


## Strategies to Support Students in Crisis

Ohlone Community College  
November 16, 2012



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CENTER FOR APPLIED RESEARCH SOLUTIONS

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WELLNESS • RECOVERY • RESILIENCE



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### Agenda

- 1 • Common Sources of Student Stress
- 2 • Learning Disabilities, ADHD & Psychiatric Disorders
- 4 • Contributing Factors
- 5 • Strategies for Supporting Students
- 6 • Resources

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**Common Sources of Student Stress**



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**Developmental Readiness**

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Of 10K+ Ohlone College students:

- *87% under age 24*
- *67% age 18-20*
- *81% living at home with family*

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**Interpersonal Issues**

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- *Unhealthy relationships*
- *Family conflict*
- *Parental pressure to achieve/fear of academic failure*
- *Loss of family member or friend*
- *Social conflict or disconnectedness*

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## Balancing College & Life

- *Time management pressure*
- *Not enough sleep*
- *Financial constraints*
- *Living independently for the first time*
- *Social expectations & norms*
- *General lack of stress management skills*

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## Learning Disabilities, ADHD and Psychiatric Disorders



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## ADHD and Learning Disabilities

- Approximately 10% of Ohlone students
- Poor organizational, concentration and study skills
- History of academic failure, negative school experience
- Low-self esteem
- Employment issues
- Anger and impulse control
- AOD abuse
- Low frustration level
- Chronic boredom
- Mood swings
- Relationship and communication problems

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## Psychiatric Disorders

### Mood Disorders

- Bi-polar depression
- Seasonal depression
- Depression & suicidality

### Anxiety Disorders

- PTSD
- OCD
- Generalized Anxiety

- ✓ *Onset of mood disorders and first-time psychotic breaks occur around age 18*
- ✓ *3.4% Ohlone students report having diagnosed disorder and receiving treatment*

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## Undiagnosed & Untreated

- ✓ *12% of Ohlone students reported the BIGGEST issue impacting success is depression, insomnia, anxiety or relationship issue*
- ✓ *1 of 4 students reported depressive symptom(s) in last 12 months*
- ✓ *6% reported feeling suicidal*
- ✓ *15% reported feeling overwhelming anxiety*
- ✓ *18% reported feeling overwhelming anger*

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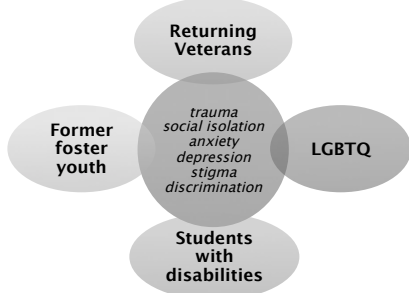
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## Students at Higher Risk



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## Contributing Factors on Campus



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### Contributing Factors

- Under-utilization and/or lack of awareness of campus and/or community resources
- Students more likely to seek support from family, friends, faith-leader or significant-other
- Limited resources for clinical services
- Limited resources to train classified staff and faculty

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### Stigma related to mental illness

- Self-perception of personal weakness or failure
- Cultural values
- Stereotypes
- Fear of being labeled/assumptions
- Fear of treatment

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**Strategies for Supporting Students**



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**Identify Signs & Intervene Early**

- ① Recognize signs of stress and escalation
- ② Empathy
- ③ Clear boundaries
- ④ De-escalate conflict
- ⑤ Make referrals to internal & external resources
- ⑥ Self-care

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**Indicators of Potential Escalation**

- ✓ Flat affect that doesn't vary
- ✓ Tearful
- ✓ Disclosure of personal crisis
- ✓ Anxious and/or agitated
- ✓ Blaming
- ✓ Observation of conflict with another student
- ✓ Threats framed as "jokes"
- ✓ *Trust your instincts*

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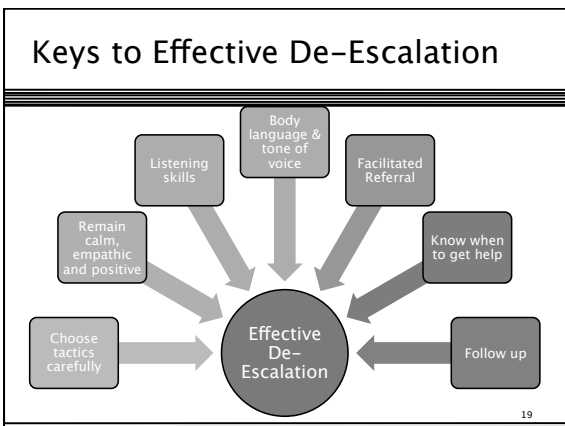
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- ### Communication Barriers
- Things that keep the meaning of what is being said from being heard by the escalating student:*
- Directing your own frustration, negativity, etc. at the student
  - Engaging in a power struggle
  - Arguing
  - Criticizing
  - Assuming or pre-judging
  - Minimizing the student's concern(s)
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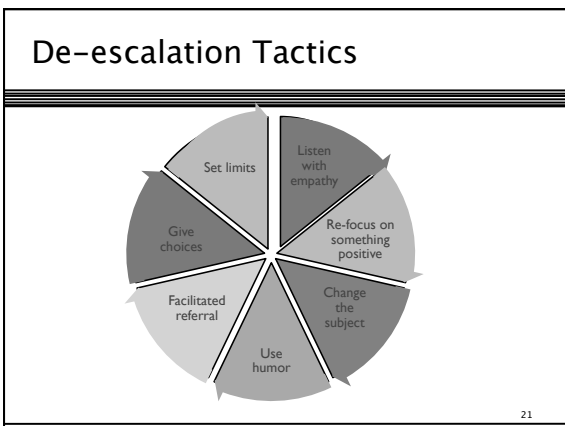
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## Listening Empathically

