

Supporting Resident Students

When to make the initial contact with residents:

- When a resident initiates contact with you
- When you observe behavior(s) of a resident that worries or concerns you
- When a resident tells you about concerning behavior of another resident

When a resident initiates contact with you:

- Assess if you have time to meet with the resident, e.g. you have 15 to 30 minutes in which you can offer your undivided attention to the resident
- Choose a place to talk where you will not be interrupted frequently, e.g. you may have to close your door if you are in your room
- Actively listen to the resident by allowing him or her to explain the reason he or she is coming to you
- If the resident requires further intervention beyond talking with you at this time, discuss options of what the resident can do
- Make sure those options are realistic
- You may suggest options; however, keep your suggestions to a minimum to encourage the resident's independence and to empower the resident
- Establish a time frame as to when the resident will accomplish the option he or she has chosen.

How to initiate contact with residents:

- Tell the resident that you would like to talk to him or her
- Go ahead and talk with resident at that time if he or she is alone
- Otherwise, arrange a time and place to talk with the resident one on one

Talking to residents about their concerning behaviors:

- Point out the concerning behavior(s) – be sure to be specific and non-judgmental
- Explain why this behavior concerns you, if it is not obvious to the resident
- If relevant, explain how others have been affected by his or her behavior
- Actively listen to the resident by allowing him or her to explain his or her point of view
- Discuss options of how the resident can stop or decrease his or her concerning behavior
 - Make suggestions of what the resident can do
- Establish a time frame as to when the resident will accomplish the option he or she has chosen

When to refer a resident to a mental health professional:

The following list is not comprehensive of all reasons to refer a resident; though, the list should be used as a guideline for the kind of issues and problems that you will refer out to a professional staff person.

- Poor emotional control
 - Uncontrollable crying or laughing at inappropriate times for a prolonged period
 - Hostile or belligerent behavior for no apparent reason
 - Exaggerated outbursts of emotion disproportionate to the event
 - Excessive worry and anxiety, especially about things that generally people don't worry about so much
- Sleeping and eating habits that change dramatically
 - Sleeping throughout the day or for much longer than usual
 - Not sleeping at all or very little
 - Eating a lot of food in a short period of time or continually eating
 - Eating very little food or abstaining from eating for a prolonged period of time (which could be as short a period of time as a few days)
- A preoccupation with personal health
- Frequent distrust of others and paranoia
- Hearing voices or having visual hallucinations (seeing things that aren't there)
- Persistent and ongoing depression (i.e. resident is expressing hopelessness, extreme lack of motivation, sleep problems, and withdrawal)
- Suicidal ideation

Ask yourself the following questions to determine if you need to refer the resident for professional help:

- Does the behavior the resident exhibits seem out of the ordinary?
- Do you believe you can deal with the particular problem, or do you believe it is beyond your skills at this time?
- Is the resident's behavior getting worse?
- Does the behavior place anyone, including the resident in question, in physical danger?

If at anytime you are with a resident and you are concerned about your safety, the safety of the resident, or the safety of others, call the RD for immediate help.

Process of referring a resident to a mental health professional

1. Point out to the resident his or her concerning behavior(s) – be sure to be specific and non-judgmental
2. Talk to the resident about going to see a mental health professional (counselor)
3. Emphasize that going to see a counselor does not mean that a person is mentally ill
4. Explain that meeting with a counselor is confidential, which means that the counselor will not tell you, the school, or the resident's family what the resident and the counselor discuss in their meetings; unless, the resident is likely to harm him or herself or someone

- else.
5. Give and/or tell the resident a list of mental health resources at NYU
 6. Offer to be present when the resident makes an appointment and/or when he or she seeks out counseling
 7. It is better to make an appointment or seek out counseling sooner than later.
 - a. Or, offer to make a counseling appointment for the resident with the resident present
 8. If you feel comfortable, offer to accompany the resident to their first visit with a counselor
 9. Tell your supervisor about the resident in question's situation, about your concerns for this resident, and that you referred the resident to counseling

Follow-up with the resident

- Follow-up with the resident in a timely manner, i.e. within a week, though sooner if the concern with the resident was very serious
- Initiate contact with the resident, e.g. stop by his or her room, ask him or her to have a meal with you
- Check to see that the resident implemented or at least attempted to implement the plan that he or she chose in your presence
 - o If the resident has not attempted to implement the plan, discuss the barriers and how to minimize those barriers
- Express care and continued interest
- Make sure to work closely with your supervisor

You will likely only need to follow-up once with most incidents. However, you may need to follow-up a few times with a resident who has more severe problems.

COUNSELING SKILLS

The following counseling skills are to be utilized any time you are talking with a resident about something that is concerning you about the resident or the resident is expressing concerns to you.

Active Listening

Active listening lets the person you are with know that you are truly listening to what it is he or she is saying.

- Non-verbal techniques
 - o Eye contact
 - o Open body language (e.g. crossing legs and arms at the same time is not open body language)
 - o Nodding your head to communicate that you understand what is being said
- Sub-verbal communication includes saying "uh-huh" to signify that you

understand what you are hearing

- Paraphrasing
- Using your own words, summarize what the person just said to you to clarify what was said and/or to show that you understand what was said

Additional Counseling Skills

- Ask clarifying questions.
 - This shows the person that you are interested and keeps him or her focused on the issue at hand
 - Examples of clarifying questions:
 - “What I hear you saying is....”
 - “What did you mean when you said...?”
 - “If I understand you correctly, you are saying....”
 - “Did you say...?”
- Ask open-ended questions
 - Open-ended questions elicit more information, much more information than a yes or no questions does
 - Examples of open-ended questions:
 - “Could you tell me more about...?”
 - “How might the situation have been different if you had ...?”
- Empathize
 - Focus on how the person is feeling
 - Try to put yourself “in his or her shoes”
 - Attend to and reflect on those feelings
 - Examples of empathizing are:
 - A resident is talking to you about her boyfriend breaking up with her. You show empathy by saying, “You’re feeling hurt.”
 - A resident is telling you that she has a paper due on Monday, her parents are visiting this weekend, and her roommate left the room a complete mess. You show empathy by saying, “You’re feeling overwhelmed because you have so much going on at once.”

You will likely find that your active listening and the questions that you ask will help the person to think about his or her problem more thoroughly. He or she may gain a better understanding of how to handle his or her problem just because you listened and asked questions. Listening helps others feel like you care about what they are saying and expressing empathy validates their feelings about their experiences.