

Eastern Oregon University
Counseling Center

REACHING OUT

Campus Referral & Intervention Guidelines



*This handbook will provide you with information to effectively
use the Counseling Center to assist Eastern students.*

Counseling Center Professional Staff



*Dr. Marianne Weaver, Licensed Psychologist
Counseling Center Director*

*Psy.D. — Clinical Psychology
Azusa Pacific University, 2001
M.A. — Marital and Family Therapy
Azusa Pacific University, 1993*

I moved to La Grande in September, 2001 to begin working in the Counseling Center at EOU. I have truly experienced my work here as an ongoing call in my life. I earned my B.A. in Behavioral Science from Concordia University in Irvine, California (1991); my M.A. in Marital and Family Therapy from Azusa Pacific University (1993); and my PsyD (Doctor of Psychology) in Clinical Psychology, with an emphasis in Family Psychology, also from Azusa Pacific University (2001). I completed an APA accredited pre-doctoral internship at Counseling and Psychological Services at the University of Nebraska, Lincoln. So, yes, for one year I became a Cornhusker fan ... especially of women's volleyball! I absolutely love working with our students here at Eastern helping them to heal, grow and reach their goals.



*Dr. Adam Lotfi, Licensed Psychologist
Clinical Counselor*

*Psy.D. — Clinical Psychology
Illinois School of Professional Psychology, 2015
M.A. — Clinical Psychology
Illinois School of Professional Psychology, 2008*

I received both my M.A. and Psy.D. in Clinical Psychology from the Illinois School of Professional Psychology, with a concentration in Client-Centered and Experiential Psychotherapies. I earned my B.A. from Bowling Green State University, where I majored in Psychology. I completed my post-doctoral fellowship at the University of Texas at San Antonio and an APA accredited internship at the University of Manitoba. I am working at EOU as a Clinical Counselor. I am passionate about my work with university students. A few of my clinical interests include relationships, depression, self-exploration, multicultural psychology, providing trainings and outreach, and process-based group therapy.



Table of Contents

Introduction	4
Guidelines for Intervention	5
Consultation	6
Confidentiality	6
Referring Students for Counseling	7
If a Student is Reluctant to Seek Professional Help	8
Urgent Concerns That May Require Immediate Intervention	8
The Depressed Student	9
The Suicidal Student	10
The Overanxious Student	11
The Student with Eating Problems	12
The Student in Poor Contact with Reality	13
The Student Under the Influence	14
The Aggressive Student	15
The Disruptive Student	16
Eastern Oregon University Counseling Center	17
Additional Resources	17
Notes	18
Emergency Telephone Numbers	back page

Introduction

To the Administration, Faculty and Staff:

We would like to acknowledge the many administrators, faculty and staff across campus who have contributed to the development of the intervention guidelines in this handbook. Your suggestions and input are highly valued and appreciated.

Our goal is to help you recognize some of the symptoms of student distress and to provide specific options for intervention and referral to campus resources. We are available to assist you with problem situations and for consultation on whether or not to intervene with a particular student.

This guide will discuss the role of faculty and staff in assisting with student problems. Guidelines are offered, but each individual needs to consider what is appropriate in a given situation. Basic topics cover identifying students in distress, ways of dealing with these students and how to refer them for counseling. We also will discuss dealing with the reluctant student, scheduling an appointment at the Counseling Center and confidentiality issues. At the end of this guide, a list of campus resources, including the Counseling Center, are listed.

The Counseling Center offers a wide range of services, including short term individual and couples counseling, workshops on a variety of mental health themes, consultation and crisis intervention. All students who have paid the Health Service Fee are eligible for free counseling services. If it is determined that a student requires resources beyond what we can offer, we will do our best to provide a referral to an appropriate mental health provider in the community.

The Counseling Center is staffed by two clinicians who are trained to handle a variety of mental health concerns. We are also fortunate to have a sensitive, helpful and resourceful support team. We appreciate referrals and will do our best to have a student seen as soon as possible if you believe the concern is urgent. Please do not hesitate to call if we can help you address the needs of any of your students.

We are here to help!

Marianne and Adam

Guidelines for Intervention

You can have a profound affect 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. It is especially important to maintain confidentiality in times of crisis.
2. **Briefly** share your observations and perceptions of the student's situation. Express your concerns directly and honestly.
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. **Flexibility** in administering established procedures may allow an alienated student to respond more effectively to your concerns.
7. **Involve yourself** only as far as you are comfortable, then refer the student to the appropriate resources. As you attempt to reach a troubled student, do not become more involved than time, skill, or training permit.



