

# **Guide to Understanding Emotionally Distressed Students**

**A support tool for better  
classroom/office management  
and campus referral sources**



*Counseling Center*

**We are dedicated to your success!**

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# Introduction

As a member of the Macon State College campus community, you are constantly interacting with students. At times, you will have contact with students whose problems or behaviors will cause you concern, discomfort, or may interfere in the education of other students. The difficulty is that most often, these types of people or situations do not go away.

As a faculty or staff member interacting daily with students, you are in an excellent position to recognize behavior changes that characterize the emotionally distressed student. A student's behavior, especially if it is inconsistent with your previous observations, could well constitute an inarticulate "cry for help."

This booklet was created to help you when these difficult occasions occur. It offers straightforward advice, techniques and suggestions on how to cope with, intervene, and assist distressed and/or difficult students in or out of the classroom. Additionally, it will define the procedures and programs in place on the MSC campus to assist you in managing crisis situations and seeking assistance and referrals as needed.



This guide is also **available online** as a link off of the Counseling Center, web page. The Counseling Center web page contains additional resources such as:

- A Behavioral Health Provider List
- A Community Agency List
- On and Off Campus Resources and links for more information on counseling and mental health topics

# The Counseling Center

**Mathematics-Suite 110**

**478-471-2985**

**[www.maconstate.edu/counseling](http://www.maconstate.edu/counseling)**

## **Office Hours:**

**Monday-Thursday: 8:00 am - 5:30 pm**

**Friday: 8:00 am - 12:00 pm**

The Counseling Center, provides services at no cost to students currently enrolled for 4 or more semester hours. Academic, career, and personal counseling are provided on an appointment basis. In addition, outreach services such as consultation, support and therapy groups, seminars, and workshops are provided. Appointments are made in person or by phone. Participation is voluntary.

## Consumer Rights and Responsibilities

Professionalism: You will be seen by a Licensed or Certified Counselor to assure that your needs are met by a trained professional who participates in supervision, consultation, and professional development to maintain the highest possible skill base. It is okay to ask a counselor to discuss their qualifications.

Respect: You and your time are important. Expect your counselor to keep appointments, and, when necessary, to reschedule well in advance; give you complete attention during sessions; and strive to provide the most effective counseling possible. In return, punctual attendance at appointments shows that you care about helping yourself. If you must reschedule, be responsible and considerate by calling the office and giving advance notice.

Progress & Participation: Your counselor will be concerned with helping you establish realistic goals and achieve effective results. Issues considered may be length and duration of appointments, interventions used, how progress will be evaluated, and deciding when to terminate counseling and/or refer to additional resources. You are encouraged to discuss these parts of the counseling process with your counselor. In addition, you will be assisted in learning about the full range of services available on campus and elsewhere in the community. You are encouraged to discuss with your counselor your feelings about the counseling and availability of other options. The final decision to end your counseling is yours, but exploration of your concerns can be very helpful to the process.

Confidentiality: Information shared in counseling will be held confidential and will not be released or shared in any format without the written permission of the client. Exceptions to this would occur if, in the judgment of the counselor, such a disclosure were necessary to protect the client or someone else from imminent danger, when abuse of a minor or domestic violence in the presence of a minor is revealed, or when said information is subpoenaed by a Court of Law.

# Characteristics of Troubled Students

It is not unusual for a person to feel depressed, confused, or upset at various times throughout life. When these feelings persist, however, it is an indication that the person may be experiencing problems that are more distressing than typical frustrations. Below are three categories of student behavior, each of which suggests that a student would benefit from some kind of intervention.

## Remember

You usually do not have to “pry” to detect such difficulties. Students tend to signal their distress quite clearly.

