

Distressed Student Guide



MONTANA
STATE UNIVERSITY
BILLINGS

Access & Excellence

msubillings.edu/studenthealth

Distressed Student Guide Table of Contents

Introduction	1
College Students and Mental Health	2
Contact Information	3
MSU Billings Care & Behavior Assessment Team (CBAT)	4
MSU Billings Conduct Review Team (CRT)	5
How to Deal with Sexual Harassment and Sexual Assault	6
A Note on Confidentiality	6
What You Can Do	6
When and How to Refer	7
If a Student is Reluctant to Seek Help	9
Cultural Differences	9
Signs of Distress	10
Disruptive Behavior	10
How to Help:	
The Aggressive Student	11
The Bipolar Student	12
The Demanding Student	13
The Depressed Student	13
The Disruptive Student	14
The Student with Eating Problems	15
The Student Engaging in Self Injury	16
The Grieving Student	17
The Overanxious Student	18
The Student who Presents as Threatening	19
The Student with Poor Contact with Reality	20
The Suicidal Student	20
The Student Under the Influence	21
The Student who is a Survivor of a Hate Incident	22
The Student who is a Survivor of a Hazing Incident	22
The Student who is a Survivor of Relationship Violence	23
The Student who is a Survivor of Sexual Assault	24
The Student who is a Survivor of Stalking	25
How to Effectively Respond to Students with Other Concerns:	
Responding to a Student with a Disability	26
The Academically Dismissed Student	27
The Student with Exam Anxiety	27
The Failing Student	28
The Student Who Needs Learning Skills	29
The Student with Math Anxiety	30
The Student Who Procrastinates	31
The Student with Writing Anxiety	32
The Undecided Student	32
The Indecisive Student	33
Student Health Locations	34

Click on topic to the
left to go instantly
to it's page.

Introduction

Montana State University Billings is committed to creating a safe and healthy learning, working, and living environment. One way to achieve this goal is to address the mental health needs of our students. When we take on a sense of ownership for the holistic health of our students, it can provide us with an opportunity to be a part of helping another person achieve his/her academic dreams.

College students typically encounter a great deal of stress during their college career. Most students cope successfully with the demands of college life. For some, the pressures can become overwhelming and unmanageable. Also, some situations, such as sexual violence or harassment, may cause long term emotional and physical harm.

Faculty and staff are in a unique position to identify and help students who are in crisis or distress. This may be particularly true for students who cannot or will not turn to friends or family. Students are apt to turn to a classmate, roommate, staff member they know or faculty member they trust, especially if they perceive them as available and willing to listen. Our goal is to create a “Culture of Support.” One danger in the aftermath of other campus shootings would be a climate of fear and distance between faculty and students, especially students who seem odd, eccentric, and detached. Also, following new regulations from the Office of Civil Rights, a university’s response to sexual harassment is paramount. Showing interest and concern may be a critical factor in saving a student’s academic career or even a life.

The Distressed Student Guide has been created for the purpose of providing you with information about Student Health Services, about other campus resources, and how to most effectively assist students in distress.

Our goal is to help you recognize some of the symptoms of student distress and to provide some specific options for intervention and for referral to campus resources. We are available to assist you with problem situations and to consult with you on whether to intervene with a particular student.

We would like to acknowledge the support from the Provost’s Office and the Office of the Vice Chancellor for Student Affairs. Without their support, this project would not have been possible.



College Students and Mental Health

According to the MSU Billings 2012 American College Health Association National College Health Assessment II (n=588)

Students rated the following top 5 academic impacts:

- Stress 26.6%
- Sleep 21.5%
- Work 21.1%
- Anxiety 20.4%
- Depression 13.4%

“Academic impact” was defined as the following:

- Received a lower grade on an exam, or an important project
- Received a lower grade in the course
- Received an incomplete or dropped the course
- Or experienced a significant disruption in thesis, dissertation, research, or practicum work

Within the last 12 months, % of students who said the following has been traumatic or difficult to handle:

MSUB data

Finances 47%
Academics 40%
Family Problems 33%
Sleep difficulties 31%
Intimate Relationships 29%
Career-related issue 29%

National data (N=90,666)

Academics 46%
Finances 34%
Intimate Relationships 32%
Family Problems 28%
Sleep Difficulties 26%
Other social relationships 25%

Within the last 12 months:

	MSUB	National
Felt overwhelmed by all they had to do	85%	86%
Felt so depressed it was hard to function	31%	31%
Felt overwhelming anxiety	49%	51%
Felt overwhelming anger	36%	37%
Seriously considered suicide	7%	7%

Students, Stress, and Sleep

48% rated their overall level of stress as “more than average”

63% felt “tired, dragged out, or sleep” at least 3 days/week

54% felt they did not get enough sleep to feel rested in the morning at least 3 of the past 7 days

According to a survey conducted by the National Alliance on Mental Illness (August-November 2011 N=765):

- 64% of students who experience mental health problems end up withdrawing
- 50% of students who withdrew from school never accessed college mental health services and support
- 78% believe mental health training is very important for faculty and staff
- Only 22% learned about college services through faculty or staff

Contact Information:

Student Health Services: 657-2153/City College 657-3027
Community Crisis Center: 259-8800
University Police: 657-2222
University Housing: 657-2333
Title IX Coordinator: 657-2278
Vice Chancellor for Student Affairs: 657-2307
Website: <http://www.msubillings.edu/studenthealth/>

Student Health Services

- Counseling

If students have questions regarding emotional health or just want to talk with a counselor, they can call (406) 657-2153 to make an appointment. They should arrive a few minutes early to complete paperwork before their first appointment.

This is not a drop-in crisis counseling center. The counselor coordinates with Student Health Service physicians when psychotropic medications seem advisable.

If the student wishes to pursue seeing a professional in the community, Student Health Services is able to make referrals.

A fee is automatically assessed to students taking seven (7) or more credits. Students taking less than 7 credits may pay the Health Service fee.

In order to provide continuity of care, if they were a student in the spring, but not in the summer and would like to access Student Health Services, they may pay the fee.

****New No-Show Policy as of Fall Semester 2013****

If a student is unable to keep their Student Health Services Counseling appointment, they must call (406) 657-2153 at least 24 hours in advance to cancel (or as soon as possible for appointments made for later the same day) so that other students can have access to this limited student support resource.

Failure to cancel two appointments in the same semester at least 24 hours in advance will result in the student:

- A. being put at the bottom of the waiting list OR
- B. if no waiting list exists, the student's next counseling appointment will be scheduled two weeks from their missed appointment date.
- C. A \$25.00 fee will be billed to their student account.

