

Ask, Know, Encourage:

A Guide for Helping Distressed Students



Counseling & Psychological Services (CAPS)

657-278-3040 (24/7 Hotline Available)

Mon. - Fri. 8:00am - 5:00pm

David C. Botsford, Psy.D., M.S., CC-AASP

Dbotsford@fullerton.edu

<http://www.fullerton.edu/shcc/caps>

Guidelines for Engaging a Distressed Student

What can you do?

- ① Let person know you care & that you are genuinely concerned.
- ② Be prepared to listen...calmly
- ③ Talk with them openly & honestly
- ④ Let them know what you have observed (be specific about concerns)
 - "I've noticed that you seem sad, preoccupied, distant, etc.
- ⑤ Acknowledge student's feelings: anger, worry, sadness, overwhelmed
- ⑥ Do not Judge, Label, or Assume that you know...
- ⑦ Offer understanding and support to the student
- ⑧ Helping is not the same as *curing or convincing* a student there's a problem.
- ⑨ Share your feelings: Use "I" statements
- ⑩ Be direct. Don't hesitate to state your concerns and ask questions:
 - **"You seem distressed. Are you having trouble with something?"**
 - **"You sound upset. Do you want to talk about what's going on?"**
 - **"It sounds like you're having a tough time right now."**
 - **"I can hear that you're overwhelmed. How can I help you?"**
- ⑪ Accept your limits and don't feel that you need to have all the answers.
- ⑫ Encourage alternatives to drinking/drugs
- ⑬ Encourage stress reduction
- ⑭ Provide social support
- ⑮ Do not agree to keep secrets
- ⑯ Do not try to force, coerce, or guilt someone into seeking treatment
- ⑰ Try not to show your frustration

When to refer to CAPS:

- The problem is severe/there are multiple problems
- The problem(s) has been ongoing for some time
- The student cannot function adequately
- The student reports no one else to talk to
- The student is suicidal or self-destructive
- You are feeling overwhelmed by what the student tells you

Referring to CAPS:

- Tell student a counselor can be helpful in understanding how to handle things in their life.
- Help them discuss their feelings/concerns about seeing someone at CAPS.
- Let the student know that CAPS is **free and confidential**.
- Give CAPS phone: 657-278-3040.
- If the student is having an acute crisis, offer to walk the student over to CAPS. In most cases, the student can be seen immediately or after a short wait.
- If the situation is urgent and the student cannot or will not call...
 - Ask if you may call and talk to a CAPS counselor on the student's behalf.
- If the student is hesitant, remind them that everyone has difficulties sometimes and seeing a counselor doesn't mean they are "crazy" or there is "something wrong" with them.
- If the student does not want to go to CAPS or speak to a counselor over the phone, you may meet with a CAPS counselor and receive consultation about the student.
- Even if the student is distressed, he or she cannot be forced to see a counselor. However, if there is imminent risk of harm to the student or another person, call campus police.

What to expect from a distressed student:

- ⑦ Denial (I'll get over it in a few days.)
- ⑦ Fear (People will think I'm crazy. They will try to put me on medication.)
- ⑦ Minimization (Other people have worse problems.)
- ⑦ Embarrassment/Shame - for not being able to handle it on their own
- ⑦ Feeling different from everyone else
- ⑦ Lack of insight about significance of problem
- ⑦ Anger/Defensiveness
- ⑦ Tears

What might you expect from yourself:

Encountering struggling student can be challenging, worrisome, and even overwhelming.

1. Realize that you are not going to be able to fix this problem.
2. Talk with someone about how **you** feel.

Depression

What is it?

Depression is a prolonged period (more than 2 weeks) of decreased mood with changes in thoughts, physical energy level, and behaviors.

Mood: overwhelming feeling of sadness or despair, increased irritability, tearfulness, worthlessness, hopelessness, low motivation, loss of pleasure in activities (#1 reason college students with depression drop out)

Thoughts: poor concentration, slowed thinking, poor memory, difficulty making decisions, thoughts of suicide

Physical: low energy, changes in: sleep patterns, appetite/weight, aches and pains

What causes depression?

