

American University of Sharjah



Referral Guide for Faculty and Staff

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The publication of this guide is in direct response to requests for consultation from faculty and staff members. The Learning & Counseling Center welcomes this

demonstration of concern on the part of faculty and staff members about the well being of students at the University.

TABLE OF CONTENTS	PAGE
The Role of Faculty and Staff in Assisting Students	2
When Might Professional Counseling Be Beneficial?	2
▪ Direct Requests for Assistance	2
▪ Traumatic Events	3
▪ References to Suicide	3
▪ Changes in Mood or Behavior 3	
▪ Depression and Anxiety 3	
▪ Unexplained Physical Symptoms	3
▪ Drug and Alcohol Abuse 3	
▪ Adjustment to University Academic Standards 4	
▪ Retention Issues	4
Students Approaching Faculty or Staff 4	
Faculty or Staff Approaching Students 5	
Referral Procedure	6
General Recommendations When Making a Referral 6	
▪ Follow-up	7
▪ Consult 7	
▪ When a Referral Fails	7
The Student's Experience at the Learning & Counseling Center 8	

About Confidentiality	8
Sources of Stress for Students	8
Signs of Distress	9



Learning & Counseling Center

A Referral Guide for Faculty and Staff Members

This document is designed to assist concerned faculty and staff members in determining if students with whom they have contact would benefit from the services offered by the Learning & Counseling Center. Please read through the guide and keep for future reference.

What is the Role of Faculty and Staff in Assisting Students Who Have Problems?

Students frequently experience a great deal of stress during their university careers. Although many students successfully cope with these pressures, some may find themselves overwhelmed. This is particularly true for students who, for whatever reason, will not or cannot turn to family or friends.

Faculty and staff members are in a unique position to identify and help students who are experiencing difficulties or who may be in crisis. Anyone who is regarded as caring and trustworthy may be seen as a lifeline during such times of trouble. Appropriate expressions of interest and concern are often critical factors in helping students deal with problems that are interfering with academic success.

As a concerned individual, you will not be able to spot every such student, nor will every student you approach be willing to accept your assistance. However, an expression of interest and/or concern may help a distressed student take the first step towards regaining the emotional balance needed to cope with life and its inevitable stresses.

When Might Professional Counseling Be Beneficial?

University students seek professional counseling for a wide variety of reasons. The issues facing students might relate to improving study habits, enhancing personal development, or resolving personal or interpersonal problems. The following indicators might be useful in making a decision about referring a student to the Learning & Counseling Center. In order to prevent possible over-interpretation of a single or an isolated behavior, it is advisable to look for clusters of signs or new patterns of behavior which appear approximately within the same timeframe.

Direct or Indirect Requests for Assistance

Students may ask for help in a variety of ways, sometimes directly and sometimes indirectly. It is therefore important to pay attention not only to what the student may

say, but also to any unspoken messages such as feelings, intentions, and/or behaviors which may underlie the spoken word. Effective listening goes beyond hearing the words that a person may use. It also involves paying attention to the tone of the message, the gestures and expressions that are used for emphasis, as well as trying to identify what the person is not saying. The impact of a caring and sympathetic listener should not be underestimated. Very often, having someone listen attentively to expressions of confusion or dismay may result in an individual feeling more in control of the situation and more hopeful about the future.

Academic Difficulties

For many students the difference between high school and the demands of university life and university academic standards may be far greater than anticipated. While it is expected that students will require a period of adjustment, some students may need more assistance than others.

Poor study habits are the most common reason for unsatisfactory student performance, but severe test anxiety, a lack of time management skills, classroom attendance problems, or disruptive behavior in the class are all issues which might benefit from counseling services and/or appointments with an Academic Advisor.

Changes in Mood or Behavior

Psychological distress is most commonly associated with changes and/or inconsistencies in an individual's normal patterns of behavior. Withdrawal from friends, avoidance of social activities, crying spells, outbursts of anger, unusual irritability, lowering of academic standards, and deterioration in personal grooming and/or hygiene are some of the symptoms associated with psychological difficulty.

Depression and Anxiety

Depression and anxiety are perhaps the two most common psychological complaints. Some symptoms of depression include persistent sad mood, feelings of hopelessness/helplessness, loss of interest in activities, decreased energy, inability to concentrate, restlessness, irritability, changes in appetite or weight (increase or decrease). Anxiety may involve restlessness, excessive and irrational fear, panic attacks (physical symptoms of chest pain, heart palpitations, shortness of breath, dizziness), obsessive thoughts, flashbacks, nightmares.

Unexplained Physical Symptoms

An individual's psychological state plays a large part in his or her physical health. Migraine headaches, stomach pains or upsets, diarrhea, allergies, nausea, menstrual disruption, eating disorders, sleeping disorders, and other physical complaints which have no apparent organic cause but whose symptoms are felt physically, are called psychosomatic symptoms, and may be the result of underlying psychological distress.

