“IT’S UP TO YOU TODAY TO START MAKING HEALTHY CHOICES. NOT CHOICES THAT ARE JUST HEALTHY FOR YOUR BODY, BUT HEALTHY FOR YOUR MIND.”

STEVE MARABOLI, UNAPOLOGETICALLY YOU: REFLECTIONS ON LIFE AND THE HUMAN EXPERIENCE
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*(Please note: components of this mental health resource guide have been adopted, modified and shared with permission by CAPS at Eastern Washington University 6-6-13)*
WHEN COUNSELING SERVICES MAY BE NEEDED

Trauma or Crisis in Relationships
- Recent significant loss or rejection
- Loss or illness of a family member or close friend
- Conflict with roommate, friend, or family
- Victim of assault or domestic abuse

Unusual Behavior or Marked Change in Behavior
- Depression or marked anxiety
- Listlessness or frequently falling asleep in class
- Disruptive or threatening behavior in classroom or residence
- Changes in appearance, including weight and hygiene
- Extreme mood changes or excessive, inappropriate display of emotion
- Sudden withdrawal from social contacts
- Insomnia or excessive sleep
- Hyperactivity, chronic irritability, or excessive anxiety
- Confusion, disorientation, or bizarre behavior (loss of touch with reality)

Problems with Academic Performance
- Poor performance/preparation (esp. if represents a change from prior functioning)
- Repeated requests for special accommodations
- Test or speech anxiety
- Confusion over low performance

Choice of Major or Career
- Indecision about interests, abilities, or values
- Lack of alternatives, especially when failing
- Poor performance in major

Harmful Statements or Behaviors
- Overt references to suicide or statements of helplessness or hopelessness
- Indications of persistent or prolonged unhappiness
- Extreme risk-taking behavior

Substance Abuse
- Evidence of excessive and/or increased use of alcohol or other drugs
- Impaired daily functioning secondary to use (e.g., not attending classes/work)
HELPING STUDENTS

Observe. A first and very important step, in assisting a student, is to be familiar with the symptoms of distress. Pay close attention to direct communications, as well as implied or hidden feelings.

Initiate Contact. Don’t ignore strange, inappropriate or unusual behavior. Talk to the student in question privately, in a direct and matter-of-fact manner, indicating your observations and concerns. Early feedback, intervention, and/or referral can prevent more serious problems from developing.

Offer Support and Assistance. Your interest, attentive listening and concern may be pivotal in helping a troubled student. Avoid criticism or sounding judgmental. Summarize the essence of what the individual has told you as a way of clarifying the situation. Validate feelings while also encouraging positive action by helping the student to define the problems and generate coping strategies.

Consult with Counseling Center Staff. If you feel “in over your head,” it may be helpful to call the Counseling Center and talk to a counseling professional about your concerns. H/se can give you feedback regarding the best way to help the student, as well as suggestions for initiating a referral to the Counseling Center or other appropriate resources.

Refer to the Counseling Center. Know your limits as a helper: Only go so far as your expertise and resources allow. When a student needs more help than you are able or willing to give, a referral is appropriate. The following may be helpful in making an individual referral to the Center:

• Talk to the student about the services and procedures of Counseling Services. An initial appointment can be made by phone (330-569-5418) or in person (Julia Health Center). It is important to let the student know that services are confidential and are free to enrolled full-time traditional Hiram College students.
• It is important to provide the individual with a sense of control about his/her decision to follow your recommendation. In most cases, encouraging the student to initiate his/her own appointment with the Counseling Center is preferred. Sometimes, however, offering the use of one’s phone or walking the student to the Center may be beneficial.
• It is important to follow up with a student after you make a referral. This conveys your interest. You can also help reduce the stigma associated with counseling by not avoiding the topic, though such discussions should be held privately.

About Confidentiality: The staff of Counseling Services are required by law and professional ethics to protect the confidentiality of all communication between therapist and client (except in cases where harm to self or others is indicated). Consequently, Center staff cannot discuss with others the details of a student’s situation, or even indicate whether the student is being seen in therapy, without the student’s signed consent. It is therefore suggested that you ask a student directly if s/he followed up on your recommendation to make contact with the Counseling Center.
LISTENING SKILLS FOR FACULTY AND STAFF

If a student approaches you to discuss a problem or concern, you obviously have already set the stage for good communication (otherwise, the student would not have approached you). Below are listed some general tips regarding effective listening. Depending upon the situation, added to this would be to make certain the physical environment or location is conducive to effective communication (e.g., in most cases, it would not be appropriate to engage in an emotional discussion within a classroom with several other students present).