- Medical

The Student Health Service is staffed by Advanced Practice professionals (Nurse Practitioners) and Registered Nurses. Our clinicians can diagnose, treat, and write prescriptions for a variety of health issues.

Although walk-in appointments may be available, we encourage the student to call (406) 657-2153 to make an appointment in order for us to best serve you.

A fee is automatically assessed to students taking seven (7) or more credits. Students taking less than 7 credits may pay the Health Service fee.

- Wellness

We strive to positively impact the personal well-being and academic success of MSU Billings students. We enhance the campus environment by utilizing research-based strategies, peer education, and collaborations with faculty, staff, students, and local community.

Additional Resources:

Vice Chancellor for Student Affairs
<http://www.msubillings.edu/VCSA/>
 Phone: 406.657.2307
 Email: sklippenstein@msubillings.edu

Disability Support Services
<http://www.msubillings.edu/dss/>
 Phone: 406.657.2283
 Email: tcarey@msubillings.edu

Veterans Services
<http://www.msubillings.edu/dss>
 Phone: 406.657.2283
 Email: tcarey@msubillings.edu

Student Opportunity Services
<http://www.msubillings.edu/sos/>
 Phone: 406.657.2162
 Email: kelly.buck@msubillings.edu

Career Services
<http://www.msubillings.edu/careers/>
 Phone: 406.657.2168
 Email: preuss@msubillings.edu

Academic Support Center
<http://www.msubillings.edu/asc/>
 Phone: 406.657.1641
 Email: benjamin.Barckholtz@msubillings.edu

Advising Center
<http://www.msubillings.edu/advise/>
 Phone: 406.657.2240
 Email: advising@msubillings.edu

ASMSUB Student Government
<http://www.msubillings.edu/asmsub/>
 Phone: 406.657.2365
 Email: vsperry@msubillings.edu

Emergency Resources:
 Billings Police
 911

University Police
 Phone: 406.657.222
 Available 24 hours

Scott Forshee
 Police Chief
 Phone: 406.657.2147
 Email: sforshee@msubillings.edu

Suicide Prevention Hotline
 Phone: 800.273.TALK (8255)

MSU Billings Care and Behavior Assessment Team (CBAT)

Purpose:

The purpose of the Care and Behavior Assessment Team (CBAT) is to serve as a network of existing professionals focused on prevention and early intervention in community situations involving members experiencing distress or engaging in harmful or disruptive behaviors (Cornell University's statement). This also involves proactive intervention when determined potential behavior may be disruptive to the campus community. CBAT will develop intervention, reporting and support strategies and offer timely and coordinated processes to address behaviors in accord with existing MSU Billings policies.

Mission:

The mission of the Care and Behavior Assessment Team (CBAT) is to promote 1) a working, learning and living environment that is safe, secure and free from threatening behavior and 2) a campus process where such information is gathered, shared and investigated in a timely manner and provides support for people of concern.

Responsibilities:

1. Receive, review and document information about community concerns regarding student, faculty, staff, and or guest behavior.
2. Perform initial assessment of risk and refer incidents to specific offices and/or community resources as needed.
3. Review information and determine best source of care for individuals determined in need.
4. Make recommendations to University officials regarding policies and procedures related to assessment of student behavior, emergency planning, changes in code of student conduct, and formal investigations.
5. Engage in ongoing refinement of CBAT procedures to foster optimal response, functioning and interface with the University community.
6. Support the needs of the Conduct Review Team and support actions when deemed worthy of additional assistance from CBAT.
7. Work with other officers on campus, such as Title IX Coordinator, to determine course of action, training and prevention measures related to disruptive behavior.

Membership:

- Vice Chancellor for Student Affairs – Chair
- Conduct Review Team Chair
- Director of Student Health Services
- City College Representative
- University Police
- Consultation representatives: Title IX Coordinator, Director of Disability Support Services, Coordinator of Diversity Center, and others as deemed necessary.

MSU Billings Conduct Review Team (CRT)

Purpose:

The purpose of the Conduct Review Team is to support students as they overcome mistakes by engaging in character development with an emphasis on ethical decision-making and integrity. The goal is to resolve student conduct issues at the lowest level possible through education, facilitation, and support while fostering a safe and welcoming university community.

Mission, Responsibilities and Outcomes:

The mission of the Conduct Review Team is to allow for experiential and collaborative engagement by university hearing officers to discuss and address alleged violations of the student conduct code. The following student learning outcomes are a result of the CRT mission.

- Students who participate in the conduct process will be able to identify new skills & knowledge that promote health, wellness, and reduces risky behavior.
- Students who participate in the conduct process will report a better understanding of university policies and the student conduct code.
- Students who participate in the conduct process will be able to understand the consequences of personal actions.
- At the conclusion of the conduct process and completion of educational sanctions students will be better prepared to attain their personal and professional goals.
- As a result of completing the student conduct process students will be able to consider personal decisions on academic future.

Membership:

- Director of Housing/Residential Life – Chair
- Hall Directors
- Vice Chancellor for Student Affairs

How to Deal with Reports of Sexual Harassment, Violence and/or Assault

When a faculty or staff member receive information from a student who suggests either they or someone close to them has been involved in a sexual assault (or other forms of harassment), there are required steps a faculty or staff member should take. It is important to note that recent Board of Regent policies (507), “Dear Colleague Letters” from the Office of Civil Rights and Department of Education make it clear that an institution must act in a timely, equal and appropriate manner to insure the safety of the alleged victim (survivor). When a student wants to talk to you about a sexual assault (or harassment) situation, here are some items to remember:

- As an employee of a state agency/institution, it is required you let the student know you must report the incident to appropriate authorities.
- If the student wishes to not provide details, go to University or Billings Police, report to Title IX Coordinator, or report the incident to the Vice Chancellor for Student Affairs office, that is their right. However, it will be important you share the report to the appropriate reporting parties (listed below). This can be a third-party “Jane Doe” report.
- Let the student know there are services on campus to assist, such as the Student Health Services, use of the University Advocate, YWCA resources, etc. The University Advocate, University Police, Housing personnel, YWCA and Student Health Services personnel will have lists of other resources available.
- If a student decides to report the assault, please encourage them to contact that University Police, and the Title IX Coordinator (Human Resources) or Vice Chancellor for Student Affairs.
- The University has the obligation to respond appropriately and in a timely manner to insure the student is safe in the educational environment.

A Note on Confidentiality

We are required by law and by professional ethics to protect the confidentiality of all communication between counselor 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.

What Can You Do

If you choose to approach a student you are concerned about or if a student comes to you for help, here are some suggestions which might make this more comfortable for you and be more helpful to the student. In many cases of student distress, faculty and staff can provide adequate help through empathetic listening, discussing concerns, instilling hope, being nonjudgmental, and offering advice. Students are often oblivious to the impression they make. Careful listening and courteous dialogue will often resolve problems.

