

## Article 21

### **Distressed College Students Following Traumatic Events**

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#### **Abstract**

This article identifies the signs of student distress and post traumatic stress disorder, provides practical advice and recommendations on how to identify and assist trauma impacted students, and presents suggestions and sample scenarios of dealing with distressed students.

*Keywords:* distress, acute stress disorder, post traumatic stress disorder, college students, trauma, distressed students

University campuses may no longer be perceived as safe havens, with stressors reaching far beyond studying for exams. Some stressful events, such as the stress related to balancing course loads, employment, and social and family life, can usually be managed by students. On the other hand, other sources of stress are beyond the control of the student, such as devastation from severe weather events or terrorist attacks. These incidents may affect an entire student body or even an entire geographical region, impacting some campuses more than others. Hurricane Sandy in 2012 devastated parts of New York and New Jersey and surrounding areas. The effects of the 2012 school shooting in Connecticut impacted the entire nation. Terror incidents and natural disasters, wherever they occur, are instantly reported in the news media and increase college students' concerns for their families and friends around the globe. This distress may negatively influence academic performance for college students even if the incident or disaster does not occur on their own campus.

Furthermore, these global incidents impact college students worldwide, as instantaneous media coverage places students in virtual closeness to the traumatic event (DeRoma et al., 2003; Lindsey, Fugere, & Chan, 2007). For example, in 2001 when two planes were deliberately flown into the World Trade Center in New York City (referred to as 9/11 in the United States) where the brother and sister-in-law of one of our international students both worked, one of the authors had to tell her the news.

Fortunately, she later found out they were both working offsite at client offices that day. However, the repercussions from that student's distress impacted her ability to perform in the classroom upon hearing such unsettling news.

Traumatic events and natural disasters on or off campus may cause distress for students. There has been a string of violence on university campuses around the world, for example: (a) on April 16, 2007, a massacre occurred taking the lives of 33 and wounding 29 students and faculty at Virginia Tech and forever changing lives for countless others (Hawdon & Ryan, 2012; Virginia Polytechnic Institute and State University, 2013); (b) on February 14, 2008, a gunman killed five in the middle of a geography class on the campus of Northern Illinois University (Gray & DeKalb, 2008; Palus, Fang, & Prawitz, 2012); (c) in 2010, violence erupted by rival political groups on the campus of Panjab University in India (Zee News, 2010); and (d) in 2008, violent protests occurred on and near the campus of the University of Eastern Africa in Kenya (BBC News, 2008). International students may be particularly stressed by incidents and natural disasters back home, such as the 2010 earthquake in Haiti and the 2011 Japan earthquake and tsunami. Another example was when Iraq invaded Kuwait in 1990; two students of one of the authors were scheduled to take an exam and reported they had not been able to concentrate on their studies because of concern for their families. The students were allowed to postpone the exam and subsequently did well in the class. Being aware of the impact of world events on students, especially international students, is of critical importance.

Natural disasters (e.g., tornadoes, hurricanes, earthquakes, floods, etc.) can impact college campuses anywhere (Phillips & Herlihy, 2009). Severe weather events may have more widespread impact on many college campuses in a region, such as the city-wide flooding and regional devastation from Hurricane Katrina in 2005 (Phillips & Phillips, 2008). This storm caused incredible stress for college students throughout the United States southern regions of Louisiana and Mississippi, as well as universities nationwide who took student refugees from the storm trying to finish their degrees (Chew, Holsendolph, Walker, & Yates, 2005; Fields, 2005). In addition, subsequent mandatory evacuations when hurricanes threaten serve as a continuing source of stress and reminder of earlier trauma. Given the prevalence of stressful situations college students endure, it is becoming ever more important for instructors and academic advisors to become knowledgeable about the signs of distressed students and what effective interventions are available to foster student success (Lee, Olson, & Locke, 2009).

