

**MINNEAPOLIS
COLLEGE of ART and DESIGN**

MCAD Student Counseling and Wellness
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Student with Depressed Mood

Experiencing a depressed mood, and the variety of ways it manifests itself, 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 that most students will experience periods of depressed mood during college. The mental health condition of depression is more extreme and pronounced. Depression begins to interfere with a student's ability to function in school, work, or in social environments. Depression involves physical symptoms and psychological symptoms.

Sadness, tearfulness, general emotionality

Trouble concentrating or remembering

Possible suicidal thoughts

Loss of interest in schoolwork or usual activities

Feelings of worthlessness, inadequacy, hopelessness, guilt, anger, irritability

Physical Symptoms: Difficulty sleeping; low energy level; changes in appetite, weight; deterioration in personal hygiene

Student with Suicidal Ideation

Suicide is the second leading cause of death among college students. It is important to view all suicidal comments as serious and make appropriate referrals. High risk indicators include feelings of hopelessness, helplessness, and futility; a loss or threat of loss; detailed suicide plan; a history of a previous attempt; history of alcohol or drug abuse; feelings of alienation and isolation; and preoccupation with death. More men commit suicide; more women attempt.

Talking about suicide will not plant the idea in a person's mind

Helpful Responses

-Reach out and encourage the student to talk about their feelings

-Tell the student about your concern for their well-being

-If you have concerns about the student's safety, ask directly if the student is at risk of harm to self or other.

-Talk about suicide if that is on the student's mind, then develop safety plan

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- If a student gives concern for their immediate safety, **contact** the Student Counseling and Wellness Office, and Student Affairs, and/or Campus Safety
- In case of a life-threatening emergency- call Campus Safety and 911
- Frequent contact, even for a few minutes, begins to relieve feelings of isolation (encourage the student to be in contact with family, friends, counselor)
- Follow-up/check back in with student

Student with Thought Difficulty

This student may have trouble distinguishing fantasy from reality. The student's thinking is typically illogical, confused, or irrational; the emotional responses may be incongruent or inappropriate; and the behavior may be unusual and bizarre.

You may notice that the student's speech jumps from one topic to another with little or no logical connection between topics. This student may also pay a great deal of attention to some unimportant detail that is being discussed or may be generally scattered and incoherent. This student may coin new words and expect others to understand their meaning or may put words together because they rhyme, not because they make grammatical sense.

The student may make inappropriate emotional responses; for example, the student may overreact to their feelings or be very "flat" emotionally. Many times, the person knows that their emotions are inappropriate, but just feels overwhelmed and cannot control them.

Individuals in poor contact with reality may experience themselves as especially powerful or important or may believe that people are attempting to harm or control them in some way. The student may also feel that certain actions have special meaning for them (e.g., when people in a small group begin to laugh, they are laughing at the student.) This student may experience auditory hallucinations, although visual, tactile, or olfactory hallucinations may also occur.

Helpful Responses

- Respond to the student with warmth and kindness, but with firmness.
- Reduce as much stimulation from the environment as possible.
- Acknowledge the student's concerns and let the student know you would like the student to talk things over with a counselor or the VP of Student Affairs
- Acknowledge the student's feelings or fears without supporting the misperceptions (e.g., "I understand how you think they are trying to hurt you and I know how real it seems to you, but I don't hear the voices.")
- Reveal your difficulty in understanding what the student is saying ("I'm sorry, but I don't understand. Could you repeat that or say it in a different way?")
- Speak to their healthy side, which they have.

Responses to Avoid

- Arguing and disputing the student's illusions
- Playing along (e.g., "OH yeah, I hear voices too. See the devil!")
- Encouraging further revelations of delusional thinking. It would be more helpful to switch topics and divert focus from the delusions to reality.

Student With Verbally Aggressive Behavior

Aggression can take many forms - from very subtle, passive acts to violent outbursts. It often results when a student perceives a threat, feels frustrated and/or out of control. Some aggressive students express hostility immediately without regard for their circumstances or the people around them. Others deny their anger and frustration until their hostility builds to the point of an explosive outburst. Many times, individuals who are verbally or physically aggressive feel inadequate and use hostile behavior as a way to feel empowered. Often these individuals think that you will reject them so they become hostile and reject you first to protect themselves from being hurt. They may see you as attempting to control them and may lash out to try to gain some sense of control. It is important to remember that the student is generally not angry at you personally, but rather you are the target of pent-up frustrations. Overall, dealing with an aggressive student will be handled best by maintaining a firm, consistent, and calm control in the situation. Give clear expectations or directions.

Helpful responses

- If appropriate, ask the student to talk privately
- Acknowledge the student's frustration, "I hear your frustration".
- Let the student know that you are interested in their concerns and you are not willing to have the conversation until the pressured behavior/language stops.
- Be directive and firm about the behaviors you will accept, "Please stand back; you're too close," and /or "I cannot listen to you when you yell at me" and/or "I would like to take a break for 10 minutes and then discuss this with you."
- Help the student problem-solve when the student calms down.
- Stick to the limits you set.
- Reduce as much stimulation as possible.

If you are at all concerned for your personal safety, contact Campus Safety for additional support

Responses to Avoid

- Arguing with the student
- Pressing for explanations about the student's behavior
- Looking away and not dealing with the situation
- Physically restraining or touching the student
- Making threats, dares or taunts

Student with Anxiety/Panic Attack

A panic attack is a sudden surge of mounting physiological arousal that can occur “out of the blue” or in response to encountering (or merely thinking about) a fearful situation. Bodily symptoms that occur with the onset of panic can include heart palpitations, shortness of breath, choking sensations, dizziness, faintness, sweating, trembling, and/or tingling in the hands and feet. Psychological reactions that accompany these bodily symptoms include feelings of unreality, an intense desire to run away, and fears of going crazy, dying, or doing something uncontrollable. After having a first panic attack a person may continue to feel helpless and fearful with strong anticipatory anxiety about the possible recurrence of the panic symptoms. Panic attacks may happen occasionally or they may occur regularly.

A panic attack is frightening but is not dangerous. The bodily reaction during a panic attack is an entirely natural reaction that simply occurs out of context. It is an instinctual “fight-flight” response to a threat of survival. In panic attacks, the bodily response occurs in the absence of any immediate or apparent danger. The neurological arousal of panic usually subsides within 20-30 minutes but emotional responses may linger.

Panic can be treated with changes in behavior, with calming exercises, and by breaking the connection between the bodily symptoms and the catastrophic thoughts, and with certain medications.

Helpful Responses for Panic and Anxiety.

- Check in with the student and ask if they would like to step outside or talk privately.
- Express concern and care.
- Some students will want to walk around, be actively physical, and retreat from the enclosed space of the classroom. Some students will want to sit down, rock back and forth, close themselves into a small space. Ask or give these as options if appropriate.
- Give suggestions if student cannot take action. “Sometimes with panic it helps to walk around until the body slows back to normal, sometimes it helps to go to a quiet place”
- Supportive contact with another person (so not alone), sometimes light physical touch when appropriate and with permission from student.
- Encourage breathing in a rhythmic way, count to 4 or 5 inhale, count to 4 or 5 exhale
- Reassure student that panic passes usually in 10-20 minutes. Reassure that the fears and worries can be figured out at another time.
- Encourage the student to engage in relaxation techniques, deep breathing, meditation, walking, exercise, contacting a trusted friend/family member and, if needed, to seek professional help.
- Be clear and explicit about what you are expecting from the student if student takes a break or leaves.
- Encourage assistance from Student Affairs and Student Counseling and Wellness.
- Follow up