- Talk with the student in private when both of you have the time and are not rushed or preoccupied.
- Express your concerns in behavioral, nonjudgmental terms.
- Be direct and specific.
- Avoid judging, evaluating or criticizing as this can push the students away from you and from needed help. Respect the student’s value system, even if you disagree.
- Maintain clear and consistent boundaries and expectations.
- Listen carefully and sensitively to the student’s feelings and thoughts in a non—threatening way.
- Give student your undivided attention.

- Communicate understanding by repeating what he/she has told you.
- Let the student talk. Don't minimize or immediately provide reassurance.
- Praise for student for openness and honesty.
- Ask specifically about their level of risk regarding suicidal thinking.
- Ask if they have thoughts about suicide.
 - "Do you ever feel so badly that you have thoughts of suicide?" "Do you have a plan?"
 - "Do you know when you would do it?"
 - "Do you have access to what you would use?"
- Never agree to keep suicidal thoughts in confidence.
- Ask if the student has ever talked about their concerns with anyone else, including a therapist.
- Asking the above questions will allow you to determine if the student is in immediate danger and to get help if needed.
- If you feel the student isn't in immediate danger, acknowledge the pain is legitimate and offer to work together to get help. Make sure you follow through.

When and How to Refer

In some cases, 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.
- You find yourself conducting on-going counseling rather than consultation and advising.

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

1. Request to see the student in private. This should help minimize embarrassment and defensiveness. Show respect for the student.
2. Speak to the student in a direct, concerned, straightforward manner.
3. Listen carefully. Try to see the issues from the student's point of view without agreeing or disagreeing.
4. Attempt to identify the problem. Is the student connected with any ongoing resources? You can help by exploring options to deal with the concern.
5. Acknowledge inappropriate or strange behavior. Comment on what you observe without sounding judgmental.
6. 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 for concern.
7. Suggest the student call to make an appointment. Provide the Student Health Services number (x 2153) and location. Student Health Services- across from Petro Hall entrance.
City College – Room 002 Tech Building
8. Remind the student that services are free and confidential.
9. It may be necessary to more actively assist students in scheduling an initial counseling appointment. You can offer the use of your phone or call Student Health Services x 2153 while the student waits in your office. In some situations you may find it wise to walk with students to Health Services.

10. Counseling appointments need to be scheduled, it is not a walk in clinic or crisis center.
11. If the student refuses a referral, you can consult with staff about your concerns and other possible options.
12. You may also contact the Vice Chancellor for Student Affairs at x2307 and/or talk with your Dean regarding other appropriate referrals.

Following Up

- Make sure you follow up. Arrange a follow up meeting, or check with the student later to see if the referred appointment was kept.
- If they did go to an appointment, ask how it went but respect their need to privacy.
- By law, Student Health Services cannot inform you that a student has an appointment, has been seen, or of any content of progress, unless the student signs a written consent form. You can request the student grant us permission to inform you of their attendance and/or level of safety.

When a Complaint is Forwarded to the Office of the Vice Chancellor for Student Affairs

When you report disruptive behavior to the Vice Chancellor for Student Affairs, you will be asked to recommend a desired outcome. Remedies may include disciplinary probation, a behavioral contract, anger management counseling, other educational interventions, or more serious sanctions such as suspension or expulsion. The MSUB General Incident & Student Behavior Report Form

https://publicdocs.maxient.com/reportingform.php?MSUBillings&layout_id=2 should be completed.

Following receipt of your complaint, the student will be required to meet with someone from CBAT or CRT to discuss his/her behavior. In some cases, the complaint can be resolved administratively without further involvement on your part. In other cases, it may be necessary to convene a formal review. Should this happen, you will generally be involved as the complainant at the review.

The purpose of a disciplinary review is discussing the facts in the case, hearing the accused student's perspective, determining if in violation of code of student conduct, and determining an appropriate disciplinary response. Disciplinary decisions take into consideration the needs of the university community and of the accused student.

Reporting sexual assaults or other forms of sexual harassment should go to the following offices:

Student on Student sexual assaults or harassment –University Police or Title IX Coordinator (Human Resources), or Vice Chancellor of Student Affairs.

Faculty or Staff on Student sexual assaults or harassment – Title IX Coordinator (Human Resources), University Police or Vice Chancellor of Student Affairs.

If a Student Is Reluctant to Seek Professional Help

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

If the student refuses to seek help and you are concerned for their safety, consult with your department head and the Student Health Services staff. If you think they are an immediate risk, call 911.

Concerns that May Benefit from Immediate Intervention

- suicidal tendencies
- recent death of a loved one
- physical assault
- sexual assault
- fear of losing control and possibly harming someone
- recent abuse (victim or self-abuse)
- stalking (whether in person or electronically)
- verbal or implied threats to one's well-being

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, and 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

Office of International Studies and Research

<http://www.msubillings.edu/internationalstudies/>

Phone: 406.657.1705

Email: ois@msubillings.edu

Diversity Center

<http://www.msubillings.edu/diversity/>

Phone: 406.896.5902

Email: diversity@msubillings.edu

Signs of Distress

Academic

- Poor performance, preparation or deterioration in quality of work
 - Excessive absences or tardiness
 - Continual seeking of special consideration or unusual accommodations
 - Avoidance, lack of engagement in class participation
 - Disruptive or inappropriate behavior
 - Domination of class discussion
 - Excessive anxiety when called upon
 - Problems with peers
 - Essays or papers that have themes of rage, death, despair, social isolation or hopelessness, etc.

Unusual Behavior or Appearance

- Marked changes in behavior or appearance, personal hygiene or dress
 - Marked changes in concentration or motivation
 - Depressed or lethargic mood
 - Visible increase or decrease in weight
 - Swollen or red eyes
 - Irritability, constant anxiety, or fearfulness
 - Excessive fatigue or sleep difficulties
 - Somatic complaints
 - Unprovoked anger or hostility
 - Strange or bizarre behavior
 - Excessive use of alcohol or other drugs
 - Overtly suicidal thoughts
 - Isolation
 - Written notes, emails, or verbal statements that express a sense of hopelessness or finality
 - Self-destructive behavior (e.g. self injury, substance abuse)
 - Dependency or seeking a lot of time or attention from you
 - Family or financial problems
 - Expression of concern from peers

Disruptive Behavior

A student is considered disruptive when he or she engages in behaviors that interfere in a significant way with your normal teaching or administrative duties as a faculty or staff member. Disruptive behavior may sometimes threaten or endanger your physical or psychological well-being or safety, or that of others. Disruptive behavior can assume many forms. It may be:

- a student in your class who persistently arrives late or leaves early in a manner which is disruptive to the regular flow of the class;
- a student who talks incessantly while you are delivering a lecture;
- a student who loudly and frequently interrupts the flow of class with inappropriate questions or interjections;
- a student who persistently calls your office and hampers your ability to continue your normal work, or to assist other students;

- a student who becomes belligerent when you confront his or her inappropriate behavior;
- a student who verbally or physically threatens you, another faculty or staff member, or another student;
- a student who writes you a threatening letter, email, or leaves a disturbing message on your voicemail;
- a student who attempts to contact you at your home in inappropriate ways;
- a student who displays behaviors indicating a romantic or other obsessive interest in you.