Students who are exposed to traumatic events (i.e., school shootings, etc.) are "at risk for increased levels of PTSD, depression, and other forms of mental distress" (Hawdon & Ryan, 2012, p. 3). Student responses and coping strategies to such tragedies can vary greatly (Palus et al., 2012). Recognizing the signs of distress, acute stress disorder (ASD), and post-traumatic stress disorder (PTSD) and helping students in identifying assistance related to the trauma can go a long way toward helping the students successfully navigate their university years (Lindsey et al., 2007). However, many instructors and academic advisors may be unsure how to proceed with distressed students because they have little or no training to assist these students (Sharkin, 2006). The purpose of this article is to identify the signs of distress, ASD, and PTSD and to provide practical advice and recommendations to instructors and academic advisors on how to deal with impacted students, including an example of documentation of student contact.

This information can be shared with non-counseling faculty who are less familiar with the signs of distress, ASD, and PTSD. First and foremost, instructors and academic advisors need to be aware of university policies and other laws when interacting with distressed college students.

### **Know the Educational and Privacy Policy of the University**

In the United States, the Family Educational Rights and Privacy Act (FERPA) forms the basis for much of the communication between students, the university, and the student's legal guardians and serves to protect the rights of all the parties involved. "The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education" (U.S. Department of Education, 2013). The focus of FERPA is to protect the privacy of student's education records and ensure accuracy of these records. Parents (while the student is a minor) or the student who has reached 18 years of age must sign a written release of information form before education records can be shared. However, there are some exceptions concerning the release of information to "appropriate officials in cases of health and safety emergencies" as noted in federal law 34 CFR § 99.31. Importantly, FERPA does allow school officials, such as instructors or academic advisors, to share information acquired from the official's personal knowledge or observation of the student with a parent (Family Policy Compliance Office, U.S. Department of Education, 2007). Thus, faculty need to be aware of FERPA as it directly impacts interventions for and communication about students in varying levels of distress.

University administrators should have a process to insure that instructors and academic counselors are knowledgeable regarding university and legal requirements. That process should provide for the collection and periodic updating of emergency contact information for students and having a system for instructors and academic counselors to readily access this information. A counseling center at the university is one way that university administrators can have a resource for students. Similar to the process in which disabled students or students with learning disabilities file their disability with an Office for Student Disabilities on campus, a process could be established in which a distressed student could contact the counseling center (or be referred by an instructor or academic counselor) and the center could authorize the instructor to make allowances due to the circumstances of the students. Thus, student accommodations would be standardized for consistency when assisting distressed students. Publicizing this protocol university-wide could facilitate identifying distressed students and referring them to services in a timely manner by faculty who are better prepared to handle such situations.

### **Signs of Student Distress**

College presents many opportunities that may provoke increased stress for students, which may or may not lead to distress or impairment (Galatzer-Levy, Burton, & Bonanno, 2012; Watson, 2012). Additionally, students may have experienced past stressors or current stressors outside of their college classroom experiences. Smyth, Hockemeyer, Heron, Wonderlich, and Pennebaker (2008) found that more than half of all

college students have experienced “significant stressful or adverse life experience” (p. 74). The repercussions of this are that distressed students may miss classes, have poor concentration, and have difficulties with memory, motivation, and studying (Sharkin, 2006). Instructors and academic advisors then need to parse out the unmotivated student (i.e., “slacker”) from the struggling student, as such behaviors could easily be misconstrued. Sharkin (2006) identified the following signs of distress: change in behavior (e.g., academic performance, social interactions, and class participation), falling asleep in class, requesting special consideration, not completing assignments, and frequently needing clarification from the instructor. Instructors can utilize these signs as an opportunity to intervene to prevent academic probation or withdrawal from their university. While maintaining course expectations may motivate an unmotivated student to “get with the program,” a faculty member may need to take a very different approach with a distressed student who may truly need accommodations in order to be academically successful.

