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College Students in Crisis: Prevention, Identification, and Response Options for Campus Housing Professionals

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Abstract

Campus housing professionals, and Resident Assistants (RAs) in particular, are often faced with the challenge of identifying and assisting students who struggle with the transition to college and those students finding themselves in crisis. The challenge is compounded when these staff members, often students themselves, experience their own transitions and stress. This article provides a primer on identifying students in crisis as well as the tasks faced when working with students in transition and crisis. The prevalence of distress reported by students is followed by a review of the unique stressors encountered by entering students. This article highlights the importance of, and challenges with, identifying students in need, engaging them in supportive ways, and considering broader prevention efforts on campus. Implications for confidentiality, creating a supportive campus climate, and supporting residence life staff mental health needs are discussed.

Keywords: crisis, college students, identification, prevention, residence life
College Students in Crisis: Identification, Response Options, and Prevention for Residence Life Professionals

Entering and attending college can be challenging for some students, from the stress of the transition to campus, preparing for graduation, and the challenges of daily life in between (Baker, McNeil, & Sirek, 1985; Brougham, Zail, Mendoza, & Miller, 2009; Zajacova, Lynch, & Espenshade, 2005). For many students, arrival on campus is a catalyst for a complex matrix of transitions that results in a change in relationships, routines, assumptions, and/or roles for students (Goodman, Schlossberg, & Anderson, 2006). As such, many residence life staff find themselves responsible for assisting transitioning students and intervening with residents in crisis while also being students themselves. This paper provides residence life staff with a review of the prevalence of students in crisis, an overview of unique stressors facing college students, key elements of identifying and responding to students in crisis, privacy considerations when working with students, prevention options, and considerations for the mental health and well-being of residence life staff who are called to work with these students.

Prevalence of Crisis in College Students

A crisis can be defined as an event that significantly disrupts an individual’s ability to meet one’s needs, disrupts typical problem-solving skills, and incites a state of disorganization for the individual (James & Gilliland, 2013). Students in crisis need support and on the front lines of many such interventions are the campus residence life professionals.

Results of a recent study by the American College Health Association’s National College Health Assessment (ACHA-NCHA, 2012) of 28,237 students across 51 institutions portrayed considerable distress among college students. Almost a third (30%) of students reported that over the past 12 months they felt so depressed it was difficult to function, and 50% indicated
experiencing overwhelming anxiety. In addition, a disturbing proportion of students endorsed feeling hopeless (45%), overwhelmed (85%), exhausted although not from physical activity (80%), lonely (57%), and very sad (60%). Six percent of surveyed students in that study indicated engaging in self-harm, such as intentionally cutting, burning or bruising the body within the past 12 months. Additionally, many students reported experiencing violence and abuse: 19% said they had experienced a verbal threat, 9% were in emotionally abusive relationships, 6% were stalked, 4% had been physically assaulted, and 2% experienced sexual penetration without their consent. Only 29% of female students in that study reported feeling very safe on their campus at night and only 13% felt very safe in their surrounding community at night. These findings paint a picture of emotional distress as common among college students.

Unique Stressors of Entering Students

Entering students face unique challenges and stressors, including changes in relationships, roles, and routines (Baker, McNeil, & Siryk, 1985; Upcraft, Gardner, Barefoot, & Associates, 2005; Wintre & Yaffe, 2000). The changes can all occur simultaneously or in rapid succession. It has been argued that today’s college students may be the most psychologically distressed generation to ever arrive on campus (Benton, Robertson, Tseng, Newton, & Benton, 2003; Twenge, Gentile, DeWall, Ma, Lacefield, & Schurtz, 2010). This distress combined with the additional stressors of transitioning to college life often complicate pre-existing psychological conditions or concurrent stressors (Sax, 1997). For the majority of first-year students, the resulting psychological states are temporary and healthy triggers for personal development (Brougham, Zail, Mendoza, & Miller, 2009; Chickering & Reisser, 1993). But for some students, the transitions can instigate progression into a state of crisis – a maladaptive psychological response to these acute transitions can create intense, potentially chronic problems
that warrant additional attention or intervention (Pancer, Hunsberger, Pratt, & Alisat, 2000). Given the prevalence of psychological concerns amongst college students, there is significant potential for resident life staff, especially Residence Assistants (RAs) to encounter students in crisis. Thus, the need for information on how to accurately identify students in crises and provide resources to these students becomes imperative for successful residence life programs.

Unfortunately, despite their distress, students on college campuses tend to underutilize professional help (Drum, Brownson, Burton Denmark, & Smith, 2009) and nearly 80% of students who completed suicide never receive services at their campus counseling center (Kisch, Leino, & Silverman, 2005). Studies on college students experiencing suicidal thoughts indicate that if they decide to disclose their suicidal ideation, they rely more on peers than others on campus, such as professional counselors or professors (Drum et al., 2009; Wyman et al., 2008). In fact, the absence of reaching out for support to peers can be a warning sign that a student is experiencing difficulty (Pierson & Canto, 2012). Burton Denmark, Hess and Swanbrow Becker (2012) identified the top reasons students conceal their suicidal ideation: believing the thoughts would go away on their own; not wanting to burden others; not thinking others could be helpful; concern about stigma; and fear of repercussions.

