

**DEVELOPMENT ISSUES
&
COMMON ADJUSTMENT PROBLEMS
WHICH IMPACT ACADEMIC PROGRESS
OF
COLLEGE STUDENTS**

DEVELOPMENTAL ISSUES

**WHO AM I?
WHERE AM I GOING?
HOW WILL I GET THERE?
WHO WILL I BE WITH?**

STRIVING TO ACHIEVE:

INCREASE SENSE OF PERSONAL INDEPENDENCE

Listens to self before listening to others

SEEKING MAXIMUM CONTROL AND INFLUENCE

When in doubt attempt to “manipulate” others

COMMON STUMBLING BLOCKS FOR STUDENTS:

EFFICIENT TIME MANAGEMENT

Getting to class and having assignments completed

REACTIVE RATHER THAN PROACTIVE STYLE OF ACTION

Difficult to plan ahead. When in doubt, put things off.

DIFFICULTY IN HEARING CONSTRUCTIVE CRITICISM

May be use to hearing only positives from teachers

SEPARATION ANXIETY (LONLINESS) FROM FAMILY

DIFFICULTY IN ESTABLISHING A SUPPORT NETWORK

Social skills may be marginal

EMOTIONALLY –INTERNAL AND PRIVATE

Especially for males: don't show emotions

POOR COMMUNICATION AND PROBLEM SOLVING SKILLS

IMPORTANT TEACHING SKILLS NECESSARY TO OVERCOME THESE ISSUES

CLEAR CLASSROOM EXPECTATIONS

Provided in written and verbal formats—often reminding students.

CONSISTENCY ON PART OF CLASSROOM TEACHERS

**TEACHER PROVIDES A BALANCE OF POSITIVE AND NEGATIVE
FEEDBACK.**

**TEACHER IS WILLING TO ‘KNOW THE STUDENT AS COMPLETELY
AS POSSIBLE**

Early Warning Signs

Indicators of Difficulty in Coping

The stress reactions below are presented in categories so that they may be more easily recognized and understood. There is no magic number of these symptoms that suggest difficulty in coping; rather it is the extent to which the noted reaction is a change, that is, different from a person's normal condition that makes a reaction potentially important.

It is the combined presence of symptoms that determines the potency of the problem. Indicators may be isolated reactions or combinations among the three categories listed below.

Finally it is their duration (how long the symptoms have been present and how long they last), the frequency of such incidents (how often they happen), and the intensity (strength) with which they are present that suggest the severity of the difficulty of coping.

Indicators

<u>Emotional</u>	<u>Behavioral</u>	<u>Physical</u>
<u>Apathy</u>	<u>Withdrawal (avoidance)</u>	<u>Preoccupation with illness (intolerant of dwelling on minor ailments)</u>
<ul style="list-style-type: none"> • The "blahs" • Recreation no longer pleasurable • Sad 	<ul style="list-style-type: none"> • Social isolation • Work related withdrawal • Reluctance to accept responsibilities • Neglecting responsibilities 	<ul style="list-style-type: none"> • <u>Frequent illness (actually sick)</u> • <u>Physical exhaustion</u> • <u>Use of self medication</u>
<u>Anxiety</u>	<u>Acting out</u>	<u>Somatic indicators</u>
<ul style="list-style-type: none"> • Restless • Agitated • Insecure • Feelings of worthlessness 	<ul style="list-style-type: none"> • Alcohol abuse • Gambling • Spending spree • Promiscuity 	<ul style="list-style-type: none"> • Headache • Insomnia • Initial insomnia • Recurrent awakening • Early morning rising
<u>Irritability</u>	<u>Desperate acting out (getting attention-cry for help)</u>	<u>Change in appetite</u>
<ul style="list-style-type: none"> • Overly sensitive • Defensive • Arrogant / argumentative • Insubordinate / hostile 	<u>Administrative infractions</u>	<ul style="list-style-type: none"> • Weight gain • Weight loss (more serious) • Indigestion • Nausea • Vomiting • Diarrhea constipation • Sexual difficulties
<u>Mental fatigue</u>	<u>Legal infractions</u>	<u>School indicators</u>
<ul style="list-style-type: none"> • Preoccupied • Difficulty concentrating • Inflexible 	<ul style="list-style-type: none"> • Tardy to work • Poor appearance • Poor personal hygiene • Accident prone • Indebtedness • Shoplifting • Traffic tickets 	<ul style="list-style-type: none"> • Failing or drop in grades • Difficulty concentrating on school work • Loss of interest in extra curricular activities • Social isolation • New to school • Frequent referrals to office because of behavior, tardiness, truancy • Academic learning difficulties
<u>Overcompensation</u>	<u>Fights</u>	
<ul style="list-style-type: none"> • Exaggerated / grandiose • Overworks to exhaust • Denies problems / symptoms • Suspicious / paranoid 	<ul style="list-style-type: none"> • Child / spouse abuse 	
<u>Work Indicators</u>		
<ul style="list-style-type: none"> • Decline in performance • Lower quality and quantity • Negative changes in quality of work group relationship • Higher rate of absenteeism • More use of sick leave and annual leave 		