Drug and Alcohol Abuse

Signs of drug abuse, drug dependence, or excessive alcohol consumption are almost always indicative of psychological problems.

In the case of a suspected drug overdose or severe drug reaction occurring during office hours, immediately call the University Health Services (Receptionist Ext. 2699).

In the case of a suspected drug overdose or severe drug reaction occurring outside office hours, immediately call the University Emergency Health Services Number (050 – 6357651).

Traumatic Events

Traumatic changes of any kind are likely to cause turmoil in an individual's life. The most obvious trauma of this kind involves the death of a close friend or family member. However, increased stress and resulting psychological problems can also be caused

by trauma associated with changes in family circumstances, divorce, the loss of a significant personal relationship, or financial difficulties.

References to Suicide

Adverse life events in combination with other risk factors such as depression may lead to suicide or suicidal thoughts. In America, suicide is the 3rd leading cause of death among 15- to 24-year olds. Although it may not be as common in this area of the world due to religious and cultural beliefs, it can still be a concern.

It is a common belief that many individuals talk about or threaten suicide as a form of attention seeking. While this may be true in some cases, to conclude that an individual's reference to suicide is simply a bid for attention is **not advisable**. Any judgment regarding the seriousness of references to suicidal thoughts or threats of suicide must be made by a professional in the field of mental health.

As a rule, if a student writes or talks about suicide, the student should be referred to a counselor at the Learning and Counseling Center immediately and the Faculty/Staff member should relay the details to the counselor. This is particularly true if the student makes reference to how, when, or where he or she may be contemplating suicide. Without exception, any reference to suicidal ideation or a suicidal act should be considered serious.

In the case of an actual suicide attempt during office hours, immediately call the University Health Services (Receptionist Ext. 2699), and the Learning & Counseling Center (Ext. 2790 or 2792).

In the case of an actual suicide attempt outside office hours, immediately call the University Health Services Emergency Number (050 - 6357651).

Students Approaching Faculty or Staff

If a student approaches you with a problem, it is recommended that you take the time to listen to the student's concerns in a respectful and non-judgmental manner.

- Demonstrate your understanding of the student's feelings and acknowledge behavior you have observed (e.g. "You've missed a lot of classes lately. Is there something troubling you?")
- Avoid arguing with the student, attempting to convince him/her of the correctness your point-of-view, and any physical contact. The most effective approach is to respond with warmth, kindness, and clarity, while using a firm but calm approach.
- Ask the student about any previous attempts to solve the problem. For example, whether any steps have already been taken, if anyone else has been approached for assistance and if so, what was the outcome?
- If you decide that it is appropriate, discuss the possibility of a referral to the Learning & Counseling Center with the student. Be honest and direct about your limitations. Avoid judgmental language or statements with negative implications ("You're in a terrible state. You need to see a shrink.") Suggest the referral in a direct and positive manner. Present accurate and specific information as to what services are provided, what kind of help can be expected. If appropriate, refer to a specific person. Personalizing the referral may establish a greater sense of safety for the student.

- Gauge the student's reaction to the suggested referral: "What do you think about the idea?" or "Do you think that this might be a good idea?" If the student agrees to be referred, suggest that he/she make the appointment from your office.
- If the student is unwilling to be referred and you are concerned about the urgency of the situation, please call the Learning & Counseling Center for consultation. It is highly recommended that you keep written documentation of your efforts to refer the student, making note of the date and any action taken or recommended.
- If the student maintains contact with you after the referral, continue to be supportive, but be very careful to maintain strict confidentiality while remaining within your realm of responsibility (e.g., academic needs, financial problems, health concerns).

Faculty or Staff Approaching Students

If a student has not reached out to you for help, but you feel sufficiently concerned to approach the student, do so in a caring yet direct and straightforward manner, and then suggest a referral to the Learning & Counseling Center. It is never advisable to attempt to deceive or trick the student into seeking counselling. Make it clear that this recommendation represents your best judgment based on your observations of the student's behavior. Be specific regarding the behaviors that have raised your concerns, and avoid making generalizations about the individual.

If you choose to approach a student with your concerns, here are some suggestions that might make the situation more comfortable for you and more helpful for the student.

- Find an appropriate time, free of distractions, to talk to the student in private. 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 cared about as an individual and more confident about what to do. Attend to the student's thoughts and feelings in a sensitive and caring manner. Let the student talk and try to find out what thoughts and feelings he/she is having about the problem. Make the student aware that you are listening by repeating the essence of what the student has told you.
- Avoid being judgmental, making negative evaluations, and criticizing even if the student has asked for your opinion. This type of behavior will cause alienation and decrease the likelihood of the student accepting the help he/she needs. It is very important to communicate respect for the student's value system, even if his/her value system is different from your own.
- Instill a hopeful attitude. Reassure the student that all problems can be overcome. The student may feel that the situation is hopeless, and it is important to help the student realize that there are always options and alternative ways of dealing with problems. Suggest that the student make use of the resources available to him/her: friends, family, or professionals on campus. However, you should recognize that your goal is not to solve the student's problems, but to provide hope and then encourage a consultation with a professional or other appropriate person.

