



# Mental Health Matters

Counseling and Psychological Services (CAPS)

Fall 2006  
Special Edition

## Dealing with difficult behavior: Guidelines for maintaining a positive learning environment

(Adapted from *Handbook on Supported Education*. Karen V. Unger, 1998)

With the increasing diversity of the students who attend college and the increased opportunity and demand for a college education, the classroom makeup and student needs are no longer homogeneous.

Many faculty and staff members have expanded responsibilities beyond teaching, instructional preparation, student advising, and providing services.

Most students with a psychiatric condition will attend school, complete their coursework without drawing inordinate amounts of attention to themselves, and move on. Others, perhaps because they may not be stable enough to be on campus, or they may become ill because of medication or life changes on campus, may exhibit signs of distress or psychiatric symptoms and be disruptive. Others may be extremely vulnerable to the demands and stresses of the college campus and exhibit disruptive behavior in difficult situations. A fourth category of disruptive students includes those individuals who have a history of behavior problems in a school setting, abuse drugs or alcohol, or have a history of violent behavior. It is helpful to understand the cause of the student's behavior so that intervention is appropriate.

*"Mostly, we would like the world to see us as able to recover, able to make a contribution, able to be in every degree human and worth being seen as individuals with separate aspirations, gifts, degrees of taste, and desires to learn. We have become rather weary of being the last odd lot of society's unwanted." (Mosley, 1994, p. 1)*

### To alert all students of CAPS services, consider placing the following few sentences in your course syllabus:

During the semester, if you find that life stressors are interfering with your academic or personal success, consider contacting Counseling and Psychological Services (CAPS). All IUPUI students are eligible for counseling services at minimal fees. CAPS also performs evaluations for learning disorders and ADHD; fees are charged for testing. CAPS is located in UN418 and can be contacted by phone (317-274-2548). For more information, see the CAPS web-site at:

<http://life.iupui.edu/caps/>

### In this issue:

Dealing with Difficult Behavior: Guidelines, Assessment, and Strategies

***The vast majority of our students are referred by concerned faculty and staff. CAPS values your support and collaboration in realizing our vision to:***

***...be valued and recognized by the campus community for promoting psychological health, wellbeing, and success for all students.***

***(Please remember that once a student becomes a client of the center, information becomes confidential and cannot be disclosed without a written consent from a student.)***

## Guidelines for maintaining a positive learning environment

**Observe** Watch the student to see if the behavior will stop momentarily. If it does not stop, catch the student's eye so he or she understands that he or she is being watched.

**Engage** If the behavior continues, address the student directly (by name or at his or her desk or chair if possible) in order to detract as little as possible from classroom activities. Get more information. Ask the student if he or she has a question or if there is a problem that needs attention. If the issue cannot be resolved at the time, make an appointment to see the student after class.

**Intervene** If the behavior does not stop, ask the student to step outside for a brief conference. Put someone else in charge of the class for the interim. If this is a crisis situation, dismiss the class. Get more information from the student to determine whether he or she has a particular problem or concern about something. Keep the discussion focused in the present moment and on the student's behavior. Next, ask the student to stop the behavior. If the student does not feel he or she can stop the behavior, ask the student to leave the class for now, and set up an appointment before the next class meeting to resolve the issue.

In the meeting, explore the student's problem further to determine whether an accommodation or a referral is necessary. If neither are the case and there are no other issues, determine whether the student is willfully and intentionally disruptive. If so, explain the process for managing disruptive students outlined in the student code of conduct.

**Consult** If a meeting does not resolve the problem and the behavior continues, begin the process of involving other staff members. Notify the dean of students. Discuss with other colleagues to determine whether the student has a problem in other classes or other places on campus. Talk to the student's advisor. If possible, set up a case conference. Decide whether it is necessary to begin a formal process. Inform the student of the process being implemented. Reluctance to consult with others may be common as some faculty and staff members may feel it is their job to handle the situation. However, there may be several other people that are struggling with the same student and the same behavior. It is in the student's best interest to have the problem identified and resolved before it escalates into a major issue.