SOME SIGNIFICANT INDICATORS OF CRISIS IN STUDENTS

Crisis can occur in all students regardless of age. Most frequently the student in crisis may attempt or commit suicide. Some significant indicators of a student in crisis may include one or more of the following.

Significant Indicators

- Suicide threat
- Verbal hints indicating self-destructive behavior or that life would be better if student did not exist
- Preoccupation with thoughts of suicide or death
- Family member or close friend has attempted or completed suicide
- Making final arrangements, giving away possessions
- Sudden unexplained cheerfulness after prolonged depression
- Keeping guns, knives, or lethal medicines in student's possession
- Breakup with boyfriend or girlfriend and withdrawal from other friendships

Family Indicators

- Loss of family member (or anniversary of loss) through death, separation, or divorce
- Rejection by family members
- Recent household move
- Family discord
- Change in immediate family or household membership
- Alcoholism or drug use in the family
- Student is a victim of physical, sexual, and/or emotional abuse
- Running away from home
- Family history of emotional disturbance

School Indicators

- Failing or drop in grades
- Difficulty concentrating on school work
- Loss of interest in extra-curricular activities
- Social isolation
- New to school
- Frequent referrals to office because of behavior, tardiness, truancy
- Academic learning difficulties

Social and Emotional Indicators

- Noted personality change
- Depression, feelings of sadness
- Withdrawal, does not interact with others
- Agitation, aggression, rebellion
- Sexual problems (promiscuity, identity, pregnancy)
- Feelings of despair, hopelessness, helplessness
- Feelings of being bad or the need to be punished
- Unexplained accidents, reckless behavior
- Recent legal involvement

Physical Indicators

- Changes in eating or sleeping patterns
- Weight gain or loss
- Neglect of personal appearance
- Lethargy, listlessness
- Frequent physical complaints
- Pregnancy
- Prolonged or terminal illness
- Drug or alcohol abuse

Significant Times of Danger, Rites of Passage

- Graduation
- Completion of parental divorce
- Anniversaries of unhappy events (parental deaths, severe losses)
- Holidays, particularly family holidays
- Vacation times, especially if child is isolated
- Change of season
- Custody disagreements

STUDENT MISMANAGEMENT CAN BE REAL or PERCEIVED

Perceived Mismanagement occurs when the student gets the idea that he/she is being treated unfairly.

It is common for the individual who is hurting to expect and demand immediate care and attention. When this attention is not provided, the individual might interpret the professional's actions as insensitive and/or rude. Therefore, personnel should take the time to reassure the individual that his needs will be take care of.

1. Acknowledge the student's perception of the mismanagement. Let the individual know that you know there is something bothering him.
2. Apologize. Tell the student that you are sorry that he is feeling the way that he is about things. Do not blame or judge the staff while doing this; instead try to get the individual to understand the situation.
3. Acknowledge the student's feelings and emotional reaction. Tell him that you understand he is feeling bad and that he probably has a good reason for feeling upset.
4. Elicit the student's suggestions about how to correct the problem. Ask the student if there is anything you can do to make things a little easier.
5. Encourage the student to talk about what is bothering him, this will refocus the situation from anger to constructive communication.
6. Develop a corrective action plan. Work with the student in finding solutions to what is going on.
7. Implement the corrective action plan. **SHOW THE STUDENT BY YOUR ACTIONS** that you are actually trying to do something to make the situation better.