Physical Attending Behaviors
- Facing other squarely.
- Good eye contact.
- ‘Open’ posture.
- Leaning toward the other.
- Remaining relatively relaxed.
- Your posture reflects or communicates your willingness to respond to the student.

Psychological Attending Behaviors
- Attend to nonverbal behaviors and cues (i.e., what is the student’s behavior and appearance telling you about his/her health, energy level, feeling state...).
- Listen to verbal behavior (both what is said, and the tone in which it is stated; are these congruent?).
- Responding:
  1. Provide an open invitation to talk, showing concern and interest.
  2. Listen carefully.
  3. Use open questions and minimal encouragers.
  4. Avoid criticizing or sounding judgmental.
  5. Summarize or repeat back the essence of what the student has told you.
  6. Connect to resources as necessary (e.g., suggest the Counseling Center as a resource).

Know Your Boundaries
- Know your limitations. If you feel “in over your head,” you probably are.
- Responsibility to student includes responsibility to refer when appropriate.
- Assist students in identifying and utilizing available resources. When individuals ‘own’ their decisions, they are much more likely to follow through.
- Regarding confidentiality: Do not agree to secrets you cannot keep. If students ask for your confidence, state you will treat what they say in a professional manner.
- Consult with Counseling Center staff as appropriate.
THE SUICIDAL STUDENT

Suicide is the second leading cause of death among college students. The suicidal person is typically intensely ambivalent about killing himself or herself, and usually responds to help. Suicidal states are definitely time-limited and most who commit suicide are neither crazy nor psychotic. High risk indicators include: feelings of hopelessness and futility; a severe loss or threat of loss; a detailed suicide plan; history of prior attempts; history of alcohol or other drug abuse; and feelings of alienation and isolation from others. Suicidal students usually want to communicate their feelings and any opportunity to do so should be encouraged.

Helpful Responses—

• Taking the person seriously; 80% of suicides give warning of their intent.
• Acknowledging that a threat of suicide (or attempt) is a plea for help.
• Asking the individual directly whether s/he is considering harming her/himself (e.g., “You seem so upset and discouraged that I’m wondering if you are thinking of suicide?”).
• Being available to listen, to talk, to be concerned; but refer to Counseling Services (330-569-5418)
• Consulting with the above resources as necessary.
• If the situation is believed imminent, call 9-1-1 immediately.

Less Helpful Responses—

• Minimizing the situation or depth of feeling (e.g., “Oh, it will be much better tomorrow”).
• Being afraid to ask the person if they are so depressed or sad that they want to hurt themselves.
• Overcommitting yourself and, therefore, being unable to deliver on what you promise.
• Ignoring your limitations (i.e., not consulting with available resources).

If you observe any of these warning signs that indicate suicidal risk, particularly in combination, communicate with a mental health professional as soon as possible or the Dean of Student’s Office:

• Expression of desire to kill him/herself or wishing to be dead.
• Presence of a plan to harm self.
• Means are available to carry out plan to harm self.
• Suicide plan is specific as to time, place; notes already written.
• High stress due to grief, illness, loss of new job, academic difficulty, etc.
• Symptoms of depression are present, such as loss of appetite, sleep, severe hopelessness or agitation, feelings of exhaustion, guilt/shame, loss of interest in school, work or sexual activities, change or deterioration in hygiene.
• Intoxication or drug abuse (including alcohol).
• Previous suicide attempt by the individual, a friend or family member.
• Isolation, loneliness, or lack of support.
• Withdrawal or agitation.
• Preparation to leave, giving away possessions, packing belongings.
• Secretive behavior.
• Major mood changes (e.g., elation of person who has been depressed).
• Indirect comments implying death is an option (e.g., person implies he/she may not be around in the future).

*Please review Hiram College’s Policy and Procedures as it relates to Self-Injurious Behavior/Attempted Suicide/Harm to Others at: www.hiram.edu/images/pdfs/documents/hiram-college-handbook-2012-2013.pdf

THE ANXIOUS STUDENT
We have all experienced anxiety in response to a perceived stressful situation. Anxiety becomes heightened as the situation becomes more vague and less familiar.