### **Signs of Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD)**

Faculty should note that ASD and PTSD are similar diagnoses with an overlap of many of the same symptoms; however, one key difference is that ASD is diagnosed from 2 days to 4 weeks after a traumatic event, while PTSD is diagnosed following the 4 weeks after the initial event (Bryant, Friedman, Spiegel, Ursano, & Strain, 2011). While these two disorders are not identical, they will be discussed interchangeably for purposes of this article, since we propose that the interventions of faculty for both of these disorders are comparable. There is a significant portion of college students who have experienced a higher level of stress due to exposure to some traumatic event; Smyth et al. (2008) found that 20% of college students nationwide (N = 6,053) report “symptoms indicative of clinical or subclinical PTSD” (p. 75). These results are supported by Borsari, Read, and Campbell’s (2008) meta-analysis of the research indicating that 10-15% of college students report full or partial PTSD. Students with PTSD might also experience a loss of interest in activities, irritability, difficulty sleeping and concentrating, and hyper-vigilance or nervousness around others (Sharkin, 2006). Any of these occurrences following a traumatic event indicate the need for further assessment to rule out PTSD. Instructors also should note that students with PTSD may be prone to substance use disorders; thus, signs of substance misuse also may indicate a student struggling with trauma (Borsari et al., 2008). There are many PTSD indicators for instructors and academic advisors to be aware of when intervening with struggling students.

### **Strategies for Assisting Distressed Students and Students with ASD/PTSD**

When assisting distressed students and students with ASD or PTSD, instructors and academic advisors should consider specific strategies and the education and privacy policies of the university. These may include obtaining emergency contact information, being aware of referral strategies on and off campus, and documenting efforts with distressed students should those records be needed in the future. We suggest that instructors make additional accommodations when working with students with ASD or

PTSD and be proactive with such situations by including provisions in the syllabus and providing/obtaining appropriate documentation.

### **Specific Strategies for Dealing With Distressed Students**

While instructors are in the process of identifying a struggling student, there are some classroom strategies that can be implemented. For instance, instructors can take an active role in monitoring students' academic progress during the semester. If students do not receive a passing score on their test, instructors can invite students to discuss their performance simply by writing "See me" on the returned test or e-mailing/calling them in for a discussion of their grades in the class. For students who are not expected to pass the course, instructors or academic advisors may recommend dropping the course to decrease stress and preserve their grade point average. The course can be retaken once the stressful situation is more manageable for the student. Furthermore, a formal evaluation of each student's progress throughout their degree program may be useful to determine and document (a) whether the student is performing at program level, (b) whether the student is in distress, and (c) if any necessary action is needed to remediate the situation.

After a student is identified as distressed, students need to be referred to mental health services. Lee et al. (2009) found that students who attended counseling were more likely to continue enrollment and perform better academically. "Counseling centers have the unique opportunity to considerably reduce the students' impairment by implementing proper assessment and treatment" (Borsari et al., 2008, p. 76). Understandably, a conversation centered on referring a student to the counseling center can provoke much angst for faculty who may not have received thorough training on broaching this topic with students. To alleviate instructor angst and ensure that protocol is followed and recorded, the instructor(s), academic advisor, and program chair may choose to have a joint meeting with the student. However, it would be important to foster a safe environment and not have the student feel outnumbered by too many people in the room or intimidated by higher-level administrators. Sharkin (2006) suggested the following regarding speaking with distressed students:

- promptly schedule meeting;
- obtain the student's cell number in case meeting has to be rescheduled or student misses the appointment;
- share concerns in a supportive, nonthreatening, nonjudgmental manner, yet be specific about the behaviors or comments observed that led to the concern;
- regardless of intensity of situation, acknowledge that this is a real issue for the student;
- find out if student is currently seeking counseling or has experience with past counseling, and make a referral to counseling if not currently seeking services;
- provide information about the counseling center (i.e., staff credentials, confidentiality, intake procedures, and services), and normalize and de-stigmatize counseling;
- have a resource list, including a community crisis intervention hotline, available if you need to make a call while the student is present;
- escort the student to the counseling center to ensure that the appointment is kept and to demonstrate much needed support to the student;