Anger due to fear and/or panic is quite common in the health care field and education. It is exhibited when the student senses a loss of control over the situation. This leads to fear and , in order to gain back control, the individual may start behaving in a rash way.

1. Find out what the emotion and/or behavior is about. People who are experiencing fear are usually willing to accept assistance. If you are non threatening in your communication, the patient will most likely want to talk about it.
2. Always reassure the student that you are there to help

3. Opt for a more passive or submissive; this may more easily lead to trust and the student may be willing to follow your behavioral modeling.
4. Encourage the student to help manage the situation himself. What does he think will help.

VERBAL AND NON-VERBAL COMMUNICATION

Angry individuals are often quite sensitive to non-verbal signals and body language as well as the complexity of verbal communication.

A fine balance has to be drawn between excessive dominance and excessive submission. Many angry people respond positively to subtle submissive cues which helps them have a sense of being listened to, responded to, and taken seriously. Dominance cues such as waving your finger in the student's face can lead to negative consequences.

Voice tone, tempo, and volume are just as important as content when speaking to an angry individual. Soft, slow, and "deep" can have positive impact.

Let the angry student know that you are working hard to understand his emotions, perceptions, and motives. It can also be helpful to let him know that if you were in his shoes

DEALING WITH THE ANGRY STUDENT

Acknowledge the student's anger in a calm, gentle, and down to earth fashion with a tone that is non-accusatory.

Look, you seem angry as hell
You seem to be real up tight

Allow for a time to emotionally vent

Don't go immediately to:

Tell me what happened
What's going on

What sometimes underlies anger and aggressiveness are feelings of weakness and helplessness.

At least on the outside, it is important to show the student a sense of security and that you are relatively comfortable with anger.

**Counseling & Testing Service
(CTS)
University Union, Suite 321
(940) 565-2741**

Personal Counseling

- The Center provides confidential, professional, short-term (8 sessions/academic year) **Psychological Counseling** to currently enrolled students. Counselors assist students with a variety of challenges including everything from roommate conflicts, relationship difficulties, family conflicts, and academic concerns to depression, anxiety, eating disorders, and abuse.
- If needed, CTS offers **Assessment and Referral** to community and campus resources, including the Health Center for a Psychiatric consultation and NT Challenge for substance abuse assessment.
- A counselor is always on-call to assist with **Crisis** situations that require immediate attention during daytime hours of operation.
- CTS offers selected **Therapy Groups**. Call the office to determine what is being offered that semester or to request specific groups.

Career Counseling

- Meet with a counselor to design your personalized **career decision making** strategy.
- Learn about yourself through **Interest and aptitude inventories** for a nominal fee.
- Your counselor will interpret the inventories and provide you with **Career Counseling** as you explore the world of work.
- You can explore career options:
 - On **SIGI Plus & Choices**, which are Self Administered Computerized Career Interest Programs, or
 - In the **Career Library**, where counselors will introduce you to the library and get you started.

Check our web page for additional resources and information
www.unt.edu/cat

Testing Center

- **Computer Based Testing:** UNT is a national testing site that provides computer based testing for the GRE, GMAT, and TOEFL. Call (940) 369-7617 for more information or to register.
- You can take other non-computer based **standardized test** right here on campus including GED, SAT, ACT, CLEP, MCAT, and TASP. Information bulletins are available at CTS for testing dates.
- **Proctored Examinations:** If you are taking a correspondence course, you can arrange a proctored examination at CTS.
- Contact CTS for any applicable fees at (940) 565-2735.

Consultation & Outreach

- CTS offers consultations to Faculty and Staff.
- CTS also offers presentations to classes and student groups on topics such as stress management, assertiveness training, eating disorders, acquaintance rape, and other topics as requested.