

# **Discovering Your Students: Strategies for Managing Distressing, Disruptive & Unexpected Classroom Behavior**

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# Expectations

- What brought you here today?
- What do you hope to gain from today's session?

# Collective Wisdom

- What types of behaviors come to mind as particularly distressing or disruptive?
- What is your best strategy for managing distressing, disruptive, or unexpected classroom behavior?

# Outline of Today's Session

- Prevention
- Recognition
- Intervention
- Reflection

# Prevention Strategies

- Setting the tone at the first class
- Provide information about your expectations in writing (syllabus) and verbally
- Stay current on AU's policies regarding student & faculty conduct
- Allow students to write and talk about their expectations for you, themselves, and the class
- Allow an opportunity for students make connections with other students (Icebreaker)
  - Scavenger Hunt

# Prevention Strategie: Self Awareness

- Setting the tone when you work with students
  - In a first meeting/interaction, what tone do you set?
  - How open are you to having difficult conversations with students about mental health? How do you communicate that openness?
- What do you think?
  - Don't assume every student knows how to do something.
  - Let them share what they know or unsure about.
  - Be willing to listen
  - Remind yourself that behaviors that seem inappropriate or even frustrating that there might be a mental health or neurological issue

# Awareness of Cultural Differences

- Race, ethnicity, and cultural background affect the way that emotional distress is expressed.
- Underrepresented groups face barriers to seeking help: denial, fear of being labeled negatively, lack of information about useful resources.
- Individuals vary in their responses to offers of help and to counseling as a possible solution.

# Awareness of Cultural Differences

- Important to be sensitive to these differences as you attempt to help.
- Seek to be aware of your own assumptions and biases.
- Avoid generalizing based on appearance and behavior.
- Be aware of the language you use to communicate concern and make suggestions for help.



# Awareness of Cultural Differences

- Discussion of mental health issues can be uncomfortable.
- Individual reactions are influenced by personal experience.
- Seek to be sensitive to individual differences.
- There is no "one-size-fits-all" approach to helping students in distress.

# Recognition Overview

- Common mental health issues among college students
  - Anxiety
  - Depression
  - Suicidal Ideation
- Spotlight on Autism

# The Anxious Student

## Facts about Anxiety

- Anxiety can be generalized across a range of situations, or it may be situation-specific (e.g., test anxiety, social anxiety, public speaking anxiety).
- Anxiety elicits a flight, fight or freeze response.

# The Anxious Student

## Symptoms of anxiety include:

- agitation
- panic
- avoidance
- irrational fears
- fear of losing control
- ruminations
- excessive worry
- sleep or eating problems

# Anxiety in Classroom

- The student appears to be distracted
- Seems to have a “deer in headlights” expression
- Fidgets in their chair
- Most likely avoids participating in class
- May display perfectionistic characteristics (hard on themselves, rigid)
- Have difficulty letting things go (e.g. missing 2 points on a paper)

# The Depressed Student

## Facts about Depression:

- Depression is a common mental health problem that varies in severity and duration.
- In its less serious form, depression is a temporary reaction to loss, stress, or life challenges. It can be alleviated through the passage of time and/or the healing effects of social support, daily routines, and simple coping strategies like distraction and exercise.
- Severe or chronic depression usually requires professional help.

# The Depressed Student

## **Symptoms of depression include:**

- Feelings of emptiness, hopelessness, helplessness, and worthlessness
- A deep sense of sadness
- Inability to experience pleasure
- Irregular eating and sleeping

# The Depressed Student

## **Symptoms continued:**

- Difficulties with concentration, memory, and decision-making
- Fatigue and social withdrawal
- Sometimes: irritation, anxiety, and anger
- In its most serious form, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain.



# Depression in Classroom

- Significant change in behavior, attitude, appearance
- Can appear withdrawn, disengaged, fatigued, ambivalent, sad
- “Slowing down” - arriving late, talking slowly
- Assignments - turned in late or not at all
- Student may disclose depression in an assignment, email, or conversation with you
- Socially isolated - resistant to group work

# Suicide

- Suicide is the second leading cause of death among college students.
- Suicidal thoughts are often associated with mood or anxiety disorders, such as depression, bipolar disorder and post-traumatic stress disorder.
- The suicidal person often discloses their feelings to others and they may leave clues about their despair.
- Different levels of suicidality.

# Common Emotional Characteristics of the Suicidal Student

- Suicidal thoughts
- Pessimistic view of the future
- Intense feelings of hopelessness, especially when combined with anxiety
- Feelings of alienation and isolation
- Death viewed as an escape from problems
- Personal history of depression or psychosis
- Personal or family history of suicide attempts
- Substance abuse
- History of self-mutilation

# Suicidal Student

- The student who discloses to others that he or she is suicidal may be ambivalent and reaching out for help.
- Students who are at high risk for suicide:
  - o Have a well thought-out plan
  - o Have means (gun, rope, knife, drugs/alcohol, etc.)
  - o No sense of belonging
  - o Sense of burden on others
  - o Significant sleeping issues
  - o Have little to no fear of pain or death

# Suicidal Student in the Classroom

- Similar appearance as depression, i.e. withdrawn, disengaged, sad, ambivalent
- May hear them talk as if there is “no purpose,” “no one cares,” “I don’t want to bother anyone”
- Very apathetic
- Talk as if they are saying “goodbye” for good

# Responding to Emotional Distress: General Guidelines

- Talk to the student in private.
- Listen carefully and validate the student feelings and experiences.
- Be supportive and express your concern about the situation.
- Ask the student if he/she has thoughts of suicide, as needed
- Be willing to consider or offer accommodations (e.g., extension on a paper or exam), if appropriate, as a way to alleviate distress
- Consult - Fill out BIT report

# Autism

- Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are
- Characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors.