- follow procedures listed on the counseling center answering service if the office is closed, for instance during night classes (usually a counselor is on call);
- arrange a follow-up meeting with the student prior to ending the initial meeting;
- ask the student to sign a release of information form at counseling center to verify that the student *did attend* counseling (this is not to release the content of the session);
- provide specific information to the student's counselor about observed behaviors or comments in the classroom that are of concern,
- notify the student that information will be disclosed to others (i.e., the counseling center or dean of students) to keep the student safe, if the student is resistant to counseling; and
- consult with counseling center to get additional strategies for assisting the student.

These steps, which should be documented, are critical to successfully refer a student to counseling services. The instructor or academic advisor's job is to refer them to counseling, as opposed to trying to counsel students themselves. Non-counseling university personnel do not have the training or time to serve as a pseudo counselor (Sharkin, 2006). Likewise, counselor educators should not counsel their own students (American Counseling Association, 2005). Taking on such responsibility may jeopardize the health and well-being of the student, as well as compromise any professional relationship that the student has with the instructor or advisor.

Likewise, students who are concerned about a classmate should also be referred to the counseling center: (1) to provide strategies to get the student who is the cause for concern into counseling themselves and (2) to ensure that the student who is in the "caretaker/friend role" is maintaining healthy boundaries (Sharkin, 2006). Students are often juggling academics, work, and family responsibilities. While they may try, students may not have the additional resources (i.e., time, energy, skills) to assist a distressed classmate.

### **Specific Strategies for Dealing With Students With ASD or PTSD**

In addressing the needs of students with ASD or PTSD, instructors must realize that there are short-term and long-term needs to be addressed. Since acute PTSD symptoms are more likely to occur within the first 24 hours after a traumatic event, instructors providing information and discussion time during the class following a traumatic event are likely to alleviate stress reactions (DeRoma et al., 2003). When signs of ASD or PTSD are identified, university instructors should refer students to support services, such as counseling, offered by the university (Smyth et al., 2008). In addition to counseling services, referrals to campus chaplain services may help students to explore and make meaning of the event (DeRoma et al., 2003; Palus et al., 2012).

University administrators should have an emergency response plan in place which includes classroom interventions and first responders from various university offices allowing universities to respond quickly to the students' needs (Lindsey et al., 2007). Typically following a large-scale traumatic event, a crisis response team, including personnel from counseling, student health, campus police, and the dean of students' office, intervenes to help students and staff cope with aftermath (Sharkin, 2006). Likewise, crisis response teams may also be deployed on campus in response to traumatic local events, such as natural disasters, or national events, such as terrorist attacks. These

immediate strategies can assist students in coping with a traumatic event in the short term and reducing the development of post-traumatic stress disorder.

If the immediate needs of students are not met after a traumatic event, long-term consequences will continue to fester. Borsari et al. (2008) found that college students are more likely to have recently experienced a trauma than older adults; thus, younger college students already may be dealing with traumatic events and may have increased immediate needs to prevent long-term symptoms when new traumatic events occur. If symptoms persist, students may meet the diagnostic criteria for PTSD. Should the severity of PTSD dictate, students may need instructors and academic advisors to advocate for them and assist them in having this emotional disability recognized by the campus office of disability and student services. For instance, instructors may need to provide contact information for the campus office and provide encouragement and follow-up to increase the likelihood that students will actually find out their options. By doing so, students could be eligible for additional academic accommodations. It is important to note that depending on the severity, PTSD may qualify as a disability under the Americans with Disabilities Act (Office of Disability and Employment Policy, n.d.), which could provide critical resources for the student. Additionally, students who are military veterans with PTSD may have additional classroom needs, which may require a slightly different approach (Washington State Department of Veteran Affairs, 2009).

