or agency (e.g. Counseling Center (275-3113))
- Maintain contact with the student after a referral is made

**Don't:**

- Convey judgment or criticism about the student's substance abuse

- Make allowances for the student's irresponsible behavior
- Ignore signs of intoxication in the classroom or workplace
- Assume problem is temporary – minimize symptoms

## **The Victim of Stalking**

### **Facts about stalking**

- Stalking is repeated following or harassment of an individual that is designed to instill a sense of fear or danger
- Stalkers often have an irrational obsession with the victim and try to gain power and omnipotence through control and intimidation
- Stalking behavior includes tailing the victim: harassment via phone, email, fax, and letters; unwanted gifts; an unwanted attentiveness
- Stalkers can be male or female and targets can be of the same or opposite sex

### **What You Can Do:**

- Encourage the victimized student to trust his/her instincts
- Advise the student to contact the University Security (5-3333)
- Advise the student to document unwanted contacts and maintain evidence of harassment
- Advise the student to take precautions to ensure safety, including a change in routine travel routes and schedules, and making use of campus escorts when possible
- If you feel overwhelmed or unprepared to help a victim of stalking, call the Dean of Students Office (275-2757) who will maintain your confidentiality and arrange a meeting with that student.

### **Don't:**

- Ignore or minimize the situation
- Suggest that the victim is responsible for the unwanted attention
- Take responsibility for protecting the student
- Fail to alert the proper authorities

## **The Victim of an Abusive Dating Relationship**

### **Facts about abusive relationships**

- Abusive relationships often involve a repeating pattern of verbal, sexual, emotional and physical abuse that increases over time.

### **Indicators of abusive relationships include:**

- Verbal abuse
- Isolation from friends and family

- Fear of abandonment
- Fear of partner's temper
- Fear of intimidation
- Acceptance of highly controlling behavior
- Assuming responsibility for partner's abusive behavior
- Feeling trapped
- Fear of leaving the relationship

**What You Can Do:**

- See the student in private
- Recognize that the student may be fearful and vulnerable
- Remember that abusive relationships involve complex dynamics, including high levels of denial and, thus, are difficult to change
- Be aware that interventions from a variety of sources increase the chances for change
- Refer the student to the appropriate members of the community  
Potentially the UCC (275-3113).
- Encourage the student to connect with family and friends

**Don't:**

- Downplay the situation
- Lecture the student about poor judgment
- Expect the student to make quick or make any changes
- Pressure the student to follow any particular course of action

## The Victim of a Hate Incident

**Facts about Hate Incidents:**

- A hate crime is a criminal act against a person or her/his property because of that person's actual or perceived race, color, religion, nationality, disability, gender, gender identity, or sexual orientation
- A hate incident is an act that, while not meeting the legal definition of a crime, involves the same types of behavior and targeting of underrepresented groups. Hate incidents are more common on college campuses than hate crimes

**What You Can Do:**

- Talk to the victimized student in private
- Recognize that the student is probably experiencing a range of intense feelings, including shame, anger, fear and denial

- Refer the Student to the Bias Incident Reporting web site (can be done anonymously): <http://www.rochester.edu/college/bic/bias-incident-response/incident>
- Refer the student to the Dean of Students Office
- Explain the importance of notifying the University Security
- Refer the student to the University Counseling Center (275-3113) for assessment and counseling

**Don't:**

- Downplay the situation
- Express personal biases
- Get caught up in the technicalities or legalities of the situation

## The Victim of Hazing

**Facts about hazing:**

- Hazing in any form is prohibited at the University of Rochester
- Hazing is defined as any action taken or situation created on or off campus, which recklessly or intentionally produces mental or physical discomfort, embarrassment, harassment or ridicule
- Hazing is sometimes used as a rite of passage or initiation into a campus organization
- Hazing can be psychologically damaging and present serious physical risks (including death) to students
- A student may or may not know that hazing will be a part of an initiation process
- A student may or may not know how extreme hazing might become during an initiation process
- Hazing is illegal in the State of New York

**What You Can Do:**

- Talk to the victimized student in private
- Recognize that the student may be feeling vulnerable and experiencing a range of emotion.
- Advise the student to report the incident to the Dean of Students Office
- Advise the student to report the incident to the University Security (5-3333)
- Refer the student to the office that oversees the organization in question
- Refer the student for a follow-up at the University Counseling Center, if appropriate

