

Troubled Students

Recognition and Response

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Upper Bay Counseling and Support Services

- UBCSS
 - ◆ Outpatient Mental Health Treatment
 - ◆ Family Counseling
 - ◆ Dual Diagnosis Treatment
 - ◆ Medication Management
 - ◆ Psychiatric Rehabilitation Programs
 - ◆ Offices in Cecil and Harford Counties

Introduction

Crisis *Prevention*

- Be proactive rather than reactive.
- Recognize early signs of distress
- Learn techniques to cope with, intervene, and assist troubled/difficult students

Topics of Discussion

- Depression and Suicide
- Mental Illness
- Substance Abuse
- Violence and Verbal Aggression
- Crisis Prevention and Intervention

Depression

- Many college students will experience bouts of reactive or situational depression
- A student exhibiting **EXTREME** or **LONG LASTING** symptoms that interfere with functioning needs assistance

Indicators

- Tearfulness/general emotionality
- Markedly diminished performance
- Infrequent class attendance
- Lack of energy/motivation
- Increased anxiety (generalized, test, performance)

Indicators (continued)

- Irritability
- Deterioration in personal hygiene
- Significant weight loss or gain
- Alcohol or drug use
- Isolation / withdrawal

Response

- Early intervention increases the likelihood of a return to previous performance
- Helpful Responses
 - ◆ Acknowledge that the student is feeling down and offer to help
 - ◆ Encourage the student to discuss feelings
 - ◆ Provide resources to manage depression

Response

- Not Helpful
 - ◆ Minimize the student's feelings (It will be OK)
 - ◆ Offer "fix it" solutions or advice
 - ◆ Be afraid to ask the student about suicidal thoughts if you think they may be suicidal
 - ◆ Ignore suicidal statements

Depression & Suicide

- According to a 2004 survey by the American College Health Association, nearly half of all college students report feeling so depressed at some point in time that they have trouble functioning
- If left untreated depression can lead to suicide. Suicide is the third leading cause of death for those aged 15-24 and the second leading cause of death of college students.

Suicidal Students

- Watch for or ask about some of the following behaviors to discover what's going on with a student.

Suicidal Indicators

- Sleeping much more and later than normal
- Not sleeping well and waking up early
- Taking lots of naps
- Appetite has changed so that the student is not hungry or overeats
- Withdrawing from friends and family
- Not attending class
- Expresses hopelessness or guilt
- Sudden mood or behavior changes
- Giving possessions away
- Expresses that life isn't worth the trouble

What to ask

- Ask if they
 - ◆ Have a plan
 - ◆ Ever tried to commit suicide before
 - ◆ Use alcohol or other depressants that can increase impulsive behavior
 - ◆ Have a friend or family member that committed suicide

Helpful Responses

- Talk openly about suicide
- Be confident and caring. Know available resources
- Listen to that small internal voice that tells you “something is not right with this student”.
- Take charge and take the student to the advising center

What Not to Do

- Get too involved with a student
- Ignore comments like “I won’t be here much longer”, “nothing matters, it’s no use”
- Be too busy to intervene

Mental Illness

- Incidence of mental illness in students is on the rise
- A survey of 2,785 college students indicates that more than half of students with significant symptoms of anxiety or depression do not seek help

Factors Influencing Mental Health treatment

- Students least likely to seek help :
 - ◆ Come from poor families (but are more prone to depression and anxiety)
 - ◆ Don't know about available services or lack insurance
 - ◆ Are skeptical about effectiveness
 - ◆ Are male

Psychotic Symptoms

- 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 controls them). WHILE THIS STUDENT MAY ELICIT ALARM OR FEAR FROM OTHERS, THEY GENERALLY ARE NOT DANGEROUS OR VIOLENT.

How to Respond

- Be kind, warm and use firm reasoning
- Do not “play along” with the delusion or hallucination
- Remove extra stimulation. Step outside the classroom.
- Acknowledge your concerns and verbalize they need help
- Acknowledge their fears and concerns without supporting the misconceptions

- Acknowledge your difficulty in understanding them and ask for clarification
- Do not argue or try to convince them that their thinking is irrational. This will result in a stronger defense
- Do not command them to do something to change their perception
- Do not expect customary emotional responses
- Focus on the here and now

Substance Abuse

- Strongly linked to suicide attempts
- Physical signs
 - ◆ Slowed or staggering walk; poor physical coordination
 - ◆ Puffy face, blushing or paleness
 - ◆ Tremors or shakes of hands, feet or head
 - ◆ Extreme hyperactivity; excessive talkativeness
 - ◆ Weight change

■ Behavioral Signs

- ◆ Drop in grades, skips school or is late for school
- ◆ Difficulty in paying attention; forgetfulness
- ◆ Change in overall attitude/personality with no other identifiable cause
- ◆ Excessively sleepy or hyperactive and talkative
- ◆ Moodiness, irritability, or nervousness
- ◆ "I don't care" attitude
- ◆ Chronic dishonesty
- ◆ Silliness or giddiness
- ◆ Paranoia