Instructors and academic advisors can provide the opportunity for students to speak about the incident with them, their classmates, or the campus counseling office. Such coping behaviors as “asking advice from others, speaking to others about feelings, and voicing emotions to others” tends to decrease the severity of PTSD symptoms following a traumatic event (Haden, Scarpa, Jones, & Ollendick, 2007, p. 1195). However, instructors may feel ill-equipped to offer such a forum without training (Sharkin, 2006). In order to best support the students, campus counselors or other trained administrators can lead the class to facilitate such discussions.

Students who reach out to family and friends for support, particularly face-to-face contact, can mediate the effect of the trauma (Haden et al., 2007; Hawdon & Ryan, 2012). Instructors need to be aware of the physical distances that separate students from their families and peer support networks, as this limits their ability to take advantage of what are typically their most positive coping resources (Schnider, Elhai, & Gray, 2007). Out-of-state and international students may require additional resources and supports following traumatic events to ensure that they have access to a local social support network.

### **Overall Recommendations**

There are some procedural strategies that can be implemented to alleviate undue challenges in assisting distressed students and students with ASD or PTSD. For instance, faculty should implement educational and privacy university policies (e.g., FERPA). Additionally, each university is likely to have their own set of protocols for students with mental health issues. After documentation is obtained from the office of student disabilities or the counseling center, instructors can provide classroom accommodations to ensure that students have the best chance to succeed. Such adaptations could include: “alternate testing arrangements, tape recording of lectures, use of note-takers, tutoring,

and certain exceptions to regular class attendance” (Sharkin, 2006, p. 103). The type of accommodations will depend on the individual student’s diagnosis and severity. Instructors can establish a positive and approachable demeanor by simply asking students: “Is there anything that I need to know in order to help you succeed in this class? Are there any challenges that you anticipate will impact your coursework that we need to address?” Speaking with students about these challenges after class or through e-mail in the first week of class is a preventative measure that has enormous dividends.

When there is a mass trauma, instructors may need to be even more flexible in terms of structuring the class, class attendance policy, or grading for the remainder of the semester. A traumatic event that impacts the entire campus can have a devastating impact on students and the campus community at large (Sharkin, 2006). Instructors may need to adjust academic assignments and examinations accordingly (Lindsey et al., 2007). Academic advisors may find that there are some cases whereby recommending students take a break in their studies helps students to focus on regaining mental health (Sharkin, 2006). At times the university may have to impose that the student withdraws from the university due to mental health issues, particularly if the student continues to be a potential harm to self or others. Universities may be able to avoid that step by mandating that students attend counseling, particularly if there is good communication between the counseling center and the administration (Sharkin, 2006). These policies are in place to assist the student and are not punitive in nature.

A critical strategy to assisting distressed students and students with ASD or PTSD is to know who to contact in case of an emergency. In an emergency, whereby the student’s health or safety, or others’ safety is in danger, instructors should work with university administrators to notify appropriate law enforcement, health officials, medical personnel, and parents if warranted (Family Policy Compliance Office, U.S. Department of Education, 2007). While acquiring student permission is preferred, FERPA indicates that instructors and academic advisors can contact necessary people in order to keep students safe. As a caveat, it is important to be aware of family dynamics to ensure that parental involvement will be helpful in the situation, as unfortunately this is not always the case (Sharkin, 2006). Again, if a student is in immediate danger of harming him/herself or others (has the means, intent, plan, or past history of harm to self or others), contact emergency services immediately. If the danger is not imminent, contact a counselor or dean of students to assist in the student intervention (Sharkin, 2006).