**Don't:**

- Minimize the situation



- Agree to maintain confidentiality

## **The Student Who Has Been Sexually Harassed (Assaulted)**

Sexual harassment involves unwelcome and unwanted sexual attention and/or advances, requests for sexual favors, and other inappropriate verbal or physical conduct. Sexual assault is sexual contact initiated against a person without consent. Consent must be informed, freely and actively given, and an understandable exchange of affirmative words or actions, which indicate a willingness to participate in mutually agreed upon sexual activity. It is the responsibility of the initiator to obtain clear and affirmative responses at each stage of sexual involvement. The lack of negative response is not consent. Consent may not be given by an individual who is intoxicated or incapacitated by drug and/or alcohol both voluntarily or involuntarily consumed. Past consent of sexual activity does not imply ongoing future consent. It is often found in the context of a relationship of unequal power, rank, or status. It does not matter that the person's intention was not to harass. It is the effect that counts; as long as the conduct interferes with a student's academic/work performance or creates an intimidating, hostile, or offensive learning environment, it is considered sexual harassment.

Sexual harassment usually is not an isolated one-time only case but a repeated pattern of 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
- Inappropriate and unwelcome touch
- Threats of rape
- Sexual coercion
- Unwanted sexual contact without consent
- Completed or attempted rape

Common reactions by students who have been harassed is to doubt their perceptions, wonder if it was a joke or question whether they have brought it on themselves in some way. A student may begin to participate less in the classroom, drop or avoid classes, or even change majors.

Although most assaults are committed by men against women, men can be assaulted by women, and same-sex assaults also occur. Advise without conveying judgment.

### **What You Can Do:**

- Listen without conveying judgment and be aware that victims can feel shame and anger



- Refer the student to the appropriate members of the Community.
- If the student needs immediate medical attention, refer to UHS for testing for sexually transmitted diseases (STD) and the “morning after” pill
- Refer the student to UCC (275-3113) for assessment and counseling options
- Refer the student for a confidential consultation with the Title IX Coordinator (275-7814): <https://www.rochester.edu/eoc/assets/pdf/knownyrrts.pdf>
- **If** the student wants to report it to the police, the student must go to the hospital so evidence can be collected
- If the student needs help in dealing with academic issues as a result of the sexual assault refer them to the Dean of Students
- Inform the student of other CRT resources

**Avoid:**

- Expressing judgment even when high-risk behaviors on the part of the victim (e.g., intoxication) were involved
- Pressuring the student to file a police report

## **The Suicidal Student**

Although suicide is a rare event, it is the second leading cause of death among college students. People who are suicidal often tell people about their thoughts or give clues to others about their feelings. It is important to view all suicidal comments or behavior as serious and make appropriate referrals. Suicidal states are often associated with major depression, a combination of acute anxiety and depression, post-traumatic stress disorder, and bipolar disorder. High risk indicators include: feelings of hopelessness, helplessness, and futility; a significant loss or threat of loss; a suicide plan; a history of a previous attempt or knowledge of someone who has attempted suicide; history of alcohol or drug abuse; feelings of alienation and isolation; and preoccupation with death.

**Some factors associated with suicide risk are:**

- Suicidal thoughts
- Pessimistic view of the future
- Intense feelings of hopelessness, especially when combined with anxiety/feelings of alienation and isolation
- Viewing death as a means of escape from distress
- Previous suicide attempts
- Personal or family history of depression or suicide
- Personal or family history of suicide attempts
- Substance abuse
- History of self-mutilation

- Don't be afraid to ask about suicide. Asking a student if he/she is suicidal will not put the idea in their head if it isn't there already.

**A student who is suicidal** and who confides in someone is often ambivalent about suicide and open to discussion.

**Students who are at high risk** usually have a specific plan, have a means that is lethal (e.g., medication, knife, gun), and tend to be or feel isolated.