**Document** It is important to keep records of what has been done to solve the problem. Records provide a means to monitor the situation and to determine whether it has improved; they also provide a basis for any formal action that might take place. Instructors should not hesitate to resolve problems early. They are often powerful change agents. Compassionate understanding and firm guidelines may be a positive force in the student's life at that moment.

## Your Campus Educational Partners:

### Counseling and Psychological Services (CAPS)

If you believe a student might benefit from CAPS services, consider suggesting they contact us. Additional information regarding making a referral can be found at

<http://life.iupui.edu/caps/refer.asp>

### Adaptive Educational Services (AES)

"The AES office encourages inclusive education by providing opportunities for accommodations and by facilitating services for persons with disabilities. AES efforts are directed toward enabling students to achieve their academic goals by augmenting their existing strengths and abilities.

Please visit 'The Faculty and Staff Lounge' at [http://life.iupui.edu/aes/faculty\\_guidelines.asp](http://life.iupui.edu/aes/faculty_guidelines.asp)

## Dealing with difficult behavior

Similar to all other students, each student with psychiatric conditions is an individual. The student's behavior and how his or her symptoms are manifested are unique. However, the experiences of college staff have led them to identify patterns of behavior that run across the entire student body including those with psychiatric difficulties and that require specific notice and interventions. Canada College (Redwood City, California), Portland Community College (Portland, Oregon), and DeAnza College (Cupertino, California) recommended the following additional hints for managing particular types of behavior:

### 1. Verbally Aggressive

A student may become verbally aggressive when he or she feels frustrated or out of control. He or she will lash out at others as a way to express these feelings.

**Do** allow the student to vent and describe what is upsetting him or her but indicate that verbally abusive behavior is not acceptable. If the student gets too close to you, sit down and ask him or her to move back. Be aware of the closest exit. If necessary, walk the student to a quieter, but public place.

**Do not** enlist the aid of other students to quiet the student down.

**Do not** threaten, taunt, or push the student.

**Do not** press for an explanation of the student's behavior.

**Do not** get physically cornered.

### 2. Violent or Physically Destructive

A student may become violent when he or she feels totally frustrated and unable to do anything about it. Being frustrated over a long period of time may erode the student's control over his or her behavior. This behavior may present the most immediate danger to staff and to other students.

**Do** get help immediately from Campus Police.

**Do** present a calm appearance and let the student talk. Respond to him or her calmly and quietly. Explain that only behaviors that are safe for others are acceptable. Call for assistance, but first tell the student of your intention.

**Do not** threaten, taunt, or push the student.

**Do not** press for an explanation of the student's behavior.

**Do not** confront or threaten the student.

**Do not** get physically cornered.

### 3. Poor Contact with Reality

A student in poor contact with reality may be having hallucinations or delusions or have difficulty separating fact from fantasy. He or she may behave in strange or unusual ways and is most likely scared, frightened, and overwhelmed; he or she probably is not dangerous.

**Do** respond to the student with care and kindness, and maintain eye contact. Acknowledge the student's fears without either supporting or contradicting his or her misconceptions. Try to change the focus from the student's delusion to the immediate reality. Contact the CAPS or AES offices.

**Do not** argue or try to convince the student that he or she is irrational.

**Do not** play along with the student's delusions.

**Do not** demand, command, or order the student.

**Do not** expect customary responses.

## Dealing with difficult behavior (cont'd)

### 4. Depressed

A student who is depressed may go unnoticed. His or her behavior may indicate low energy, lack of interest in what is going on around him or her, feelings of sadness and hopelessness, and difficulties with eating and sleeping. His or her personal hygiene may be poor.

**Do** express concern and privately inquire if he or she is receiving any help. If not, make a referral or escort the student to CAPS office.

**Do not** discount the significance and intensity of the student's feelings.

**Do not** say things such as, "Crying won't help."

**Do not** discount a suicide threat. If the student says he or she is contemplating suicide, notify CAPS office or campus police.

**Do not** leave the student unattended unless he or she has agreed to a positive course of action, such as calling a family member, friend, or a mental health service provider.

### 5. Anxious

A student who is anxious appears overly concerned with trivial matters. He or she may require very specific guidelines and seek more structure in assignments. Unfamiliar or new situations often raise his or her anxiety. Apprehension over assignments and concerns about perfection may be a result of unreasonably high self-expectations.