College counselors can assist students following a traumatic event to foster resiliency and motivation to stay engaged in academic pursuits (Phillips & Herlihy, 2009). If the university has a counseling center, instructors and academic advisors should start the referral process there for students to become aware of all of the resources available to them on campus to cope with their situation. The counseling center may have a limit on the number of sessions, and students may be referred to a mental health community agency for long-term care depending on the severity of the presenting concern (Sharkin, 2006). Some small university campuses and satellite campuses do not have the luxury of a university counseling center in which to refer students. In that case, the office of student services typically will have a referral list for students to obtain services. Obtaining a mental health provider may include starting with the student’s insurance provider to ensure that the provider is on their insurance plan. If the student does not have insurance, community mental health agencies are a valuable resource. In

addition, mental health graduate programs may have training clinics whereby graduate students provide counseling under supervision to students on campus (Sharkin & Coulter, 2009). Faculty may also have a list of hotlines available; for instance, a community or national crisis intervention phone line, which could provide the student with additional referral sources and resources.

Once a student approaches an instructor about the situation, it is recommended that instructors and academic advisors document contact with distressed students and students with ASD or PTSD. This contact may be through meetings, conversations, text messages, or e-mails. It is recommended that you keep a log of your contact with the student. For each contact document the date, time of contact, who was present, where the contact occurred, what the student requested, the reason for the request, what accommodation was agreed to, and any documentation from the counseling center. It may be advisable to have the student sign a form with the information on it (See Appendix). If your university has a policy on documenting these situations, then be sure to follow this policy and complete any forms. Documentation will ensure that the student is indeed receiving quality services and that additional referrals were provided as dictated by the individual situation. In addition, documentation of when and what was implemented (including consultation with the program chair or counseling center) can protect instructors and academic advisors just in case the distressed student later attempts to negate efforts made by the instructor or academic advisor to assist the distressed student (Sharkin, 2006).

### **Student Scenarios**

Given the collective teaching experience of the authors, below are a few possible scenarios of distressed students or students struggling with ASD or PTSD. These examples are a suicide threat by a student, memory loss, comments that trigger flashbacks, and survivor guilt. Suggestions for how to respond and lessons learned from these experiences are provided.

#### **Suicide Threat**

A student who is not performing well in the course comes into your office to discuss his/her performance in the class. During this discussion, the student says, "If I don't make a "C" in this class, I will slash my wrists." This is not a comment that should be brushed aside or ignored. This comment is a very specific threat, describing the means by which the student is suggesting that he/she plans to kill oneself. This situation happened to one of the authors who felt very unprepared in how to react to a student expressing suicidal ideation before the final exam. The author's response was to firmly tell the student that she does not allow any of her students to do that (suicide). Fortunately, the exam score was enough to pass the class with a "C."

If such a scenario happens, then the following is a suggestion on how to handle the dialogue with the student. If the student is in immediate danger (i.e., has something accessible to slit their wrist and intends to carry out the threat), then get help immediately by calling the campus police or 911 if no other first responders are available. If you can safely escort the student to the university counseling center, call them and let them know you and the student are on your way. Some areas will have a mobile crisis intervention

unit that will come to the client depending on the situation. Until help has been obtained, do not leave the student. The student may not really intend to commit suicide, but a trained professional in suicide assessment needs to make that decision. It is better to err on the side of caution than to have later regrets. Ultimately, each faculty member should be aware of and implement the emergency protocol as dictated by their university.

### **Memory Loss**

Students suffering from the after-effects of traumatic events may experience memory problems. From our experience at universities where traumatic events have occurred, it has not been uncommon for students to state that they are having much more difficulty in learning material for a test, especially if memorization is involved in the testing. As instructors who have worked on campuses (i.e., University of New Orleans, Virginia Tech – Northern Virginia Center) and been personally impacted by such traumatic events, we have experienced that following an incident, it is much harder to remember students' names; consequently, relating to the students' comments regarding memory difficulties is met with commensuration. This poses a difficult situation for an instructor once a student has taken a test and performed poorly, and based on our collective experience there are a number of strategies that can be implemented. Depending on your philosophy, an instructor may drop the lowest test, allow the final to count for a low test, or allow re-testing of subject matter. As suggested in this article, the instructor could take a more active role in monitoring students' progress, calling them in for a discussion of their grades in the class, or recommending dropping a course to those students who are not expected to pass. Another option is after exams are completed, have students analyze and report on their exam performance versus their goal for the course. This can be assigned as a writing project in the course that also encourages the students to stop and assess their current situation and what they can do to help themselves and also provides the instructor a chance to see the stresses the student faces.

