Distressed & Disruptive Students

A Staff Approach
Agenda

- National & UVM Context
- Disruptive vs. Distressed Students
- Identifying Individuals of Concern
- How to work with Distressed and Disruptive People
- Systems that address Students of Concern
These Are Our Students
National Headlines

- Psychiatrist Called Threat Team about Aurora Shooting Suspect
  *ABC News, August 2012*

- Wright State Fights Claim it is Responsible for Student Suicide
  *The Columbus Dispatch, August 2012*

- In the Facebook Era, Students Tell You Everything
  *The Chronicle of Higher Education, July 2012*

- The Suddenly Empty Chair
  *The Chronicle of Higher Education, April 2012*

- Only After Public Suicides, are Campuses Trying ‘Means Restrictions’
  *The Chronicle of Higher Education, March 2012*

- How Should Faculty Deal with Classroom Disruptors?
  *Inside Higher Ed, March 2012*

- ‘Drunkorexia’: A Disturbing New Trend
  *The Week, October 2011*

- College Students Pack a Heavy Bag of Mental Illness
  *Los Angeles Times, August 2009*
National Mental Health Trends

- Increase in number of college students with significant mental health complexity and psychopathology
- Increase in Counseling and Psychiatry Services demand
- Increase in alcohol and drug-related concerns on campus
UVM Trends
National College Health Assessment (2014)

57% indicated that they “felt things were hopeless”

43% indicated that they “felt so depressed that it was difficult to function”

58% indicated that they “felt overwhelming anxiety”

10% of respondents indicated that they “seriously considered suicide”
Mental Health Issues are the Tip of the Iceberg

- Sexual & Relationship Violence
- Academic Problems
- Alcohol/Drug abuse
- Conflict with Employers/Faculty
- Relationship Conflicts
- Legal Issues and Problems
Definitions

- **Disruptive Students**
  - Students whose behavior makes the (work/academic/office) environment difficult for others to fully and positively participate.

- **Distressed Students**
  - Students who are experiencing emotional and/or psychological problems that are interfering with their ability to perform in classes or at work or in every day life situations.
Disruptive Behavior

Takes many forms, varying in severity

- Being late to work or appointment, text messaging, being distracted
- Making noise, repeatedly interrupting the work environment or appointment
- Physical violence
- Answering cell phone during your meeting
- Personal insults, harassment

Less disruptive

More disruptive
Disruptive Behavior

- Shows up late for appointments
- Consistently disrupts the day to day activity in your work environment or office
- Habitual interference with office environment
- Student who interrupts you or your colleagues in conversations, and/or does not follow directions to a point where they seem unmanageable
- Persistent and unreasonable demands for time and attention
- Intimidating or harassing another person through words and/or actions
- Threats/intimidation of physical assault
Disruptive Behavior: What it Isn’t!

- Cultural differences
- Disagreements or differences of opinion
- Situational frustration
- Dealing with stress and emotion
Preventing (further) Disruptive Behavior

1. Set clear expectations about behavior.
2. Ask if they understand what you’ve said to them.
3. Hold students accountable for what you’ve discussed with them.
4. Don’t tolerate disrespectful behavior even if it may not be disruptive (texting, interrupting, etc.)
5. Respond to inappropriate remarks in a professional and mature manner. Put-downs or witty comebacks can potentially escalate a situation.
Intervention Options

- Interrupt behavior in the moment

- Take a break from talking $$ and talk with the student about what is disruptive.

- Ask the student to leave your meeting with them (just until they calm down, or come back another day)

- Call the Police if you are threatened or feel your safety is/could be at risk
One of your colleagues, Penny, comes to you and indicates that a student that often comes into meet with her about financial issues has exhibited strange behavior from the first day she met him. Penny describes the student as “odd.” She feels that there’s something really “off” with him. Penny’s friend, Chuck, asks if she can be more specific in describing the student’s behavior and she responds, “He just makes me and everyone else feel uncomfortable.”

The student hasn’t been threatening to anyone, but Penny says that, “he is not someone who makes anyone else feel very comfortable in his presence.” He often discusses topics unrelated to student loans or financial aid, is unaware of personal boundaries, often crossing others’ personal boundaries to a point where people do not want to meet one on one with him, let alone, be in the same room with him.

He has emailed Penny about changing his appointment times often, and has often included jokes and other inappropriate non–related information. At his last appointment, he interrupted conversations and making nonsensical arguments. He is “creeping” Penny out and Penny is asking her friend what she should do.
Questions to Consider…

1. Is there more than one issue here?

2. What specific issues should Penny be concerned about?

3. What can/should Penny speak to the student about and when?
Guidelines for Meeting with a Disruptive Student

- **Remain calm.** This may be difficult if the student is agitated or confrontational, but your calm and reasoned response will best control the meeting.

- **Do not take behavior or remarks personally,** even though they may be directed at you. Disruptive behavior usually results from other life problems or a general academic/personal frustration.

- **Be specific** about the inappropriate behavior the student has exhibited. Describe the behavior, don’t focus on the person. Explain why the behavior is a problem.

- **Ask questions** and summarize what you hear the student saying. Respectful concern may enable you to help the student be successful in their general university experience.

- **Focus on areas of agreement** between you and the student. Conclude by summarizing any resolution and articulating expectations for the future.
Identifying Students of Concern
Common Signs

- Emotional Indicators
- Social Indicators
- Behavioral Indicators
Emotional Indicators

- sadness, anxiety, tension; little or no emotionality; unexpected emotional outburst (crying); extreme mood swings; unusual agitation; little or no motivation.

