

HELPING STUDENTS IN DISTRESS

**A FACULTY & STAFF GUIDE
FOR ASSISTING STUDENTS IN NEED**



**UNIVERSITY OF MARYLAND
COUNSELING CENTER**

**Office of the Vice President
Division of Student Affairs**

Dear Faculty and Staff:

Has this ever happened to you?

- A student comes to your office and is obviously intoxicated and disruptive.
- A student reveals to you that he/she is having thoughts of suicide.
- A student, obviously upset, tells you that despite her third-year standing she is thinking about changing her academic major for the third time.
- A student, who is usually well-prepared for class begins to miss class, fails to complete assignments, and becomes inattentive to hygiene and personal appearance.

The Problem

College students often experience high levels of stress. Most students successfully cope with university life; however, some become overwhelmed. A significant number of college students have their education and personal lives disrupted by psychological problems. When psychological difficulties go untreated, the results can be serious and include academic failure and even withdrawal from the university.

Most psychological problems – even the more serious disorders such as depression, anxiety disorders, bipolar disorder and post traumatic stress – have high rates of recovery if appropriate help is received in time. Unfortunately, many students fail to get the help they need for any number of reasons, including lack of knowledge about the early signs of psychological difficulties, denial, and lack of information about campus resources that can provide help.

Your Role

Faculty and staff play a key role in identifying and responding to distressed students. As a faculty or staff member you often get the first glimpse of students in trouble and may be the first person who students turn to for help. Responding to students in distress, however, can be confusing and overwhelming. Counseling Center staff psychologists, academic skills counselors and disability support specialists prepared this guide to assist you in responding to students in distress.

If you wish to consult with professionals or believe that a student should do so, we welcome the opportunity to help. Please call (x47651) for assistance. For consultation with staff psychologists on non-emergency issues contact our Faculty/Staff Warmline (x47653). We appreciate the role you play as a help-giver in the campus community, and hope that this guide will be useful to you in your efforts.

The Staff of the University Counseling Center

HELPING STUDENTS IN DISTRESS

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HELPING STUDENTS IN DISTRESS

Responding to Student Emergencies

Immediate and decisive intervention is needed when student behavior poses a threat to self or others, including:

- Suicidal gestures, intentions, or attempts
- Other behavior posing a threat to the student (e.g., hallucinations, drug abuse)
- Threats or aggression directed toward others
- Demonstrated inability to care for oneself

Campus resources for responding to mental health emergencies are:

- Counseling Center in Shoemaker Building (x47651)
- Mental Health Service in the Health Center (x48106)
- Campus Police (911 or x53333)

For consultation with a counselor, call (x47651) or walk the student to the Counseling Center in Shoemaker Building.

If the student requires immediate medical attention or hospitalization, call the Mental Health Service (x48106).

If the student is unmanageable (e.g., aggressive, hostile, refusing care), call the Campus Police (911 or x53333) for assistance in transporting the student to the appropriate facility.

If you are directly threatened by a student or feel at risk, call the Campus Police (911 or x53333).

WHAT TO DO

- **Move the student to a quiet and secure place.**
- **Listen attentively, and respond in a straightforward and considerate way.**
- **Enlist the help of a co-worker so that the student isn't left alone and you aren't left alone with the student.**
- **Make arrangements for appropriate university intervention.**
- **When contacting a campus resource, have available as much information as possible, including your name; the student's name and location; a description of the circumstances and the type of assistance needed; the exact location of the student in the building; and an accurate description of the student.**



REFERRING A STUDENT FOR PROFESSIONAL HELP

WHEN TO REFER

In many cases of student distress, faculty and staff provide adequate help through empathic listening, facilitating open discussion of problems, instilling hope, conveying acceptance, and offering basic advice.

In some cases, however, students need professional help to overcome problems and to resume effective coping. The following signs indicate that a student may need counseling:

- The student remains distressed following repeated attempts by you and others to be helpful.
- The student becomes increasingly isolated, unkempt, irritable, or disconnected.
- The student's academic or social performance deteriorates.
- The student's behavior reflects increased hopelessness or helplessness.
- You find yourself doing on-going counseling rather than consultation or advising.

A NOTE ON CONFIDENTIALITY

We are required by law and by professional ethics to protect the confidentiality of all communication between psychologist and client (except in cases where harm to self or harm to others is involved). Consequently, we cannot discuss the details of a student's situation with others or even indicate whether the student is, in fact, in counseling. For information about the student to be released to you or others, we must first get permission from the student.

