

HVSSSC

Hudson Valley Student Support Services Center

175 Route 32 North | New Paltz, NY 12561 | Phone: 845-255-4874 | Fax: 845-255-3836

RESEARCH BRIEF

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Mary Grenz Jalloh, M.S., M.P.H., CHES, B.C.S.C.R.
Executive Director

Elizabeth Mastro, M.P.H., CHES
Program Coordinator

Debra Fuchs Nadeau, Ed.D.
Director of Research

Guidelines On How and When To Refer a Student to Counseling

Teddy Holtz Frank, C.S.W.

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Marie, an average student who has always been very popular and socially involved, has lately been missing classes and has fallen well behind in her school work. When she does show up in class, she no longer sits with her old friends. Instead, she sits in the back of the room by herself, appearing dazed and inattentive. She has also been seen hanging out with other students known to be drug users.

What should a teacher do if he or she suspects a student is in trouble with alcohol, other drugs, risk of suicide, gang involvement, or other problem behaviors?

With all the demands put upon teachers and health educators these days, it is important to remind ourselves that a teacher's role is not to diagnose a student's behavioral problems. There are many explanations for the same behavior and ultimately, it is a counselor's job to determine the causes and solutions for a student's difficulties.

The teacher's role is to facilitate getting help for the student. While that may seem outside the boundaries of a classroom teacher's responsibility, this makes sense if you consider that the teacher is often the one who sees the student most frequently, and is in the best position to determine if the student is having difficulty functioning in class.

Before we consider exactly what to do

if a student needs counseling, it might be helpful to provide some criteria on how to determine if indeed a student does need help, whether due to drug use, family issues, or some other problem.

Apart from the obvious behavioral difficulties that student might manifest, including violent speech or behavior, excessive absences or tardiness, there are more subtle signs that a teacher may notice. A behavioral observation form, which may be helpful in pinpointing the vague concerns a teacher might have about a student's behavior, is included here. Once the behavior is identified, the student can begin to receive the proper help.

When a health professional has made a determination that a student is experiencing difficulties, the next step is to make a referral to counseling. It is also a good idea before teaching a sensitive topic such as drugs, sexuality, self injury and suicide, to know the referral systems within your school. These topics may very often trigger issues for students who need a place to talk about their feelings and be understood.

If you have a good rapport with your students, as many health education professionals do, it is likely that the student may approach you for help. However, unless you share a dual role of educator/counselor, it is not advisable to take on a counseling role. At that point, it is best to refer the student to a trained counselor within

the school system.

The following guidelines on referring a student serve only as a model to fit the particular environment and circumstance.

1. Know your referral process

Familiarize yourself with the process in your school for making a referral. Be sure you understand the operating procedures in effect in your school. For example, many schools have instituted protocols in cases of attempted suicide, self-injury, pregnancy-related issues, violence and drug use. All schools have Federal reporting mandates in cases of child abuse and neglect.

Introduce yourself to the counselor if you do not already know him/her. Inform the counselor that you will be starting lessons with students which covers sensitive topics. Invite the counselor to be in the classroom when you present the topics, in order to make the students aware of the services available through the guidance or counseling office.

If your school does not have a counselor, find the best referral for a community based organization that is willing to accept school referrals. If you do not know of any, check with the guidance department, health department, or school social worker (if not in your school, perhaps in central administration). As a last resort, check the phone book and interview some agencies by phone to

determine their willingness to work with school referrals.

If you suspect a student needs counseling:

2. Approach the student discreetly.

Try to catch him or her on the way into or out of class. Do not single them out in any way that may cause embarrassment. Instead, gently approach them.

3. Describe the behaviors you have noticed in neutral terms.

Example: *“Marie, I’ve noticed that lately you seem to be having difficulty concentrating in class. And you haven’t been taking as much care with your appearance as you usually do.”*

4. State your concerns in broad terms.

Example: *“I’m concerned that you seem to be having some difficulty, which may affect your school performance.”*

5. Do not probe!

Remember, your role is to facilitate the student getting the help he or she may need, not to counsel the student. Probing can either serve to give the student the impression that you will act as the counselor, or may make the student feel self-conscious and retreat further.

6. Ask if the student would like some confidential help.

Example: *“Would you like to talk to someone? Someone you can trust?”*

If the student is not interested in seeking help at this point, maintain a positive, neutral attitude. Reassure the student that the door is always open if he or she would like to discuss this at a future time. *Remember, if the student does approach you at a later time, your role is still to refer to a counselor, not to become the counselor.*

Depending on your level of concern and the degree of the student’s rebuff, you can proceed to step seven, reassuring the student about confidentiality. If the student still refuses help and you feel your concern warrants additional intervention, proceed directly to step ten and have the counselor follow up as he or she deems appropriate.

7. Reassure the student about confidentiality.

Example: *“There is someone like that in this school. She/He speaks to many of the students in the school who may be having a problem at some point in their lives. And what you say in the room to him/her stays in the room.”*

Note: Leave the full explanation of confidentiality, in terms of State and Federal mandates, to the counselor.

Make prior contact with the counselor to determine appropriate method for referral.

Check times, dates, drop-in versus appointment, etc.

9. Offer to accompany the student.

Example: If the student is unfamiliar with the counselor you can say, *“Would you like to meet this person? Her/His name is Mr./Ms. ...*

Continue or if the student is familiar with the counselor you can say, *“I’d be happy to go with you to her/his office at (set a specified time based on your prior arrangements with the counselor – see Step 8).*

10. Follow up with the counselor.

Let him or her know of your concerns about the student. Describe specific behaviors, problems in the classroom, and any changes you may have noticed lately, both negative and positive. This can be invaluable information for the counselor in helping the student.

Remember, you should not expect the counselor to share information about the student with you. This information is confidential and cannot be shared without the student’s permission.

11. You may choose to follow up with the student.

Without being specific about the nature of the student’s problem, you may ask if he or she is feeling better lately. Make any positive observations you’ve noticed to reinforce the student’s progress.

Example: *“How are you feeling, Marie? You seem much more attentive in class lately and your grades have begun to improve.”*

Whether or not a student agrees to get help is ultimately his or her decision. No one can force another person to seek help. But we can serve as an important link in the continuum of services that we provide to our students by noticing problem behaviors and referring the student to counseling.