#### **What You Can Do:**

- Call 911 if the student is in immediate danger to him/herself
- Talk to the student in private
- Remain calm and take the lead
- Take the student seriously --- 80% of suicides give warning of their intent
- Be direct --- ask if the student is suicidal, if she/he has a plan and if she/he has the means to carry out that plan. Exploring this with the student may decrease the impulse to commit suicide
- Express care and concern. Be available to listen but refer the student to the Counseling Center for additional help. Do your best to make sure the student receives help
- Take care of yourself. Allow yourself to receive support from those close to you or those trained to provide it. Suicide intervention is demanding and draining work

#### **Don't:**

- Minimize the situation. All threats must be considered potentially lethal
- Leave the student alone if she /he has a plan
- Be afraid of planting the idea of suicide in an already depressed mind by inquiring about it (the person will very likely feel relieved that someone has noticed and cared enough to discuss it with him/her)
- Over commit yourself. Doing so may leave you eventually feeling overwhelmed or unable to deliver on what you promised
- Ignore your limitations
- Allow friends to assume responsibility for the student without getting input from a professional.
- Assume the family knows that the student has suicidal thoughts.

## **The Suspicious Student**

Typically, these students complain about something other than their psychological difficulties. They are generally tense, anxious, mistrustful, isolated, 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 everyone's behavior and view everything that happens as having special meaning to

them. They are overly concerned with fairness and being treated equally. Feelings of worthlessness and inadequacy underlie most of their behavior, though they may seem capable and bright.

**What You Can Do:**

- 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

**Avoid:**

- Assuring the student that you are his/her friend. Instead, acknowledge that although you are not a close friend; you are concerned about him/her
- Being overly warm and nurturing
- Flattering or participating in his/her games. You don't know his/her rules
- Being cute or humorous
- Challenging or agreeing with any mistaken or illogical beliefs. Be ambiguous

## The Verbally Aggressive Student

Students may become verbally abusive when they encounter frustrating situations which they believe are beyond their control. Aggression varies from threats to verbal abuse to physical abuse and violence. It is very difficult to predict aggression and violence. They can displace anger and frustration from those situations onto the nearest target. Explosive outbursts or ongoing belligerent, hostile behavior become this student's way of gaining power and control in an otherwise out-of-control experience. It is important to remember that the student is generally not angry at you personally, but is angry at his/her world. You may have become a convenient object for his/her pent-up frustrations. This behavior is often associated with the use of alcohol and other drugs.

**Some indicators of potential violence may include:**

- Paranoia/mistrust
- An unstable school or vocational history
- A history of juvenile violence or substance abuse
- Prior history of violence or abuse
- Fascination with weapons
- History of cruelty to animals as a child or adolescent
- Impulse control problems
- Fire-starting behaviors

**What You Can Do:**

- Assess your level of safety. Call 911 if you feel in danger
- Stay calm and set limits
- Acknowledge their anger and frustration, e.g. "I hear how angry you are."
- Rephrase what they are saying and identify their emotion, e.g. "It appears you are upset because you feel your rights are being violated and nobody will listen."
- Reduce stimulation; invite the person to a quiet place if this is comfortable. However, do not invite the person to a quiet place if you fear for your safety. In all instances, ensure that another person is easily accessible to you in the event that the student's behavior escalates.
- Enlist the help of a co-worker
- Allow them to tell you what is upsetting them
- Be directive and firm about the behaviors you will accept, e.g. "Please stand back; you're too close," and/or "I cannot listen to you when you are yelling."
- Use a time-out strategy (that is, ask the student to reschedule a meeting with you once he/she has calmed down) if the student refuses to cooperate and remains aggressive or agitated
- Help the student problem-solve and deal with the real issues when they become calm, e.g. "I'm sorry you are so upset; I'd like to help if I can."
- Be honest and genuine; do not placate aggression

**Avoid:**

- Staying in a situation in which you feel unsafe
- Meeting alone with the student
- Getting into an argument or shouting match
- Becoming hostile or punitive yourself, e.g. "You can't talk to me that way."
- Pressing for explanations for their behavior
- Ignoring the situation or signs that the student's anger is escalating
- Touching the student, as this may be perceived as aggression or otherwise unwanted attention
- Ignoring a gut reaction that you are in danger

## The Violent Student

Violence due to emotional distress 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. The adage "An ounce of prevention is worth a pound of cure" best applies here. Violent behavior is often associated with the use of alcohol and other drugs.

**What You Can Do:**

- 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 may be tempted to lash out.”
- Explain clearly and directly what behaviors are acceptable without denying his/her feelings, e.g. “You certainly have the right to be angry, but breaking things is not okay.”
- Get necessary help (send someone for other staff, security, etc.)
- Stay safe: have easy access to a door; keep furniture between you and the student; keep door open if at all possible/appropriate; make certain that a staff, faculty, or another person is nearby and accessible; in some instances, you may wish to see the student only with another person present --- do not see the person alone if you fear for your safety.