- **Attending:**  
*Giving your physical (and mental) attention to another person. Listen – no multitasking!*
- **Following:**  
*Making sure you are engaged by using eye contact. Use un-intrusive gestures (such as nodding of your head, saying “okay” or asking an infrequent question.)*
- **Reflecting:**  
*Paraphrasing and reflecting, using the feelings of the other person*

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## Listening Empathically

- Establish rapport
- Non-judgmental
- Sincerity
- Listen to what the person is really saying
- Re-state, repeat or clarify the message:  
*“So, what you’re saying is ...”*
- Validate -- *“I understand how frustrating this is...”* (Not necessarily in agreement with...)

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## Body Language

- When people are angry, they sometimes do not “listen” to the words that are being said.
- Research shows that 80-90% of communication is non-verbal.
- Finger pointing may seem accusing or threatening.
- Shoulder shrugging may seem uncaring or unknowing.
- Jaw set with clenched teeth may be interpreted as you are not open-minded to listening to his/her side of the story.
- Slow and deliberate movements

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## Facial Expression

- Natural smile and eye contact
- One eyebrow raised might indicate “sternness”
- Eyes open wide might indicate fear
- A hard stare, blank affect may be interpreted as threatening
- Closing eyes longer than normal may mean, “I don’t want to help you”, “I’m not listening” and/or “What you’re saying doesn’t matter to me.”

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## Controlled Voice

*A controlled voice is one of calm and firmness which promotes confidence in both parties*

**Tone:**

A lowered voice level may set a tone of anger which could increase fear.

**Volume:**

A raised voice may set a tone of uncertainty which may promote excitement or disruption.

**Rate:**

Speak slowly: may be interpreted as soothing.  
Calm and firm: promotes confidence in both parties.

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## Humor & Respect

**Humor:**

Very effective if used carefully and sparingly. Never direct humor at the student. Mild self-deprecation can dispel tension.

*“I must be getting old. Let me take another look at the screen.”*

**Respect:**

Address the student using “Mr.” or “Ms.”  
Say “please” and “thank you”  
Treat the student as you would want to be treated yourself.

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## Inflection & Language

Vocal inflection and specific words can imply and be interpreted as meaning something other than intended

Student: "Do you think I'm stupid!?"

You: "I didn't say you were stupid."

"I didn't say you were stupid."

(Your brother said it!)

"I didn't say you were stupid."

(But that's what I really think!)

"I didn't say you were stupid."

(I said your brother was stupid.)

"I didn't say you were stupid."

(I said you were a complete idiot.)

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## Stay Positive & Facilitated Referral

### • Reframing and encouraging

Ask yourself, "What would I need to hear?"

"I want to help you find a solution to this problem."

"Please tell me more so I better understand how to help you."

### • Offer Resources & Choices

"Ms. Jones at the Student Health Center is really helpful with these issues. Do you know where it is?"

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## When to Call for Help

### Assess the Threat

- Trust your instincts!
- Physical violence
- Overtly threatening
- Possession of weapon

### Calmly Intervene

- Do not intimidate the student
- Clear the area
- Tell a co-worker
- Call campus security
- Protect yourself
- Follow-up

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## Resources for Staff & Students




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### On-Campus Resources

- *Dean of Counseling* - x6110
- *Student Health Center* - x6258  
*Personal Counseling Services*  
 Sang Leng Trieu, Health Education Coordinator  
[strieu@ohlone.edu](mailto:strieu@ohlone.edu)  
 Sally Bratton, Student Health Center Director  
[sbratton@ohlone.edu](mailto:sbratton@ohlone.edu)  
 (Building 7, 3<sup>rd</sup> Floor)
- *Campus Security*: x6111

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### Mental Health Resources

- **U Lifeline (Project of the Jed Foundation)**  
<http://www.ulifeline.org/ohlone/>
- **NAMI Alameda County**  
<http://www.nami-alamedacounty.org/>  
*John George Psych Pavilion: 24/7 walk-in crisis services*  
 2060 Fairmont Dr., San Leandro, 510-346-7500  
*Sausal Creek Outpatient Clinic: 24/7 walk-in crisis services*  
 2620 26<sup>th</sup> Avenue, Oakland, 410-437-2363
- **Alameda County Community Crisis Response**  
 510-268-7836



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## Suicide Prevention Resources

**24/7 Crisis Hotline (Crisis Support Services of Alameda County)**  
(800) 309-2131  
[www.crisissupport.org](http://www.crisissupport.org)

**24/7, Nationwide Suicide Prevention Lifeline**  
(800) SUICIDE  
(800) 273-TALK  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

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## You can also find help at...

- Center for Applied Research Solutions, Inc. (CARS)  
<http://www.cars-rp.org/>  
[carsinfo@cars-rp.org](mailto:carsinfo@cars-rp.org)
- California Community College Student Mental Health Program  
[www.cccstudentmentalhealth.org](http://www.cccstudentmentalhealth.org)

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