

# University Counseling Center

## Referral Guide For Faculty

2009-2010

Wake Forest  
University  
118 Reynolda Hall

758-5273

## REFERRAL GUIDE

As a faculty member, you may be the first person students turn to when they need help. You are also in an excellent position to recognize certain distress signals indicating the possible presence of some emotional trouble or pending crisis. Your role in expressing concern and assisting a student in getting help can be quite significant in his or her life. The purpose of this brochure is to provide you with helpful information regarding both the recognition of the symptoms of serious problems as well as available referral resources. The University Counseling Center is available to help you with students in distress, by consulting with you about the best course of action and by working directly with the student once a referral has been made.

Some students will come directly to you because they see you as someone they trust - someone who cares about their well-being, and with whom they feel safe. Many times, the conversation(s) with you will be of great benefit to the student and will satisfy his or her needs. In some cases, however, you may feel that you do not have the time or expertise to provide all the assistance the student needs. In this case, consulting with Counseling Center staff and/or making a referral to us is the optimal course of action.

Sometimes, students may demonstrate unusual, disturbing or markedly changed behavior in or out of your classroom that causes you to feel concerned about them. In these situations, knowing what to look for and how to address it with a student can be important. The following information addresses both of these concerns.

## IDENTIFYING STUDENTS IN DISTRESS

### Changes in Behavior, Attitude, or Performance

These changes may be quick and dramatic or they may involve slow but steady deterioration over time. Such changes may include:

- Excessive absences from class
- Multiple requests for special consideration in the absence of supporting data (e.g. learning or other disability)
- Failure to turn in assignments or take tests
- Changes in class participation
- Decline in academic performance
- Failure to keep scheduled appointments with you
- Dramatic changes in weight or physical appearance (including personal hygiene)

### Unusual Behaviors

- Outbursts or other disruptive behaviors
- Intoxication
- Excessively rapid speech or increased activity level
- Tangential or irrelevant speech/writing
- Social or interpersonal withdrawal
- Depressed or anxious mood
- Crying
- Frequent requests or demands for your time
- Poor academic performance
- Complaints of inability to concentrate
- Multiple physical complaints
- Sleeping in class

## Isolation and/or References to Death

- Overt or covert references to suicide
- Evidence of a suicide plan
- Preoccupation with death themes
- References to/preoccupation with violence
- Homicidal or other threatening statements, whether verbal or written
- Severe isolation from family or friends
- Perception of having no support network
- Feelings of helplessness, hopelessness, despair
- Evidence of serious loss (death, divorce)
- Indication of drug or excessive alcohol use

## INTERVENTION and REFERRAL

If you notice these or other alarming behaviors, you may wish to approach the student about whom you are concerned. Invite the student to have a conversation at a time convenient to both of you. Try to select a place where there will be some privacy (but not too much isolation) for a confidential discussion. It may work best to state your concern for the student in a direct, caring, and nonjudgmental manner such as, "I have noticed that you have seemed really withdrawn in class lately and I'm concerned about you."

If the student chooses to respond and tells you how he or she is doing, listen carefully, giving the student your full attention. You can communicate your listening by either paraphrasing what the student has said or reflecting the feelings that you're hearing, (e.g. "Sounds like you really

feel overwhelmed"). It is generally best not to offer quick solutions to his or her concerns, other than problem solving strategies that relate to your particular course. Offer respect, hope and support to the student and help him or her realize that there are resources available. In making a referral you might point out that seeking help demonstrates strength, not weakness. In referring to the Counseling Center, you might suggest that he or she call for an appointment from your office. Tell the student what you know about the Center and that even if he or she doesn't wish to receive help from us, we are in a good position to make referrals to other resources on and off campus. It is usually a good idea to follow up with the student to see how he or she is, anytime from a day to a week later.

## CONSULTATION

When in doubt about a situation, please feel free to call us (758-5273). A brief conversation with a counselor may assist you in clarifying the need to intervene, determining the appropriate means of intervention, or providing other referral options. During the regular school year we are open 8:30 AM-5:00 PM Monday-Friday. If your call is urgent, please indicate that clearly when you call. If you are concerned that a possible disability may be interfering with a student's work, please call The Learning Assistance Center (758-5929).

## AFTER HOURS EMERGENCIES OR CRISES

An emergency is a situation which is life-threatening or involves imminent danger or other extreme circumstances. In these situations, call 911 immediately to access emergency services. For other psychological crises or urgent concerns after hours, you can access the counselor on-call by calling Student Health Services (758-5218). During the summer and over breaks, our answering message provides information on local community resources.

## CONFIDENTIALITY

The Counseling Center operates under ethical and legal obligations that restrict any transmission of information without the explicit and voluntary permission of the student. If a student tells us that he or she has been referred and signs a release, we will tell you the student attended the initial appointment. If you have referred a student to us and would like to know if the student attended, we will ask the student to provide you with this information. Exceptions to confidentiality include imminent suicidal/homicidal risk, child abuse and neglect, and legal subpoena. Occasionally, students wish for us to have more in-depth consultations with faculty. This is done rarely, and again, only with the student's written permission. Counseling Center staff will be happy to consult with you regarding students that you have concerns about, ways to intervene, services available on and off campus and referral options.

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## University Counseling Center Staff

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