Biological (chemical imbalances, genetics)

Interpersonal (family history, abuse, family problems, loss of loved one, trauma)

College students:

- Stress of balancing classes, work, social life, and other conflicting expectations.
- Uncertainty about money.
- Uncertainty about the future (college/post-college)
- Homesickness and being away from family for the first time
- Romantic/sexual relationships
- Sleep deprivation/poor sleep habits
- Poor diet/exercise
- Alcohol/drug abuse
- Sexual assault
- Eating disorders
- Anxiety concerning sexual identity
- Dorm and friendship drama

Bipolar Disorder

What is Bipolar Disorder?

A biological condition that causes individuals to experience extreme mood changes (euphoria to depression) that are unrelated or disproportionate to the events in their lives.

- *Mania:* euphoric mood, decreased need for sleep, grandiose sense of self/abilities, increased talkativeness, jumping from one idea to the next, increased energy/activity, impulsivity, recklessness

- *Depression*: loss of interest in things one usually likes, appetite loss (weight loss), increased sleeping/difficulty falling asleep, feeling guilty, helpless or hopeless, trouble concentrating, trouble making decisions, suicidal ideation

What can trigger episodes?

Mania: Sleep deprivation, keeping irregular hours, academic stress, social pressure

Depression: Binge drinking, marijuana use

Anxiety Disorders

What is anxiety?

Anxiety is a persistent, excessive and unrealistic worry about everyday things, such as health, finances, family, work, school, etc.

Includes concern about being able to handle *a perceived* threat. It results from conflicts between a person's needs and perceived environmental demands.

(Significance of event) x (Level of preparation/Relevant Skills) = Anxiety

- 75% of people experience first anxiety episode by age 22.
- One of the most common mental disorders on college campuses.

Symptoms:

- ⓕ Muscle tension
- ⓕ Fatigue
- ⓕ Restlessness
- ⓕ Difficulty sleeping
- ⓕ Irritability/edginess
- ⓕ Nausea
- ⓕ Profuse sweating
- ⓕ Blushing
- ⓕ Headaches

Social Anxiety: An extreme fear of being judged by others in social or performance situations. People feel powerless against this anxiety and are terrified that they will humiliate or embarrass themselves.

Post-Traumatic Stress Disorder: Anxiety resulting from a severe physical or emotional trauma in which an individual felt that their life or the life of someone else was in danger. These include experiencing or witnessing a natural disaster, serious accident, terrorist incident, war, violent personal assault.

Symptoms:

- Flashbacks, nightmares
- Emotional numbness, avoidance of reminders of trauma (People, Places, Activities)
- Difficulty concentrating, difficulty sleeping, feeling jumpy and easily irritated

Panic Disorder: Sudden, unprovoked and intense feelings of terror or dread. Individuals become preoccupied with fear about having another attack.

Symptoms:

- A feeling of imminent danger/doom
- Heart racing
- Sweating/Trembling
- Shortness of breath
- Feeling of choking
- Chest pain/discomfort
- Nausea/abdominal discomfort
- Dizziness/lightheadedness
- A fear of losing control or “going crazy”
- Fear of dying
- Need to escape

How to Help Manage Anxiety/Panic Attacks

Intervention strategies are dependent on the type of anxiety experienced, but if someone is having a panic attack, you can take the following steps:

Step 1: Establish if there is a cause for the fear and either try to remove it or consider taking the person away from the source of distress to a quiet area.

Step 2: Speak to them in a reassuring but firm manner. Try and get them to remain still and to calm down.

Step 3: Assist them to try to control breathing. Regaining control of their breathing will help eliminate the symptoms and will help calm them down.

