HELPING STUDENTS IN DISTRESS

A FACULTY & STAFF GUIDE FOR ASSISTING STUDENTS IN NEED

Greenfield Community College
Wellness Center

Educational Support
Student Affairs & Academic Affairs

We are grateful to the University of Maryland Counseling Center for granting permission to personalize and use their “Helping Students in Distress” manual.
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 college 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 college.

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 contact The Wellness Center (x1332) for assistance. 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 Greenfield Community College Wellness 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:

- The Wellness Center on the 4th floor of the Core (x1332)
- Director of Educational Support (x1339 or x1868)
- Campus Safety (x1111)

For consultation with the Learning Support Counselor, call (x1332) or walk the student to the Wellness Center.

If the student requires immediate medical attention or hospitalization, call Public Safety (x1111) or the police by dialing 9-911 from a campus phone.

If the student is unmanageable (e.g., aggressive, hostile, refusing care), call the Public Safety (x1111) for assistance in getting the student appropriate help.

If you are directly threatened by a student or feel at risk, call Public Safety (x1111) or the police by dialing 9-911 from a campus phone.

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 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 in the counseling relationship (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 Wellness Center and other campus help-giving resources. The best referrals are made to specific people or services.
- Suggest that the student call to make an appointment, and provide the Wellness Center number (x413-775-1332) and location (C423 – 4th Floor Core).
- 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 yourself while the student waits in your office. In some situations, you may find it wise to walk the student over to the Wellness Center.
- If you need help in deciding on whether or not it is appropriate to make a referral, call the Wellness Center at x1332.
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 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

INTERNATIONAL STUDENTS
Learning Support Counselor (x1332)
International Student Advisor - Mark Hudgik (x1810)
ESOL Program Department Chair – Kit Carpenter (x1226)

LGBTQ STUDENTS
Learning Support Counselor (x1332)
GCC Pride Alliance – Club Advisor: Holly Lovelace (x1885)

STUDENTS WITH DISABILITIES
Disability Services (x1332)

VETERAN STUDENTS
Veterans Center (x1825 or x1885)

WOMEN IN TRANSITION
Women’s Resource Center (x1114)

EARLY ENTRANT/DUALLY ENROLLED HIGH SCHOOL STUDENTS
Transitions Program (x1846 or x1398)
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 Wellness Center (x1332) for help.

### 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.

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**Need Help?** Contact the Wellness Center • C423 4th Core • 413-775-1332 • www.gcc.mass.edu/counseling/
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.
- Talk with your dean or other colleagues with skills in these areas for help with identifying strategies for dealing with disruptive behaviors.
- Report your concern to your supervisor and submit a Student Concern Report.
- Refer the student to the Wellness Center (x1332) for support 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.
- 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.
- Refer the student to the Wellness Center (x1332) or off-campus Crisis Services (413-774-5411).
- Report your concern to your supervisor and submit a Student Concern Report.

### 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.

### 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 the Wellness Center (x1332) for support and possible referral to off-campus therapy.

### 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 with the Learning Support Counselor in the Wellness 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 Wellness Center (x1332) or contact them to come to you.
- Call Public Safety (x1111) or Crisis Services (413-774-5411) when campus is closed or during evening hours.
- Report the incident to your supervisor and submit a Student Concern Report.

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 the Learning Support Counselor in the Wellness Center (x1332) for guidance.
- Speak to the student in a direct and concrete manner regarding your plan for getting him/her to a safe environment.
- 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.
- Accompany the student to the Wellness Center or arrange for an escort. Contact Public Safety (x1111) or the police by dialing 9-911 from a campus phone. Off-campus Crisis Services (413-774-5411) are also a resource. (Transport by ambulance or police to the hospital’s emergency room may be required).
- Report the incident to your supervisor and submit a Student Concern Report.

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 x1111 or 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 Wellness Center (x1332).
- Contact the Campus Police (x1111) to have them come to monitor the situation.
- Report the incident to your supervisor and submit a Student Concern Report.

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 Wellness Center (x1332) for support and possible referral to off-campus therapy.
- Refer the student to Judy Raper, Advisor to STIR-ALL student club (x1819).
- Report any incidents of intoxication to your supervisor and submit a Student Concern Report.

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 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 Wellness Center (x1332) or the Women’s Resource Center (x1114) for help.
- Encourage the student to call the Public Safety (x1111) or the Title IX Coordinator (x 1312) when rape or violence is involved.
- Report your concern to your supervisor and submit a Student Concern Report.
- Encourage the student to connect with supportive 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.
- File a report with Public Safety (x1111) and encourage the student to do the same.
- Refer the student to the Wellness Center (x1332) for support and referral.
- Refer the student to the Title IX Coordinator (x1312).
- Report the incident to your supervisor and submit a Student Concern Report.

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 Affirmative Action Officer (x1312).
- Explain the importance of notifying the Public Safety.
- Refer the student to the Wellness Center (x1332) for support.
- Report the incident to your supervisor and submit a Student Concern Report.

### 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, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, and national origin.
- 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 STALKING

WHAT TO DO

- Encourage the victimized student to trust his/her instincts.
- Advise the student to contact Public Safety (x1111) or the police by dialing 9-911 from a campus phone.
- 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 (x1111).
- Refer the student to the Wellness Center for support (x1332).