## Level 1

These behaviors may not be troublesome to others, but they may signal that the student is upset about something:

### **Mood**

- depressed or apathetic mood

### **Physical Signs**

- evidence of crying
- noticeable change in appearance and hygiene
- alcohol on the breath
- inability to remain awake in class

### **Performance**

- deteriorated performance on tests or assignments
- excessive or unexplained lateness or absences, especially if prior class attendance was good
- missed tests
- concentration difficulties

### **Social Behavior**

- unusual or noticeably changed interaction patterns in the classroom

### **Speech**

- excessive activity or talkativeness
- alludes to problems in speech or written assignments

## **Level 2**

These behaviors may signify a high amount of emotional distress that needs to be addressed on a personal, as well as, academic level:

### **Mood**

- inappropriate or exaggerated emotional reactions to situations, including a lack of emotional response to stressful events
- excessive sadness, anxiety, anger, or mood swings

### **Physical Signs**

- substance abuse symptoms: dilated pupils, unsteady gait, slurred words
- noticeable change in appearance and hygiene, such as pronounced weight change

### **Performance**

- repeated attempts to obtain deadline extensions or postpone tests

### **Social Behavior**

- new or continuous behavior which disrupts your class or student interactions
- inappropriate withdrawal or dependency

### **Speech**

- unusually rapid or slow speech
- alludes to feelings of worthlessness or guilt

**Remember**

Take such signs seriously. Do not disregard what you have observed. Your “instinct” will usually be correct.

## **Level 3**

These behaviors usually indicate that a student is in crisis and needs emergency care:

### **Mood**

- extreme sadness, anxiety, anger, or mood swings

### **Physical Signs**

- obvious loss of contact with reality (seeing/hearing/feeling things not apparent to others, thoughts or behavior inconsistent with reality)
- extreme or abrupt change in appearance and hygiene

### **Performance**

- extreme or abrupt changes in performance level

### **Social Behavior**

- violent or other extremely disruptive behavior (hostile threats, assault)

### **Speech**

- disturbed speech or communication content (incoherent speech, grandiose beliefs, disorganized or rambling thoughts)
- suicidal or other self-destructive thoughts or actions (any reference to suicide as a current possibility)
- homicidal threats

# Guidelines For Intervention

## Level 1 & Level 2

When you encounter students who are experiencing Level 1 or Level 2 distress, you have several options:

1. You may decide not to address the problem behavior in any way.
2. You may limit your response to classroom/coursework problems.
3. You may choose to approach the student on a personal level.

Openly acknowledging to students that you are aware of their distress, sincerely concerned about their welfare, and willing to help them explore their alternatives can have a profound effect. We encourage you, whenever possible, to speak directly and honestly to a student when you sense that s/he is in academic and/or personal distress.

### Remember

Involve yourself only as far as you want to go. At times, in an attempt to reach or help a distressed student, you may become more involved than time or skill permits.

**REQUEST TO SEE THE STUDENT IN PRIVATE.** This may help minimize embarrassment and defensiveness. Be sure to allow sufficient time for the meeting.

**BRIEFLY ACKNOWLEDGE YOUR OBSERVATIONS** and perceptions of his/her situation. Point out specifically the signs you have noticed.

*"I wanted to talk with you because I notice you've been late recently, you rarely participate in class anymore, and you seem distressed."*

**EXPRESS YOUR CONCERNS** directly and honestly. Show your concern and ask what is wrong.

*"I'm concerned about you. Would you like to talk about what's wrong?"*

### Remember

Do not ignore inappropriate and strange behavior. Comment on what you have observed, but not in a judgmental way.

**LISTEN** carefully to the student's explanation and be open minded about what you hear. Try to see the issues from the student's point of view without necessarily agreeing or disagreeing.

**DISCOURAGE QUICK DISMISSALS.** (*"I'm fine. It's nothing."*) Reiterate your desire to listen.

**ATTEMPT TO IDENTIFY** the problem. You can help by exploring alternatives to deal with the concern.

*“It sounds like you are very angry about this situation. Did you know that we have professional counselors on campus who can help you manage this?”*

*“Taking care of your elderly parents as well as being a student and worker sounds overwhelming. Did you know that the Counseling Center’s web site will provide you with information on support groups for people in your situation?”*

*“Ending a relationship with someone you care about can be very difficult. Let’s talk about extending the deadline for your research paper until you have had a chance to deal with the situation.”*

**ASSIST THE STUDENT** to identify the next step.

## Remember

Flexibility with strict procedures may allow an alienated student to respond more effectively to your concerns.

1. The situation may be a “false alarm” - the student may not have a problem.
2. The student has adequate support or is already in treatment for the problem.
3. The situation can be managed through your intervention and support.
4. The student would best benefit from a referral to The Counseling Center or other on or off-campus resource.