**Avoid:**

- Ignoring warning signs that the person is about to explode, e.g. yelling, screaming, clenched fists, threats
- Threatening or cornering the student
- Touching the student

## Responding to Students with Transition Issues

**Facts about transitions:**

- Transitions are times of change that usually involve both loss and opportunity
- Entering college is one of life’s most demanding transitions; arguable the most significant transition since the start of kindergarten
- College students face many challenging transitions including graduating and entering the work force
- The changes inherent in a transition produce stress and challenge a student’s coping resources
- Students commonly experience a decline in functioning (academic, social, emotional) during transitions
- Transition stress can be compounded by counter-productive coping mechanisms such as avoidance of stress-producing situations and people, excessive partying, and alcohol abuse
- Transitions can pose greater problems to students who have existing psychological problems or difficult life circumstances
- Students going through a transition may benefit from counseling to enhance their coping efforts or to prevent the onset of serious problems

**Signs that a student is having transition problems include:**

- Anxiety symptoms such as nervousness, irritability, tearfulness, and sleep problems
- Depressed mood
- Difficulty managing responsibilities or relationships

**What You Can Do:**

- Convey to the student that transition stress is normal and often brings a temporary decline in performance
- Encourage that student to use positive coping strategies to manage transition stress including: regular exercise, use of social support, a reasonable eating and sleeping regimen, and scheduling pleasurable activities
- Refer the student to UCC if performance problems persist beyond a reasonable amount of time, if the symptoms are acute, or if the student feels he/she could benefit by talking with someone about it

**Avoid:**

- Assuming that the student understands the impact of transitions and is aware of the source of stress
- Minimizing or trivializing the student's feelings and reactions
- Discounting or overlooking factors that put the student at risk of more serious problems

## **Responding to the Student with Choice of Major or Career Concerns**

Career Service provides comprehensive services for students who have the following issues.

**For the student who is undecided about a major:**

- The majority of the student population is undecided about choice of major
- Many students will change their major several times prior to choosing one that is right for them
- Self-exploration is the course of action for students choosing to identify a potential major. Career Services can help assist students with navigating exploration and strategizing on initiatives for students to pursue to assist them with declaring a major

**For the student who is undecided about a career path:**

- Many students will choose a major but need assistance with understanding traditional and non-traditional career paths
- Students often associate the more well-known professions with their course of study and need assistance with career exploration to understand professions that they did not know existed
- Students will often need assistance in realizing that the path to a particular career is not necessarily linear. A major in “X” does not limit you to a profession in “Y”.

**For the student who is looking to gain experience or employment:**

- Students may want to clarify their career goals and utilize experiential learning opportunities to confirm their choice of major and occupational interests
- Students may need assistance with developing a comprehensive job search process utilizing various methods and resources to assist with obtaining employment

## **The Absent/Disappeared From Class Student**

You may notice a student that has been missing/absent from class and has not made contact with you or a student who is missing significant work or assignments.

**What You Can Do:**

- Initiate contact with the student: Get in touch with Academic Support or his/her advisor
- Share observations/facts: “I noticed you missed X# of classes” or “I haven’t seen or heard from you in 3 weeks.”
- Share concern: “Sorry you are having difficulties.”
- Offer to talk: “Would you like to talk.”
- Be clear and direct about your expectations and the consequences for not meeting expectations
- Be open/listen to the students’ perspective about why they missed class or assignments
- Ask how the student believes he/she can better meet expectations for attendance or work
- Find out how he/she is doing in other classes

**Avoid:**

- Disregarding/invalidating the student's feelings
- Minimizing concerns
- Feeling pulled to change expectations and make accommodations immediately. It's okay to say "I'll consider an alternative."
- Lecturing/scolding: "You know you really should come to class."
- Using scare tactics, threats/bribes: "If you don't come to t class you might fail" or "I might fail you" said in a threatening way.

For more questions on mental health resources and ways to talk to students, call the University of Rochester Counseling Center:

UCC

Tel: (585) 275-3113

Website: <https://www.rochester.edu/uhs/ucc/>

For questions about health, safety, or security issues abroad:

Manager for International Travel & Security

Office for Global Engagement

Cell: (585) 857-1168

[Alan.ryon@rochester.edu](mailto:Alan.ryon@rochester.edu)

Travel & Security website: <http://www.rochester.edu/global/travel/>