Examples:

- Conflicts with peers or faculty/staff over seemingly small things
- Cry “for no reason”
- Angry “for no reason”
- Unpredictable interactions – sometimes good, sometimes concerning
- Twitch, fidget, shake without clear stressor present
Social Indicators

- lack of close friendships (almost always alone); intrudes on others’ conversations; little or no communication during work shifts; avoids people (isolation).

Examples:

- Remaining isolated, not engaging with co-workers on group work
- Missing appointments or attendance is not consistent
- Avoids peers, supervisors, or other staff
- Avoiding social interaction
Behavioral Indicators

- appears tired and listless; very sleepy; unhealthy appearance; lack of interaction; lack of concentration; disturbs the office environment; hyperactivity.

Examples:

- Decreased hygiene (less bathing, dirty clothes, weight loss/gain, hair a mess),
- Interactions with others seem “odd” (not tracking conversation, saying things incongruent with conversation, not making sense, etc.)
- Increased alcohol/drug use
- Academic work/progress seems to slip
- Volatile interactions over the phone or in person
- Risky/destructive behavior (walking outside without shoes/coat, sexual behavior, cutting/self-harm, etc.)
- Significantly increased/decreased sleeping
Levels of Distress

**CONCERNING**
- Visible distress, loss or significant life event,
- Decline in academic performance, social withdrawal, peer concern

**URGENT**
- Expressions of hopelessness; talk of suicide;
- Out-of-touch with reality

**EMERGENCY**
- Immediate threat of harm to self or others
Tips for Talking to Students in Distress:

- **Identify/Know**
  - Signs of distress

- **Listen/Connect**
  - Just Listen-Try not to rush to fix, advise, correct, etc.

- **Normalize**
  - “Everyone has stressful times and we all need to talk to someone we can trust.”

- **Consult**
  - With your Chair/Academic Dean’s Office, Counseling Center, supervisor etc.

- **Refer**
  - Student to campus/regional support resources

- **Follow-up**
  - Always good to email follow up on your conversations
David came into the financial aid office in the early spring. He had tried to submit his FAFSA but there was no parental information. David finally told the counselor why he was having trouble getting his father to complete his portion of the FAFSA. David’s younger brother had taken his own life during the fall semester. His mother took her own life shortly after winter break. His father was so distraught that he could barely get off the couch. David appears listless and overly tired.
Questions to Consider…

What could you do to help David about this specific FAFSA situation?

What other issues should the counselor be concerned about?

What are some resources you could provide to David?
How Can Staff Help?
Implement a Safety Net

- **Respond to Immediate Needs**
  - Provide a caring referral to appropriate resources

- **Communicate with “CARE System” Effectively**
  - Notify Dean of Students Office
  - Notify Your Supervisor

- **Follow-up with student**
  - Ensure that they are connected with resources
  - Continue to provide support and encouragement

- **Parental Notification?**
  - Parental notification should be left to the Dean of Students and the Academic College Dean’s Office

**NOTE:** Speaking about a student to other University faculty or officials is not a violation of that student’s privacy rights (FERPA).
C.A.R.E. Team Concerning And/or Risky Events

- Identifies and assists students who are at risk of failing or having to leave the university for behavioral, psychological, or health reasons.

- **Participants:**
  - Dean of Students Office
  - Counseling & Psychiatry Service
  - Center for Health & Wellbeing (UVM)
  - Residence Life
  - Police Services
  - ACCESS (UVM dept.)
  - Center for Student Ethics & Standards (UVM)
  - Academic College Representatives
CARE Report Form

- Intended for UVM community members to report concerning behaviors
- Can be Anonymous
- Available on the Dean of Students Website
  - [http://www.uvm.edu/~saffairs](http://www.uvm.edu/~saffairs)
- **Pro’s:** Another way for us to hear about concerning issues
- **Con’s:** No way to follow-up to get more information if reported anonymously
# Response Protocol for Students in Crisis

**Is there a danger to self or others?**

<table>
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<tr>
<th>Yes, or students needs immediate medical or psychiatric attention</th>
<th>No or not sure. But I am concerned</th>
<th>No, but student is having academic or personal issues</th>
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<tbody>
<tr>
<td>1. Call Police Services or 911</td>
<td>1. Call your Assistant Dean of Students</td>
<td>Refer student to appropriate campus support services:</td>
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<tr>
<td>2. Call Counseling Center or Police Services for on call counselor</td>
<td>AND/OR</td>
<td>College Dean’s Office</td>
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<td>Academic Support Programs</td>
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<td>LGBTQA Center</td>
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<td>Office of International Education,</td>
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Consultation Resources

- Counseling & Psychiatry Services (CAPS)  
  6-3340
- Dean of Students Office  
  6-3380
- Academic Dean’s Offices
- Center for Student Ethics & Standards  
  6-4630
- Invest EAP  
  864-EAPØ
- ACCESS Office  
  6-7753
- Office of International Education  
  6-4296
- Campus Victim’s Advocate  
  6-9538
- Police Services  
  6-3473
- General Counsel’s Office  
  6-8585
Additional Training Opportunities

For Staff/Faculty:
- Suicide Prevention
- How to request a training: [www.uvm.edu/~chwb/livingwell/campusconnect/](http://www.uvm.edu/~chwb/livingwell/campusconnect/)

For Students:
- Bystander Intervention Program
- Covers a variety of topics including mental health, alcohol and other drugs, hazing, and sexual assault.
I AM UVM.

I AM a cancer survivor. I struggle with anxiety. I am from China. I am a Buddhist. I play the flute. I have an eating disorder. I am queer. I love skiing. I am a blogger. I am passionate.

I am the first person in my family to go to college. I am a recovering alcoholic. I am a human rights activist. I am a multi-racial athlete. I am not coordinated. I am an emoji.
Questions?