

## **GUIDELINES FOR WORKING WITH STUDENTS IN DISTRESS**

### **Identifying Distressed Students:**

Oftentimes, there are physical, behavioral, and emotional symptoms that help us identify those students who are distressed or in need of help. The primary indicator of distress in most instances is a sudden or dramatic change in the student's demeanor, habits, routines, or presentation. Examples of such indicators are:

- Change in appearance or grooming
- Significant change in weight, sleeping habits, or eating habits
- Increased use of alcohol or drugs
- Unusual mood swings
- Apathy (e.g., disinterested in schoolwork, doesn't seem to care)
- Loss of interest in activities
- Sudden withdrawal from friends and social opportunities
- Excessive procrastination or an inability to initiate tasks or maintain concentration
- References to feelings of hopelessness or worthlessness
- References to death or suicide
- Self-harm – mutilation, cutting, engaging in risky behaviors

### **When to Approach a Distressed Student**

Whenever there is evidence or an indicator that a student is in distress, it is worth exploring. A student can respond in many ways, two extremes being: they will be open and appreciative of your approach and your help; or, they will be defensive and upset because of your "accusations". How you should proceed is dependent upon the student's reaction and the severity of the presenting problem.

### ***Life-threatening or dire circumstances***

In the case of high crisis situations (e.g., suicide, drug/alcohol overdose, sexual assault), it is imperative that immediate action is taken even in spite of a student's possible reluctance or disagreement. It is far more important to ensure the student's safety than to preserve their need for privacy. In these instances, seek outside help immediately. Call CUPD (ext. 26666) or 9-1-1.

### ***Severe distress***

There are other circumstances that may not be life threatening, but still require that your interventions be direct and "aggressive" because of the potential for future harm. Substance abuse, eating disorders (anorexia or bulimia, in particular), and violent or abusive relationships are just some examples of situations that may require that you risk your friendship or "good image" for the student's benefit or safety. These are situations in which it is common for students to deny having a problem. They are accustomed to pushing others away and minimizing the concerns. Although you don't need to be confrontational, you may need to be more persistent in conveying your concern. If you are having any difficulty managing the situation on your own or if the situation does not improve, consult with a CAPS staff member (ext. 26766) or Wardenburg staff member

(ext. 25654). Ignoring the problem or respecting the student's demands to be left alone could result in a more severe, high crisis situation.

### ***Low immediate distress or danger***

Any symptoms of distress warrant your attention and some investigation to clarify the situation. Unfortunately, there is no steadfast rule as to when or how these symptoms will escalate to a level of immediate concern. If, when confronting a student, you recognize that they are in distress but not in any imminent danger, it may be less important for you to take immediate action. You can take the time necessary to align with the student, build rapport, and allow them to enlist your support. Oftentimes, simply letting the student know that you are available and that you care CAN help alleviate their feelings of depression, isolation, or anxiety.

### **How to Approach a Distressed Student**

#### ***If the distressed student is a friend***

In some ways, it may be easier to approach a friend when they are distressed. You have already established a relationship with them and can easily express your concern with genuineness and sincerity. However, when friends are accustomed to interacting with you in a particular social manner, they may be resentful that you are confronting them in your RA role. In these situations, convey your concern for your friend. Let your friend know that you are worried about their health or safety. Let them know that if you didn't care about them, you would ignore the problem or the symptoms.

#### ***If the distressed student is an acquaintance***

If you have a relationship with the student, but not a close friendship, it may be easier to be more assertive and direct with your concerns. However, it is best to align with the student as quickly as possible. Build rapport in order to let them know that your concerns are legitimate and that your help is for their benefit. Voice your concern and rely on your empathy. "I'm concerned because I've been noticing..." "Although I don't know you well, I have noticed that... and I'm only approaching you because I care." "[Problems] can be difficult, especially when you feel like you have to cope with them alone. I want to help you, please let me."

#### ***If the distressed student is someone you don't know***

When approaching someone you don't know, it can be easier to confront them more aggressively, but also more difficult for them to take you seriously (Who is this person? They know nothing about me!). Again, build rapport and confront empathetically and with genuine concern. As long as you approach someone out of concern rather than obligation, your persistence will demonstrate care more than relentlessness.

**The main components of approaching a distressed student entail relying on your instincts, your empathy, and your genuineness.**

### **When and How to Make a Referral**

Know your limits and boundaries. Most likely, if a student is exhibiting symptoms of distress severe enough for you to notice, it is likely that they will benefit from outside, professional help. Outside help may include talking with CAPS (ext. 26766), the Director of the AOD Program, (ext. 25703). Become familiar with these resources, calling them for more information when necessary. The more familiar you are with the resources, the easier it will be for you to refer students to them. It is easier to accept a referral when you know what services they could provide, what it will be like to meet with the person, and why you think this office/person is well-suited to meet their needs or address their concerns. The better prepared a student is in meeting with an unfamiliar group, the more likely they are able to follow through with the referral.

If the student expressed some reservations or concerns, you can offer to sit with them while they make the call for an appointment. You can also offer to escort them to the particular office where they can best be helped. Additionally, you can also let them know that you will talk with them after their meeting to “debrief” about their experiences.

Your objective is to plant seeds. Let the student know that they may need some assistance. Remind them that they are not alone; many students access these resources. We view it as a sign of strength. Follow through and follow up in making sure that they get connected with the appropriate help. Make yourself available and accessible if they need to approach you in the future.

### **Websites**

Counseling and Psychological Services <http://www.colorado.edu/sacs/counseling/>

Alcohol and Other Drug Program, [www.colorado.edu/alcohol](http://www.colorado.edu/alcohol)