HOW TO REFER

- Speak to the student in a direct, concerned, straightforward manner.
- Because many students initially resist the idea of counseling, be caring but firm in your judgment that counseling would be helpful. Also be clear about the reasons that you are concerned.
- Be knowledgeable in advance about the services and procedures of the Counseling Center and other campus help-giving agencies. The best referrals are made to specific people or services.
- Suggest that the student call to make an appointment, and provide the Counseling Center number (x47651) and location (Shoemaker Building).
- Remind the student that services are **FREE AND CONFIDENTIAL**.
- Sometimes it is useful to more actively assist students in scheduling an initial counseling appointment. You can offer the use of your phone or call the receptionist yourself while the student waits in your office. In some situations, you may find it wise to walk the student over to the Counseling Center.
- If you need help in deciding on whether or not it is appropriate to make a referral, call the Counseling Center WARM-LINE at x47651 for consultation with a professional.

AWARENESS OF CULTURAL DIFFERENCES

Race, ethnicity, cultural background, sexual orientation, and other dimensions of difference are important to keep mind as you help a distressed student. Reactions to racism, sexism, homophobia, disability status, etc. can affect the way in which emotional distress is manifested and also can impact help-seeking behavior. General barriers to seeking help — e.g., denial, fear of being labeled in a negative way, lack of information about campus resources — may be even more troublesome for students from underrepresented groups. Communicating support, concern, and understanding is critical in reaching students who may feel isolated and marginalized.

Your sensitivity to the unique needs of international students, LGBT students, students of color, students with disabilities, non-traditional-aged college students, and other underrepresented groups can be important in helping culturally different students get assistance. Furthermore, being knowledgeable about campus resources that address the unique needs of culturally different and underrepresented students is also important.

RESOURCES FOR CULTURALLY DIFFERENT STUDENTS

STUDENTS OF COLOR

Counseling Center Students of Color Walk-in Hour (x47651)
Office of Multi-Ethnic Student Education (x55616)

INTERNATIONAL STUDENTS

Counseling Center Staff and Programs (x47651)
International Education Services (x41469)
Counseling Center Learning Assistance Service
— ESOL Conversation Program (x47693)

LGBT STUDENTS

Counseling Center Rainbow Walk-In Hour (x47651)
Office of Lesbian, Gay, Bisexual, and Transgender Equity (x58720)
LGBT Studies (x55428)
President's Commission on LGBT Issues (x52475)

STUDENTS WITH DISABILITIES

Counseling Center Disability Support Services (x47682)

NON-TRADITIONAL AGE STUDENTS

Counseling Center Returning Students Program (x47693)

The ANXIOUS student

WHAT TO DO

- **Talk to the student in private.**
- **Remain calm and assume control in a soothing manner.**
- **Focus on relevant information, speaking concretely and concisely.**
- **Help the student develop an action plan that addresses the main concern.**
- **Refer the student to the Counseling Center (x47651) for counseling.**
- **Refer the student to the Mental Health Service (x48106) for medication.**

AVOID

- **Overwhelming the student with information or complicated solutions.**
- **Arguing with irrational thoughts.**
- **Devaluing the information presented.**
- **Assuming the student will get over the anxiety without treatment.**

Facts about Anxiety

Anxiety can be generalized across a range of situations, or it may be situation-specific (e.g., test anxiety, social anxiety, public speaking anxiety).

Symptoms of anxiety include:

- agitation
- panic
- avoidance
- irrational fears
- fear of losing control
- ruminations
- excessive worry
- sleep or eating problems

Research suggests that in cases of extreme anxiety, the most effective treatment is often a combination of psychotherapy and medication.



The **DEMANDING** student

Facts about Demanding Students

- Demanding students can be intrusive and persistent and may require much time and attention.
- Demanding traits can be associated with anxiety, depression, and/or personality problems.

Characteristics of demanding students include:

- a sense of entitlement
- an inability to empathize
- a need for control
- difficulty in dealing with ambiguity
- perfectionism
- difficulty with structure and limits
- dependency
- fears about handling life

WHAT TO DO

- **Talk to the student in a place that is safe and comfortable.**
- **Remain calm and in control.**
- **Set clear limits and hold the student to the allotted time for the discussion.**
- **Emphasize behaviors that are and aren't acceptable.**
- **Respond quickly and with clear limits to behavior that disrupts class, study sessions, or consultations.**
- **Be prepared for manipulative requests and behaviors.**
- **Call the Counseling Center WARM-LINE (x47651) for help with identifying strategies for dealing with disruptive behaviors.**
- **Refer the student to the Counseling Center (x47651) for counseling and/or a referral for off-campus therapy.**

AVOID

- **Arguing with the student.**
- **Giving in to inappropriate requests.**
- **Adjusting your schedule or policies to accommodate the student.**
- **Ignoring inappropriate behavior that has an impact on you or other students.**
- **Feeling obligated to take care of the student or feeling guilty for not doing more.**
- **Allowing the student to intimidate you.**

The **DEPRESSED** student

WHAT TO DO

- Talk to the student in private.
- Listen carefully and validate the student's feelings and experiences.
- Be supportive and express your concern about the situation.
- Ask the student if he/she has thoughts of suicide.
- Discuss clearly and concisely an action plan, such as having the student immediately call for a counseling appointment.
- Refer the student to the Counseling Center (x47651) or Mental Health Service (x48106).
- Be willing to consider or offer accommodations (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope.