Consultation

If you are unsure how to handle a specific student, contact the Counseling Center at 541-962-3524, identify yourself as a faculty or staff member, and ask to speak with one of the counselors. If the counselors are busy, your call will be returned as soon as possible. A brief consultation may help you sort out the relevant issues and explore alternative approaches.

Conveying your concern and willingness to help is perhaps the most important thing you can do. Your support, encouragement, and reassurance will be particularly helpful to a student in distress.

If you feel it is imperative that the student receive immediate attention, the student is willing to cooperate, and it is before 5 p.m., you can walk the student to the Counseling Center. If it is after hours and you believe this to be a mental health emergency please dial 911 or the Center for Human Development (541.962.8800) for assistance.

Our staff is under legal and ethical obligation to keep counseling

Confidentiality

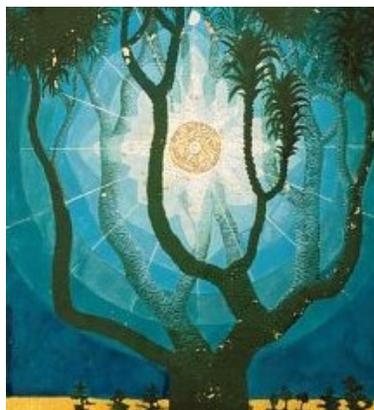
information confidential. We cannot discuss a client's situation, or even reveal that counseling is being received, without the client's written consent. Sometimes the faculty or staff member who made the referral will call to follow up. Please understand that we cannot tell you that the student has made an appointment without his/her written consent. We will generally ask a student if the referring individual can have feedback about our contact (at least to let them know that the student has kept their appointment), but if the student does not want any information released, we have to honor that choice. Most students appreciate the referral and are quite willing to provide some feedback on the counseling contact. If you wish to follow-up with someone you have referred, please ask that individual to provide us with permission to speak with you. If you do not hear from us, it is likely that permission has been denied.

Referring Students for Counseling

In many instances you may be the right person at the right time to make an intervention that brings about an improved situation for your student. The student may seek you out because they trust your judgment and support. Your timely help in problem solving may be just what is needed. If, however, the student's concerns are chronic or severe or overstep your time boundaries or limits of expertise, a referral to the Counseling Center, or to an appropriate student support service may be in order.

There are two ways to access the Counseling Center. We have drop-in hours Monday and Wednesday 9:30 - 11:30 AM and Tuesday and Thursday 1:30 - 3:30 PM. During these times a counselor is available to meet with students to explore counseling needs. If these times do not work, a special appointment can be made.

Explain your concerns to the student and say why you think assistance would be helpful. By having students call or drop-in for a counseling appointment themselves, you increase their sense of responsibility. However, offering to help the student schedule an appointment as a gesture of support may be useful. It may also help if you give us a "heads up" on what to expect. Feel free to call the Counseling Center if the student is in your office and we can speak with the student at that time to schedule an appointment.



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 the Counseling Center as a possible resource rather than imply that the student is very disturbed and needs therapy. Reluctant students might be relieved to know that counseling services are free, and 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 Counseling Center staff.

- suicidal ideation, gestures, and attempts

Urgent Concerns That May Require Immediate Intervention

- physical assault
- recent death of a loved one
- recent abuse (victim or self abuse)
- fear of losing control and possibly harming someone
- sexual assault
- interpersonal/domestic violence
- stalking

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:

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

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 sense 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 Suicidal Student

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

- withdrawal from friends and family
- expression of extreme hopelessness, guilt or shame
- 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 access the available student resources.
- National Suicide Prevention Lifeline (24/7) 1-800-273-TALK
- If you have an intuition that something is wrong with the student, call the Counseling Center for consultation with professional staff.
- If you believe there is imminent danger, and the student is willing, bring him or her to the Counseling Center. Call first if possible, 962-3524.
- If it is after hours and the student is cooperative, call a friend, family member or La Grande Police at 911.
- If it is after hours or the student is uncooperative, call La Grande Police at 911.

Unhelpful Actions

- Becoming involved with the student beyond your levels of expertise or comfort.
- Ignoring comments such as, "I won't be a problem much longer," or "Nothing matters; it's no use."
- Being too busy to intervene.