How to Help:

The Aggressive Student

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

If a student becomes violent, remain calm and get help if necessary (send a student for a staff person, faculty member, department chair, or security officer). Stay safe by retaining access to a door, knowing whom to call if not an emergency call Campus Security and Police, (406) 657-2222 (for emergencies call 911), and keeping furniture (e.g., a desk) between you and the student. Do not threaten, corner, or touch the student.

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

Helpful actions:

- Pay attention to the warning signs (i.e., body language, clenched fists)
- Acknowledge the student's anger and frustration ("I hear how angry you are.")
- Rephrase what he or she is saying and identify the emotion ("I can hear how upset you are, and you feel like nobody will listen.")

Unhelpful Actions:

- Becoming defensive or getting into an argument or shouting match.
- Pressing for an explanation of their behavior.
- Acting hostile or punitive ("I'm going to give you an F in this class.")
- Reduce stimulation by inviting the student to a quiet place, if you feel safe.
- Be straightforward and firm about the types of behavior you will not accept ("I need for you to step back.")
- If the situation appears to be escalating consider removing yourself from the situation and calling University Police.
- If you become desperate and are convinced you will be harmed if you don't capitulate, say whatever you need to in order to escape to safety, even if you don't mean it. (e.g., "Okay, I guess I can see your point and will give you a passing grade.")
- Debrief the incident with your supervisor or department chair.

The Bipolar Student

Bipolar disorder, or manic-depression, is a type of mental illness that involves a disorder of affect or mood. The student's mood usually swings between overly "high" or irritable to sad and hopeless, and then back again, with periods of normal mood in between. Bipolar disorder usually begins in late adolescence, often appearing as depression during teen years. Signs of bipolar disorder include:

"The Highs":

- Decreased need for sleep
- Reckless behavior such as spending sprees, erratic driving, rash decisions
- Extreme irritability and distractibility
- Excessive "high" or euphoric feelings
- Increased energy, activity, restlessness
- Racing thoughts, rapid speech
- Abuse of drugs or alcohol

"The Lows":

- Inability to sleep or oversleeping
- Persistent sad and/or anxious mood
- Feelings of hopelessness or pessimism
- Thoughts of death or suicide
- Loss of interest or pleasure in activities
- Decreased energy, fatigue
- Inability to concentrate, make decisions

Helpful Actions:

- Speak directly to the student about your concerns and be concrete in describing the behavior that concerns you.
- Encourage the student to make an appointment with a counselor at Counseling Services to explore what might be causing her/his distress.
- If the student is not in a state to be reasoned with (manic, distorted thinking, psychotic), contact Student Health Services to consult on how best to proceed to help the student.

Unhelpful Actions:

- Minimizing the seriousness of the student's presenting behavior.
- Making demands that the student see a professional (he or she may be feeling great and not realize anything is wrong).
- Becoming involved with the student beyond your level of expertise.
- Ignoring signs of suicidal tendencies.
- Loss of interest or pleasure in activities.

The Demanding Student

Facts about the Demanding Student:

- 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

Helpful Actions:

- 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 Student Health Services (406) 657-2153 for help with identifying strategies for dealing with disruptive behaviors.
- Refer the student to Student Health Services (406) 657-2153 for counseling and/or a referral for off-campus therapy.

Unhelpful Actions:

- 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

Depression is part of a natural emotional and physical response to life's ups and downs. With the busy and demanding life of a college student, it is safe to assume most students will experience periods of situational depression. A student needs assistance when the depressive symptoms become extreme or last so long that they begin interfering with the student's ability to function in school, work, or social environments.

Since faculty and staff are in a position to observe and interact with students, they are often the first to recognize a student in distress. Look for a pattern of these indicators:

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

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

Helpful Actions:

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

Unhelpful Actions:

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

The Disruptive Student

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

Helpful Actions:

- Invite the student to speak in a private area (if you feel safe). Acknowledge the emotions, if the student seems upset, angry, or frustrated ("Sarah, I notice you seem frustrated.")
- Briefly state your concern, "Sarah, I am concerned that you have been late for class every day since the beginning of semester."

Unhelpful Actions:

- Being defensive or getting into an argument or shouting match.
- Acting hostile or punitive, "I'm going to have you thrown out of this class!"
- Let the student talk, ask for clarification if necessary, "I am not sure what you mean by it not getting through, could you tell me more?"
- Focus on the behavior and clearly state the expectations and that the consequences of continued disruption may result in disciplinary action. "If you continue to disrupt the class by coming in late and greeting your friends, I will have to report this to the department chair and you may be removed from my class."
- If unsure how to proceed in a particular situation, consult with your department head, the Vice Chancellor for Student Affairs Office, (406) 657-2307, and/or Student Health Services Counseling staff, (406) 657-2153.

The Student with Eating Problems

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

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

Helpful Actions:

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

Unhelpful Actions:

- Give vague solutions, ("If you'd just stop, everything would be fine!")
- Trying to control the behavior, ("You have to eat something! You are out of control!")
- Don't ignore the problem, hoping it will go away, it won't!

The Student Engaging in Self-Injury

Self-injury is defined as any damage intentionally caused to one's own body. This behavior is also referred to as self-harm or self-mutilation. Like substance abuse, self-injurious behavior can be linked to no single cause. It is observed in all cultures and socioeconomic levels and is observed in both females and males. It does occur, however, more often among females and people who have a history of physical, emotional, or sexual abuse. Even though there is always the possibility that a self-inflicted injury could be fatal, self-injury is not considered to represent a suicide attempt. Self-injury usually occurs when people feel overwhelmed by their emotions and are desperate to find relief from intense feelings, pressure, or anxiety. Self-injurious behavior often leaves scars resulting from permanent tissue damage. Common methods of injuring oneself include (but are not limited to) the following behaviors:

- cutting
- burning (or "branding" with hot objects)
- picking at skin or re-opening wounds
- hair-pulling (trichotillomania)
- head-banging
- hitting (with a hammer or other objects)
- bone-breaking via a number of methods

Helpful Actions:

- Speak honestly to the student about your concerns and describe specifically what you have observed that makes you suspect they have been engaging in self-injury.
- Encourage the student to make an appointment with Student Health Services to help her/him to deal with the distress that is compelling the behavior.
- If the student is hesitant to make an appointment for her/himself, offer to have the student call from their office, and/or consult with a counselor in Student Health Services.