A panic attack is an overwhelming sense of dread and fear, and is the extreme result of feeling anxious. Some of the physiological components of general anxiety and a panic attack are rapid heart palpitations, chest pain or discomfort, choking, dizziness, sweating, trembling or shaking, and cold, clammy hands. The student may experience feelings of worry or fear and may anticipate some misfortune. S/he may complain of poor concentration, being on edge, being easily distracted, memory problems and/or fitful sleep. The student may also indicate unreasonably high self-expectations, and be very critical of her/his performance. This student may constantly think about and discuss her/his problems and possible solutions, but be too fearful to take action.

Anxiety Problems—
• Inability to relax.
• Unrealistic or excessive worry.
• Difficulty falling asleep.
• Rapid heart rate.
• Shortness of breath.
• Trembling.
• Excessive sweating.
• Dizziness.
• Nausea.
• Feelings of dread or fear of losing control.
• Feelings of detachment.
Helpful Responses—
• Let them discuss their feelings and thoughts. Often this alone relieves a
great deal of pressure.
• Help them if possible to define their stressors and their ineffective and
effective coping strategies.
• Encourage them to break down tasks into workable steps in order to
feel less overwhelmed.
• Relaxation techniques, deep breathing, meditation and enjoyable exercise
(e.g., walking) can all be helpful in reducing anxiety. Encourage them to
engage in these behaviors or to seek professional help to learn these and
other coping strategies. They can also consult self-help documents located
on this website.
• Be clear and explicit about what you are expecting from them, and what
you are willing to do. It may be helpful to have them repeat what you have
said to ensure that they understand.
• Be calm and reassure him/her as appropriate.

Less Helpful Responses—
• Taking responsibility for her/his emotional state.
• Trying to solve her/his problems as if they were your own.
• Becoming anxious or overwhelmed along with them.
• Overwhelming the student with more information or ideas (instead,
keeps things ‘bite size’).
THE VIOLENT OR PHYSICALLY DESTRUCTIVE STUDENT

Violence related to emotional distress is very rare and typically occurs only when the student is completely frustrated, feels powerless, and is unable to exert sufficient self-control. The adage, “An ounce of prevention is worth a pound of cure,” best applies here.

Helpful Responses—

- Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation (e.g., “I can see you’re really upset and really mean business, and have some critical concerns on your mind”).
- Explain clearly and directly what behaviors are acceptable (e.g., “You certainly have the right to be angry, but hitting (breaking things) is not okay”).
- Stay in open area.
- Divert attention when all else fails (e.g., “If you hit me, I can’t be of help”).
- Get necessary help (other staff, security, Hiram Village Police, call 911).

Less Helpful Responses—

- Ignoring warning signs that the person is about to explode (e.g., raised voice, quickened speech, clenched fists, statements like, “You’re leaving me no choice”).
- Threatening or taunting behaviors.
- Physically cornering the person.
- Touching the student.

THE DEPRESSED STUDENT

Because we all experience some of the symptoms of depression at one time or another, we all have some personal knowledge of what the depressed student is going through. A depressed student is likely to be experiencing some of the following:

Signs and Symptoms—

- Deep feelings of sadness and hopelessness.
- Difficulty performing simple daily activities like getting out of bed and getting dressed.
- Loss of interest in usual activities, even pleasurable activities (e.g., good student stops attending class).
- Insomnia or hypersomnia.
- Overeating/weight gain or loss of appetite/weight loss.
- Difficulty concentrating and remembering.
- Decreased energy (everything is an effort).
- Feelings of worthlessness or inadequacy.
- Guilt or anger at him/herself.
- Thoughts or comments about death/suicide.
Helpful Responses
- Let the student know you’re aware s/he is feeling down and that you would like to help.
- Reach out more than halfway and encourage the student to talk about her/his feelings.
- Tell the student of your concerns.
- Refer if student is suicidal (Counseling Services: 330-569-5418).
- Daily contact, even for a few minutes, may relieve feelings of isolation (encourage the student to be in contact with family, friends, counselor).

Less Helpful Responses
- Saying “don’t worry,” “crying won’t help,” or “everything will be better tomorrow,” may only make the student feel worse (and unheard).
- Becoming overwhelmed by the student’s problems, may only provide evidence that s/he should feel helpless.
- Assuming too much responsibility for the student and his/her problems.
- Trying to ignore or minimize his/her feelings.
- Being afraid to ask whether the person is feeling suicidal (if you believe s/he may be).

Suicide Risk Factors—
- History of suicidal behavior.
- Family history of suicide.
- Specific plan for harming self (the more developed the plan, the greater likelihood of an attempt).
- Means to carry out plan (lethality of implement increases risk).
- Drug or alcohol abuse.
- History of impulsive behavior.
- Lack of interpersonal/social resources.
- Lack of intrapersonal/coping resources.