The Overanxious Student

Anxiety is a normal response to a perceived danger or threat to one's well being. 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 heart-beat, chest pain or discomfort, dizziness, sweating, trembling, or shaking. The student may also complain of difficulty concentrating, always feeling "on edge," trouble making decisions, 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 his or her feelings and thoughts in an appropriate setting; this alone often relieves a great deal of pressure.
- Provide reassurance.
- Be clear and directive.
- 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.

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.

The Student with Eating Problems

For many people, losing weight is a constant and often frustrating effort. Most people who diet do not develop eating disorders. But for others, the effort to become thin—or 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 may be seen as the first step to improving themselves, or may provide 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
- distorted view of body image
- continuation of dieting although bone-thin
- loss of menstrual periods
- unusual interest in food and strange eating rituals
- obsession with exercise
- bingeing—consumption of large amounts of food
- serious depression
- disappearance into bathroom for long periods of time

Helpful Actions

- Speak directly to the student about your concerns and the behaviors 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

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

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 the Counseling Center 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 the Counseling Center 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.").
- Acknowledge that you are having difficulty understanding the student and ask for clarification.
- Focus on the here and now.

Unhelpful Actions

- Arguing or trying to convince the student of the irrationality of his or her 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 his or her perceptions.
- Expecting customary emotional responses.

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 (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.

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 (**Security**, 541-962-3911, days; **Emergency, 911**, nights), 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.
- If the behavior continues, consult with your department head and the Student Affairs Office, 541-962-3635, or consult with the Counseling Center 541-962-3524.

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.

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 (**Security, 962-3911**), 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 Campus Security for consultation; inform your supervisor or department head of the situation.

Helpful Actions

- Pay attention to the warning signs (e.g., 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.").
- 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 Security.
- Debrief the incident with your supervisor or department chair.

Unhelpful Actions

- Becoming defensive or getting into an argument or shouting match.
- Acting hostile or punitive ("I'm going to give you an F in this class.").
- Pressing for an explanation of their behavior.

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. "Chris, I notice you seem frustrated."

- Briefly state your concern. "Chris, I am concerned that you have been late for class every day since the beginning of the semester."
- Let the student talk, ask for clarification if necessary. "I am not sure what you mean by '...' Could you tell me more?"
- If you believe the behavior is an outcome of emotional distress, suggest that the student seek counseling services.
- 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 Student Affairs Office, 962-3635, and/or Counseling Center staff 962-3524.

Unhelpful Actions

- Becoming defensive or getting into an argument or shouting match.
- Acting hostile or punitive. "I'm going to have you thrown out of this class!"

Eastern Oregon University Counseling Center

Student Health and Counseling Center Building
6th Street & "L" Avenue Phone **541-962-3524**

- Hours: 8:00 a.m. to 5:00 p.m. (Closed 12-1 PM) Monday through Friday, during the academic year.
- Drop-in hours: Monday and Wednesday 9:30 to 11:30 AM; Tuesday and Thursday 1:30 to 3:30 PM or by appointment.
- The Health Service Fee covers the fall, winter and spring terms. Therefore, the Counseling Center is closed for student appointments from the last day of the spring term until the first day of classes for the fall term.

Students calling the Counseling Center after hours in need of emergency services are offered the option to talk to an on call mental health counselor at Center for Human Development at 541-962-8800 or call 911. If it is not an emergency the student can leave a message and a counselor will return the student's call.

Additional Resources

Student Health Center	541-962-3524
Learning Center	541-962-3663
Academic Advising.....	541-962-3378
Career Center	541-962-3711
Student Affairs Office	541-962-3635
Student Relations Office	541-962-3476
Title IX Coordinator	541-962-3476
Disability Services.....	541-962-3081
Multicultural Center	541-962-3741
International Student Program Coordinator	541-962-3406

Notes

Notes

Emergency Phone Numbers

Campus Security and Safety (24 hr.).....	541-962-3911
Ambulance.....	911
Grande Ronde Hospital Emergency	541-963-1442
La Grande Fire Department	911
La Grande Police Department	911
Center for Human Development	541-962-8800
Shelter From the Storm	541-963-9261
(24 hr. Domestic Violence Crisis Line)	
Counseling Center	541-962-3524
8 AM - 5 PM (Closed 12-1 PM) Mon. thru Fri. (academic year)	

*Inquiries may be directed to:
Dr. Marianne Weaver, Counseling Center Director
6th St. & "L" Ave.
La Grande, OR 97850
541-962-3524
Email: mweaver@eou.edu*



EASTERN OREGON
UNIVERSITY

*One University Boulevard
La Grande, OR 97850
541-962-3672
www.eou.edu*