Unhelpful Actions:

- Responding with shock, horror, or disgust to the self-injurious behavior.
- Ignoring the behavior and the possibility of serious physical damage.
- Becoming overly involved with the student beyond your level of expertise.



The Grieving Student

When someone suffers a loss, it disrupts their sense of the order of things and can sometimes lead to feelings that life is out of control and meaningless. People may deal with the death of a parent, sibling, family member, friend, or classmate. These deaths may be accidental, may be sudden, or may be the result of a long illness. An entire campus or academic department may grieve the death of a beloved professor or classmate. Feelings are often compounded by a sense of shock and a longing for the opportunity to "say goodbye." The loss of meaning and control adds distress to grief. Regaining meaning and a sense of control may help students endure the grieving process. Those experiencing grief tend to function better within an already established support system. Grief is a natural process but may become complicated (e.g., the person may become depressed and not able to function), and therefore needs some type of intervention.

If you are aware that someone is grieving or has experienced a loss, she/he may be experiencing some of the common grief reactions. These reactions to loss may include:

Physical Reactions:

- Fatigue/Exhaustion
- Sleep disturbance
- Change in appetite
- Headaches

Cognitive Reactions:

- Difficulties concentrating
- Difficulties solving problems
- Intrusive thoughts
- Preoccupation with the event

Emotional Reactions:

- Guilt
- Feelings of helplessness
- Anger/irritability/moodiness
- Sense of hopelessness

Helpful Actions:

- Listen carefully. This can help a student gain an understanding of her/his feelings and clarify options for dealing with them.
- Encourage the person to be with, or connect with, family and friends, which may mean taking time away from classes or the university.
- Be aware that family may be urging the person to stay at school or at work, even though the person longs to be at home (particularly with the death or imminent death of a parent).
- Encourage the student to talk with someone about her/his feelings, fears, and uncertainties. Refer the person to Student Health Services at (406) 657-2153.

Unhelpful Actions:

- Feeling pressure to “say the right thing” or break silences. Your supportive and caring presence can be comforting.
- Forcing discussion about death and loss.
- Minimizing the loss and be suggestive that one must just move forward.
- Judging the person’s response to death, unless it seems extreme or frightening to you, in which case you should consider walking the person to Student Health Services at (406) 657-2153.

The Overanxious Student

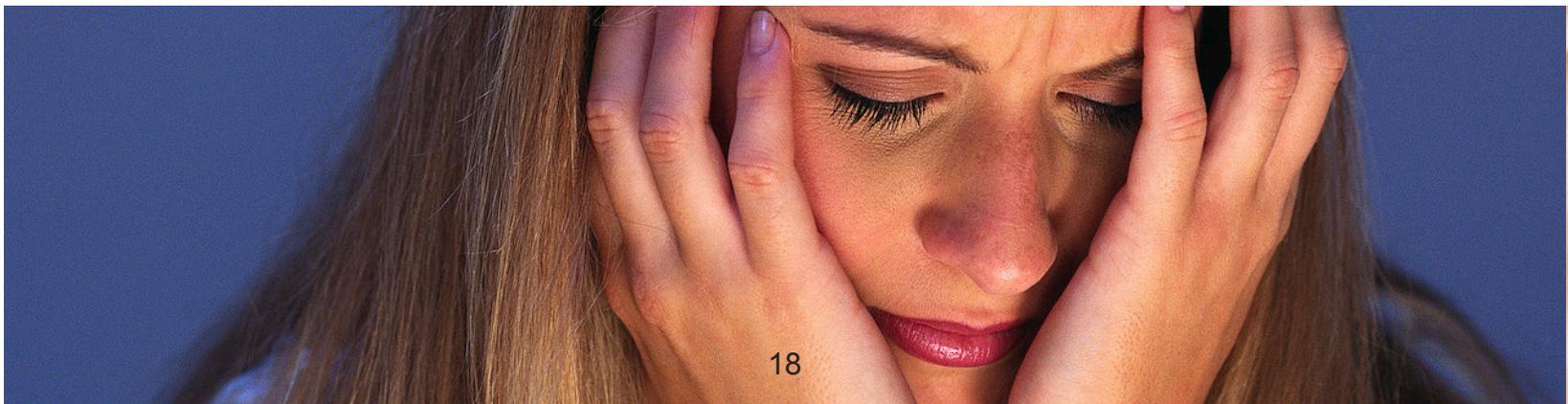
Anxiety is a normal response to a perceived danger or threat to one’s wellbeing. While everyone suffers from occasional anxiety, sometimes the level of anxiety can become overwhelming. For some students, the cause of anxiety is clear; for others, it is difficult to pinpoint the reason for their distress.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

Helpful Actions:

- Let the student discuss her or his feelings and thoughts in an appropriate setting; this alone often relieves a great deal of pressure.
- Provide reassurance.
- Be clear and directive.

Unhelpful Actions:

- Minimizing the perceived threat to which the student is reacting.
- Taking responsibility for the student’s emotional state.
- Becoming anxious or overwhelmed yourself.
- Talk slowly and remain calm.
- Discern whether you are able to respond adequately to the student’s concerns or if a referral is necessary.
- Provide a safe and quiet environment until the symptoms subside.
- If appropriate, develop a plan with the student for academic issues within the classroom and make appropriate referrals if needed.



The Student who Presents as Threatening

All encounters have the potential for escalation into violence, and that escalation has predictable, and identifiable, behaviors. There are two forms of violence:

Impromptu Violence - Spontaneous, unplanned, usually emotionally driven, violent outburst in reaction to circumstances of an event. (Example: receiving a perceived unjustified failing grade in a class)

Intended Violence - Planned, premeditated attack on a specific target. (Example: stalking a former relationship partner with intent to harm)

Important Observations:

- a) If you know the person, reflect on all levels of functioning - any mental impairment, head injury, alcohol use? These compromise impulse control.
- b) Do you observe signs of agitation: foot tapping, pacing, facial contortions, etc.?
- c) Trust your gut - if the situation feels dangerous, leave it or get help ASAP.
- d) If there is any physical aggression - throwing something, bashing walls - call University Police, (406) 657-2222, or call 911.

