Tips for Faculty in Assisting Challenging Students

Teaching challenging students can often be difficult, as it’s hard to know the right approach to take with these unique situations. By learning the best approach for each situation and empowering yourself with the support/resources within the campus, you can make these tough situations go more smoothly. This tip sheet was created in conjunction with Counseling and Psychological Services (CAPS).

Managing Disruptive Students
- Suggest that you want everyone’s ideas. If the problem persists, ask students to suggest what might be done to give all students a chance to participate.
- Have two to three students act as process observers for a day. At the end of the class session, have them report on their observations of how the discussion went, what problems they noticed, and what suggestions they have.

Managing Angry, Aggressive, Challenging Students
- Remain calm. Slow down and regularize your breathing. Don’t become defensive.
- Don’t ignore them. Attempt to diffuse their anger. Arrange to meet them during a break or after class. Listen. Talk in a professional and courteous manner.
- Arrange to talk with the student in a more private setting, asking the student to explain reasons for his/her conduct.
- Don’t duck controversy. Indicate that if conduct is repeated the student may be subject to university disciplinary proceedings.
- If the student does not comply or is violent or threatening, ask him/her to leave the academic setting. If student refuses, call campus police (274-7911).
- Document the incident. An IUPUI Disruptive Reporting form is available from the Dean of Students Office.

Recognizing Depressed Students
- Behaviors that can be observed:
  ✓ Decrease or change in energy level.
  ✓ Social or classroom withdrawal (e.g., sits alone).
  ✓ Increasing levels of irritability and/or negativity.
  ✓ Concentration problems as seen in classroom.
- Changes a student might discuss or report
  ✓ Change in sleep patterns (e.g., insomnia, waking through night, early morning waking, or lethargy in the morning).
  ✓ Change in appetite and eating habits.
  ✓ Loss of interest in activities formerly enjoyed.
  ✓ Feelings of hopelessness and despair.
  ✓ No obvious external stressors (e.g., losses, disappointments, long-term frustrations).
  ✓ Family history of depression, drug abuse, other mental health difficulties.
Recognizing Suicidal Students

- Talking openly about suicide or indirectly talking about wanting out or ending it all.
- Expressing a sense of hopelessness: “What’s the use?”
- Withdrawing from friends and social activities.
- Taking unnecessary or life-threatening risks.
- Giving away personal possessions.
- Losing interest in personal appearance.
- Increasing use of alcohol/drugs.
- Having attempted suicide in the past.

Campus Resources

- CAPS Consultation Services - http://www.iupui.edu/~sldweb/caps/
- CAPS Newsletter for Faculty - http://www.iupui.edu/~sldweb/caps/counseling.html
- Center for Teaching and Learning – http://ctl.iupui.edu
- Office of the Dean of Students - http://www.iupui.edu/~sldweb/dos/
- Adaptive Educational Services http://www.iupui.edu/~sldweb/aes/
- Student Advocate Coordinator - http://www.iupui.edu/~sldweb/advocate/

References


Helping Students in Distress: A Guide for IUPUI Faculty and Staff

Many college students experience challenges related to academics, family, friendships, work, finances, loneliness, homesickness and mental and physical illness. A majority of the time they are able to successfully manage the challenges and demands of college life, but for some students these challenges become overwhelming and unmanageable on their own.

Indiana University-Purdue University Indianapolis (IUPUI) is committed to promoting the well-being and safety of its community members and the integrity of its learning environment. Faculty and staff members have a unique role in that they may witness or become aware of a student in distress in the classroom, in your office or in their workplace on campus. Students may also seek out assistance from faculty and staff members in lieu of speaking to a family member or friend when they perceive you as available and willing to listen. The expression of concern and support a faculty or staff member may provide to a student could make a critical difference in not only their academic career but also their personal life.

Some Indicators that a Student May Be in Distress

- Significant changes in academic performance
- Excessive absences from classes/meetings/work
- Unusual requests for academic accommodations
- Noticeable changes in hygiene/appearance
- Significant weight loss
- Lethargic and depressed behavior in class/work
- Repeatedly falling asleep in class or at work
- Inappropriate crying
- Sudden anger and disruptive outbursts
- Bizarre statements or behavior
- Isolation from others
- Appearing drunk or under the influence of drugs
- Noticeable changes in mood
- Hyperactivity and/or rapid speech

What You Can Do to Help a Student in Distress

The ways in which you respond to a student in distress will vary by your personal style, skills, experience, and beliefs. Some students may be more open to assistance than others. Factors such as setting, class size, and the depth of your relationship with the student also may have a substantial affect on your interaction. It is important to be realistic about what you can do. Do not attempt to be the counselor, but do provide information and referral options regarding available university and community resources.