**See Guidelines For Consultation & Referral (pg 7) for more detailed information.**

## Remember

Conveying your concern and willingness to help is probably the most important thing you can do. Your support, encouragement, and reassurance are invaluable.

Level 3 behaviors are the most obvious and the easiest for you to address because there are specific guidelines to follow when you encounter a student in crisis:

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## Level 3

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1. Remain calm.
2. Call the appropriate agency. (make sure someone is with the student while calls are being made).
3. Stay with the student until help arrives.

**See Guidelines For Crisis Management (pg 9) for more detailed information.**

# Guidelines For Consultation and Referral

## Level 1 & Level 2

### Consultation

If you are unsure of how to handle a specific student or situation, we encourage you to consult with one of the counselors on our staff. A brief consultation may help you to sort out the relevant issues and explore alternative approaches.

1. Call us at 471-2985 and identify yourself to the receptionist. Make sure to indicate that you are faculty/staff/administration.
2. Ask to speak with a counselor for a consultation. You will not need to provide details at this point, but **be sure** to indicate if the matter is an emergency. (See Guidelines For Crisis Management –page 9)
3. If all counselors are engaged, your call will be returned as soon as possible.

### Referral

#### **WHEN SHOULD YOU MAKE A REFERRAL?**

Even though a student asks for help with a problem and you are willing to help, there are circumstances which may indicate that you should suggest that the student use another resource, such as the Counseling Center. These can include situations when:

1. The problem or request for information is one you know you can't handle.
2. You believe that personality differences will interfere with your ability to help.
3. You know the student personally (as a friend, neighbor, friend of a friend) and think you could not be objective enough to really help.
4. The student acknowledges the problem but is reluctant to discuss it with you.
5. After talking with a student for some time you find that little progress has been made, and you don't know how to proceed.
6. You are feeling unable to assist the student, pressed for time, or otherwise at a high level of stress yourself.

Some people accept a referral for professional help more easily than others. It is usually best to be frank with a student about the limits of your ability to assist them, whether the limit be time, energy, training, or objectivity.

When you discuss a referral to the Counseling Center or another resource, it is helpful for the student to hear in a clear and concise manner your concerns and why you think counseling would be helpful.

*“Based on your behavior in class today, you appear to be very angry about this situation. Did you know that we have professional counselors on campus who can help you manage this?”*

**ADDRESS THE STUDENT’S FEARS** or concerns about counseling.

*“Going to see a counselor does not mean that you are ‘crazy’ or there’s something ‘wrong’ with you. One of the healthiest decisions that you can make is to acknowledge that there is a problem and take the first step to get help.”*

*“The counselors are trained professionals. They’ve worked with many students and are there to help you.”*

*“If you are taking 4 or more semester hours, sessions at the Counseling Center are free of charge.”*

*“Anything you discuss with a counselor will be kept confidential from me.*

*If you are still uncomfortable talking to someone on campus, the counselors can help you find an off-campus professional.”*

**ASSIST THE STUDENT TO MAKE CONTACT** with the Counseling Center. Depending on the situation and the student’s needs, you may choose among several options to expedite the referral process.

1. Inform the student of the contact information for the Counseling Center

*“The Counseling Center is located in the Mathematics Building suite 110 . You may call or go their office to make an appointment.”*

2. Encourage the student to make his/her own appointment, as this increases the student’s level of responsibility and commitment to come in for counseling. The student may appreciate the added support of making this phone call from your office. There may be times when it is more advantageous for you to accompany the student to our office. (See Guidelines For Crisis Management—page 9)

**CONSULT WITH A COUNSELOR** to let us know of the situation and your referral. Feel free to make use of the Counseling Center Referral Form contained in Appendix A.

**Remember**

If you would like to know if a student kept an appointment, ask him/her to report to you afterward or to request that the counselor notify you. Usually students are honest about this. Since counseling is confidential, counselors cannot tell you about appointments, or even if a student made or kept one, without written permission from the student.

**RESPECT THE STUDENT’S DECISION** about counseling. If the student chooses not to seek assistance now, s/he may be more apt to reconsider later.

# Guidelines For Crisis Management

## Level 3

Students experiencing Level 3 distress are usually in crisis and need emergency care. DO NOT feel that you must provide this level of care yourself. Depending on the behavior in evidence, there are several resources on campus that you might contact.