Managing the Confrontation

- 1) Personal Space: Resist urge to get close initially and stay far enough back that they can't reach you to hit or kick. Once they are calm, it may be okay to move to closer range.
- 2) Body Language: Assume a non-threatening stance.
- 3) Communication: Use moderation with eye contact, keep voice tone calm and even, and volume low. Give more information, reframe to the positive. Identify behaviors you are observing and the consequences if they continue.
- 4) Setting Limits: Redirect back to task. If incident is public say, "I can see you are really upset. Can we go down the hall/step into this room, and talk about it?" Empathize, yet be firm..... "I understand this doesn't make sense to you." Don't make threats or tell them you'll have them arrested. You can say, "If you don't calm down, I will call the police." Ask them to step back if in your space. Usually they will honor that, if not, call Campus Security and Police.



The Student in Poor Contact with Reality

These students have difficulty distinguishing their thoughts and perceptions from reality. Their thinking is typically illogical, confused, or irrational (e.g., speech patterns that jump from one topic to another with no meaningful connection); their emotional responses may be out of control; and their behavior may appear bizarre and disturbing. The student may experience hallucinations (often auditory), and may report hearing voices (e.g., statements that someone is threatening to harm or control them). If you cannot make sense of a student's statements, contact Student Health Services as soon as possible.

Helpful Actions:

- Respond with warmth, kindness, and firm reasoning.
- Remove extra stimulation from the environment (turn off the radio, step outside of a noisy classroom).
- Explain your concerns and assist the student in getting help. Contact Student Health Services as soon as possible.
- Acknowledge the student's feelings or fears without supporting the misperception ("I understand you think someone is following you, and it must seem real to you, but I don't see anyone.")

Unhelpful Actions:

- Arguing or trying to convince the student of the irrationality of her or his thinking, as this commonly reinforces the false perception.
 - Encouraging further discussion of the delusional processes or playing along with the student's delusion ("Oh, yes, I hear voices, too.")
 - Demanding, commanding, or ordering the student to do something to change her or his perceptions.
 - Expecting customary emotional responses.
-
- Acknowledge that you are having difficulty understanding the student and ask for clarification.
 - Focus on the here and now.

The Suicidal Student

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

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

Helpful Actions:

- Be confident, caring, and prepared to provide information about available student resources.
- If you have an intuition that something is wrong with the student, call Student Health Services for consultation with professional staff.
- If you believe there is imminent danger, and the student is willing, bring him or her to Student Health Services. Call first if possible, (406) 657-2153.

Unhelpful Actions:

- Becoming involved with the student beyond your levels of expertise or comfort.
 - Ignoring comments such as, “won’t be a problem much longer,” or “Nothing matters; it’s no use.”
 - Being too busy to intervene.
- If it is after hours and the student is cooperative, call a friend, family member, or University Police at (406) 657-2222 or 911.
 - If it is after hours or the student is uncooperative, call University Police at (406) 657-2222 or 911.

The Student Under the Influence

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

The effects of alcohol abuse are well known to most of us. Faculty often recognize substance abuse problems when a student’s irresponsible, unpredictable behavior affects the learning situation (e.g., drunk and disorderly conduct in class), or when a combination of the health and social impairments associated with alcohol or drug abuse sabotages student performance.

Be aware that substance abuse may result in overly aggressive behavior. In such cases, remain calm and get help if necessary (send a student for a staff person, faculty member, department chair, or security officer). Stay safe by retaining access to a door, knowing whom to call (University Police, (406) 657-2222, for emergencies call 911), and keeping furniture (e.g., a desk) between you and the student. Do not threaten, corner, or touch the student.

Helpful Actions:

- Privately confront the student about the specific, observed behavior that concerns you.
- Offer support and concern for his or her well-being.
- Suggest the student talk with someone about these issues and maintain contact with the student after a referral is made.

Unhelpful Actions:

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

If the behavior continues, consult with your department head and the Vice Chancellor for Student Affairs (406) 657-2307.

*The above may be helpful only when the student is sober again.

The Student who is a Survivor of a Hate Incident

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.

Helpful Actions:

- Talk to the student survivor 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 Resources (406) 657-2278.
- Explain the importance of notifying the University Police.
- Refer the student to Student Health Services (406) 657-2153 for recovery counseling.

Unhelpful Actions:

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

The Student who is a Survivor of a Hazing Incident

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.

Helpful Actions:

- Talk to the student survivor 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 Chancellor for Student Affairs (406) 657-2307.
- Advise the student to report the incident to the University Police (406) 657-2222.
- Refer the student for follow-up counseling at Student Health Services (406) 657-2153, if appropriate.

Unhelpful Actions:

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

The Student who is a Survivor of Relationship Violence

Relationship violence is a term used to describe abuse within a relationship that is psychological, emotional, sexual, or physical. Abusive behaviors may include: physical abuse, verbal abuse, name calling, sexual violence, isolation, coercion, harassment, economic control, abusing trust, threats and intimidation, emotional withholding, destruction of property, or self-destructive behavior. Most forms of relationship violence are recognized under the legal and university systems.

Survivors may not report this crime for a number of reasons, including: fear of retaliation or increased abuse, isolation from support systems, diminished sense of self-worth, economic inability, commitment to the relationship, self-blame, hope that the abuser will change, or threats made to the survivor, children, or pets. A student who is the survivor of relationship violence may experience a number of academic challenges, such as: inability to concentrate, emotional trauma, Post-Traumatic Stress Disorder (PTSD), physical harm, or an abuser preventing the student from attending class or completing course work.

Helpful Actions:

- Listen to and believe the student.
- Understand the seriousness of all forms of abuse.
- Respect the student's right to make their own decisions.
- Help the student to identify resources such as, Student Health Services, University Police, or the YWCA.
- Offer to accompany her/him to a place of support.
- Let the student know the importance of creating a safety plan.

Unhelpful Actions:

- Minimizing abuse that is not physical - all forms of abuse can be traumatic.
 - Blaming the student for staying in the relationship-the dynamics of relationship violence are complex and the survivor is NEVER at fault for the abuser's behaviors.
 - Telling the student something is wrong with her/him if she/he has not left the relationship-this reinforces the abuser's messages of low self-worth.
 - Giving advice or pressuring for decisions -the student knows the dynamics of the abusive relationship best and she/he will know what feels safe and what actions may put her/his life in danger.
 - Criticizing the abuser instead of the abuser's behavior - this may cause defensiveness in the student.
-
- Let the student know that if the abuser has threatened harm to another person, you may need to report this to University Police.
 - Let the student know that if the abuser has harmed any children or harmed her/him in the presence of children you may be required to report to the police.