Here are some guidelines and tips for interacting with the student:

- **Talk to the student** in private when both of you have time and are not rushed or preoccupied. Give the student your undivided attention. It is possible that just a few minutes of effective listening on your part may be enough to help the student feel comfortable about what to do next.
- **Be direct and nonjudgmental.** Express your concern in specific, behavioral, nonjudgmental terms. For example, say something like “I’ve noticed you’ve been absent from class lately, and I’m concerned about you,” rather than “Why have you skipped so many classes lately?”
- **Listen sensitively.** Listen to thoughts and feelings in a sensitive, non-threatening way. Communicate understanding by repeating back the essence of what the student has told you. Try to include both the content and feelings. For example, “It sounds like you’re not accustomed to such a big campus and you’re feeling left out of things.” Remember to let the student talk.
- **Refer.** Point out that help is available and seeking help can be a sign of strength. Make some suggestions about places to go for help. (See University Resource List).
- **Follow up.** Following up is an important part of the process. Check with the student later to find out how he or she is doing. Provide encouragement as appropriate. Consult with others if you are not sure your support is helping.
- **Consult.** When in doubt about the appropriateness of an action, call the IUPUI Police (274-7911) or Counseling and Psychological Services (CAPS) (274-2548). A student whose behavior has become threatening, violent, or significantly disruptive may need crisis intervention (see next section).
Students in Crisis

A crisis is a situation in which an individual’s usual style of coping is no longer effective, and the emotional or physiological response begins to escalate to a point where the person may become disoriented, non-functional or attempt harm. Crisis can be a result of an emotionally stressful event or a traumatic change in one’s life. If a student is in a serious mental health crisis you may see the following symptoms (in addition to the symptoms of distress):

- Suicidal statements – verbal or in writing
- Violent statements – verbal or in writing
- Destruction of property or other criminal acts
- Inability to communicate (garbled or slurred speech, incoherent thoughts)
- Loss of contact with reality (i.e. seeing or hearing things that are not present, statements at odds with reality)
- Extreme anxiety resulting in panic reactions.
- Highly disruptive behavior (i.e. hostility, aggression, violence)

What Should I Do if a Student is in Crisis and Immediate Attention is Needed?

If you believe that a student may pose a threat of imminent danger of harm to him/herself or to others, call the IUPUI Police immediately by dialing 911 or 274-7911.

If the situation is not an emergency and there is no imminent threat, then consider the following:

- Encourage the student to contact CAPS at 274-2548 between the hours of 9am – 4pm (Monday – Friday) and to schedule an appointment. Emergency same day appointments are available.
- You may encourage them to call CAPS while the student is sitting in your office.
- If you feel comfortable and safe in doing so, you may offer to walk the student over to CAPS to make an appointment in person. Accompanying the student emphasizes support and may help the student to feel more comfortable in making the decision to seek assistance.
- If the student continues to experience distress and has not sought assistance, you can always contact CAPS during regular business hours (274-2548) for consultation. CAPS staff can offer suggestions and ideas about referral options, resources, and other ways to address your concerns.
- Complete a Behavioral Consultation Team (BCT) Referral at www.bct.iupui.edu. You may also contact the Office of the Dean of Students (274-4431) to consult with the Chair or Vice-Chair of the BCT.

Confidentiality

Due to ethical and legal parameters of confidentiality, Counseling and Psychological Services is unable to discuss or provide any information about a student counseling session without a student’s written permission or in accordance with law. If a faculty or staff member is interested in knowing whether a student has visited or made contact with CAPS, consider following up with the student yourself and asking him/her about the appointment.

Additional information can be found on the CAPS website at http://life.iupui.edu/caps/ and specifically in the document “Helping Students in Distress: Responses and Resources for the IUPUI Community”.

University Resource List

**University Police Emergencies**
- University Police (non-emergency line) (317) 274-2058
- Safety Escort (317) 274-SAFE (7233)
- Counseling and Psychological Services (CAPS) (317) 274-2548
- Health Services (317) 274-8241
- Adaptive Educational Services (AES) (317) 274-2050
- Office of International Affairs (317) 274-7000
- Office of Veteran and Military Personnel (317) 278-9163
- Housing and Residence Life (317) 274-7457
- Student Advocate (317) 278-7594
- Student Rights, Responsibilities, and Conduct (317) 274-4431
- Dean of Students (317) 274-4431

OFFICE OF THE
DEAN OF STUDENTS
INDIANA UNIVERSITY-PURDUE UNIVERSITY
INDIANAPOLIS
Division of Student Life
Behavioral Consultation Team Frequently Asked Questions

What is the Behavioral Consultation Team (BCT)?
The Behavioral Consultation Team is a campus wide team that provides consultation, makes recommendations for action, and coordinates campus resources in response to reports of disruptive or concerning behavior displayed by students, staff, or faculty.

What should I report to the BCT?
The BCT is a committee that was designed as a resource to try to identify troubling behavior and address it before it escalates to something more serious. Experience shows that tragedies affecting college campuses (for example the Virginia Tech tragedy) are often preceded by warning signs or patterns of behavior. Early communication and intervention may help to prevent an escalation of behaviors to critical levels. Therefore, report any behavior that is troubling or makes you concerned. It is better to be safe than sorry: if you have a “gut feeling” that something is not quite right, report it. If a member of the IUPUI community (student, staff, or faculty) behaves in a way that is disruptive or poses a potential threat to any aspect of our community, such behaviors should be reported to the BCT. All concerns requiring immediate attention (potentially criminal activity, violent, threatening, or imminent suicidal behavior) must first be directed to the University Police (911 or (317)274-7911).