### **Comments Trigger Flashbacks**

Instructors need to be aware of comments that one would normally make in a class that might trigger unpleasant flashbacks. For example, in a beginning class when discussing career planning and activities which students should participate in during their college years to improve their career opportunities, one author typically recommends that they purchase clothes for the "interviewing" season. As this comment was made, the author realized that this comment could trigger unpleasant memories. She then asked the class how many of the students lost all their clothes in the Katrina flooding; over half the class raised their hands! Realizing that an instructor's comment could trigger unpleasant memories and following up with a comment that recognizes students' difficulties can help to ease the situation.

### **Survivor's Guilt**

Following the tragic shootings at Virginia Tech, many students were traumatized and may have experienced varying degrees of distress following that incident (Hawdon & Ryan, 2012). Another reported byproduct from the experience was students struggling with survivor's guilt. These students were trying to make sense of why they were spared, especially when they had classes nearby or should have been there had their alarm clock

gone off or their class not been cancelled that morning. As reported to one of the authors, a student had grown up with one of the victims and knew the shooter as well. She struggled with how her friend's life could be cut short and how she could go on. Like many of us, she struggled with what it would have taken to prevent this tragedy from occurring. Interestingly, she also grappled with being associated with a university that was now forever linked with an incomprehensible tragic event. Nothing about accepting her admissions offer prepared her for the new looks of sadness and pity she perceived from strangers when she wore her shirts with the orange and maroon school colors. She benefitted greatly from counseling to deal with all of these emotions and took much solace from her university community that pulled together in support of one another. This is an example of when a referral to counseling can assist students to deal with the traumatic event to again focus on their academic pursuits.

### **Conclusion**

Most grading policies are standardized to be as fair to all students as possible. But we have learned that when students are distressed for reasons beyond their control, then they are not "on a level playing field." Therefore, we believe that allowing reasonable accommodations for these students helps level the field to allow these students to have a fair chance of succeeding. We live in a more complicated and interconnected world than past generations; no longer are students just juggling school and work. The instructor or academic advisor should be aware that a student may be in distress at varying degrees, thus classroom interventions or accommodations should vary based on individual situations. When working with distressed students, the instructor or academic advisor should not step into the role of the counselor. Referring these students to counseling, connecting students to their social support network, and ensuring that their needs are being identified and addressed in the classroom can be extremely beneficial in helping these students navigate through difficult situations and complete their academic journey.

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*Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: [http://counselingoutfitters.com/vistas/VISTAS\\_Home.htm](http://counselingoutfitters.com/vistas/VISTAS_Home.htm)*

**Appendix**

**Exhibit I: Documentation of Student Contact**

Name of Student \_\_\_\_\_ Student Number \_\_\_\_\_

Instructor Name \_\_\_\_\_ Course Number \_\_\_\_\_

Date \_\_\_\_\_ Time of contact \_\_\_\_\_

Form of contact: e-mail, office meeting, text message, etc. \_\_\_\_\_

Names of other(s) present, if applicable: \_\_\_\_\_

Referrals, if any, by the instructor \_\_\_\_\_

Documentation from counseling center attached: (yes, no, not applicable) \_\_\_\_\_

Student request(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for the request  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accommodation agreed to by the instructor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student signature \_\_\_\_\_

Instructor signature \_\_\_\_\_