- Maintain a professional attitude when dealing with the student. It is important that clear and consistent boundaries are maintained with respect to the nature of faculty/student and/or staff/student relationships. This is particularly relevant in relation to academic expectations, exam schedules, and other such issues.

Referral Procedure

When making a referral, it is important to make the student aware that: 1) professional and confidential assistance is available and 2) that seeking out such help is a sign of strength and courage rather than a sign of weakness or failure.

- Avoid any attempts to refer when the student is obviously so upset that he/she will not or cannot understand what you have to say. Wait until the student has calmed down sufficiently to be able to discuss the situation and respond to your suggestions.
- Express your concern for the student in a caring, supportive manner and suggest that the student may benefit from meeting with a counselor at the Learning & Counseling Center. Explain that everything discussed at the Learning & Counseling Center is held in strictest confidence (see About Confidentiality), and that the counselor will not share any information about the student without the student's written permission. The only exception to this rule is if the student is in danger of harming him/herself or others.
- Inform the student about the procedures followed at the Learning & Counseling Center (*see, The Student's Experience at the Learning & Counseling Center*) and share any information you may have about the counselors who work there.
- If the student agrees to the referral, he/she may call the Learning & Counseling Center to make an appointment (Lesley Clarke, ext 2792) or visit the Center in person. (Student Center, Rooms A248, A249, A250). It should be noted that if a faculty or staff member is making an appointment for a student, the student must be present with the faculty/staff member at the time when the appointment is arranged. No appointments can be made for a student unless the student is present and gives permission for the appointment to be arranged.
- If you have made a referral, it is recommended that you follow-up with the student at a later date to demonstrate your continued interest and commitment to assist the student in this process. A follow-up with the student should occur in all cases, even if the student did not accept your referral.
- In all but emergency situations, the option must be left open for the student to accept or refuse counseling. If the student shows reluctance for any reason, simply express your acceptance of those feelings. By accepting the student's right to make his/her own decisions, you will ensure that your own relationship with the student is not jeopardized. Allow the student the opportunity to consider other alternatives and suggest that he/she take the time to think things over before making a decision. If the student refuses a referral, accept his/her decision and leave the situation open for possible reconsideration at a later time.

Consultation

When in doubt, call the Learning & Counseling Center and ask a counselor for feedback or advice (Lesley Clarke, ext 2792). Private consultation is available for faculty or staff who would like advice about how to assist a student. The LCC counselor will provide advice or refer to an appropriate service.

When a Referral Fails

There are times when, despite the best of intentions, a referral is not successful. The following are common reasons for referral failure:

- The student is not in the frame of mind to accept the referral.
- The student may have been unclear as to the nature and extent of the assistance offered by the referral source.
- There may have been an incompatible relationship between the student and the counselor.
- The referral source may not have been aware of the student's actual needs due to misunderstanding, misinformation, or poor communication.

If, during a follow-up meeting, you discover that the referral was unsuccessful, continue to be supportive of the student, attempt to determine the reason(s) for the failure, and explore alternative options with the student.

- If the student is not presently open to the referral, accept the student's feelings, but explain your limitations and encourage the student to consider his/her options. The giving and receiving of help is a two-way process and readiness on the part of the student is an essential component of the helping process. However, it may be that at a later date the student will be more receptive to the idea of a referral.
- If the student is unclear about the nature and/or extent of the assistance offered, a simple explanation of the counseling process may be all that is required. Some students have the misunderstanding that the counselor will tell them what to do and how to "fix" their problems. Counseling is not a "quick fix" cure for an individual's problems. The counselor's task is to help the student explore his/her feelings, thoughts, and concerns, to examine available options, and to assist the student in achieving the goals he/she has set.
- If the problem is that the counselor was not made fully aware of the student's needs, ask for the student's permission to make direct contact with the counselor and then clarify the student's needs. In making a referral, it is important to share all available information relating to the problem with the counselor.
- If it becomes apparent that incompatibility is the problem, encourage the student to try approaching another counselor rather than giving up. It may be that a student will feel more comfortable with one counselor and less comfortable with another. If an initial referral does not succeed, persevere and recommend a referral to an alternative source. If you feel comfortable recommending a specific individual, do so.

The Student's Experience at the Learning & Counseling Center

If the counselor's schedule permits, an intake interview will be conducted immediately following the student's request for assistance. Otherwise, appointments will be scheduled within a day or two of the student's initial request. Students requiring immediate help are seen the same day on an emergency basis. The student's first contact with the Center will involve an intake interview in which the counselor will gather background information and help the student to identify the problem area(s).