AVOID

- Ignoring the student.
- Downplaying the situation.
- Arguing with the student or disputing that the student is feeling depressed.
- Providing too much information for the student to process.
- Expecting the student to stop feeling depressed without intervention.
- Assuming the family knows about the student's depression.

Facts about Depression

- Depression is a common mental health problem that varies in severity and duration.
- In its less serious form, depression is a temporary reaction to loss, stress, or life challenges. It can be alleviated through the passage of time and/or the natural healing effects of social support, daily routines, and simple coping strategies like distraction and exercise.
- Severe or chronic depression usually requires professional help.

Symptoms of depression include:

- feelings of emptiness, hopelessness, helplessness, and worthlessness
- a deep sense of sadness
- an inability to experience pleasure
- irregular eating and sleeping
- difficulties with concentration, memory, and decision-making
- fatigue and social withdrawal

Sometimes depression includes irritation, anxiety, and anger.

In its most serious form, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain.

Research shows that depression is highly responsive to both psychotherapy and medication.

The **EATING DISORDERED** student

Facts about Eating Disorders

- Eating disorders arise from a combination of psychological, interpersonal, and socio-cultural factors and have serious emotional, mental and medical consequences.
- Characteristics of anorexia nervosa include severe restriction of food intake; refusal to maintain minimally normal weight; intense fear of weight and fat; and obsessive focus on weight as a basis of self-worth.
- Characteristics of bulimia include excessive concern with body weight/shape; recurrent episodes of binge eating and “purging behaviors”, such as self-induced vomiting; misuse of laxatives, diuretics, and diet pills; fasting; or excessive exercise.
- Binge-eating/compulsive overeating involves impulsive eating, independent of appetite, without purging behaviors. These behaviors may be habitual or reflect the same psychological features as bulimia.
- Depression/anxiety often accompany eating disorders.

Symptoms associated with eating disorders include:

- marked decrease/increase in weight
- preoccupation with weight and body shape
- moodiness or irritability
- social withdrawal
- development of abnormal or secretive eating behaviors
- food restriction or purging behaviors
- fatigue and increased susceptibility to illness
- perfectionism

Treatment of eating disorders combines psychological, medical and nutritional procedures. In extreme cases, a student may need to leave campus to obtain more intensive or inpatient care.

WHAT TO DO

- **Speak to the student in private.**
- **Be supportive and express concern for the student’s health and well-being.**
- **Identify specific behaviors or symptoms that are of concern.**
- **Refer the student to Eating Disorder specialists at the Health Center (x47651) or Counseling Center (x48106) for assessment, medical and nutritional evaluations and counseling/psychotherapy.**

AVOID

- **Focusing on weight rather than health and effective functioning.**
- **Judging the student’s behaviors or labeling them (“self-destructive”).**
- **Recommending solutions such as “accept yourself” or “just eat healthy”.**
- **Commenting on student’s weight loss, as you may be inadvertently encouraging unhealthy behaviors.**
- **Getting into a battle of wills with the student. If the student is resisting your efforts, restate your concerns and leave the door open for further contact. If you think the situation is urgent, consult a professional at the Counseling Center or Health Center for further advice.**
- **Assuming that the family knows about the disorder.**

The SUICIDAL student

WHAT TO DO

- Talk to the student in private.
- Remain calm and stay in control.
- Take the student's disclosure as a serious plea for help.
- Ask the student directly about feelings and plans.
- Express care and concern, and assure the student that you will help her/him reach a professional.
- Escort the student to the Mental Health Service in the Health Center (x48106) or to the Counseling Center in Shoemaker Building (x47651).
- Call 911 on weekends or after hours.

AVOID

- Minimizing the situation. All threats need to be considered potentially lethal.
- Arguing with the student about the merits of living.
- Allowing friends to assume responsibility for the student without getting input from a professional.
- Assuming the family knows that the student has suicidal thoughts.

Facts about Suicide

- Although suicide is a rare event, it is the second leading cause of death among college students.
- Suicidal states are often associated with major depression, a combination of acute anxiety and depression, post traumatic stress disorder, and bipolar disorder.
- Suicidal people often tell people about their thoughts or give clues to others about their feelings.

Some factors associated with suicide risk are:

- suicidal thoughts
- pessimistic view of the future
- intense feelings of hopelessness, especially when combined with anxiety
- feelings of alienation and isolation
- viewing death as a means of escape from distress
- personal or family history of depression or psychosis
- personal or family history of suicide attempts
- substance abuse
- history of self-mutilation

A **suicidal student** who confides in someone is often ambivalent about suicide and open to discussion.

Students who are at high risk usually have a specific plan, have a means that is lethal (e.g., medication, knife, gun), and tend to be or feel isolated.