1. The Counseling Center, Mathematics—110, 471-2985
2. Campus Security, 471-2700 (business hours), 747-0155 (after hours)
3. Office of Dean of Students, Dean of Students, SLC 167, 471-2710

Urgent concerns that require immediate intervention include:

- FEAR OF LOSING CONTROL & POSSIBLY HARMING SOMEONE
- RECENT DEATH OF A FRIEND OR FAMILY MEMBER
- ABUSE
- SUICIDE
- SEXUAL ASSAULT
- PHYSICAL ASSAULT

If you choose to contact the Counseling Center, following the guidelines below can assist you in managing the situation effectively.

### **REMAIN CALM**

**RELOCATE THE STUDENT** to a private, quiet area, if possible. Reassure the student that you will contact someone to help them. DO NOT leave the student alone while you contact help.

**CONTACT THE COUNSELING CENTER** by phone or in person, identify yourself, state that this is an emergency, and ask to speak to a counselor. If a counselor is not available and you cannot wait for a call back, you will be assisted in locating another appropriate source of help.

**IF COMFORTABLE, ASSIST IN CONNECTING THE STUDENT** to help by waiting with the student till a counselor arrives, or by walking to the Counseling Center with the student.

# Addressing Specific Situations

## 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 (or situational) depression in 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 environment, that the student will come to your attention and be in need of assistance.

Due to the opportunities which 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 a pattern of these indicators:

- Tearfulness/general emotionality
- Lack of appropriate emotional response
- Markedly diminished performance
- Infrequent class attendance
- Lack of energy/motivation
- Increased anxiety (generalized, test, performance)
- Irritability
- Deterioration in personal hygiene
- Significant weight loss or gain
- Alcohol or drug use
- Extreme mood swings of emotional highs & lows

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 return to previous performance.

<u>Helpful To:</u>	<u>Not Helpful To:</u>
<ul style="list-style-type: none"><li>• Let the student know you're aware s/he is feeling down and you would like to help.</li><li>• Reach out more than halfway and encourage the student to discuss how s/he is feeling.</li><li>• Offer options to further investigate/ manage the symptoms of depression.</li></ul>	<ul style="list-style-type: none"><li>• Minimize the student's feelings (everything will be better tomorrow).</li><li>• Bombard the student with "fix it" solutions or advice.</li><li>• Be afraid to ask whether a student is suicidal if you think s/he may be.</li></ul>

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# The Anxious Student

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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 reason for distress. Regardless of the cause, one or more of the following symptoms may be experienced: rapid heart beat, chest pain or discomfort, dizziness, sweating, trembling or shaking, and/or cold clammy hands. The student may also complain of difficulty concentrating, always being "on edge," having difficulty making decisions, sleeping problems, or being too fearful to take action. In rarer 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 is dying. The following guidelines are appropriate in most cases.

## Helpful To:

- Let the student discuss his/her feelings and thoughts. Often this alone relieves a great deal of pressure.
- Provide reassurance and "normalize" his/her feelings.
- Talk slowly and remain calm.
- Be clear and directive.
- Provide a safe and quiet environment until the symptoms subside.

## Not Helpful To:

- Minimize the perceived threat to which the student is reacting.
- Take responsibility for the student's emotional state.
- Overwhelm the student with information or ideas to "fix" his/her condition.
- Become anxious or overwhelmed.

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# The Suicidal Student

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In the current student culture, suicidal thinking is normal. During the past five or six years, a large percent of those coming into the Counseling Center have been depressed to some degree and some have expressed suicidal ideation upon intake.

The suicidal person feels a tremendous sense of loneliness, isolation, helplessness, and hopelessness. S/he feels that it is impossible to cope with problems and that suicide may be the only way out. Most people think about suicide at some point in their life; however, the majority find that these thoughts are temporary and that things do get better. Nevertheless, it is important to view all suicidal comments as serious.

Watching for some of the following behaviors will also give you clues to what's going on with a student. If several of these are true, refer the student to the Counseling Center for assessment.

