

Handling challenging situations with students

In this handout, we describe a number of challenging situations you may encounter while working with students on a college campus. We also make a number of suggestions about how to immediately respond to various issues. Always consider asking for assistance and referring students to campus resources, including counseling. Please review the information for faculty, administrators, and staff on our website about accessing help for students in emergency, crisis, and other stressful situations.

The following information was adapted from materials created by our colleagues in the Organization of Counseling Center Directors in Higher Education (OCCDHE).

The suicidal student

Suicide is the second leading cause of death among college students. It is important to view all suicidal comments as serious and make appropriate referrals. High-risk indicators include feelings of hopelessness, helplessness and futility; a severe loss or threat of loss; detailed suicide plan; a history of a previous attempt; history of alcohol or drug abuse; feeling of alienation and isolation; and preoccupation with death.

— DO —

- Take the student seriously. 80% of people who complete suicide gave warning of their intent.
- Be direct. Ask if the student is thinking about suicide, has a plan, and has the means to carry out the plan. Exploring this with the student may actually decrease the impulse to attempt suicide.
- Be available to listen. Be supportive but refer the student to the Counseling Service, the Counselor-on-call, or a community hotline for additional help. Attempt to ensure the student actually gets some help. If the student discusses suicide, you must have the student assessed for risk immediately. Do not leave the student alone. Call the Campus Response Center, the Administrator-on-call, or the Counselor-on-call immediately.
- Take care of yourself. Suicide intervention is demanding and draining work.

— DON'T —

- Don't minimize the situation.
- Don't be afraid of planting the idea of suicide in an already depressed mind by inquiring about it. The student will very likely feel relieved that someone has suspected.
- Don't ignore your limitations. Help from a professional is always available and treatment is effective.

The verbally aggressive student

Students may become verbally abusive when they encounter frustrating situations which they believe are beyond their control. 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 with you personally, but is angry at a situation and you are the object of pent-up frustrations. This behavior is often associated with the use of alcohol and other drugs.

— DO —

- Acknowledge the student's anger and frustration (e.g., "I hear how angry you are").
- Rephrase what the student is saying and identify the emotion (e.g., "It appears you are upset because you feel your rights are being violated and nobody will listen").
- Reduce stimulation. Invite the student to a quiet place if this is safe.
- Allow student to tell you what is upsetting.
- Be directive and firm about the behaviors you will and will not accept (e.g., "Please stand back. You're too close" or "I cannot listen to you when you yell and scream at me").
- Help the student problem-solve and deal with the issues when she/he/ve becomes 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.
- Do not engage with the student if you fear for your safety. In all instances, ensure that an administrator, faculty, or staff person is easily accessible to you in the event that the aggressive behavior escalates.

— DON'T —

- Don't get into an argument or shouting match.
- Don't become hostile or punitive yourself (e.g., "You can't talk to me that way!").
- Don't press for explanations for their behavior.
- Don't ignore the situation.
- Don't touch the student, as this may be perceived as aggression or otherwise unwanted attention.

The violent student

Violence because of 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. This behavior is often associated with the use of alcohol and other drugs.

— DO —

- Try to prevent escalation 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 (e.g., "You certainly have the right to be angry, but breaking things is not okay").
- Get help (send a student for Vassar Safety and Security, another faculty or staff member, etc.).
- Stay safe. For example, maintain easy access to a door and keep furniture between you and the student. Keep door open if at all possible/appropriate. As with the verbally aggressive student, make certain that other people are nearby and accessible.

— DON'T —

- Don't ignore warning signs that the person is escalating to violence (e.g., yelling, screaming, clenched fists, threats).
- Don't threaten or corner the student.
- Don't touch the student.
- Don't be alone with the person if you fear for your safety.

The anxious 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 are experienced as similar and include rapid heart palpitations, chest pain or discomfort, dizziness, sweating, trembling or shaking, and cold, clammy hands. The student may also complain of difficulty concentrating, always being "on the edge," having difficulty making decisions, or being too fearful to take action. In more rare cases, a student may experience a panic attack in which the physical symptoms occur spontaneously and intensely in such a way that the student may fear she/he/ve is dying. The following guidelines remain appropriate in most cases.

— DO —

- Let the student discuss feelings and thoughts. Often, this strategy alone relieves a great deal of pressure.
- Provide reassurance.
- Be clear and directive.
- Provide a safe and quiet environment until the symptoms subside.

