

Cornell Engineering

Students of Concern - Notice and Respond

Assisting Students of Concern

In your role, you may find yourself concerned about a student or having to respond to a student who is showing signs of stress or distress. Whenever possible, it is best for a person who has observed the behavior of concern or who has a relationship with the student to talk with the student directly. This communicates care and concern and can help reduce worry that the student may have about others knowing or about being in trouble, etc. If you need assistance assessing the seriousness of the situation or determining how to best respond, there are a number of professionals with whom you can consult and who are available to directly assist you and/or the student (see the list of resources at the end of this document). There are staff within the College of Engineering and at Cornell Health Services who can help identify issues, clarify urgency, provide support or direct service, and assist with referrals to appropriate resources.

Indicators of Concern

The following indicators are signs of concern and *may* be signs of distress. It is possible that a student exhibiting any one of these signs, in and of itself, may simply be having an “off” day. You may notice a student exhibiting one or more of the academic, physical, or emotional signs and decide that something is clearly wrong. It is important to consider what you are observing in relation to the student’s typical behavior and demeanor, as well as what you know overall about the student and his/her situation.

You may have a "gut-level feeling" that something is amiss. If this is the case, do not dismiss your feelings or feel that you need to wait for tangible "proof" that there is reason for concern. A simple check-in with the student may help you get a better sense of his/her situation. Consider consulting with a colleague, supervisor, one of the resources listed below, or another trusted member of the Cornell community to share your concerns and discuss how to respond.

It is important to remember that most situations fall into the “Concern” category. Often there are indicators that a student is experiencing difficulty long before a situation escalates to the point where the student is in distress or has a crisis. Most students are not suicidal and many situations can be resolved through a conversation with the student, a consultation about a student, or through a phone call or an email. Above all, remain calm, don’t panic, and if you see something, say something, even if to only share your concern with a colleague to better gauge your concern and/or develop a course of action.

Academic Indicators

Deterioration in quality/quantity of work

Repeated absences from class or from research lab; missing assignments or exams

Disorganized or erratic performance

Continual seeking of special provisions (late papers, extensions, postponed examinations, and projects)

Essays or other creative work that indicates extremes of hopelessness, social isolation, rage, fear, or despair

Behavioral and Emotional Indicators

Direct statements indicating distress, family problems, or loss

Anger or hostile outbursts, yelling, or aggressive comments

Lack of response to outreach from course staff

Shakiness, tremors, fidgeting, or pacing

Expressions of hopelessness or worthlessness

Physical Indicators

Deterioration in physical appearance/personal hygiene
Excessive fatigue
Visible changes in weight
Coming to class bleary-eyed, hung over, or smelling of alcohol
Visible scars or indications of “cutting”

Other Indicators

Expressions of concern about a student in the class or lab by his/her peers
A hunch or gut-level reaction that something is wrong

NOTE: any one serious sign (e.g., a student writes a paper expressing hopelessness and/or thoughts of suicide) or a cluster of smaller signs (e.g., emotional outbursts, repeated absence, a noticeable cut on the arm) necessitates a response.

Levels of Stress/Distress and Response:

Concern/Urgent (stress/distress):

Examples:

Not attending classes, missed exam, deterioration in quality of academic work, withdrawing from interactions, sleep or eating disturbances, increase in emotional response (angry, sad, frustrated), overly distraught, expressions of hopelessness/worthlessness, recent (but not active/current) thoughts of suicide, not in touch with reality or not able to function.

What to do:

Make contact with the student within 24-48 hours.