While RAs live among students, students still may not feel comfortable turning to them for help, possibly due to a fear of repercussions (Burton Denmark et al., 2012). Thus, preparing RAs to identify, intervene, and address student concerns such that they are perceived more like peers than professionals are important training goals (Drum et al., 2009; Lewis & Lewis, 1996; Westefeld et al., 2006). Attending to clues that students may be in distress can help identify those individuals needing additional support. Such clues may come in the form of what they say
(e.g., “I can’t take this anymore”), what they do (e.g., missing class, substance abuse, absence of personal hygiene), or by events that happen to them (e.g., failing an exam, relationship breakup).

**Identification of College Students in Crisis**

While many students experience adjustment difficulties following their transition to college or during crisis events, not all reactions are considered pathological. Typical (safe) crisis reactions differ from pathological (problematic) crisis reactions in a number of ways, thus distinguishing typical adjustment from maladaptive responding is important (Pierson & Canto, 2012). This is often best accomplished by evaluating the reaction in light of the individual and the crisis event and by evaluating the absence, persistence, and/or intensity of the reaction (Pierson & Canto, 2012) to be discussed further in this section.

Factors both internal and external to the student can increase the risk of a maladaptive or pathological stress reaction (Brock, 2002). While physical proximity to a crisis event appears to be the greatest risk factor, emotional proximity (e.g., knowing an affected individual or prolonged media exposure) is another strong risk factor for developing a pathological response to a crisis event (Brock, 2002). There are also several student-level factors that appear to increase a student’s risk of developing a pathological response; for example, students’ limited access to previously accessed resources (e.g., social connections, financial support), a history of prior traumatization, developmental immaturity, an avoidant style of coping, or poor emotional regulation can all increase one’s risk of developing a pathological response (Brock, 2002; Pierson & Canto, 2012). Furthermore, students with a history of mental illness may experience increased intensity of symptoms during adjustments or crisis situations (Brock, 2002). Students who use or abuse substances often increase substance use when they are distressed, as a means of coping or self-medication (Brock, 2002).
Despite the presence or absence of the aforementioned risk factors, it should be noted that anyone can develop a pathological response to crisis (Pierson & Canto, 2012). The following warning signs are indicators for residence life staff that a student may be experiencing distress: persistent avoidance, unexplained recent disorganization, excessive rumination, or attaining weapons (American Psychiatric Association APA, 2000). Withdrawal from social activities, depressed mood, missing classes, not attending mealtimes, isolation, anger, or persistent somatic complaints are also often clues to a student’s distress (Brock, 2002). Any one of these behaviors or emotions may not be problematic but when a student is presenting several at once, the student may benefit from intervention (Pierson & Canto, 2012). Lastly, any indication by the student of risk of harm to self or others is a distinct warning sign that intervention and referral for mental health services is needed immediately. Regardless of the presence of risk factors, if a student is exhibiting one or more of the warning signs described above, referral for mental health services is advised (Pierson & Canto, 2012).

The Issue of Student Privacy

Clearly, campus authorities must be contacted when a student expresses an intent to harm self (suicidal) or others (homicidal). However, the lines about when to refer might become blurred with other mental health concerns, such as cutting behaviors, bizarre actions, romantic breakups, and substance abuse. When a student shares a mental health concern with an RA, what behaviors warrant a referral? Does that student have the right to expect confidentiality? Should a parent or guardian be called if a resident is intoxicated, or engaging in cutting behaviors?

When in doubt, the referral to mental health services is recommended by the present authors. With regard to confidentiality of that referral and the outcome, the Health Insurance
Portability & Accountability Act of 1996 (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) provide some guidance on these issues. The Privacy Rule of HIPAA addresses issues of disclosure of an individual’s health information. The most pertinent rule is that unless a student signs a release of information and specifies what information can be shared and to whom, a mental health professional will not be able to share information about that student, even one who was referred by the RA.

FERPA allows parents (in addition to other allowances) to access to their minor student’s educational records. A 1998 amendment to FERPA also allows (but does not require) disclosure to a parent if a student under 21 or a student over 21 who is a “dependent student” violates campus rules or laws of alcohol or controlled substance possession or consumption. However, release of information about specific student mental health concerns is not currently covered by FERPA. However some professionals (Graham, Hall, & Gilmer, 2008) are calling for changes in FERPA to allow for this flow of student mental health information to occur.

To assist in detangling the nuances of students’ rights to privacy and confidentiality, residence life staff are encouraged to work closely with campus counseling professionals to determine what information should be shared, with whom, and under what circumstances. For example, at the authors’ university, the campus counseling center is involved in training residence life staff and RAs specifically to identify and respond to a range of mental health issues faced by students. This is accomplished through discussions and through interactive role-plays prior to the start of the fall semester. The counseling center then continues to consult with residence life throughout the year to help RAs support students in distress while respecting privacy. Building Relationships [http://www.reslife.net/html/administrative_0312a.html](http://www.reslife.net/html/administrative_0312a.html) is another example of a collaborative program between residence life and the campus counseling.
center through several models of traumatic scenarios at Gwynedd-Mercy College in Pennsylvania.