**Do** be clear and explicit about expectations. Let the student express his or her feeling and thoughts. Remain patient with the student's demands for clarification and structure.

**Do not** discount the student's anxiety by saying, "It's not really that bad, is it?"

**Do not** blame yourself for the student's anxiety.

### 6. Suicide

The student who talks about suicide may mention in an offhand way that he or she wants to kill him or herself or that he or she thinks about being dead or in a better place. The student may feel depressed and hopeless. He or she may threaten to do something that will end his or her life.

**Do** take these threats or comments seriously. If the student mentions specifics about how or when he or she will kill him or herself or if he or she has made a previous attempt, consider the risk very serious and get help. Express your concern for the student and strongly encourage him or her to see a counselor immediately. Escort the student to the counselor or to someone who can facilitate an appropriate referral.

**Do not** make light of suicide threats.

**Do not** discount the significance of the student's feelings of depression and hopelessness.

## ASSESSMENT OF PERCEIVED DANGEROUS SITUATIONS AND COPING STRATEGIES

Faculty and staff generally do not need to be concerned about their health and safety when working with people with psychiatric conditions. The education environment does not support aggressive or violent behavior, nor does it generally tolerate drug and alcohol abuse. However, because violence by this group of individuals is a common fear, assessment of threatening situations and coping strategies are important.

If feelings of uneasiness about the student arise, however slight, meet with the student where there are other people and where you can remove yourself. If you have to have a private meeting with someone, ask that a mental health professional or other qualified person sit in with you. Your first responsibility is to yourself and your own sense of safety.

When dealing with students who may be threatening:

- **Do not** argue with the student.
- **Do not** threaten the student.
- **Do not** try to touch the student.
- **Do not** minimize the student's feelings with statements like, "It isn't that bad."
- **Do not** make promises that won't be kept (Portland Community College, 1994-1995).

### Assessing dangerousness

- Assess the person's sobriety. Has he or she been using drugs or alcohol?
- Has the person stopped using his or her medications?
- Does he or she have a history of violent behavior?
- Is he or she highly agitated or incoherent?

### Managing dangerousness

- Trust your own instincts. If you feel unsafe, remove yourself from the situation or get help.
- Be honest with yourself. It is normal to be afraid. It is not wise to try to deal with a situation that you are not trained to handle.
- Violence is often the product of anger and fear. Try not to make it worse. Back off if you are in a power struggle or an argument.
- If you cannot remove yourself or the other person from the situation, remain calm. If you are in danger, it is a good idea to ask the person what he or she would like you to do.
- Don't confirm or challenge delusions or hallucinations. It is appropriate for you to say, "I believe these things are real to you."
- Help the individual to find words to express his or her feelings: angry words, scared words, sad words, hopeless words. etc. Words will help express the feelings safely and to calm the individual.
- Keep the person in the here and now. What can be done now to make the situation better for the person right this minute? Help the person to focus on what can be done now.

**The most important idea is, if you feel unsafe. Remove yourself from the situation and get help. Call the campus police or dial 911.** (From *If you fear violence from a mentally ill family member.* (1990). *The Journal of the California Alliance of the Mentally Ill*, 2. 7; adapted by permission)

## CAPS Upcoming Events:

### Alcohol Awareness Day

Tuesday, September 5  
11:00am to 2:00pm  
University College (UC) Lobby

### Depression Screening Day

Thursday, October 5  
10:00am to 4:00pm  
University College (UC) Lobby

### Office of Adaptive Educational Services

425 University Blvd., Room CA001E  
Indianapolis, IN 46202-5140  
Phone Nos.: 317/274-3241 (Office)  
317/278-2050 (TDD)  
317/278-2051 (Fax)  
<http://life.iupui.edu/aes>

### Counseling and Psychological Services

620 Union Dr. Suite 418  
Indianapolis, IN  
46202

**Phone:** 317-274-2548  
**Fax:** 317-278-0948  
**Email:** [capsindy@iupui.edu](mailto:capsindy@iupui.edu)  
<http://life.iupui.edu/caps/>

*The Division of  
Student Life and  
Diversity*