The Student who is a Survivor of Sexual Assault

Sexual assault is sexual contact by one person against another without consent. The law defines consent as positive cooperation in act or attitude pursuant to an exercise of free will. Consent may not be inferred from silence or passivity. A current or previous relationship (including marriage) does not constitute consent.

Sexual assaults are predominately committed by men against women. However, men can be assaulted by women. Same-sex assaults do occur as well. The majority of assaults (90%) is committed by an acquaintance of the victim and involves the use of alcohol by one or both persons. Incidents of sexual assault are against the law and university policy.

There are many emotional and psychological reactions that survivors of rape and/or sexual assault can experience. One of the most common of these is depression. Additionally, survivors of sexual assault may experience severe feelings of anxiety, stress or fear, known as Post-Traumatic Stress Disorder (PTSD), as a direct result of the assault.

Helpful Actions:

- When possible, speak to the person in private. Be aware that when a person discloses information about an assault to you, she/he is demonstrating trust in you and the desire for help.
- Listen without conveying judgment. Victims can feel shame and anger towards themselves.
- Offer emotional support, understanding, patience, and encouragement. Respect the student's right to make decisions that are helpful in maintaining privacy, keeping safe, and obtaining support.
- Refer the person to University Police at (406) 657-2222 if the person wants to make a police report. If they have been drinking underage, they are still encouraged to call the police without fear of punishment for those offenses.
- Refer the person to the Student Health Services at (406) 657-2153.
- As an employee of a state agency/institution, it is required you let the student know you must report the incident to appropriate authorities.
- If the student wishes to not provide details, go to University or Billings Police, report to Title IX Coordinator, or report the incident to the Vice Chancellor for Student Affairs office that is their right. However, it will be important you share the report to the appropriate reporting parties (see page 5). This can be a third-party "Jane Doe" report.
- Let the student know there are services on campus to assist, such as the Student Health Services, use of the University Advocate, YWCA resources, etc. The University Advocate, University Police, Housing personnel, YWCA and Student Health Services personnel will have lists of other resources available.
- If a student decides to report the assault, please encourage them to contact that University Police, and the Title IX Coordinator (Human Resources) or Vice Chancellor for Student Affairs.

Unhelpful Actions:

- Minimizing the situation.
- Telling other people about the incident, except for those who need to know.
- Conveying negative judgment. It is never the fault of the survivor.
- Assuring the person you can ensure confidentiality.
- Putting extra pressure on the person to make a police report.
- Delaying referring the person to a sexual harassment advisor, or other supportive professional or service.

The Student who is a Survivor of Stalking

Stalking is any behavior that would make a reasonable person feel threatened, intimidated, annoyed, or afraid. A stalker is much more likely to be someone the student knows than not. A stalker may start with small, annoying, persistent actions and progress to criminal behavior. Some examples of stalking behavior are:

- trying to start or keep a relationship that the person does not want
- threatening the person or the safety of someone close to the person
- becoming physically aggressive with the person
- unwanted repeated calls, e-mails, or letters
- following the person

Helpful Actions:

- Encourage the student to not deal with this potentially dangerous situation by her/himself and validate their confiding in you about the situation. Encourage the student to tell her or his parents or another trusted adult immediately.
- Advise the student to stay alert - pay attention, to the stalker - and to yourself. Never ignore the first signs of stalking. You have a creepy feeling about someone? Sit up and take notice.
- Always trust your instincts. It beats someday saying, "I knew there was something wrong...I wish I'd paid attention."
- Suggest the student consider talking to University Police, (406) 657-2222, who can assist you with documentation and confronting a stalker.

Unhelpful Actions:

- Minimizing the potential danger of the situation.
 - Discounting the students concerns and anxiety.
 - Ignoring the problem.
-
- Impress upon the student the importance to document thoroughly. Write down all of the stalker's behavior in detail. Keep answering machine tapes, letters, e-mails, text messages, gifts, photos, etc.
 - Advise the student to consider applying for a restraining order.



Responding to Students with Disabilities

Facts about Disability

Students with documentation of a physical, learning, or psychological disability are eligible to register with the office of Disability Support Services which works with the student to determine and implement appropriate accommodations which are designed to provide access.

Most disabilities are invisible. Invisible disabilities include, but aren't limited to, learning and psychological disabilities, attention deficit/ hyperactivity disorder, post-traumatic stress disorder, autism, and traumatic brain injuries as well as a number of physical disabilities that aren't necessarily visible including Multiple Sclerosis, Cystic Fibrosis, Diabetes, Crohn's Disease, etc.

Most visible disabilities are commonly recognizable and therefore easily accepted in today's society. Visible disabilities include blindness, low vision, deaf or hearing loss, and mobility limitations. Common accommodations for these students are wheelchairs, sign language interpreters, large print, etc.

Some disabilities are diagnosed at birth; for example, Cystic Fibrosis. Some are diagnosed when students are children; for example, learning disabilities. Some psychological disabilities develop when people are young adults; for example, bipolar disorder. Although AD/HD and learning disabilities are commonly diagnosed in children, they are not uncommon as a diagnosis for an adult.

According to the U. S. Census Bureau, disabled Americans are the largest, most diverse minority group in the country, and it is the only group that any person can join at any time. While many students benefit from working with Disability Support Services, some people with disabilities are entirely self-accommodating.

Helpful Actions:

- 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) (406) 657-2283.
- Be open to follow-up consultation with DSS regarding accommodations for the student.
- Encourage students to visit with DSS even if they don't have documentation of a disability.

Unhelpful Actions:

- 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 Academically Dismissed Student

Facts about Academically Dismissed Student

Problems leading to academic dismissal often include being academically disengaged due to disinterest in 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 Academic Standards and Scholastic Standing Committee, explaining specific problems during the semester and the planned interventions to insure future academic success.

Helpful Actions:

- 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 Undergraduate catalog at http://www.msubillings.edu/catalogs/ug_2011-2013/pg-052B.htm
- 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 Academic Standards and Scholastic Standing Committee.
- Refer the student to the Academic Support Center (406) 657-1641 for advice regarding the letter of appeal for reinstatement.
- Refer the student to Student Health Services (406) 657-2153 to discuss personal/social issues or to have educational/vocational counseling, if needed.

Unhelpful Actions:

- 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 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.

Helpful Actions:

- 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 Academic Support Center (406) 657-1641.
- Refer students to the Disability Support Services (406) 657-2283, if needed.
- Refer the student to Student Health Services (406) 657-2153 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 the Academic Support Center (406) 657-1641.

Unhelpful Actions:

- 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 Failing Student

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 student does not complete assigned work.

Helpful Actions:

- 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 Academic Support Center
- Refer the student to the Student Health Services (406) 657-2153 for personal/social counseling and educational/vocational counseling.
- Refer to the Academic Support Center (406) 657-1641 for tutoring.