Step 4: Try counting breaths. One way of helping them to do this is to ask the person to breathe in and out on your count. Begin by counting aloud, encouraging the person to breathe in for 2 and then out for 2, gradually increase the count to 4 and then 6 if possible until their breathing has slowed down and regulated.

Step 5: Don't leave them alone until the attack has subsided.

Eating Disorders

What are they?

- ⑦ Eating disorders usually start with a preoccupation about food and weight. However, this is not the main issue. Eating disorders are ways some individuals try to manage or adapt and cope to something in their lives.

What are the signs and symptoms?

- ⑦ Dramatic changes in body weight, excessive dieting, fasting, food rituals, inflexible eating patterns, visible weight loss, restricting food intake, eliminating categories of food, extreme fear of gaining weight, excessive exercise, Baggy clothes, distorted body image, visible weight loss, yellowing of skin, hair loss, using bathroom immediately after meals, preoccupation with certain parts of body
- ⑦ Risks: high mortality rate, heart failure, liver/kidney failure, electrolyte imbalances, low blood pressure (fainting)

Eating disorders affect both men and women of all ages, cultural groups and socioeconomic statuses.

What are the factors that may contribute to developing eating disorders?

- Low self-esteem, feelings of inadequacy, feeling out of control, anxiety,
- Depression, anger or loneliness
- Interpersonal conflicts
- Family relationship troubles
- Abuse
- Difficulty expressing and identifying emotions
- History of being teased about weight or size
- Cultural /family norms and values

Self-Injury

What is self-injury?

Self-injury is inflicting harm on oneself without the intent of committing suicide. Self-injurious behaviors include cutting, burning, or bruising oneself.

- 17% of college students engage in self-injury

20% of women; 14% of men
Less than 7% seek help

- 41% start between 17 and 22 years old
More females than males

Why do people self-injure?

People self-injure to manage overwhelming feelings, traumatic events, severe emotional pain.

1. To release pain
2. To distract from memories
3. To feel something (instead of numbness)
4. To have a sense of control; calming intense feelings
5. Self-punishment
6. Expression because can't put feelings into words or don't have the words

What are the signs of self-injury?

It is difficult to detect self-injury because people do this in private and don't often show their wounds. However, some signs might be:

- Multiple scarring
- Chronic, unhealed wounds
- Hoarding of sharp objects
- Hiding body parts (long sleeves even in hot weather)
- Claiming frequent mishaps
- Fresh cuts, bruises, etc. (chronic, repeated)

What are common myths about self-injury?

1. Self-injuring is a failed suicide attempt.
2. Self-injurers are crazy.
3. Self-injurers are doing it for attention.
4. Self-injurers are manipulators.
5. Self-harm isn't serious if the wounds aren't that bad.
6. Only teenage girls self-injure. (Both genders, ages 14-60+, cross-cultural)

Adult Attention Deficit/Hyperactive Disorder (ADHD)

What is AD/HD?

ADHD is a condition characterized by inattention, hyperactivity, impulsiveness, or a combination of these problems.

What causes AD/HD?

ADHD is considered a biological condition that affects the metabolic activity in specific brain areas involved in controlling attention, social judgment and movement. There is a strong genetic component to the disorder. It is often diagnosed in childhood and approximately 40% of children continue to suffer from ADHD in adulthood.

What are the symptoms of ADHD?

- Inability to focus/attend
- Disorganization
- Restlessness
- Problems organizing things
- Difficulty completing tasks
- Difficulty remembering things
- Difficulty listening/following instructions
- Poor planning

What are the consequences for college students?

- Procrastination/lack of perseverance
- Distractibility
- Difficulty reading/completing assignments
- Difficulty taking notes in class
- Poor time management
- Class absences
- Problems in personal relationships
- Moodiness
- Inappropriate social skills
- Too much socializing
- Confusion about goals and the future
- Poor self-esteem
- Sleep difficulties

How is ADHD treated?

- Medication
- Cognitive-behavioral strategies
- Coping skills training