Drug Specific Symptoms

- Marijuana
 - ◆ Glassy, red eyes
 - ◆ loud talking and inappropriate laughter followed by sleepiness
 - ◆ a sweet burnt scent
 - ◆ loss of interest, motivation
 - ◆ weight gain or loss

Alcohol

- Clumsiness
- Difficulty walking
- Slurred speech sleepiness
- Poor judgment
- Dilated pupils

Depressants

- Barbiturates and Tranquilizers
 - ◆ Seems drunk as if from alcohol but without the associated odor of alcohol
 - ◆ difficulty concentrating
 - ◆ clumsiness
 - ◆ poor judgment
 - ◆ slurred speech
 - ◆ sleepiness
 - ◆ contracted pupils

Stimulants

- Hyperactivity
- Euphoria
- Irritability anxiety
- Excessive talking followed by depression or excessive sleeping at odd times
- May go long periods of time without eating or sleeping
- Dilated pupils
- Weight loss
- Dry mouth and nose

Inhalants

- (Glues, aerosols, and vapors)
 - ◆ Watery eyes
 - ◆ Impaired vision memory and thought
 - ◆ Secretions from the nose or rashes around the nose and mouth
 - ◆ Headaches and nausea
 - ◆ Appearance of intoxication
 - ◆ Drowsiness
 - ◆ Poor muscle control
 - ◆ Changes in appetite
 - ◆ Anxiety

Hallucinogens

- Dilated pupils
- Bizarre and irrational behavior including paranoia, aggression, hallucinations
- Mood swings
- Detachment from people absorption with self or other objects
- Slurred speech
- Confusion

Heroin

- Needle marks
- Skin lesions
- Sleeping at unusual times
- Sweating
- Vomiting
- Coughing and sniffing
- Twitching
- Loss of appetite
- Contracted pupils ,no response of pupils to light

Cocaine

- Dilated pupils
- Rapid speech
- Hyper-alertness
- Panic
- Runny nose
- Extreme talkativeness

Violence and Verbal Aggression

- 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.
- This behavior is often associated with the use of alcohol and other drugs.
REMAIN CALM, get help if necessary

- Students usually become verbally abusive in frustrating situations they perceive as being beyond their control. Anger and upset become displaced from those situations onto the nearest target (YOU). Explosive outbursts or ongoing belligerent, hostile behavior become the student's way of gaining power and control. It is important to remember that, for the most part, the student is not angry at you personally, but at his/her world and you are the object of pent up frustrations.

Helpful Response

- ◆ Acknowledge their anger and frustration (I hear how angry your are)
- ◆ Paraphrase what they say and identify the emotion (I hear how upset you are and no one will listen)
- ◆ Reduce stimulation, invite the student to a quiet comfortable place
- ◆ Allow them to get their feelings out and tell you what is upsetting them.

Unhelpful Response

- Ignore warning signs (clenched fists, increased body tension)
- Get into an argument or shouting match
- Become punitive or hostile (You can't talk to me that way)
- Make threats or dares
- Press for explanations of their behavior

Crisis Intervention

- Remain calm, or at least look calm
- Assess the situation objectively, don't jump to conclusions
- Establish Control
 - ◆ Use a firm confident voice
 - ◆ Assured body language,
 - ◆ Clear concise non-threatening instructions
 - ◆ Maintain some physical distance
 - ◆ Avoid prolonged eye contact and emotionally charged language

- Reduce stimulation and allow adequate time and space for processing
 - ◆ Information processing capabilities are reduced at times of stress
 - ◆ Avoid crowding, noise, sudden movement
 - ◆ Keep verbalizations brief and back off after after outlining options and alternatives

- Use non-aggressive language
 - ◆ Requests, not demands
 - ◆ Positive rather than negative phrases

- Make eye contact to convey concern, interest and respect. Avoid stares and glare, be aware of cultural differences

- Use a moderate volume of voice, at an understandable rate
- Avoid humor that is sarcastic, condescending or hurtful
- Be aware of your facial expressions, frowns, grimaces, and body language
- Avoid threatening gestures
- Offer choices whenever possible

Safety

- Position
 - ◆ Avoid standing directly in front of the individual
 - ◆ Try to keep a leg length distance
- Leverage
- Balance
- Deflection
 - ◆ Pivot and Parry

■ Be Prepared

- ◆ Mentally rehearse what you will do if the individual does not calm down. People are not predictable during crises. Review your options if verbal management is not successful.
- ◆ Can you manage this person if they become assaultive?
- ◆ What could be used as a weapon?
- ◆ How will you protect yourself and others?
- ◆ Where is the exit?
- ◆ Where are your co-workers?

Summary

It is often impossible to predict violence. There is no “profile” of the typical school shooter. Few students who are depressed, mentally ill or substance abusing become violent. It is important to do threat assessment and not categorize students.

Key Points to Remember

- Prevention
- Identification
- Communication
- Intervention
- De-escalation
- Personal Safety
- Referral