- Eating/sleeping disturbances
- Withdrawing from friends / family / social activities
- Not attending class
- Neglecting personal appearance
- Talks about committing suicide
- Themes of death, depression, or suicide in assignments
- Expresses extreme hopelessness or guilt
- Sudden mood or significant behavior changes
- Giving possessions away
- Expresses that life isn't worth the trouble
- Becomes preoccupied with death and dying
- Increased drug or alcohol use
- Revelation of disruptions or life changes (e.g. breakup, job loss, recent death, etc.)
- Self-mutilation or attempts to hurt oneself physically
- Purchase of the means of suicide (e.g. pills, rope, weapons)
- A sudden lift of sadness, depression, or withdrawal which may indicate that the decision to commit suicide has been made

There are generally four areas that we explore with students who are depressed and have some level of suicidal ideation to assess the likelihood of an attempt to take their life.

- Do they have a well-developed plan that includes an easily available method?
- Have they attempted before?
- Has a friend, family member or acquaintance taken their life through suicide?
- Do they use substances such as alcohol and other depressants that also can weaken impulse control?

Examining these four areas will help in determining how serious is the threat of a student taking her/his life.

<u>Helpful To:</u>	<u>Not Helpful To:</u>
<ul style="list-style-type: none"><li>• Listen to the small voice inside that says, “something isn’t right with this student.”</li><li>• Talk about suicide openly. Ask directly if the student is thinking about suicide.</li><li>• Be willing to listen and be non-judgmental.</li><li>• Offer hope that alternatives are available.</li><li>• Take action. Remove means. Get help from persons or agencies specializing in crisis intervention and suicide prevention.</li></ul>	<ul style="list-style-type: none"><li>• Ignore comments like “I won’t be a problem much longer”, or “it’s no use”.</li><li>• Be too busy to intervene.</li><li>• Act shocked or panicked. This will put distance between you.</li><li>• Lecture on the value of life.</li><li>• Debate whether suicide is right or wrong, or feelings are good or bad.</li><li>• Offer glib assurances that things will be alright. It only “proves” that you don’t understand.</li><li>• Allow yourself to be sworn to secrecy.</li><li>• Get too involved with the student — seek help.</li></ul>

Remember, you are not alone in managing this situation. Seek immediate assistance from a colleague if needed, and contact one of the following professional resources:

1. The Counseling Center, Mathematics—110, 471-2985
2. Campus Security, 471-2414
3. Office of the Dean of Students— Dean of Students, S167, 757-7383
4. Coliseum Psychiatric Center Life-Line: 24-hour helpline. 741-1355, 1-800-548-4221
5. 1-800-SUICIDE (784-2433)/Rotary Phone-(706)322-2482: 24-hour Crisis Hotline, part of a National Helpline Network.

**\*\*In an Emergency please dial 911**

# The Student in Poor Contact With Reality

These students have difficulty distinguishing fantasy from reality. Their thinking is typically illogical, confused or irrational (e.g. speech patterns that jump from one topic to another with no meaningful connection); their emotional responses may be incongruent or inappropriate; and their behavior may be bizarre and disturbing. This student may experience hallucinations, often auditory, and may report hearing voices (e.g., someone is/will harm or control them). WHILE THESE STUDENTS MAY ELICIT ALARM OR FEAR FROM OTHERS, THEY GENERALLY ARE NOT DANGEROUS OR VIOLENT. If you cannot make sense of their conversation, try to consult with or refer to The Counseling Center as soon as possible.

<u>Helpful To:</u>	<u>Not Helpful To:</u>
<ul style="list-style-type: none"><li>• Respond with warmth and kindness. Use firm reasoning.</li><li>• Remove extra stimulation from the environment. (turn off the radio, step outside of a noisy classroom)</li><li>• Acknowledge your concerns and verbalize that s/he needs help.</li><li>• Acknowledge the student's feelings or fears without supporting the misperceptions. (e.g., "I understand you think someone is following you, and it must seem real to you; however, I don't see anyone, and I believe you are safe.")</li><li>• Acknowledge your difficulty in understanding him/her and ask for clarification.</li><li>• Focus on the "here and now".</li></ul>	<ul style="list-style-type: none"><li>• Argue or try to convince the student of the irrationality of his/her thinking. This commonly produces a stronger defense of the false perception.</li><li>• Play along! (e.g., "Oh, yes, I hear voices, the devil, etc.")</li><li>• Encourage further discussion of the delusional processes.</li><li>• Demand, command, or order the student to do something to change his/her perceptions.</li><li>• Expect customary emotional responses.</li></ul>

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# The Suspicious Student

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Usually these students complain about something other than their psychological difficulties. They are tense, cautious, mistrustful, and have few friends. These students tend to interpret a minor oversight 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. Usually they are overly concerned with fairness and being treated equally. They project blame onto others and will express anger indirectly. Many times they will feel worthless and inadequate.

