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To the Administration, Faculty and Staff:

Our goal is to help you recognize some of the symptoms of student distress and to provide some specific options for intervention and for referral to campus resources. We are available to assist you with problem situations and to consult with you on whether or not to intervene with a particular student.

This guide will discuss the role of faculty and staff in assisting with student problems. Guidelines are offered but each individual needs to consider what is appropriate in a given situation. Basic topics cover identifying students in distress, ways of dealing with these students and how to refer them for counseling. We will also discuss dealing with the reluctant student, scheduling an appointment at the Counseling Center and confidentiality issues. At the end of this guide, a list of campus resources, including the Counseling Center, are listed.

The Counseling Center offers a wide range of services, including short term individual and couples counseling, workshops on a variety of mental health themes, consultation and crisis intervention. All students who are registered are eligible for free counseling services. If it is determined that a student requires resources beyond what we can offer, we will do our best to provide a referral to an appropriate mental health provider in the community.

The center is staffed by licensed mental health professionals, Master's level therapists, and graduate counseling interns, all trained to handle a variety of mental health concerns. We are also fortunate to have a sensitive, helpful and resourceful support team. We appreciate referrals and will do our best to have a student seen as soon as possible if you believe the concern to be urgent. Please do not hesitate to call if we can help you address the needs of any of your students.

We are here to help!

*Thacher, Tracee, Marie, Sharon, Rick, Tricia, Adam,
Anne and Karene*

You can have a profound affect on students when you openly acknowledge that you are aware of their distress, are sincerely concerned about their welfare, and are willing to help them explore options. Whenever possible, we encourage you to speak directly and honestly to students if you sense academic or personal distress.

1. **Request to see the student in private.** This should help minimize embarrassment and defensiveness. Show respect for the student. It is especially important to maintain confidentiality in times of crisis.
2. **Briefly** share your observations and perceptions of the student's situation. Express your concerns directly and honestly.
3. **Listen carefully.** Try to see the issues from the student's point of view without agreeing or disagreeing.
4. **Attempt to identify the problem.** Is the student connected with any ongoing resources? You can help by exploring options to deal with the concern.
5. **Acknowledge inappropriate or strange behavior.** Comment on what you observe without sounding judgmental.
6. **Flexibility** in administering established procedures may allow an alienated student to respond more effectively to your concerns.
7. **Involve yourself** only as far as you are comfortable, then refer the student to the appropriate resources. As you attempt to reach a troubled student, do not become more involved than time, skill, or training permits..

If you are unsure how to handle a specific student, contact the Counseling Center at 527-5195, identify yourself as a faculty or staff member, and ask to speak with a personal counselor. If the counselors are engaged, your call will be returned as soon as possible. A brief consultation may help you sort out the relevant issues and explore alternative approaches.

Conveying your concern and willingness to help is perhaps the most important thing you can do. Your support, encouragement, and reassurance will be particularly helpful to a student in distress.

If you feel it is imperative that the student receive immediate attention, the student is willing to cooperate, and it is before 5 p.m., walk him or her to the Counseling Center. If it is after hours and you believe this to be a mental health emergency the Walla Walla Police Department 911 may be called upon to provide assistance.

Confidentiality

Our staff is under legal and ethical obligation to keep counseling information confidential. We cannot discuss a client's situation, or even reveal that counseling is being received, without the client's written consent. Sometimes the faculty or staff member who made the referral will call to follow up. Please understand that we cannot tell you that the student has made an appointment without his/her written consent. We will generally ask a student if the referring individual can have feedback about our contact (at least to let them know that the student has kept their appointment), but if the student does not want any information released, we have to honor that choice. Most students appreciate the referral and are quite willing to provide some feedback on the counseling contact. If you wish to follow up on someone you have referred, please ask that individual to provide us with permission to speak with you. If you do not hear from us, it is likely that permission has been denied.

In many instances you may be the right person at the right time to make an intervention that brings about an improved situation for your student. He/she may seek you out because they trust your judgment and support. Your timely help in problem solving may be just what is needed. If however, the student's concerns are chronic or severe or overstep your time boundaries or limits of expertise, a referral to the Counseling Center, or to an appropriate student support service may be in order.

There are two ways to access the Counseling Center. We have drop-in hours Monday—Thursday. During these times a counselor is available to meet with students to explore counseling needs. Please check our website for specific hours or call the office at 527-5195. If the drop-in hours do not work for the student, a special appointment can be made.