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 (x1332) in the Wellness 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 may 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, Schizophrenia, 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 intervention & 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 Services (x1332) in the Wellness Center.
- Be open to follow-up consultation with Disability Services regarding accommodations for the student.
- Remember that any student requesting accommodations must have valid documentation on file with Disability Services and present verification of approved accommodations.

AVOID

- Labeling. Instead describe the behaviors you are observing.
- 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 Disability Services 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 Peer Tutoring Program (x1330).
- Refer the student to the Wellness Center (x1332) for academic support 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 may 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 be dealing with outside stressors that are impacting academic performance.
- The student may not be able to balance work, social activities and academic study hours.
The student on ACADEMIC SUSPENSION

Facts about Students on Academic Suspension

- Students on academic suspension are required to take a semester off and are accepted back provisionally and sometimes with limitations after appealing to the Director of Educational Support.

- The student must write a letter of appeal to the Director of Education Support, explaining specific problems that led to suspension and the planned interventions to insure future academic success.

- Problems leading to academic suspension 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.

WHAT TO DO

- Talk with the student in private.
- Listen to the student’s concerns.
- Have the student talk about the main reasons for the suspension.
- Ask the student if he/she has seen an academic advisor.
- If the student talks with you before suspension and while on probation, refer them to their academic advisor to develop a corrective plan.
- Encourage the student to write a letter of appeal to the Director of Educational Support.
- Refer the student to the Wellness Center (x1332) 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 Peer Tutoring Program (x1330) or online tutoring at [www.gcc.mass.edu/tutoring/smarthinking](http://www.gcc.mass.edu/tutoring/smarthinking) for assistance.
- Refer the student who speaks about a learning disability to Disability Services in the Wellness Center (x1332).
- Refer the student to the Learning Support Counselor in the Wellness Center (x1332) for support managing the anxiety, 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
- perfectionism
- 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 margin 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 Peer Tutoring Program (x1330).
- Refer the student to the course’s Group 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 Peer Tutoring Program (x1330) and/or the Math Studio or online tutoring at [www.gcc.mass.edu/tutoring/smarthinking](http://www.gcc.mass.edu/tutoring/smarthinking).
- Refer the student to the Wellness Center (x1332) for academic support counseling and educational/vocational counseling.

**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.
- Recommend tutoring if the student does not understand the course material. Tutoring referrals may include the Peer Tutoring Program (x1330), the Math Studio, or online tutoring at www.gcc.mass.edu/tutoring/smarthinking/.
- Refer students to the Disability Support Service of the Wellness Center (x1332), if needed.
- Refer the student to the Learning Support Counselor in the Wellness Center (x1332) for stress management and/or supportive counseling, if needed.
- Encourage the student to form a study group for the course to provide academic and psychological support.

**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 Peer Tutoring Program (x1330) 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 to the Learning Support Counselor in the Wellness Center (x1332) for stress management and/or supportive counseling, if needed.

**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 standoff, 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 Academic Advising Center (x1339) and/or the Majors & Career webpage at [http://www.gcc.mass.edu/transfer/major-career-exploration/](http://www.gcc.mass.edu/transfer/major-career-exploration/) for interest exploration or career advising.
- Refer the student to the Internship webpage at [http://www.gcc.mass.edu/internships/](http://www.gcc.mass.edu/internships/) for information about internships opportunities.

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 college.

WHAT TO DO

- Be supportive and understanding.
- Encourage the student to talk about it.
- Point out the self-defeating patterns or symptoms.
- Use the same resources as for the Undecided Student.
CAMPUS RESOURCES

WELLNESS CENTER
x1332
Learning Support Counselor x1337
Disability Services x1812

OTHER CAMPUS RESOURCES

Fire Emergency 9-911
Public Safety [http://www.gcc.mass.edu/safety/](http://www.gcc.mass.edu/safety/)
   Emergency x1111
   Non-emergency x1212
Academic Advising Center [www.gcc.mass.edu/advising/](http://www.gcc.mass.edu/advising/) x1339
Financial Aid [www.gcc.mass.edu/financial-aid/](http://www.gcc.mass.edu/financial-aid/) x1109
Peer Tutoring Program [www.gcc.mass.edu/tutoring/](http://www.gcc.mass.edu/tutoring/) x1330
Title IX /Affirmative Action Coordinator [www.gcc.mass.edu/about/affirmative-action/](http://www.gcc.mass.edu/about/affirmative-action/) x1312
Transition Services – Early Entrant & Dually Enrolled Students x1846 or x1398
Veterans Center [http://www.gcc.mass.edu/veterans/](http://www.gcc.mass.edu/veterans/) x1825 or x1885
Women’s Resource Center [www.gcc.mass.edu/student-development/wrc/](http://www.gcc.mass.edu/student-development/wrc/) x1114

Need Help? Contact the Wellness Center • C423 4th Core • 413-775-1332 • www.gcc.mass.edu/counseling/
# ADDITIONAL CONTACTS/RESOURCES

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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
Lack of Learning Skills
Math Anxiety
Procrastination
Severe Disorientation/Psychosis
Sexual Assault
Stalking
Substance Abuse
Suicidal Thoughts
Writing Anxiety

Wellness Center
Greenfield Community College
C423 – 4th Floor Core
One College Drive
Greenfield, MA 01301
413-775-1332
http://www.gcc.mass.edu/counseling/