

# Engaging LAU Faculty & Staff as Associates in the Mental Health Support System





## Referral Guide

University students often experience high levels of stress. Any number of potential events- leaving home and moving into the dormitory, academic failure, the loss of loved one, job termination of close relatives, and so on- may require students to make adjustments in the patterns of their daily living. Not all life transitions are negative, but even positive events, when accompanied by significant changes and demands, have the potential to be distressing.

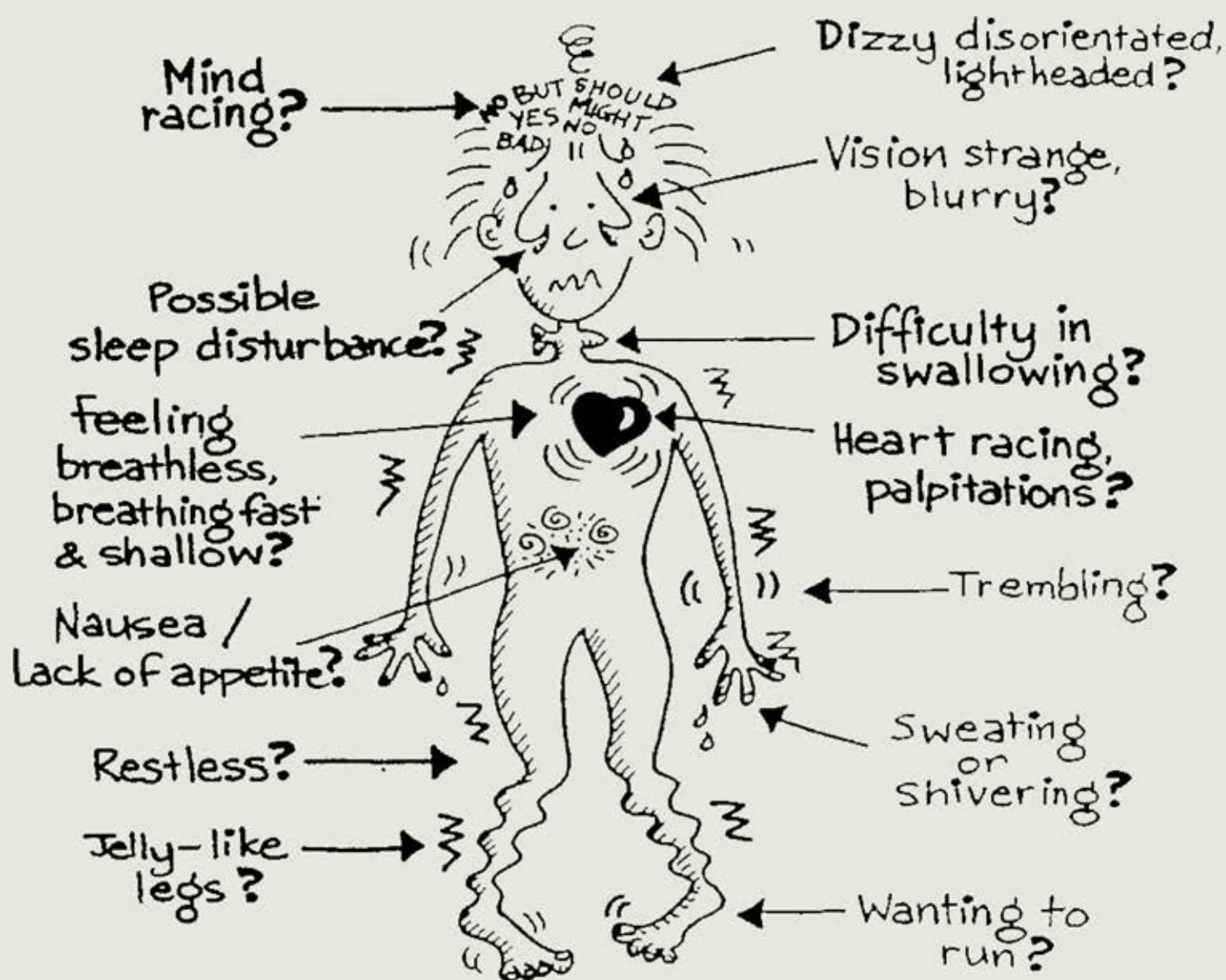
Many students weather the “stormy periods” of their lives without professional assistance; others may find that the distress of being a student provides an occasion to consult a mental health professional. Thus, every year, the University Counseling Office sees students seeking help with different concerns such as depression, anxiety, relationship problems, family issues, academic difficulties, just to name a few.

