THE FACULTY/STAFF ROLE IN RESPONDING

TO A STUDENT IN DISTRESS

As a faculty or staff member, you are in an excellent position to recognize behavioral changes that characterize the emotionally troubled student. A student’s behavior, especially if it is inconsistent with your previous observations, could well constitute an inarticulate attempt to draw attention to his/her plight or ”*cry for help” .* Your ability to recognize the signs of emotional distress and courage to acknowledge your concerns, directly to the student, are often noted by students as the most significant factor in their successful problem resolution. Eighty percent of suicide victims communicate their intent to someone else.

The following checklist can be helpful in detecting severe depression or potentially suicidal behaviors.

**A BRIEF CHECKLIST**

1. **Have you noticed significant changes in the student’s overt behavior patterns?**

 **\_\_\_\_ Yes \_\_\_\_ No (If yes, please check all that apply)**

 **\_\_\_ Sleeping \_\_\_ Change in class attendance/participation**

 **\_\_\_Use of drugs/alcohol \_\_\_ Time spent with others**

 **\_\_\_ Weight gain or loss \_\_\_ Decline in hygiene**

 **\_\_\_ Other changes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you noticed significant changes in the student’s affect (emotions)?**

 **\_\_\_ Yes \_\_\_ No (If yes, please check all that apply)**

 **\_\_\_ Hyperactive, excited \_\_\_ Withdrawn, depressive**

 **\_\_\_ Mood swings \_\_\_ Anxious, panicked**

1. **Is the student abusing drugs or alcohol?**

 **\_\_\_ Yes \_\_\_ No \_\_\_Don’t know**

1. **What is the quality of social relationship for this student? (Check all that apply)**

 **\_\_\_ Lack of close, supportive friends**

 **\_\_\_Rarely participates in group activities**

 **\_\_\_Spends little time with others**

 **\_\_\_Non- supportive family ties**

 **\_\_Abusive relationships**

 **\_\_Don’t know**

1. **Have there been any recent traumatic or stressful events in this student’s life?**

 **\_\_\_ Yes \_\_\_ No \_\_\_Don’t know (If yes, please check all that apply)**

 **\_\_\_ Death of a loved one \_\_\_ Poor academic performance**

 **\_\_\_Serious illness \_\_\_ Changes in family relationships**

 **\_\_\_ Changes in close relationships \_\_\_ Other events \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Has the student hinted at suicide or talked about helplessness and/or hopelessness?**

 **\_\_\_ Yes \_\_\_ No \_\_\_ Don’t know**

1. **Has the student attempted suicide before?**

 **\_\_\_ Yes \_\_\_ No \_\_\_ Don’t know**

1. **Has a close friend of this student or family member committed suicide?**

 **\_\_\_ Yes \_\_\_ No \_\_\_ Don’t know**

1. **Does this student engage in physically dangerous activities?**

 **\_\_\_ Yes \_\_\_ No \_\_\_ Don’t know**

1. **Has the student exhibited increasing concern about death or life after death?**

 **\_\_\_ Yes \_\_\_ No \_\_\_ Don’t know**

**Students responding positive to items 1 through 5 have symptoms that would warrant an assessment at the University Counseling Center (UCC). Please have the student schedule an appointment at their convenience. Student responding positive to items 6 through 10 should be referred immediately to the UCC. You can facilitate this process by forwarding this checklist to the UCC. However, due to legal and ethical guidelines regarding confidentiality we can verify if the student follows through with your referral only with written permission from the student. Please ask the student to sign a “release of information form” at the UCC.**

**Note: *If there are other personal observations you have made that are not covered in this checklist, please do so by attaching another sheet.***

**ONLY FACULTY/STAFF**

**SOUTHERN UNIVERSITY COUNSELING CENTER**

**(NEXT TO THE STUDENT HEALTH CENTER)**

**225 771-2480 office**

**225 771-3560 fax**

**www.subr.edu/counselingcenter**