**Intervention Response Options**

**Campus and Community Resources**

As previously discussed, within the college community, residence life staff, and RAs in particular, are often the first to encounter a student in crisis. Developing awareness of available supports once a student in crisis is identified, is critical to facilitate the connection of students to those resources available to help. Within a university setting, campus counseling centers are the primary resource for students in crisis – campus counseling centers consist of trained helping professionals who are knowledgeable of appropriate interventions in which to assist a student in crisis (Ellingson, Kochenour, & Weitzman, 1999).

Residence life staff should view referrals for mental health services as a joint endeavor whereby students are active participants in the decision to seek counseling. Thus, students have the opportunity to express concerns, fears, and reservations about engagement in counseling (Sharkin, 2006). Preparing students for what to expect and setting the stage for following up with the referral increases the likelihood of students’ engagement. Campus resources in addition to the counseling center can include the campus medical clinic, the career counseling center (if a separate entity), Dean of Students, and campus police.

There are also times when community resources are accessed instead of campus resources, due to the complexity of the issue or limited availability of campus resources (Lacour & Carter, 2002). Community and national crisis hotlines are generally free, confidential and accessible at all times. Local hospital emergency rooms are also a resource when a student poses imminent harm to themselves. Additionally, students can receive services by accessing local...
police and primary care physicians. Making information about counseling services readily available to residence life staff can enhance the capability of staff to refer students to appropriate resources (Taub & Servaty-Seib, 2010).

The present authors suggest that residence life staff can improve the effectiveness of their referral to mental health services by becoming more familiar with on and off campus resources and engaging students in a non-threatening, non-authoritative way. Some suggestions could include: host an event during training where representatives from these support groups can make brief presentations; create a quick reference guide that includes a synopsis of these sites as well as information regarding common student concerns they serve, contact information, hours of operation, and preferred referral steps. Lastly, these authors recommend that residence life staff physically visit these support centers and develop individual relationships with key personnel.

**Prevention**

In addition to identification and intervention, fostering a stigma-free help-seeking climate among students can be a powerful preventive measure to increase access to support for students in distress. At an ecological level, campuses can work to promote a culture of inclusion and openness to support-seeking among its members. An example of this is found at The University of Texas at Austin, where the “Be That One” suicide prevention program encourages all campus members to “be that one” who responds to others in distress (The University of Texas at Austin, 2013), thereby spreading the responsibility to intervene to all campus members. Similarly, Cornell University (2013, ¶ Welcome) has created the Cornell Caring Community where campus members “reach out to each other in times of need and work together to build a better place.” Residence life staff serve an essential part of such programs as they may be the first to notice students experiencing difficulties. Additionally, building a sense of teamwork and collective
responsibility among RAs may help them tap into a variety of ideas and share responsibility for students in crisis.

Strategies for prevention might also include collaborative efforts with on or off campus resources to provide workshops for managing stress, depression, loneliness, and other concerns specific to the students in a particular residence hall. Getting food donated to these events may boost attendance. Publicizing other support services such as group counseling is another way to help students preemptively address issues before they turn into crises. Anticipating likely trigger events such as holidays, mid-terms, parent weekends, and Fraternity and Sorority Life recruitment weeks allows for planning briefer interventions, such as leaving messages to students (e.g., actual messages, tokens, cartoons, and the like) of hope and ways to manage stress.

Avoiding Burnout or Vicarious Traumatization

In addition to residents needing assistance, RAs working with students in crisis can also find themselves experiencing challenges to their well-being. Intervening with students in crisis is at times emotional and RAs need support to perform this function while also maintaining their own mental health. The present authors argue that campus residence life professionals are also charged with encouraging RAs to maintain their self-care through exercise, sleep hygiene, and eating well. Increasing social connectivity between RAs and residence life professionals may also help RAs feel supported and part of a larger community.

Over time, working with individuals with adjustment difficulties and those in crisis can induce burnout (Cacciatore, Carlson, Michaelis, Klimek, & Steffan, 2011; Jenkins & Baird, 2002; Voss Horrell, Holohn, Sision, & Vance, 2011). In addition to working with residents facing these issues, RAs may be exposed to a variety of student experiences that can in and of themselves be traumatizing to the RA. In either case, it is equally important that RAs and other
residence life professionals seek consultation, supervision, and even professional mental health services to maintain their well-being. It is recommended that supervision of RAs occur regularly to ascertain when RAs themselves be at risk for developing maladaptive symptoms or styles of coping. RAs often pride themselves on how well they care for their residents; but they must not forget to take care of themselves along the way.

**Conclusion**

Working with students on college campuses who are in crisis can be challenging. Frequent contact with students to discuss, normalize, and validate feelings of distress can be critical components of preventing maladaptive or pathological responses of students and lays groundwork for collaborative relationships. As these relationships develop, residence life staff have an opportunity to identify and intervene with students in crisis and refer to campus and community resources as needed. Lastly, maintaining the health and well-being of residence life professionals should also be monitored and managed via collaboration, supervision, and perhaps counseling as well.
References