The **SEVERELY DISORIENTED** or **PSYCHOTIC** student

Facts about Psychotic Thinking

- The main feature of psychotic thinking is poor reality testing or “being out of touch with reality”.

Symptoms include:

- disorganized speech and behavior
- extremely odd or eccentric behavior
- inappropriate or complete lack of emotion
- bizarre behavior that could indicate hallucinations
- strange beliefs that involve a serious misinterpretation of reality
- social withdrawal
- inability to connect with or track normal communication

Bipolar disorder involves periods of serious depression combined with periods of extreme euphoria and frenzied thinking and behavior, the latter of which can reflect poor reality testing.

Psychological illnesses that involve psychotic features often have an onset between the late teens and early 30s.



WHAT TO DO

- **Consult with a professional at the Mental Health Service (x48106) or Counseling Center (x47651) to assess the student’s level of dysfunction.**
- **Speak to the student in a direct and concrete manner regarding your plan for getting him/her to a safe environment.**
- **Accompany the student to the Mental Health Service in the Health Center or the Counseling Center, or arrange for a police escort (911) to a local hospital’s emergency room if the student is highly impaired.**
- **Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia.**
- **Recognize that a student in this state may be dangerous to self or others.**

AVOID

- **Assuming the student will be able to care for him/herself.**
- **Agitating the student.**
- **Arguing with unrealistic thoughts.**
- **Assuming the student understands you.**
- **Allowing friends to care for the student without getting professional advice.**
- **Getting locked into one way of dealing with the student. Be flexible.**
- **Assuming the family knows about the student’s condition.**

The **AGGRESSIVE** or **POTENTIALLY VIOLENT** student

WHAT TO DO

- **Assess your level of safety. Call 911 if you feel in danger.**
- **Remain in an open area with a visible means of escape.**
- **Explain to the student the behaviors that are unacceptable.**
- **Stay calm and gain control of the situation by setting limits.**
- **Use a time-out strategy (that is, ask the student to reschedule a meeting with you once she/he has calmed down) if the student refuses to cooperate and remains aggressive and/or agitated.**
- **Consult with professionals at the Counseling Center (x47651).**
- **Contact the Campus Police (x53555) to see if they have a record of previous abuse by this student.**
- **Contact the Campus Police (x53555) to have them come to monitor the situation.**

AVOID

- **Staying in a situation in which you feel unsafe.**
- **Meeting alone with the student.**
- **Engaging in a screaming match or behaving in other ways that escalate anxiety and aggression.**
- **Ignoring signs that the student's anger is escalating.**
- **Touching the student or crowding his/her sense of personal space.**
- **Ignoring a gut reaction that you are in danger.**

Facts about Aggression

- Aggression varies from threats to verbal abuse to physical abuse and violence.
- It is very difficult to predict aggression and violence.

Some indicators of potential violence include:

- paranoia/mistrust
- an unstable school or vocational history
- a history of juvenile violence or substance abuse
- prior history of violence or abuse
- fascination with weapons
- history of cruelty to animals as a child or adolescent
- impulse control problems



RESPONDING TO SUBSTANCE ABUSE

Facts about Substance Abuse

- Alcohol and drug abuse among college students interferes with academic performance, puts them at risk for serious accidents and even death, and can lead to addiction problems for a subset of individuals.
- Substance use and abuse among college students is often a misguided way to cope with anxiety, depression, and the stressors of college life.
- Research shows that the most abused substance is alcohol and that a large number of college students engage in binge drinking.

Signs that a student may have a substance problem include:

- repeated failure to handle academics, work or personal responsibilities
- a pattern of unexplained underachievement
- substance-related disciplinary or legal problems such as assault, driving under the influence, and date rape
- denial of the negative and harmful consequences of substance use, even in the face of serious problems.

WHAT TO DO

- **Treat the situation as serious.**
- **Share your concern and encourage the student to seek help.**
- **Recognize that denial is a powerful aspect of substance problems and that it can involve conscious or unconscious lying and distorting of the truth.**
- **Refer the student to the Alcohol and Drug Programs unit of the Health Center (x48126), or the Counseling Center (x47651) for assessment and counseling.**

AVOID

- **Ignoring or making light of the problem.**
- **Chastising or condoning the behavior.**
- **Assuming that experimenting with drugs or alcohol is harmless.**

The VICTIM OF AN ABUSIVE DATING RELATIONSHIP

WHAT TO DO

- See the student in private.
- Recognize that the student may be fearful and vulnerable.
- Remember that abusive relationships involve complex dynamics, including high levels of denial and, thus, are difficult to change.
- Be aware that interventions from a variety of sources increase the chances for change.
- Refer the student to the Counseling Center for help (x47651).
- Encourage the student to call the Campus Police when rape or violence is involved (911 or x53333).
- Encourage the student to connect with family and friends.

AVOID

- Downplaying the situation.
- Lecturing the student about poor judgment.
- Expecting the student to make quick changes.