Explain your concerns to the student and say why you think assistance would be helpful. By having students call or drop-in for a counseling appointment themselves, you increase their sense of responsibility. However, offering to help the student schedule an appointment as a gesture of support may be useful. It may also help if you give us a "heads up" on what to expect. There are times when it is more advantageous for you to make an appointment for the student and to accompany him or her to the appropriate office.

Acknowledge and validate the student's fears and concerns about seeking help. Normalize the process of seeking help and suggest the Counseling Center as a possible resource rather than imply that the student is very disturbed and needs therapy. Reluctant students might be relieved to know that counseling services are free, and that they can speak to a counselor on a one-time basis without making a commitment to a series of sessions. Reassure the student that any information shared will be kept confidential and will not be disclosed to parents, faculty, or university departments (unless the student is at risk of harm to him/herself or others).

If the student refuses to seek help and you are concerned for their safety, consult with your department head and the Counseling Center staff.

Urgent Concerns That May Require Immediate Intervention

- suicidal tendencies
- physical assault
- recent death of a loved one
- recent abuse (victim or self abuse)
- fear of losing control and possibly harming someone
- sexual assault

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 most students will experience periods of situational depression. A student needs assistance when the depressive symptoms become extreme or last so long that they begin interfering with the student's ability to function in school, work, or social environments.

Since faculty and staff are in a position to observe and interact with students, they are often the first to recognize a student in distress.

Look for a pattern of these indicators:

- irritability
- alcohol or drug use
- significant weight gain or loss
- infrequent class attendance
- lack of energy or motivation
- deterioration in personal hygiene
- markedly diminished performance
- increased anxiety (generalized, test, or performance)
- tearfulness or excessive emotions inappropriate to the situation.

Students experiencing mild depression often respond well to additional attention over a short period of time. Prompt intervention increases the student's chances of returning to earlier performance levels. Do not attempt to provide in depth counseling.

Helpful Actions

- Let the student know you are aware he or she is feeling down and you would like to provide support and assistance.
- Do not hesitate to ask the student directly if he or she is having suicidal thoughts.
- Encourage the student to make an appointment with a professional counselor to discuss how he or she is feeling.

- Minimizing the student's feelings ("*Everything will be better tomorrow.*")
- Bombarding the student with fix-it solutions or advice.
- Trying to solve the student's problems.
- Ignoring signs of suicidal tendencies.

It is important to regard all suicidal comments as serious. Watching for some of the following behaviors will offer clues on the student's frame of mind. If a student exhibits any of the symptoms below, refer him or her to the Counseling Center immediately for assessment.

- withdrawal from friends and family
- expression of extreme hopelessness or guilt
- sudden mood or behavior changes
- giving possessions away
- comments that life isn't worth the trouble
- recurrent thoughts or statements about suicide

Helpful Actions

- Be confident, caring, and prepared to access the available student resources.
- If you have an intuition that something is wrong with the student, call the Counseling Center for consultation with professional staff.
- If you believe there is imminent danger, and the student is willing, bring him or her to the Counseling Center. Call first if possible, 527-5195.
- If it is after hours and the student is cooperative, call a friend, family member, Health Center 527-5295 or Walla Walla Police at 911.
- If it is after hours or the student is uncooperative, call Walla Walla Police at 911.

Unhelpful Actions

- Becoming involved with the student beyond your levels of expertise or comfort.
- Ignoring comments such as, "I won't be a problem much longer," or "Nothing matters; it's no use."
- Being too busy to intervene.

Anxiety is a normal response to a perceived danger or threat to one's well being. While everyone suffers from occasional anxiety, sometimes the level of anxiety can become overwhelming. For some students, the cause of anxiety is clear; for others, it is difficult to pinpoint the reason for their distress. Regardless of the cause, the student may experience the following symptoms: rapid heart-beat, chest pain or discomfort, dizziness, sweating, trembling, or shaking. The student may also complain of difficulty concentrating, always feeling "on edge," trouble making decisions, sleeping problems, feeling unable to complete coursework, or being too afraid to take appropriate action. In some cases, students may experience a panic attack in which the physical symptoms are so spontaneous and intense they fear they are dying. The following guidelines are appropriate in most cases.