Who is on the BCT?
The BCT is a multidisciplinary team composed of individuals from various departments on campus to allow for effective collaboration and coordination of efforts. Team members include representatives from: University Police; Academic Affairs; Student Rights, Responsibilities and Conduct; Counseling and Psychological Services; Human Resources; Dean of Students; University Legal Counsel; Adaptive Educational Services; Veterans and Military Personnel; Student Advocate; International Affairs; Emergency Preparedness; Graduate School; Equal Opportunity; Housing and Residence Life; and Student Health. Additional campus representatives may be included on an ad-hoc basis depending on the nature of the referred incident.

What do I do if I know someone that may need to be referred to the BCT process?
1. If you believe that the person may pose a threat of imminent danger of harm to him/herself or to others, call the IUPUI Police immediately by dialing 911 or (317)274-7911.
2. To make a BCT referral, go to http://bct.iupui.edu and click on the Concerned Persons Referral Form link located to the left of the BCT homepage. You will be asked for basic information about the person of concern, a description of the incident or behaviors that prompted you to make a referral, and your contact information.
3. You are the Behavioral Consultation Team’s best resource because you are familiar with the individual or directly observed the concerning behavior. If you want to speak with a member of the team before submitting a referral you should call (317)274-4431 and ask to speak with the Chair or Vice-Chair of the BCT. A list of all BCT members is located on the BCT website.

Who can make a BCT referral?
Anyone who feels an individual is a threat to him/herself/others, or is exhibiting concerning, disruptive, or worrisome behaviors, can make a BCT referral; including students, parents, faculty, staff and other community members.

What happens to the information I send to the BCT?
The team receives and prioritizes the information, then immediately begins further investigation. You will likely be contacted for clarification and additional information. Often the initial report is just one piece of the puzzle. A behavior that someone observes can turn out to be an isolated incident and no cause for further concern, or it may be an indication of a larger problem that needs to be addressed. The team attempts to understand the whole of a person’s behavior patterns before making any recommendations for action.
I am not really sure this is a big deal. Will the person get in trouble?
Something that may appear to be a minor incident to you may be part of a larger pattern unknown to you.
IUPUI is a big place and early and effective communication among key offices and individuals is crucial to identifying problems before they get bigger. The guiding mission of the BCT is that of early intervention in order to understand what is happening and try to intervene before a situation escalates and attempt to resolve a situation BEFORE someone “gets in trouble.” The goal is to promote the safety of the individual and campus through early intervention. The BCT takes into account the concerns of the campus, as well as the needs of the student, faculty, or staff member about whom concerns are expressed. Whether the information will adversely affect the individual’s student or employment status will depend on the situation. Frequently, when a situation is identified early enough and reported it can be resolved without the need for further disciplinary action or criminal prosecution against the person involved. If you are unsure about whether or not you should say something, report it! Trust your instincts.

What if I am wrong about the person?
You are reporting a concern based on an observed behavior (e.g., verbal exchange, hostile interaction, etc.) not making a determination or judgment about the individual. There is no expectation that reporters make judgments about whether their observations are “right” or “wrong.” Let the BCT weigh all the information available, gather further data if warranted and determine the best course of action.

Will the person I refer be able to know that I sent the form? Can I report a concern anonymously?
Anonymous referrals are accepted but discouraged. Identifying yourself assists the BCT if clarification or additional information is needed. Submitting your name also gives the referral more credibility. The BCT will attempt to handle all matters discreetly. We cannot guarantee that the person(s) involved will not be able to determine the source of the report. If this concerns you, please speak directly with a team member. IUPUI does not permit retaliation against any individual who reports a concerning or troubling behavior in good faith.

Will I find out what happens?
That depends on the situation. Various privacy and confidentiality laws apply to the situations handled by the BCT. A member of the team will follow up with the person making the referral when appropriate and possible to let you know the continuing action or closed status of the referral.

As a faculty or staff member am I prohibited from disclosing student information to the BCT by the Family Education Rights and Privacy Act (FERPA)?
No. FERPA expressly permits the sharing of any and all information from you to the team.

What authority does the BCT have and what can it do?
The BCT does not exact sanctions or administer policy regarding referrals; however, the BCT can:
• develop specific strategies to manage potential harmful or disruptive behavior to protect both the safety and rights of the both the individual and the IUPUI community.
• assist faculty or staff in developing a plan of action.
• coordinate and share information with units/departments that may take administrative actions such as:
  o evaluation for immediate detention (by the Police or CAPS),
  o conduct/disciplinary action (student, staff, or faculty),
  o provide continued support to the individual (e.g., Academic Advising, AES, CAPS, etc.),
  o emergency notification of others, or,
  o parental/guardian notification.
• refer information to the Critical Threat Assessment Team.
• recommend medical/psychological evaluation and or request permission to receive such records.
• continue monitoring the situation without taking immediate action.