Facts about Abusive Relationships

- Abusive relationships often involve a repeating pattern of verbal, sexual, emotional and physical abuse that increases over time.

Indicators of abusive relationships include:

- verbal abuse
- isolation from friends and family
- fear of abandonment
- fear of partner's temper
- fear of intimidation
- acceptance of highly controlling behavior
- assuming responsibility for partner's abusive behavior
- feeling trapped
- fear of leaving the relationship

The VICTIM OF SEXUAL ASSAULT

Facts about Sexual Assault

- Sexual assault is sexual contact initiated against a person without consent.
- Consent can't be inferred from passivity or silence; nor can a current or previous relationship constitute consent.

Examples of sexual assault include:

- completed or attempted rape
- threats of rape
- sexual coercion
- unwanted sexual contact with force or threat of force
- stalking

Although most assaults are committed by men against women, men can be assaulted by women, and same-sex assaults also occur.



WHAT TO DO

- **Listen without conveying judgment and be aware that victims can feel shame and anger.**
- **Refer the student to the Counseling Center for assessment and referral (x47651).**
- **Refer to the Health Center if the student needs immediate medical attention (x48126).**
- **Refer the student to the P.G. County Sexual Assault Center (301-618-3154) after 8:00 p.m., or 4:30 p.m. on Fridays.**
- **Tell the student that sexual assault recovery counseling is available at both the Counseling Center (x47651) and the Mental Health Service (x48106).**

AVOID

- **Expressing judgment even when high-risk behaviors on the part of the victim (e.g., intoxication) were involved.**
- **Pressuring the student to file a police report.**

The VICTIM OF A HATE INCIDENT

WHAT TO DO

- **Talk to the victimized student in private.**
- **Recognize that the student is probably experiencing a range of intense feelings, including shame, anger, fear, and denial.**
- **Refer the student to the Office of Human Relations (x52838).**
- **Explain the importance of notifying the campus police.**
- **Refer the student to the Counseling Center (x47651) for recovery counseling.**

AVOID

- **Downplaying the situation.**
- **Expressing personal biases.**
- **Getting caught up in the technicalities or legalities of the situation.**

Facts about Hate Incidents

- A hate crime is a criminal act against a person or her/his property because of that person's actual or perceived race, color, religion, nationality, disability, gender or sexual orientation.
- A hate incident is an act that, while not meeting the legal definition of a crime, involves the same types of behavior and targeting of underrepresented groups. Hate incidents are more common on college campuses than hate crimes.



The VICTIM OF HAZING

Facts about Hazing

- Hazing involves persecution and harassment with difficult, meaningless, or humiliating tasks; it is used as a rite of passage or initiation into a campus organization.
- Hazing can be psychologically damaging and present serious physical risks (including death) to students.
- A student may or may not know that hazing will be a part of an initiation process.
- A student may or may not know how extreme hazing might become during an initiation process.
- Campus rules and regulations prohibit hazing, and some hazing activities are illegal.

WHAT TO DO

- **Talk to the victimized student in private.**
- **Recognize that the student may be feeling vulnerable and experiencing a range of emotions.**
- **Advise the student to report the incident to the Office of the Vice President for Student Affairs (x48430).**
- **Advise the student to report the incident to the Campus Police (x53333).**
- **Refer the student for follow-up counseling at the Counseling Center (x47651), if appropriate.**

AVOID

- **Minimizing the situation.**
- **Agreeing to being bound to confidentiality.**

The VICTIM OF STALKING

WHAT TO DO

- Encourage the victimized student to trust his/her instincts.
- Advise the student to contact the Campus Police (x53333).
- Advise the student to document unwanted contacts and maintain evidence of harassment.
- Advise the student to take precautions to ensure safety, including a change in routine travel routes and schedules, and making use of campus escorts when possible (x53555).
- Refer the student to the Counseling Center for supportive counseling (x47651).

AVOID

- Ignoring or minimizing the situation.
- Suggesting that the victim is responsible for the unwanted attention.
- Taking responsibility for protecting the student.
- Failing to alert the proper authorities.

Facts about Stalking

- Stalking is repeated following or harassment of an individual that is designed to instill a sense of fear or danger.
- Stalkers often have an irrational obsession with the victim and try to gain power and omnipotence through control and intimidation.
- Stalking behavior includes tailing the victim as well as harassment via phone, email, FAX, and letters; unwanted gifts; and unwanted attentiveness.
- Stalkers can be male or female and targets can be of the same or opposite sex.