You, Faculty and Staff, play an important role in detecting and helping distressed students. However, identifying and responding to students in distress is not an easy job; it can be confusing and overwhelming. Hence, the University Counseling Office has prepared this guide that sheds some lights on the different signs and symptoms of distress; its purpose is to guide you in handling a problem until a referral to the counseling office can be arranged. If you wish to consult with professionals or believe that a student should do so, we welcome the opportunity to help.

We appreciate the role you play as associates in the Mental Health Support System at LAU, and hope that this guide will be useful to you in your efforts.

### Sources of Trouble/Distress

- Family problems
- Depression
- Loneliness
- Low self-esteem
- Academic pressure or failure
- Difficulty adjusting to university life
- Career indecision
- Eating disorders
- Sexual or physical abuse or assault
- Grief and loss
- Anxiety
- Relationship problems/break-ups
- Financial problems
- Conflict with classmates/Professors
- Trouble adjusting to different culture
- Athletes (pressure/ expectations)
- Drug/alcohol abuse
- Identity/sexual confusion



## Detecting Students in Crisis

The Lebanese American University recognizes that the problems students face in adjusting to university are various and different. Many students, particularly those considered to be “high-risk”, often are ineffectively prepared to adjust to the demands, pressure, and challenges of university life, which has negative effects on their behaviors.

### These include:

**“Cluster 1” Behaviors:** the following behaviors, although not disruptive to others, may indicate that the student needs help:

- Deterioration of academic performance/unexplained under-achievement
- Excessive worry
- Feelings of hopelessness and helplessness
- Difficulties with concentration, and memory
- Inability to make decisions
- Fatigue
- Social withdrawal
- Absenteeism
- Moodiness or irritability
- Poor energy level; the student is unable to perform most usual functions/activities
- Unusual speech rate, volume and articulation (being very talkative; very rapid speech; stuttering; stammering, etc.)
- Repeated failure to handle academics/requests for deadline extensions
- Poor hygiene

I'M EXHAUSTED  
FROM TRYING TO  
BE STRONGER  
THAN I FEEL



**“Cluster 2” Behaviors:** these behaviors are characterized by high intensity of response in dealing with different aspects of daily life; they usually show a student in obvious crisis that needs immediate care: the following behaviors are of concern:

- Moodiness and high irritability (hostility, aggressiveness, turning away while spoken to, unresponsiveness, etc.)
- Disorganized speech (inability to connect with or track normal communication, interrupting, using raised voice)
- Extremely bizarre or eccentric behavior



- Abnormal psychomotor activity (retarded; agitated; tremors)  
Thought content inappropriate to questions (loosening of association, flight of ideas, etc.)
- Exaggerated, Inappropriate or complete lack of emotional response (tearfulness; anxiety; panic, etc.)
- Paranoia/mistrust (Feelings of being persecuted or plotted against by others)
- Abnormal perceptions (auditory/visual/tactile hallucinations, i.e., seeing/hearing things that “aren’t there”)
- Suicidal thoughts (viewing death as a means of escape from distress)
- Self-destructive thoughts and intentions
- Homicidal ideation ( threats of physical harm, assault)
- Statement by the student that s/he needs help immediately