Helpful Actions

- Let the student discuss his or her feelings and thoughts in an appropriate setting; this alone often relieves a great deal of pressure.
 - Provide reassurance.
 - Be clear and directive.
 - Talk slowly and remain calm.
 - Discern whether you are able to respond adequately to the student's concerns or if a referral is necessary.
 - Provide a safe and quiet environment until the symptoms subside.
 - If appropriate, develop a plan with the student for academic issues within the classroom and make appropriate referrals if needed.
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- Minimizing the perceived threat to which the student is reacting.
 - Taking responsibility for the student's emotional state.
 - Becoming anxious or overwhelmed yourself.

For many people, losing weight is a constant and often frustrating effort. Most people who diet do not develop eating disorders. But for others, the effort to become thin—or to stay that way—can turn into an obsession. In some cases, it can become life threatening. For students who tend to be perfectionists with very high achievement expectations, losing weight may be seen as the first step to improving themselves, or may provide a way to escape from feelings of guilt or worthlessness. Symptoms to watch for include:

- excessive weight loss in a relatively short period of time
- distorted view of body image
- continuation of dieting although bone-thin
- loss of menstrual periods
- unusual interest in food and strange eating rituals
- obsession with exercise
- bingeing—consumption of large amounts of food
- serious depression
- disappearance into bathroom for long periods of time

Helpful Actions

- Speak directly to the student about your concerns and the behaviors you observe.
- Let the student know other qualities/characteristics you appreciate about him or her.
- Encourage the student to make an appointment with a professional counselor.

Unhelpful Actions

- Giving simple solutions (*"If you'd just eat, everything would be fine!"*).
- Trying to control the behavior (*"You have to eat something! You're out of control!"*).
- Don't ignore the problem, hoping it will go away; it won't.

These students have difficulty distinguishing their thoughts and perceptions 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 out of control; and their behavior may appear bizarre and disturbing. The student may experience hallucinations (often auditory), and may report hearing voices (e.g., statements that someone is threatening to harm or control them). If you cannot make sense of a student's statements, contact the Counseling Center as soon as possible.

Helpful Actions

- Respond with warmth, kindness, and firm reasoning.
- Remove extra stimulation from the environment (turn off the radio, step outside of a noisy classroom).
- Explain your concerns and assist the student in getting help. Contact the Counseling Center 527-5195 as soon as possible.
- Acknowledge the student's feelings or fears without supporting the misperception ("I understand you think someone is following you, and it must seem real to you, but I don't see anyone.").
- Acknowledge that you are having difficulty understanding the student and ask for clarification.
- Focus on the here and now.

Unhelpful Actions

- Arguing or trying to convince the student of the irrationality of his or her thinking, as this commonly reinforces the false perception.
- Encouraging further discussion of the delusional processes or playing along with the student's delusion ("Oh, yes, I hear voices too.").
- Demanding, commanding, or ordering the student to do something to change his or her perceptions.
- Expecting customary emotional responses.

Alcohol is the most widely used psychoactive drug and the preferred drug on college campuses. It is common to find that students who abuse alcohol are also abusing other drugs, both prescription and illicit. Fads and peer pressure affect patterns of use. Binge drinking, defined as five drinks in a row (four for women), is popular and can quickly become lethal. Other adverse effects of alcohol consumption include: hangovers, hospitalization for alcohol overdose, poor academic performance, class absences, injury, and unprotected sexual activity.

The effects of alcohol abuse are well known to most of us. Faculty often recognize substance abuse problems when a student's 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 or drug abuse sabotages student performance.

Be aware that substance abuse may result in overly aggressive behavior. In such cases, **Remain Calm** and get help if necessary (send a student for a staff person, faculty member, department chair, or security officer). **Stay Safe** by retaining access to a door, knowing whom to call (**Health Center** 527-5295 **Security**, 527-5777, days; **Emergency**, 911, nights), and keeping furniture (e.g., a desk) between you and the student. **Do Not Threaten, Corner, or Touch the Student.**

Helpful Actions

- Privately confront the student about the specific, observed behavior that concerns you.
- Offer support and concern for his or her well-being.
- Suggest the student talk with someone about these issues and maintain contact with the student after a referral is made.
- If the behavior continues, consult with your department head and the Dean of Students Office, 527-5158, or consult with the Counseling Center 527-5195.