The counselor and the student will then make decisions about the type of help needed and decide upon a specific course of action.

About Confidentiality

It is important for members of the University community to understand that any counseling sessions conducted by counselors are confidential in nature. Information about counseling sessions or the content of counseling sessions will not be released unless the counselor receives a written request from the student to release information to a specific individual. The only exception to the confidentiality rule involves circumstances which would result in some clear danger to the student or another individual. The Counselors at the Learning & Counseling Center adhere very strictly to this policy.

Counselors at the LCC

Lesley-Ann Clarke Student Counselor

Lesley has been a Student Counselor at AUS since September 2002. Her qualifications include a Bachelor of Science Honors Degree in Psychology from the University of Northumbria at Newcastle, and a Masters Degree in Social Policy and in Social Work at the prestigious University of Durham in the UK . Lesley has over ten year's experience in therapeutic work, specializing in work with young adults, children and families.

Lesley has worked extensively with young people in a number of fields including educational settings, community mental health clinics, charity based support agencies, plus government social service departments. This experience has offered her the opportunity to develop a number of skills and areas of expertise; these include assessment and planning work, domestic violence, and therapeutic intervention with young people covering issues such as relationship difficulties, communication skills, educational issues, emotional and behavioral problems, plus many more.

Lesley uses a variety of theoretical perspectives, but all of her work is underpinned by an anti-oppressive practice and empowering framework. If you would like to contact Lesley you can do so by phoning her on Ext. 2792, emailing her at lclarke@ausharjah.edu, or visiting her office in the Student Center, room A 250.

Sources of Stress for Students

<u>Academic</u>	<u>Personal/Family</u>
Test anxiety	Homesickness/separation from family
Poor study skills	Parental pressures / unrealistic expectations
Lack of motivation	Monetary concerns
Conflict with professor or other student(s)	Peer pressure and/or peer approval
Time management and/or procrastination	Concerns about personal relationships
Confusion about course choice or major	Conflicting goals and/or values

Unrealistic standards of achievement Difficulty making the transition to university	Self-esteem /self-worth issues Concerns about personal appearance Loneliness/difficulty making friends Substance abuse (alcohol, drugs, food)
<u>Crises/Unexpected Events</u>	<u>Career</u>
Death of family member or significant other Divorce or separation (personal or parental) Break-up of relationship Academic disappointment or failure Major injury or illness Change in financial situation	Uncertainty about career direction and/or vocational goals Concerns about future opportunities in field of study

Signs of Distress

At one time or another, everyone feels depressed or upset. The following may help to identify some signs which, when present over a period of time, suggest that the problems with which the person is dealing are more than the "normal" ones. It is important to note that any single symptom by itself may not indicate the presence of unmanageable stress. Assessment involves the total picture of the individual's functioning. Look for combinations of symptoms and/or overall patterns.

Academic Changes

- Poor performance and preparation
- Excessive tardiness or absences from class
- Repeated requests for special consideration (if this differs from previous functioning)
- Unusual or changed pattern of interaction
- Excessive participation or avoidance of classroom discussions
- Extreme anxiety when called upon in class
- Disruptive behavior in class
- Conflict with other students
- Exaggerated emotional responses which are obviously inappropriate to the situation

General Changes

- In personal appearance (lapse in grooming or personal hygiene)
- In mood (increased irritability or obvious depression)
- In performance (decreased productivity)
- In sleep patterns (insomnia or extreme sleepiness, nightmares)
- In appetite (eating much less or much more than usual)
- In weight (obvious loss or gain)
- In energy level (lethargic or hyperactive)

Depression

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy, fatigue
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts

- Restlessness, irritability

Anxiety

Restlessness

Excessive and irrational fear

Panic attacks

- chest pain

- heart palpitations

- shortness of breath

- dizziness

- fear of dying

Obsessive and ruminating thoughts

Compulsive behaviors

Flashbacks

Nightmares

Physical Complaints of Unknown Origin

Headaches

Stomach pains

Frequent complaints of illness

Increase in accidental injuries

Withdrawal

Avoiding friends and social interaction

Reducing emotional involvement with others

Skipping classes and decrease in classroom participation

Poor Contact with Reality

Conversation that is disjointed and/or irrational

Obsessive worrying

Generalized suspiciousness or fear

Apparent distortions of reality (auditory or visual hallucinations, inability to distinguish fantasy from reality), disorientation

Unusual/Inappropriate Behavior

Behavior inappropriate to the setting or situation

Dangerous or threatening behaviors (to self or others)

Antisocial acts (theft, vandalism)

Hyperactivity or very rapid speech

Expressed hostility toward classmates and/or teachers