**NOT EVERY  
DISABILITY  
IS VISIBLE.**



I'M FEELING GREAT  
FEAR AND ANXIETY. MAYBE WE  
CAN TALK  
ABOUT IT  
LATER.  
MAYBE  
NOT...  
OR MAY  
BE YES  
WHATEVER





## What You Can Do/Guidelines for Dealing with Distressed Students

### Dealing with “Cluster 1” Behaviors

- Talk to the student in private (to avoid embarrassment and defensiveness)
- Be supportive and express concern for the student’s well-being (avoid judging the student’s behavior or labeling them)
- Emphasize behaviors that are and are not acceptable
- Avoid assessing & criticizing, unless the student asks your opinion (criticizing may close the student off from you and from getting the help needed)
- Set clear limits and hold the student to the allotted time for the discussion
- Refer the student to the counseling services office
- Inform reluctant students that they can just come in for a “Walk-In” session and speak with a counselor on a one time basis
- Encourage the student to call the counseling office from your office, and/or accompany the student to the counseling office





MENTAL ILLNESSES  
ARE A THING.  
THEY'RE REAL.  
AND WE NEED  
TO TALK  
ABOUT  
THEM.



- Assure the student that the counseling services are free
- Do not promise to keep threats to self or others undisclosed



### **Dealing with “Cluster 2” Behaviors**

- In case there is no immediate threat of physical violence to anyone, talk to the student in private (to avoid embarrassment & to promote cooperation)
- Remain calm and assume control in a soothing manner
- Explain to the student the behavior that is unacceptable
- Assess your level of safety & identify the behaviors that feel menacing or troubling (raised voice, clenched fists, incoherent speech, etc.)
- Use a time-out strategy (i.e., ask the student to reschedule a meeting with you once he/she has calmed down)
- Avoid meeting alone or remain in an open area if you have concerns for your personal safety
- Do not physically touch the student (keep a safe distance from a student who is angry)
- Speak in a soothing manner and a bit slower than normal so the irritated student will have to listen carefully to hear you
- Avoid arguing with unrealistic thoughts
- If you suspect mental illness, consult with the campus counselor to assess the student's level of dysfunction
- File a written report detailing the specific behaviors and steps taken to address the situation



## The Suicidal Student

Students experiencing suicidal ideation are intensely ambivalent about suicide and open to discussion. They have a prevailing belief that they are worthless, and only a slight frustration may convince them that they are such total failures that the only way out is to take their own lives. They usually want to communicate their feelings; any opportunity to do so should be encouraged.

- Some warning signs of suicide include intense feelings of hopelessness and helplessness
- Viewing death as a mean of escape from problems and emotional pain
- Feelings of alienation and isolation

# Suicide.

The word suicide caught your attention, didn't it? The truth is suicide catches everyone's attention. It's the actions that lead up to suicide that go unnoticed





### What to do:

Find a private place to talk to the student and take the disclosure as a serious cry for help; ask them about:

- Feelings of hopelessness
- Feelings of hurting themselves
- A plan to take their own life



If the answer is **YES** to either of these questions:

- Show that you care and are concerned about them
- Demonstrate that you will help them reach professional help
- Explain how professionals can be helpful
- Escort the student to the University Counseling Office immediately
- If the latter is refused, immediately inform the Dean of Students and advise the Campus Counselor
- Don't promise the student to keep suicidal thoughts in confidence

Not all suicide attempts lead to death, but they are serious indicators of emotional turmoil and poor psychological adjustment. Thus, all suicide threats or signs should be taken seriously. If a student is imminently in danger, contact the Office of the Dean of Students (See "Important Contacts" for numbers)

Don't  
criticize  
what you  
don't  
understand.

DEPRESSION, ANXIETY AND  
PANIC ATTACKS ARE NOT  
SIGNS OF WEAKNESS.  
THEY ARE SIGNS OF TRYING  
TO REMAIN STRONG FOR  
FAR TOO LONG.