- Conveying judgment or criticism of the student's substance abuse.
- Making allowances for the student's irresponsible behavior.
- Ignoring signs of intoxication in the classroom.

Students usually become aggressive in situations they perceive as beyond their control. Sometimes feelings of anger are displaced from the situation onto the nearest target (i.e., you).

If a student becomes violent, **remain calm** and get help if necessary (send a student for a staff person, faculty member, department chair, or security officer). **Stay safe** by retaining access to a door, knowing whom to call (**Security**, 527-5777), and keeping furniture (e.g., a desk between you and the student). **Do not threaten, corner, or touch the student.**

Take all threats of violence seriously. Clarify what is meant by asking, "What do you mean by that?" or saying, "I am taking your words very seriously." Call Campus Security for consultation; inform your supervisor or department head of the situation.

Helpful Actions

- Pay attention to the warning signs (*e.g., body language, clenched fists*)
 - Acknowledge the student's anger and frustration (*"I hear how angry you are."*)
 - Rephrase what he or she is saying and identify the emotion (*"I can hear how upset you are, and you feel like nobody will listen."*)
 - Reduce stimulation by inviting the student to a quiet place, if you feel safe.
 - Be straightforward and firm about the types of behavior you will not accept (*"I need for you to step back."*)
 - If the situation appears to be escalating consider removing yourself from the situation and calling Security.
 - Debrief the incident with your supervisor or department chair.
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- Becoming defensive or getting into an argument or shouting match.
 - Acting hostile or punitive (*"I'm going to give you an F in this class."*)
 - Pressing for an explanation of their behavior.

It is expected that by the time students reach college they will know how to behave in a classroom. Unfortunately, college instructors often experience, on a daily basis, students who are chronically late, who talk to friends during class, who eat or sleep in class, and who engage in arguments with instructors or other students. Although disruptive behaviors have annoying or disrespectful qualities, these behaviors may be due to underlying emotional distress. Each type of disruptive behavior requires a different set of responses by the university. Rebellious and escalating disruptions need to be addressed behaviorally through disciplinary action, whereas disruptive behavior precipitated by emotional distress may require consultation with counseling staff.

Helpful Actions

Invite the student to speak in a private area (if you feel safe). Acknowledge the emotions if the student seems upset, angry, or frustrated. "Chris, I notice you seem frustrated."

- Briefly state your concern. "Chris, I am concerned that you have been late for class every day since the beginning of semester."
 - Let the student talk, ask for clarification if necessary. "I am not sure what you mean by it 'not getting through'. Could you tell me more?"
 - If you believe the behavior is an outcome of emotional distress, suggest that the student seek counseling services.
 - Focus on the behavior and clearly state the expectations and that the consequences of continued disruption may result in disciplinary action. "If you continue to disrupt the class by coming in late and greeting your friends, I will have to report this to the department chair and you may be removed from my class."
 - If unsure how to proceed in a particular situation, consult with your department head, the Dean of Students Office, 527-5158, and/or Counseling Center staff 527-5195.
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- Becoming defensive or getting into an argument or shouting match.
 - Acting hostile or punitive. "I'm going to have you thrown out of this class!"

Counseling Center

- Hours: 8:00 a.m. to 5 p.m. Monday through Friday, during the academic year.

Drop-in hours are Monday –Thursday. Please check our website for specific hours or call the Counseling Center office at 527-5195. If the drop-in hours do not work for the student, a special appointment can be made.

Students calling the Counseling Center after hours in need of emergency services are offered the option to talk to an RN at the Health Center open 24 hours and they will contact a mental health counselor on call if needed or call 911. If it is not an emergency the student can leave a message and a counselor will get back to him/her.

Additional Resources

Student Health Center	527-5295
Academic Resource Center	527-5213
Residence Life	527-5297
Student Affairs Office	527-5158
Student Engagement Center	527-5183
Spiritual Life.....	522-4449

Cultural Assistance

Intercultural Center	527-5596
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Campus Security and Safety (24 hr.).....	527-5777
Welty Health Center	527-5295
Ambulance	911
Walla Walla General Hospital	525-0480
Providence St. Mary's Medical Center	525-3320
Fire Department	911
Police Department.....	911
Local 24-Hour Crisis Line	524-2999
Whitman Counseling Center	527-5195
8:30 am-5 pm Mon. thru Fri. (academic year)	

Inquiries may be directed to:
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Director of Counseling
527-5195
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