Faculty and Staff as Helping Resources

Faculty and staff are in good positions to recognize students who are in distress. Counseling Services’ staff wants to support your efforts by providing this practical information about how to identify distressed students and to make referrals to Counseling Services or other crisis support services.

Making a Counseling Services Referral

**Non-Crisis Referrals:**
Encourage students to contact one of the psychologists on staff directly to schedule an appointment.

- Dr. April Allen - aprilallen@wustl.edu
- Dr Kent Wertman - k.wertman@wustl.edu
- Dr. Gladys Smit - smithgladysa@wustl.edu

Offer to let the student call from your office.

Student Health Service - 314-362-3523

**Crisis Referrals:**
If a student is in crisis during Counseling Services business hours (Mon-Fri 8 am - 4 pm) call and ask to speak to one of the psychologists on staff (314 362-3523). If one of the clinicians is not immediately available, ask to speak to the nursing staff.

Provide the counselor with a description of the situation. The counselor will help you with appropriate actions to take. Appointments are usually available for students who need to be seen in an urgent matter.

If the student or another person is in imminent danger, or when you believe a student is out of control, call Protective Services on campus at 314 362-4357 (or 2-HELP).

It is often a good idea to FOLLOW-UP with students after the referral was made. Be aware that Counseling Services works within ethical limits of confidentiality and WE CANNOT give information about the student or specifics about the situation without written permission. WE CAN answer your general questions about making referrals, offer you information about psychological

Mental Health Services

A Word About Confidentiality

Confidentiality is almost always a concern of someone who is considering counseling. The mental health staff is firmly committed to the code of confidentiality and ethics of professional practice; therefore, complete privacy can be assured UNLESS the student is a danger to himself or others. Without permission of the student, mental health records are not available to anyone outside or within the University. Avoid assurance of confidentiality if the issues of suicide or harm to others are present.
Recognizing Students in Distress

Recognizing Students in Distress

References to Suicide, Homicide or Death

- Expressed thoughts of helplessness or hopelessness
- Overt references to suicide
- Isolation from friends or family
- References to suicide or homicide in verbal statements or writing

You should seek emergency help immediately if a student is talking about direct harm to self or others or acting in a bizarre or disruptive manner. The following list of phone numbers represents local support options in case of an emergency.

Emergency Phone Numbers

- Student Health Service (314 362-3523)
- Protective Services (314 362-4357 or 2-HELP)

The university experience presents every student with enormous opportunities for personal and intellectual growth. As exciting as this time may be, it can also bring with it a measure of stress, anxiety and confusion. Usually these concerns can be worked out, but some situations are particularly difficult and can become too much to handle without assistance. Left unaddressed they can affect happiness, personal relations, school performance and even health. With help these issues can be addressed, ease stress and put the student back on the right path.

What Can I Do?

- TALK...to the student in private when both of you have the time and are not rushed or preoccupied. Privacy will help minimize embarrassment and defensiveness
- LISTEN...in a sensitive, nonthreatening way. Discuss your observations in behavioral, nonjudgmental terms. For example, “I’ve noticed you’ve been absent from class lately and I’m concerned.”
- COMMUNICATE...understanding by repeating back the essence of what the student has told you. Try to include both content and feelings (“It sounds like you’re not accustomed to such a big campus and overwhelmed.”) Let the student talk.
- GIVE HOPE...assure the student that help is available. Help the student identify options for action and explore the possible consequences.
- MAINTAIN...clear and consistent boundaries and expectations. Be frank with the student about the limits on your ability to help him or her
- REFER...when the problem is more serious than you feel comfortable handling and you have helped as much as you can and further assistance is needed.

Marked Changes in Academic Performance or Behavior
- Uncharacteristically poor performance and preparation
- Excessive absences or tardiness
- Repeated requests for special consideration especially when this represents a change from previous functioning
- Avoiding or dominating discussions
- Excessively anxious when called upon
- Disruptive classroom behavior
- Intense emotion or inappropriate responses

Behavioral or Interpersonal Problems
- Asking instructor for help with personal problems
- Complaints from other students
- Hyperactivity or very rapid speech
- Tearfulness
- Irritability or angry outbursts
- Problems with roommate or family
- Change in personal hygiene or dress
- Dramatic weight loss or gain
- Disjointed thoughts

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