Unhelpful Actions:

- 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.

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.

Helpful Actions:

- 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 Academic Support Center (406) 657-1641.

Unhelpful Actions:

- 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

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

Helpful Actions:

- 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 Academic Support Center (406) 657-1641.
- Refer the student to the Student Health Services (406) 657-2153 for counseling.

Unhelpful Actions:

- 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.

The Student Who Procrastinates

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

Helpful Actions:

- See the student privately.
- Help the student assess time management skills and refer the student to the Academic Support Center (406) 657-1641 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 Student Health Services (406) 657-2153 when the student is suffering emotionally or academically from her/his procrastination.

Unhelpful Actions:

- 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.

The Student with Writing Anxiety

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

Helpful Actions:

- 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 Academic Support Center (406) 657-1641 for diagnosis and remediation of the problem.
- Refer the student who speaks about a learning disability to the Disability Support Service (DSS) (406) 657-2283
- Refer the student to Student Health Services (406) 657-2153 for counseling, if needed.

Unhelpful Actions:

- 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.

The Undecided Student

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.

Helpful Actions:

- Encourage exploration through course selection, work, volunteering, extracurricular activities, and counseling.
- Normalize the developmental process for the student.
- Refer the student to the Student Health Services (x2153) for interest testing or career counseling.
- Refer the student to the Career Center (x2168) 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.

Helpful Actions:

- Be supportive and understanding.
- Point out the self-defeating patterns or symptoms.
- Refer the student to the Student Health Services (406) 657-2153 for career counseling.
- Refer the student to the Career Center (x2168) for occupational information, internships, and vivid information about the “world of work”.



Resources:

Helping Students in Distress—A Faculty and Staff guide for Assisting Students in Need

- University of Maryland Counseling Center
- <http://www.cte.umd.edu/HSID.pdf>

Reaching Out Resources for Responding to Students in Distress

- Boise State University Health and Recreation Counseling Services
- <http://healthservices.boisestate.edu/resources/materials/reachingOutHandout.pdf>

Student in Distress and Sexual Harassment: A Guide for Faculty and Staff

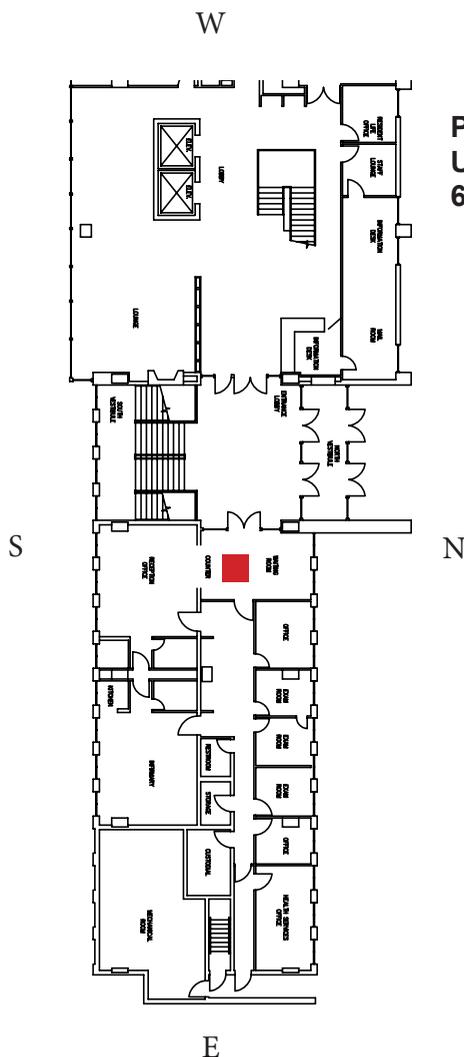
- MSU Billings
- <http://msubillings.edu/VCSA/PDF/GuideforFacStaff-StudentBehavior.pdf>

National Alliance on Mental Illness web-based survey

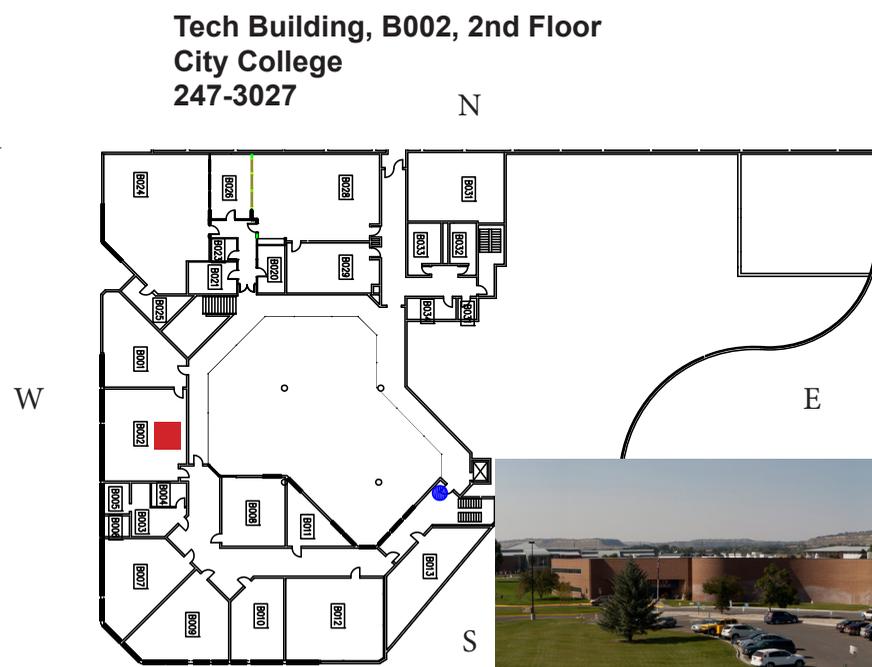
August-November 2011 N=765

http://www.nami.org/Content/NavigationMenu/Find_Support/NAMI_on_Campus1/NAMI_Survey_on_College_Students/collegereport.pdf

Student Health Locations



**Petro Hall 2nd Floor
University Campus
657-2153**



**Tech Building, B002, 2nd Floor
City College
247-3027**





MONTANA
STATE UNIVERSITY
BILLINGS

Access & Excellence

For more information contact Student Health Services

406-657-2153

1-800-565-6782 ext. 2153

msubillings.edu/studenthealth



Montana State University Billings | 1500 University Drive | Billings, Montana 59101-0245

Montana State University Billings is an ADA/AA/EEO employer. Any person with disabilities concerned about accessibility and/or accommodation issues should contact Disability Support Services (406) 657-2283.