Facts About Suicide—
It is important to take all suicidal comments seriously and to make appropriate referrals. Below are a few facts about suicide:
- College students actually have lower suicide rates than non-college peers of the same age.
- More men commit suicide; more women attempt suicide.
- There are more attempts at the beginning and end of semesters/quarters.
- People committing suicide rarely want to die, but want to end the pain they experience; most reveal ambivalence about living versus dying.
- Not all suicidal persons are depressed or mentally ill—however their typical coping mechanisms have broken down or are unavailable.
- Individuals who commit suicide typically give many clues or warnings of their intent.
- Asking a person directly about suicidal intent does not lead to an attempt (in fact, it may minimize the anxiety and tension surrounding the feeling and, thereby, act as a deterrent to suicidal behavior).
THE AGGRESSIVE STUDENT

Aggression can take many forms, from very subtle, passive acts to violent outbursts. It often results when a student perceives a threat, feels frustrated and/or out of control. Some aggressive people express hostility immediately without regard for their circumstances or the people around them. Others deny their anger and frustration until their hostility builds to the point of an explosive outburst. Many times, persons who are verbally or physically aggressive feel inadequate and use hostile behavior as a way to build up their self-esteem. Often these individuals feel that you will reject them so they become hostile and reject you first to protect themselves from being hurt. They may see you as attempting to control them and lash out to try to gain a sense of control.

It is important to remember that the student is generally not angry at you personally, but is angry at his/her world and you are the handy target of pent-up frustrations.

Overall, dealing with an aggressive student will be facilitated if you set up your environment to be as safe as possible (e.g., a physical barrier, etc.) and maintain firm, consistent and calm control in the situation (i.e., know what you are doing and what your goals are).

Helpful Responses—
- Acknowledge their anger and frustration (e.g., “I hear how angry you are”).
- Rephrase what the individual is saying and identify his/her emotions.
- Allow the student to ventilate, get the feelings out (within limits), and tell you what is upsetting them.
- Tell the student that you are not willing to accept abusive behavior (e.g., “When you yell and scream at me, I find it difficult to listen”). If you need to, explicitly state what behaviors are acceptable.
- Stick to the limits you set.
- If the person begins to get too close to you, tell them to please move back.
- Reduce stimulation. If you are comfortable doing so, invite them to your office or another quiet place. If you sense some threat, arrange for a colleague to be nearby.
- Help the person problem-solve and deal with the real issues when he/she becomes calmer.
- If necessary, get help (your supervisor, Campus Safety, Hiram Police).

Less Helpful Responses—
- Getting into an argument or shouting match.
- Becoming hostile or punitive yourself (e.g., “You can’t talk to me that way!”).
- Pressing for explanations about his/her behavior.
- Looking away and not dealing with the situation.
- Physically restraining or grabbing the individual.
- Giving away your own rights as a person.
COMMUNITY RESOURCES

COLEMAN PROFESSIONAL SERVICES
(P) 330-673-1347 or 1-877-796-3555

COLEMAN ACCESS- 24-HOUR EMERGENCY
(P) 330-296-3555 OR 1-877-796-3555

TOWNHALL II
(P) 330-678-4537 OR 1-866-449-8518

FAMILY & COMMUNITY SERVICES- KENT, OHIO
(P) 330-677-4124 • (P) 330-297-7027 – RAVENNA, OH

SITKO COUNSELING- HIRAM, OHIO
(P) 330-687-5483

LARA HOFFSTETTER & COUNSELING ASSOCIATES- HUDSON, OHIO
(P) 330-650-4423

GARY ROBINSON & ASSOCIATES- KENT, OHIO
(P) 330-673-5812 • Dr. Cathy Kane, Dr. Avery Zook, Dr. Pamela Wind

WESTERN RESERVE PSYCHOLOGICAL ASSOCIATES, INC- STOW, OHIO
(P) 330-650-5338

COMPASS RECOVER
(P) 330-298-9391

REPORT ABUSE (PHYSICAL/SEXUAL/NEGLECT)
(P) 330-296-2273

ROBINSON MEMORIAL HOSPITAL
(P) 330-297-0811

SUMMIT PSYCHOLOGICAL ASSOCIATES- RAVENNA, OHIO
(P) 330-296-3700

A JOURNEY OF HOPE & WELLNESS- KENT, OHIO
(P) 330-673-4673