

### When to Make a Referral

Even though a student asks you for help with a problem and you are willing to help, there are circumstances when you should suggest other resources:

You are not comfortable in handling the situation.

The help necessary is not your expertise.

Personality differences may interfere with your ability to help.

You know the student personally (friend, neighbor, friend of a friend) and think you may not be objective enough to help.

The student is reluctant to discuss the situation with you.

You see little progress in the student.

You feel overwhelmed or pressed for time.

### How to Make a Referral

#### To the student:

Be frank with the student about the limits of your time, ability, expertise, and/or objectivity.

Let the student know that you think she/he should get assistance from another source.

Assure them that many students seek help over the course of their college career.

Assist the student in choosing the best resource.

Try to help the student know what to expect if she/he follows through on the referral.

#### Consider these questions before making the referral:

What are the appropriate and available resources for the student?

With whom would the student feel most comfortable?

Who will make the initial contact, you or the student?

### Consultation is Available

If you have concerns about a student, counselors at the Center for Health and Counseling are available for consultation. Some of the ways we might help include:

1. Assessing the seriousness of the situation;
2. Suggesting potential resources;
3. Finding the best way to make a referral;
4. Clarifying your own feelings about the student and the situation.

### The Center for Health and Counseling

Any student who has paid the Health Center fee, may use the services of the Center. Students are encouraged to make their own appointments if possible. (Telephone: 474-7043). Because many students use our services, there may be a wait, from a few hours to a few days, before seeing a counselor. **In urgent situations, however, we will assist any student immediately.**

At the student's first visit to the Center, information and consent forms will be filled out prior to the session. During the first appointment, the counselor will begin to assess the student's needs and determine the most effective ways of helping. Options may include counseling at the Center or a referral to another provider.

### In an Emergency

Try to stay calm. Find someone to stay with the student while calls are made.

*For students expressing a direct threat to themselves or others, or who act in a disruptive, a bizarre, or a highly irrational way, call :*

University Police (24 hours)  
474-1911

For transportation and/or protection.

UAF Student Health and Counseling Center  
(8am–5pm)  
474-7043

For emergency consultation, evaluation, treatment, and referral.

Office of the Dean of Students (8am–5pm)  
474-7317

For emergency consultation.

*For students who exhibit severe anxiety, depression, suicidal thoughts, or any other intense emotional disturbance, and for whom no immediate harm seems likely, call:*

UAF Student Health and Counseling Center  
(8am–4:30pm) Monday thru Friday  
474-7043

For consultation, evaluation, treatment, and referral.

Crisis Line (24 hour telephone service)

Tel: 907-474-7043

## Helping Students in Distress: Tips for Faculty

## Faculty as Helping Resources for Students

*Suicide is the  
2nd leading cause of death  
in college age students.*

*Alaska has the  
**HIGHEST** rate of suicide  
in the United States.*

Given these two statistics, it is especially important that we at UAF be aware of what we can do to prevent such a tragedy.

This brochure is provided to assist you in becoming aware of signs of a distressed student, things that you might do to help the student, signs of suicidal ideation, and when and how to make effective referrals for additional help.

There are basically four types of warning signs:

1. **Situational:** stressful or traumatic experience.
2. **Depressive:** changes in usual behavior, inability to concentrate, socially withdrawn, easily agitated, apathy, crying, sense of worthlessness, appears sad, abusing substances.
3. **Verbal signs:** direct or indirect; verbally or in written material (e.g., assignments, papers, etc.).
4. **Behavioral:** giving away possessions, writing a suicide note, acquiring means to commit sui-