RESPONDING TO STUDENTS WITH DISABILITIES

Facts about Disability

- Students with documentation of a physical, learning or psychiatric disability are eligible to access accommodations through the Office of Disability Support Services (x47682) at the Counseling Center.
- Students with **physical disabilities** present special classroom access needs associated with limitations in mobility, speaking, hearing, and/or vision.
- Students with **medical disorders** may experience difficulties participating in their academic programs due to the condition itself or the ongoing treatment protocol.
- Students with **learning disabilities** have neurological impairments that interfere with and slow down information processing, memory and retrieval, and output. These disabilities can have a detrimental impact on reading, writing, math, attention, concentration, and/or overall organization.
- Students with **psychiatric disabilities** have a chronic and debilitating psychological condition that interferes with their ability to participate in the routine educational program. Examples of conditions that fall under this classification include Bipolar Disorder, Major Depression, Anxiety Disorders, and Post Traumatic Stress Disorder.
- Students with **Attention Deficit/Hyperactivity Disorder (AD/HD)** may experience inattentive, hyperactive, and/or impulsive behaviors due to a dysfunction of the central nervous system. These behaviors may compromise an individual's social, vocational and academic performance.
- Students with disabilities may not realize that they have a particular problem and that treatment/accommodations are available.

WHAT TO DO

- **Speak to the student in private about your concerns.**
- **Treat each student with sensitivity and respect.**
- **Acknowledge the difficulties that the student is having.**
- **Refer the student to Disability Support Services (DSS) (x47682) at the Counseling Center.**
- **Be open to follow-up consultation with DSS regarding accommodations for the student.**
- **Remember that any student requesting accommodations must have valid documentation on file with DSS and present verification of approved accommodations.**

AVOID

- **Using patronizing language with the student.**
- **Underestimating or questioning the stated disability.**
- **Assuming the student understands the academic limitations imposed by the disability.**
- **Assuming the student qualifies for accommodations without DSS verification.**

The **FAILING** student

WHAT TO DO

- **Encourage the student to make a private appointment.**
- **Review the student's performance in the course.**
- **Make suggestions for improvement.**
- **Refer the student to the Learning Assistance Service of the Counseling Center (x47693).**
- **Refer the student to the Counseling Center (x47651) for personal/social counseling and educational/vocational counseling.**

AVOID

- **Concluding that the student is just lazy.**
- **Waiting to connect with the student.**
- **Presuming the student lacks the ability to be successful.**
- **Discouraging the student who really does have the time to improve.**

Facts about the Failing Student

- The student may come to class late or often may be absent.
- The student usually does not understand the course content.
- The student may be unaware of campus resources to combat the problem.
- Negative thinking and behavior may be evident early in the course.
- The student might lack preparation or interest in the course.
- The student may not be able to balance work, social activities and academic study hours.



The **ACADEMICALLY DISMISSED** student

Facts about Academically Dismissed Students

- Check the website for the University's Office of the Registrar's official policies regarding academic dismissal:
<http://www.testudo.umd.edu/soc/satsprog.html>
- Problems leading to academic dismissal often include wrong major; financial difficulties; too many outside work hours; an accident; illness of student or family members; the need for improved study skills, especially time management; and a failure to use campus resources.
- The student can write a letter of appeal to the Faculty Petition Board, explaining specific problems during the semester and the planned interventions to insure future academic success.

WHAT TO DO

- **Talk with the student in private.**
- **Listen to the student's concerns.**
- **Remind the student that current academic requirements and policies are listed in the Schedule of Classes, in the UM Catalog, and on the UM website.**
- **Have the student explain the main reasons for the dismissal.**
- **Ask the student if he/she has seen an academic advisor.**
- **Refer the student to an academic advisor to develop a two-semester corrective plan.**
- **Encourage the student to write a letter of appeal to the Faculty Petition Board, Office of Reinstatement and Re-enrollment, Mitchell Building.**
- **Refer the student to the Learning Assistance Service (x47693) at the Counseling Center for advice regarding the letter of appeal for reinstatement.**
- **Refer the student to the Counseling Center (x47651) to discuss personal/social issues or to have educational/vocational counseling, if needed.**

AVOID

- **Overwhelming the student with too much information.**
- **Assuming the student can work through the problems without developing a network of support on campus.**
- **Discouraging the student from applying for reinstatement.**
- **Reaching the conclusion that the student will not be reinstated.**

The student with **WRITING ANXIETY**

WHAT TO DO

- **Have a private appointment with the student.**
- **Listen carefully to the student's explanation of the problem.**
- **Look for patterns and repetition of the problem behavior.**
- **Refer the student to a writing counselor at the Learning Assistance Service of the Counseling Center (x47693) for diagnosis and remediation of the problem.**
- **Refer the student to the Writing Center of the English Department (x53785).**
- **Refer the student who speaks about a learning disability to the Disability Support Service of the Counseling Center (x47682).**
- **Refer the student to the Counseling Center (x47651) for psychological counseling, if needed.**

AVOID

- **Concluding that the student is only trying to obtain extra time for the assignment.**
- **Assuming the student can simply control the behavior by him/herself.**

Facts about Writing Anxiety

- Anxiety may result in assignments being late or not turned in at all.
- A history of incompletes may be a sign of writing anxiety.
- Often the student is emotional when discussing his/her writing.