## Helpful To:

- Establish your boundaries! Be aware of both your and the student's "personal space" when interacting.
- Send clear, consistent messages regarding what you are willing to do and what you expect.
- Express compassion without being overly friendly or familiar.
- Be aware of your own anxiety about how the student is acting or communicating.
- Let the student know that you are concerned and offer a referral.

## Not Helpful To:

- Be overly warm or sympathetically close to the student.
- Flatter the student, laugh with him/her, or be humorous.
- Assure the student that you are his/her friend or advocate.
- Assure the student that you will be fair in your treatment of him/her.

# **The Violent and/or Verbally Aggressive Student**

The Macon State College Student Code of Conduct requires that each student approach academic endeavors, relationships, and personal responsibilities with a strong commitment to personal integrity and interpersonal civility. All students should read, understand, and abide by the Code of Conduct.

<http://www.maconstate.edu/studentlife/studentconduct/>

## **The Behavioral Assessment Team**

Macon State College has in place appropriate crisis and emergency response procedures. However, in an era of increasing concern regarding the prevention of campus violence, the Chancellor of the University System of Georgia has directed that each institution develop a plan and select a committee to address potential behavioral concerns.

In response, the College has established a Behavioral Assessment Team. The Team will serve as an additional measure for campus safety by actively addressing behavioral concerns that have the potential to negatively impact the safety and/or well-being of the campus environment.

The Team is a complement to, not a replacement for, the College's existing crisis and emergency response procedures. It will operate in cooperation with existing campus and community resources while exercising due diligence to protect the campus community and the individual. It is critical to understand that even with the best intentions, situations may arise that are unforeseen by any member of the campus community.

## **What to Report and How to Report**

It is the responsibility of every member of the College community to provide a proper response to a situation in which an individual or group of individuals is exhibiting behaviors that are considered to be (1.) a life threatening emergency, (2.) a non-life threatening emergency, or (3) behavior of concern.

**1. Life Threatening Emergency - As clearly defined in Macon State College Emergency Response procedures, it is the responsibility of students, faculty and staff to participate in crisis management procedures by reporting any life threatening behavior or incident to law enforcement and/or medical personnel by dialing "911." Also call the Macon State College Department of Public Safety.**

**Department of Public Safety -  
Macon - 478-471-2414  
WRC - 478-731-9901**

For the safety of the campus community, consider any threat, explicit or implied, a statement of intent.

**2. Non-Life Threatening Emergency - should be reported to Campus Police.**

**Department of Public Safety -  
Macon - 478-471-2414  
WRC - 478-731-9901**

**3. Behavior of Concern** - should be reported to the Behavioral Assessment Team by contacting the Office of Student Affairs speaking directly to a Team member. Any behavioral concerns that have the potential to negatively impact the safety and/or well-being of the campus environment should be reported.

**Office of Student Affairs - 478-757-7383**

### **What if the encounter with the student becomes out of control, disruptive, or threatening?**

**Violence:** "to use force so as to injure or damage; roughness in action; to outrage, to force, to injure ... "

Violence, as a result 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. This behavior is often associated with the use of alcohol and other drugs. **REMAIN CALM**, get help if necessary (send a student for other staff/faculty/Chair/Public Safety). **STAY SAFE** (have access to a door, keep furniture/desk between you and the student). **DO NOT THREATEN, CORNER, OR TOUCH THE STUDENT.** The adage, "An ounce of prevention is worth a pound of cure," best applies here.

**Aggressive:** "to attack, to go to, to commit the first act of hostility or offense ... to assault first or to invade..."