## If a Student is Reluctant to Seek Professional Help

An important issue in counseling is the effect of social attitude and personal beliefs concerning counseling and mental health in general. The negative connotation concerning mental health can lead to student's refusal to seek professional help when needed and attend counseling. Because of our culture discrimination toward the people with mental health issues, it may be important to reassure the student that counseling is confidential and that no information will be disclosed; it is also important to remind the student that the counseling services have an open door policy and that they can meet with a counselor without committing to ongoing sessions.

If you are concerned about a student who resisted or refused to seek help, consult with the campus counselor.



## Some Comments on Confidentiality

Counselors at the Counseling Service Office are committed to act in the best interest of the students and to provide them a confidential service. The University respects the student's right to disclose or not to disclose a mental health difficulty; thus, it is important to clarify the issues related to confidentiality and limits of confidentiality.

The counselor should seek verbal (if not written) consent from the student before sharing any personal information to any third party (even if the third party was the person who referred the student to counseling). However, the counselor does not need to secure the student's approval for sharing confidential information in situations where their life or others' life is in danger.



## Available Support/Services

- Individual counseling & psychotherapy
- Group counseling
- Psychological testing/assessment (diagnostic assessment)
- Consultation services (for faculty, staff, & students who are trying to help another person)
- Referrals (when needed, we assist the student with a high quality outside referral. We include follow-up arrangements in an attempt to make sure the referral has been successful)
- Educational outreach (presentations; workshops, awareness campaigns)



**PS:** Crisis services & support are available during the counseling office business hours

## Important Contacts:

### In Byblos:

- **Dr. Jad Abdallah**  
Dean of Students  
Lebanese American University  
09 547254, ext. 2428  
jabdallah@lau.edu.lb
- **Joumana Haddad**  
Principal Counselor  
Office of the Dean of Students  
(near the Student Lounge)  
09 547262, ext. 2413  
Monday to Friday  
joumana.haddad@lau.edu.lb
- **Tala Al Noweisser**  
Counselor  
Office of the Dean of Students  
(near the Student Lounge)  
09 547262, ext. 2057  
Monday to Friday  
tala.alnoweisser@lau.edu.lb



I'm not going to  
tell you to get over it.  
I'm going to help  
you get through it.

### In Beirut:

- **Dr. Raed Mohsen**  
Dean of Students  
Lebanese American University  
01 786456, ext. 1394  
rmohsen@lau.edu.lb
- **Nathalie Medlege**  
Lead Counselor  
Office of the Dean of Students  
WKSC, level 4  
01 786456, ext. 1705  
Monday to Friday  
nathalie.medlege@lau.edu.lb



## References:

- Robin G. Gayle: "Guidelines for Dealing with Distressed Students" Faculty Development Workshops, Dominican University of California, CA. 2009
- Steven, D. Brown, Robert, W. Lent: "Handbook of counseling psychology" Wiley; 4 edition, 2008
- Watkins, D. C., Hunt, J., & Eisenberg, D. "Increased demand for mental health services on college campuses: Perspectives from administrators" Qualitative Social Work, 11(3), 2011
- Mental Status Examination
- <http://www.uwec.edu/Counsel/pubs/selfhelp/upload/A-Guide-to-Suicide-Prevention.pdf>
- [http://www.nccommunitycolleges.edu/sites/default/files/ba-sic-pages/student-services/best\\_practices\\_manual\\_for\\_counseling\\_referrals.pdf](http://www.nccommunitycolleges.edu/sites/default/files/ba-sic-pages/student-services/best_practices_manual_for_counseling_referrals.pdf)

NEVER GIVE UP ON  
SOMEONE WITH A  
MENTAL ILLNESS.  
WHEN "I" IS REPLACED  
BY "WE", ILLNESS  
BECOMES WELLNESS.

-SHANNON L. ALDER