Writing anxiety can be related to:

- a failure to understand the assignment
- the lack of pre-writing techniques for starting the assignment
- lack of general time management skills
- procrastination
- poor organization skills
- problems with grammar
- poor grades on writing assignments in the past
- a learning disability

The student who needs **LEARNING SKILLS**

Facts about Learning Skills

- A student may not have been taught specific learning skills prior to coming to college.
- Good time management can promote academic success.
- Paper and pencil techniques (e.g., “to do” lists, schedules, and calendars) can help students analyze and organize their time.
- Notes and text material can promote learning (e.g., making marginal notes, giving visual emphasis to material, scheduling frequent reviews, etc.).
- A student can plan effective study strategies, based on his/her learning style.
- Sometimes a student’s learning style does not match the teaching style of the instructor.
- Learning skills and strategies vary, according to the specific nature and content of the course.



WHAT TO DO

- **Ask the student about his/her personal study time and study strategies.**
- **Determine if the student understands the course content.**
- **Provide clarification of course content, if needed.**
- **Build into your class a session on how to study for the course at the beginning of the semester.**
- **Take time to review past exams to analyze the student’s strengths and weaknesses.**
- **Make suggestions and encourage the student to adjust learning strategies before the next test.**
- **Ask if the student is utilizing any other campus resources.**
- **Stress the value of group study.**
- **Refer the student to the Learning Assistance Service of the Counseling Center (x47693).**
- **Refer the student to the course’s Guided Study Sessions for support (if the course provides this option for strengthening study skills).**

AVOID

- **Assuming the student does not understand the course material.**
- **Believing the student should know how to learn course content.**
- **Thinking the student knows about available campus resources.**

The student with **MATH ANXIETY**

WHAT TO DO

- **Let the student talk about his/her experiences with math: when the anxiety first began, what kind of negative reactions existed, etc.**
- **Be supportive of the student and ask the student about his/her goals and what math course is needed to fulfill those goals.**
- **Be sure the student has the proper background for the present math course.**
- **Recommend some study strategies (e.g., note cards, time management, paper-and-pencil techniques) to help the student begin to take control of the learning process or some accommodations, such as extended time for an assignment.**
- **Refer the student to the Learning Assistance Service at the Counseling Center (x47693) to make an appointment with a math specialist.**
- **Refer the student to the Counseling Center (x47651) for psychological or educational/vocational interventions.**

AVOID

- **Minimizing the situation.**
- **Expecting the anxiety to just go away.**
- **Assuming the student is just lazy and not working.**
- **Telling the student to put more time into the course without any intervention.**

Facts about Math Anxiety

- Students can experience math anxiety in any class that has quantitative activities. Math anxiety can be caused by poor math teaching; cultural expectations (e.g., Only men excel in math); not being developmentally ready for certain math concepts; having a math learning disability; and the sequential nature of math.
- Most individuals who admit to having math anxiety do not show symptoms of anxiety disorders in other areas of their lives. However, a high degree of math anxiety can affect a person's inability to perform in non-math related situations.
- Math anxiety can be successfully addressed, using both psychological and learning strategies coupled with appropriate math placement.

Symptoms of math anxiety include :

- rapid heartbeat
- sweaty palms
- feelings of inadequacy
- negative self-talk
- an inability to retain information in a test situation

The student with **EXAM ANXIETY**

Facts about Exam Anxiety

- Some anxiety often helps a student perform better under pressure. However, if students experience too much anxiety, it can affect both academic and psychological well-being.
- Test anxiety can be caused by many factors, such as the pressure to succeed, past experiences, and/or fear of failure.

Symptoms of test anxiety can include:

- rapid heartbeat
- sweaty palms
- negative self-talk
- feelings of inadequacy
- tears
- inability to retain test information

The student with anxiety may not perform well on tests, although grades on other course requirements are good.

A student can have anxiety related to certain types of exams. For example, there may be a great discrepancy between a student's grades in multiple-choice and essay exams in the same course.

WHAT TO DO

- See the student privately.
- Ask about the student's exam preparation and time management skills. Suggest useful study strategies and exam preparation techniques.
- Go over the exam with the student so that the student understands his/her performance and what caused the errors.
- Refer the student to the Learning Assistance Service of the Counseling Center (x47693).
- Refer students to the Disability Support Service of the Counseling Center (x47682), if needed.
- Refer the student to the Counseling Center (x47651) for stress management and/or psychological counseling, if needed.
- Encourage the student to form a study group for the course to provide academic and psychological support.
- Recommend tutoring if the student does not understand the course material. Tutoring referrals may include Office of Multi-Ethnic Student Education (OMSE) (x55616), the Math Department Tutoring Center (Rm. 0301, Math Building), the Math Success Program (x4MATH), www.tutoring.umd.edu and teaching assistants.