<u>Helpful To:</u>	<u>Not Helpful To:</u>
<ul style="list-style-type: none"><li>• Acknowledge the student's anger and frustration. (e.g., "I hear how angry you are.")</li><li>• Rephrase what the student is saying and identify the emotions felt. (e.g., "I can hear how upset you are that no one will listen to your concern.")</li><li>• Reduce stimulation by inviting the student to a quiet place, if this is comfortable.</li></ul>	<ul style="list-style-type: none"><li>• Ignore warning signs. (body language, clenched fists)</li><li>• Confront student in front of peers.</li><li>• Get into a power struggle such as an argument or shouting match.</li><li>• Become hostile or punitive yourself. (e.g., "You can't talk to me that way.")</li></ul>

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# The Student Under the Influence

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Alcohol is the most widely used psychoactive drug. In addition to being the preferred drug on college campuses, it is common to find students who abuse alcohol also abusing other drugs, both prescription and illicit. Fads and peer pressure effect patterns of use. A 1999 national study conducted by Harvard School of Public Health determined that 44% of college students engage in binge drinking, which is defined as five drinks in a row (four for women).\*\* Consuming alcohol in large quantities quickly can be lethal. Other adverse effects include: hangovers, hospitalization for alcohol overdose, poor academic performance, missing classes, injury, and unprotected sexual activity. Prevention strategies have not been very effective in reducing the amount of binge drinking. This may be due to its glamorization at parties and local bars, which promote happy hours, all-you-can-drink specials, weeknight discounts and ladies' nights.

The effects of alcohol on the user are well-known to most of us. Student alcohol abuse is most often identified by faculty when irresponsible, unpredictable behavior affects the learning situation (e.g., drunk and disorderly conduct in class) 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 in terms of specific changes in behavior or performance (not your suspicions about alcohol/drugs).

<u>Helpful To:</u>	<u>Not Helpful To:</u>
<ul style="list-style-type: none"><li>• Confront the student with the behavior that is of concern.</li><li>• Address the substance abuse issue if the student is open and willing.</li><li>• Offer support and concern for the student's overall well-being.</li><li>• Suggest that the student talk with someone about these issues and maintain contact with the student after referral is made.</li></ul>	<ul style="list-style-type: none"><li>• Convey judgment or criticism about the student's substance abuse.</li><li>• Make allowances for the student's irresponsible behavior.</li><li>• Ignore signs of intoxication or hangover in the classroom.</li></ul>

\*\* Thirty one percent of MSC first-time, full-time students said that they drank beer "occasionally" or "frequently"; 40% reported this usage for wine or liquor. These percentages are lower than the national reports of 48% and 54% for four year colleges. Additionally, these percentages do remain stable over time. (CIRP Summary Report, Fall 1999, Fall 2000; College Student Survey, Spring 2000)

**APPENDIX A**

**MACON STATE COLLEGE  
COUNSELING CENTER  
STUDENT REFERRAL FORM  
Mathematics-110 471-2985**

**Please return to our office or send it in a sealed envelope by the student.**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

MSC ID #: \_\_\_\_\_ Sex: M F

Referred by: \_\_\_\_\_ Telephone: \_\_\_\_\_

School: \_\_\_\_\_

Reasons for Referral:

- |   |  |
|---|--|
| <input type="checkbox"/> aggressive behavior            | <input type="checkbox"/> financial concerns                        |
| <input type="checkbox"/> anger management               | <input type="checkbox"/> grief                                     |
| <input type="checkbox"/> anxiety                        | <input type="checkbox"/> hallucinations                            |
| <input type="checkbox"/> career/major decision          | <input type="checkbox"/> homicidal thinking                        |
| <input type="checkbox"/> delusions                      | <input type="checkbox"/> impulsive behavior                        |
| <input type="checkbox"/> depression                     | <input type="checkbox"/> persistent antisocial behavior            |
| <input type="checkbox"/> disability accommodations      | <input type="checkbox"/> physical complaints with no organic cause |
| <input type="checkbox"/> disruptive sexual behavior     | <input type="checkbox"/> sexuality/orientation issues              |
| <input type="checkbox"/> drug/alcohol use               | <input type="checkbox"/> sudden mood changes                       |
| <input type="checkbox"/> eating problem                 | <input type="checkbox"/> suicidal thinking                         |
| <input type="checkbox"/> excess activity                | <input type="checkbox"/> suspected learning disability             |
| <input type="checkbox"/> excessive demand for attention | <input type="checkbox"/> test taking/anxiety                       |
| <input type="checkbox"/> extreme negativism             | <input type="checkbox"/> time management issues                    |

Additional Explanation: \_\_\_\_\_

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