- Talk to the student, in person, if possible. Express your concern. Point out the specifics you have observed (“I’ve noticed lately that you. . .”).
- Ask “how are things going for you?”
- Listen attentively and encourage student to talk.
- Allow the student time to tell their story. Allow silences in the conversation, if they occur. Sometimes what follows can be especially productive.
- Restate what you heard as well as your concern and caring. Ask the student what s/he thinks would help.
- Avoid making sweeping promises of confidentiality, particularly if a student represents a safety risk to him or herself.
- Offer your support, help with decision-making, and provide referrals (see the list of resources at the end of this document). Often times a student will agree to talk with another staff person at Cornell, even when they will not agree to go to a counselor at Counseling and Psychological Services (CAPS).
 - Explain the limitations of your knowledge and experience. Be clear that your wanting the student to speak with someone else does not mean that you think there is something wrong with the student, or that you are not interested. Another individual may have more expertise or the resources to assist them in a more appropriate manner.
 - Provide name, phone number, and office location of a referral source or walk student to the appropriate office if you are concerned they will not follow up. Try to normalize the need to ask for support as much as possible. It is helpful if you know the names of staff people and can speak highly of them. Convey the spirit of hopefulness.

- Realize that your offer of help may be rejected. People who are experiencing some level of stress/distress sometimes deny their problems because it is difficult to admit they feel out of control. Take time to listen to the student's fears and concerns about seeking help; the student may come around.
- Try to end the conversation in a way that will allow you, or the student, to come back to the subject at another time and perhaps make arrangements for some sort of follow up (e.g., offer to email the student or ask the student to stop by next week, email, etc.).
- If student is expressing thoughts or feelings that cause you to become **concerned about safety**, ask directly if the student is considering suicide, ending their life or killing themselves. A student who is considering suicide will likely be relieved that you asked. Asking the question will not “put ideas in their head.”
- If a student expresses current thoughts of suicide, call Cornell Police ASAP. If student acknowledges having had suicide thoughts recently but not currently, call Cornell Health/CAPS. ***You do not have to (and should not) take on the role of a counselor. Your role is to “notice and respond” (i.e., observe, express care and concern, and refer).***

Emergency (distress):

Examples:

Harm to self or others seems imminent; situation seems threatening to you.

What to do:

Make immediate contact with the student and/or call Cornell Police ((607) 255-1111) or 911

If student is with you, and you prefer, have someone stay with the student while you step into another office to call CU Police.

--See the Resource List for Faculty/Staff and Where to Refer Students on the next page--

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Resource List for Faculty/Staff and Where to Refer Students

Primary Contacts

Major Undergraduate Coordinators/Graduate Field Assistants	Various Departments
Engineering Advising	(607) 255-7414
Available for consultations with faculty and staff regarding all undergraduate students. adv_engineering@cornell.edu	
Miranda Swanson, Associate Dean of Student Services	(607) 255-8240
Available for consultations with faculty and staff regarding MEng and PhD students. Works closely with the Graduate School. m.swanson@cornell.edu	
Community Consultation and Intervention (CCI)	(607) 255-5155
Counselors from CAPS available to assist faculty and staff:	
<ul style="list-style-type: none">• when academic, behavioral, physical, emotional, or other factors seem to be causing a student significant stress• when you're not sure what you can do to support a student• when you are concerned – or multiple parties have expressed concern – about a student	
https://health.cornell.edu/services/mental-health-care/resources-faculty-staff	
Cornell Health (includes Counseling and Psychological Services (CAPS))	(607) 255-5155
Professionals offering students individual counseling, psychiatry, group counseling, crisis intervention, and referrals. During business hours, press 1 for urgent concerns, or 2 to be connected with a CAPS receptionist. When Cornell Health is closed, your call will be answered by an answering service, and an on-call health care provider will return your call within 30 minutes. https://health.cornell.edu/services/mental-health-care/individual-counseling	
Let's Talk	
Drop-in service for students that offers informal, confidential consultation with a Cornell Health counselor. https://health.cornell.edu/services/mental-health-care/lets-talk	
Care and Crisis Services	(607) 254-8598
https://scl.cornell.edu/health-wellness/care-crisis-services	
Student Disability Services	(607) 254-4545
Works in partnership with Cornell faculty, staff, and students to ensure that all aspects of student life are accessible, equitable, and inclusive of individuals with disabilities. https://sds.cornell.edu/	
Cornell Police (if emergency)	(607) 255-1111 or 911