# The Student with Autism

- Misreading social cues, facial expressions, and body language
- Social interactions and group work are stressful
- Stress relieving activities may make others uncomfortable (e.g. flapping hands, rocking, humming, sighing)
- Intelligence and large vocabulary may hide communication challenges
- Sensory perceptions can interfere with learning (e.g. flickering lights, loud noises)
- Multi-tasking is extremely difficult
- Nebulous sense of time or overly focused with time
- Difficulty with changes and transition
- Difficulty with self-advocating



# Autism in the Classroom

- Student may appear inattentive or bored
- May see ritualistic repetitive behaviors (e.g., body rocking when stressed)
- Literal interpretations of words
- Trouble staying on topic and maintaining conversation
- Knowledgeable in subject areas of interest
- May display the opposite emotion when stressed (e.g. smiling when being corrected)
- Poor awareness of body space
- Difficulty manipulating small objects
- Organizational skills lacking
- Focused on one task at a time
- Difficulty working in groups

**Questions?**

# Intervention Overview

- How to respond to students in distress
  - Listening and Responding Skills
  - The Art of Making a Referral
- Small Group Activity

# Listening & Responding Skills

- One of your best tools for helping students in distress is your ability to use your active listening and responding skills.
- Think about someone younger that you care about – How might you want someone to talk with them if they were having a problem?

# Active Listening Refresher

- Conditions for listening
  - Opening minded
  - Ready to listen
  - Environment & location (private, comfortable & quiet)

# Active Listening Continued

- Non-verbal skills
  - o Eye contact
  - o Facework
  - o Body posture
  - o Proximity to speaker
  - o Verbal following
  - o Use of silence
- Types of Questions
  - o Open vs Closed
- Reflective Listening
  - o Restating
  - o Paraphrasing
  - o Reflection of feelings
  - o Summarization

# The Art of Making A Referral

- Express concern for the student in a nonjudgmental way
- Point out what you are seeing or hearing
- Raise the issue of counseling, by explaining who we are, where we are, what we do, and what to expect
- Mention that services are free and confidential
- Normalize counseling by suggesting that you have referred other students
- Suggest that sometimes life's problems get much bigger than we can manage on our own

# Art of Referral: Autism

- Referral process is similar as stated above
- Be more directive rather than suggestive
- ASD students need others to be specific, i.e.,  
“I think that you should talk to Cathi Hendricks about \_\_\_\_\_. She can provide support for these struggles. I am going to email her to contact you. Please make sure that you check your email and respond to her.”



# Counseling Services

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# Scenarios

- Small group activity
- Groups will be given different scenarios
- In your small group, discuss the following questions:
  - What are your initial reactions to the scenario?
  - How would you respond in this situation?
    - If you speak with the student, what might you say?
    - Who would you want to consult with?
    - Do you need to document your interventions?
    - Is there anyone you would want to inform?
  - What are some possible pitfalls?
    - What would be your "plan B" if your initial course of action wasn't effective?

# Reflection

- After a distressing situation, take time to reflect
  - What went well?
  - What could you have done differently?
- Share with your colleagues – learn from each other

# A note on Anger

- Anger is a normal emotion - everyone gets angry at one point or another
  - “Angry students” have problems with controlling their impulses; there is usually a persistent pattern.
  - Can take the form of verbal assaults, physical assault, or written forms communication.
  - It is very difficult to predict aggression and violence; although most students who lose their temper are not violent.

# Anger in the Classroom

- Students can appear
  - Thin-skinned; overly sensitive
  - Quick to feel insulted
  - Convinced that what others have done is horrible, terrible, wrong

# Anger: What to do

- In a calm voice, explain to the student that the behavior is unacceptable and the meeting will end if the student is not able to calm down.
- Use a time-out strategy if the student does not settle down and remains aggressive ( i.e., ask the student to reschedule the meeting once he/she has calmed down).
- If the student has a pattern of losing his/her temper, and is not threatening or violent, you can consult with professionals at the Counseling Center via the Warmline.
- If the student makes a direct threat, is violent, or is physically aggressive toward you, contact the police immediately.

# Anger: What to avoid

- Staying in a situation in which you feel unsafe.
- Meeting alone with the student.
- Positioning yourself where you have no way out.
- Engaging in a screaming match or behaving in other ways that escalate anxiety and aggression.
- Ignoring signs that the student's anger is escalating.
- Ignoring your instincts.

# Wrap-up

- What we talked about:
  - Prevention
  - Recognition
  - Intervention
  - Reflection
- Final questions?
- Final comments?

THANK YOU!