AVOID

- Minimizing the situation.
- Assuming the student is simply trying to ask for special attention.
- Thinking the student should be able to handle the problem without support.
- Concluding that the student must have a learning disability.
- Believing that if the student really understands the material, the student should be able to perform better on exams.

The student who **PROCRASTINATES**

WHAT TO DO

- See the student privately.
- Help the student assess time management skills and refer the student to the Learning Assistance Service of the Counseling Center (x47693) for skill building.
- Help the student set specific and realistic goals. Procrastinators often cannot see the trees for the forest!
- Be clear with deadlines, limits, and consequences.
- Identify how procrastination hurts the student and use his/her suffering as a motivator for change. Procrastinators will not seek help unless they are suffering from the procrastination.
- Recognize that there are often strong emotions underlying procrastination, such as guilt, fear, anger, depression, panic, and shame. Chronic procrastinators may have low self-esteem and suffer extreme guilt.
- Refer the student for individual or group counseling at the Counseling Center (x47651) when the student is suffering emotionally or academically from her/his procrastination.

AVOID

- Assuming that the student is lazy or stupid.
- Communicating in ways that increase shame and, thereby, decrease motivation to change.
- Being pushy because the student could respond with resentment or rebellion.
- Conveying disappointment or irritation if the student does not make quick progress. Such messages may lead to a stand off, which is a relationship pattern that procrastinators often have with others.

Facts about Procrastination

- Procrastination is putting off something that is in the student's best interests to do, or doing less important things first.
- Avoidance of important work can lead to stress, depression, shame, and guilt which, in turn, can cause the student to avoid the same tasks in the future.
- While some students procrastinate because a given task is aversive, there is usually an emotional cause at the root of serious procrastination.

Emotional causes underlying procrastination may be classified into four categories:

- perfectionism
- fear of success
- fear of failure
- rebellion



RESPONDING TO STUDENTS WITH CAREER CONCERNS

The UNDECIDED Student

Facts about being Undecided

- Being undecided about a major or career is a normal developmental process.
- Many students change their major one or two times before settling on a career path.
- Self-exploration and gathering information about majors and careers are important steps in making a career decision.
- Difficulties and delays in making a career decision can lead to stress and poor academic performance.

WHAT TO DO

- Encourage exploration through course selection, work, volunteering, extracurricular activities, and counseling.
- Normalize the developmental process for the student.
- Refer the student to the Counseling Center (x47651) for interest testing or career counseling.
- Refer the student to the Career Center (x47225) for occupational information, internships, and vivid information about the “world of work”.

The INDECISIVE Student

Facts about Career Indecision

- Indecision refers to chronic difficulties in making decisions about a major or career, and often in other areas of life.
- Indecision is a significant impairment in decision-making and is not a normal developmental stage.
- Indecision can be related to any number of internal and external barriers or conflicts.
- Career anxiety is one specific problem that can block decision-making and contribute to indecision.
- Indecision can impede a student’s progress through the university.

WHAT TO DO

- Be supportive and understanding.
- Point out the self-defeating patterns or symptoms.
- Refer the student to the Counseling Center (x47651) for career counseling.

CAMPUS RESOURCES

COUNSELING CENTER

Counseling Service	x47651
Psychological & Career Counseling Faculty/Staff Warmline (A phone consultation service for faculty, staff, and parents)	
Disability Support Service	x47682
Learning Assistance Service	x47693
Academic Skills Counseling Returning Students Program	
University Parent Consultation & Child Evaluation	x47673
www.counseling.umd.edu	

OTHER CAMPUS RESOURCES

Campus Police (www.umpd.umd.edu)	
Emergency	911
Non-emergency	x53555
Career Center (www.careercenter.umd.edu)	x47225
Family Service Center (www.hhp.umd.edu/fmst/fsc)	x52273
Financial Aid (www.financialaid.umd.edu)	x49000
Fire Emergency	911
Health Center (www.health.umd.edu)	x48180
Legal Aid (www.inform.umd.edu/studentorg/legalaid)	x47756
Lesbian, Gay, Bisexual, and Transgender Equity (www.umd.edu/lgbt)	x58720
Mental Health Service (Health Center) (www.health.umd.edu/services/mentalhealth.html)	x48106
Office of Multi-Ethnic Student Education (OMSE) (www.omse.umd.edu)	x55616

HELPING STUDENTS IN DISTRESS

MANAGING STUDENT CONCERNS

Abusive Dating Relationships

Academic Dismissal

Aggression/Potential Violence

Anxiety

Being Demanding

Career Concerns

Depression

Disabilities

Eating Disorders

Exam Anxiety

Failing School

Hate Incidents

Hazing

Lack of Learning Skills

Math Anxiety

Procrastination

Severe Disorientation/Psychosis

Sexual Assault

Stalking

Substance Abuse

Suicidal Thoughts

Writing Anxiety

Counseling Center

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College Park, MD 20742-8111

301-314-7651

www.counseling.umd.edu