— DON'T —

- Don't minimize the perceived threat to which the student is reacting.
- Don't take responsibility for the student's emotional state.
- Don't overwhelm the student with information or ideas to "fix" the problem.

The depressed student

Depression 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 in their college careers. When the depressive symptoms become intense and persist over time, they begin to interfere with the student's ability to function in school, work, or social environments. This is when a student may 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, they are often the first to recognize that a student is in distress. Look for some of the following signs of depression:

- Tearfulness / general emotionality
- Dependency (e.g., a student who makes excessive requests for your time)
- Markedly diminished performance
- Lack of energy / motivation
- Infrequent class attendance
- Increased anxiety (e.g., test or performance anxiety)
- Irritability
- Deterioration in personal hygiene
- Alcohol or drug use

— DO —

- Let the student know you've noticed and you would like to help.
- Reach out and encourage the student to discuss feelings.

-Offer options to further investigate and manage the symptoms of the depression (e.g., referral to the Counseling Service).

— **DON'T** —

- Don't minimize the student's feelings (e.g., "Don't worry, everything will be better tomorrow").
- Don't bombard the student with "fix it" solutions or advice.
- Don't chastise the student for poor or incomplete work.
- Don't be afraid to ask whether the student is suicidal. (See the suicidal student section above.)

The dependent/passive student

Typically, these students take up a lot of your time. You may find yourself increasingly drained and feeling responsible for this student in a way that is 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** —

- Encourage students make their own decisions.
- Set firm and clear limits on your personal time and involvement.
- Offer referrals to other resources on- and off-campus.

— **DON'T** —

- Don't get trapped into giving advice, special accommodations, etc.
- Don't avoid the student as an alternative to setting and enforcing limits.

The student suspected of substance abuse/addiction

Alcohol is the most widely used psychoactive drug. Abuse in college populations is very common. Substance abuse is most often identified by faculty when irresponsible, unpredictable behavior affects the learning situation (e.g., drunk and disorderly in class), or when a combination of the health and social impairments associated with substance 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. (Also see the verbally aggressive student section.)

— **DO** —

- Confront the student with observations of the behavior that is 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.
- Maintain contact with the student after a referral is made.

— **DON'T** —

- Don't convey judgment or criticism about the student's substance abuse.
- Don't make allowances for the student's irresponsible behavior.
- Don't ignore signs of intoxication in the classroom.

The student in poor contact with reality

These students have difficulty distinguishing fantasy from reality. Their thinking is typically illogical, confused or irrational. Their emotional responses may be incongruent or inappropriate. Their behavior may be bizarre and disturbing. These students may experience hallucinations (e.g., they may report hearing voices). While these students 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.

— **DO** —

- Respond with warmth and kindness, but with firm reasoning.
- Remove extra stimulation from the environment (e.g., step outside of a noisy classroom).
- Admit your concerns and state that you can see they need help.
- Recognize 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.
- Focus on the present. 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.
- Refer to Dean of Students, Counseling Service, Student of Concern team. The student needs to be assessed.

— **DON'T** —

- 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.
- Don't play along (e.g., "Oh yeah, I hear the voices"). Encourage further discussion of the delusion processes.
- Don't use commands, demands, or order them to action.
- Don't expect customary emotional responses.

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 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, even though they may seem capable and bright.

— **DO** —

- Express compassion. 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.

— **DON'T** —

- Don't assure the student that you are a friend or imply friendship with the student.
- Don't be overly warm and nurturing.
- Don't be cute or humorous.
- Don't challenge or agree with any mistaken or illogical beliefs.
- Don't be ambiguous.

The student who has been sexually harassed

Sexual harassment involves unwelcome and unwanted sexual attention and/or advances, requests for sexual favors, and other inappropriate verbal or physical conduct. It is usually 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 it has that counts. As long as the conduct interferes with a student's academic 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

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

— DO —

- Separate your personal biases from your professional role.
- Listen carefully to the student and assure the student you understand.
- Encourage the student to keep a log or find a witness.
- Inform the student that informal and formal complaints can begin in the Office of Equal Opportunity and Affirmative Action (located in Metcalf House).
- Listen, support, and guide the student to appropriate channels (e.g., CARES, SAVP, SART).

— DON'T —

- Don't ignore the situation. Taking no action reinforces the student's already shaky perception that she/he/ve has been wronged. Ignoring the issue can also have legal implications.
- Don't overreact.