

Random Thoughts . . .

WHY ME, LORD?

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Charlie, a student in your first-semester sophomore course, stands in front of your desk in obvious distress. He starts talking about the test he just failed, and then he tells you that he had a B average in his freshman year but things are falling apart this semester and he's failing most of his courses. As he talks, he gets more agitated and seems to be fighting back tears. Then it's as if he suddenly thinks "Hey, this is my professor—I can't lose it right in front of him." He makes a heroic effort to pull himself together, apologizes to you for taking your time, and turns and heads for the door. What should you do?

This is one of several scenarios in the "Crisis Clinic" segment of the teaching workshops Rebecca Brent and I give. After presenting it, I assure the participants that it is not hypothetical—if they haven't seen Charlie in their office yet it's just a matter of time. I first ask them to discuss in small groups their responses to "What should you do," and then I tell them the step-by-step procedure I follow in situations like that. Before I tell you, why don't you take a moment and think about what you would do (or what you did if you've already met Charlie).

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Here's my algorithm.

1. I stop the student from leaving.

If he leaves your office, you've lost your best opportunity to do anything useful to help. Say something like "Hang on a minute, Charlie—I've got some time now and I'd really like to find out more about what's going on. Have a seat." He will almost certainly take you up on it. He's clearly desperate,

and if you indicate that you're willing to listen to him he'll probably grab the offer with gratitude.

2. I reach into the left middle drawer of my desk, take out a box of tissues, and put it down in front of the student without saying a word. (That part is optional—don't do it if you're not comfortable with it.) Then I take a seat near him and wait until he regains control.

I'm giving two messages when I do this. First, Charlie doesn't have to hold himself back any longer—if he wants to let go, it's permissible. Second, he's not the first student who's ever been in this situation in my office—I'm ready for this! Sometimes students use the tissues, sometimes they don't. Either way is fine—I just want them to know that they can.

3. I say "OK, Charlie—tell me a little about what's been going on in your life."

There are many things I might hear. Charlie might simply be over his head academically, or he may have gotten behind early in the semester and can't manage to catch up, or he may be overloaded with work and/or extracurricular activities and

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is too exhausted to study or to be at his best on exams, or his learning style may be incompatible with the way his courses are being taught, or he could be homesick or anxious about a health problem or a death in the family or the breakup of a relationship, or he may be worried about losing the scholarship that's keeping him in college, or he may have gone into engineering for reasons other than interest or aptitude (such as the promise of a high starting salary or because his father told him to become an engineer) and he actually hates it, or he could be abusing drugs or alcohol. Another possibility is that he is clinically depressed and has stopped taking his medications or has never been diagnosed and treated. Whatever he says, I listen and continue to gently probe until I believe I have the whole story, or as much of it as Charlie is willing to share.

What I do next of course depends on what the story is. If it looks like a straightforward academic problem, I may try to persuade Charlie to get some tutoring in the courses he's having trouble with (in my upper right-hand drawer I have a list of campus resources with contact information for all the tutoring and academic counseling programs available to engineering students) or I may decide to do some tutoring myself if I have the time and inclination. As a rule, though, when a student falls apart to the extent described in the scenario, something else is almost invariably going on.

In the workshop, I ask the participants to suppose that this is the case—Charlie is clearly in a serious state of depression or anxiety related to a current crisis in his life or to a chronic condition. Then I ask, what *don't* you do at this point? How would you answer that question?

The answer is, you don't behave like an engineer and start to problem-solve—which is to say, you don't play therapist. You don't say “Charlie, I think I know what's going on here. This looks like a severe case of paranoid schizophrenia—I just read about that in *Psychology Today*. Let me tell you what I think you should do.” Forget that! Your diagnosis could be wrong—it's almost guaranteed to be wrong—and if Charlie takes your advice and it seriously backfires, you don't want to live with the consequences. So, what *do* you do?

4. Get Charlie into the hands of a qualified counselor.

Most universities and colleges have counseling centers, some with counselors on call 24/7, and most smaller institutions have at least one individual available to provide counseling. Your job is to persuade Charlie to take advantage of this service. You have to be careful about how you do it, though: saying “Boy, are you messed up—you'd better get to a shrink as quickly as you can!” will probably not get you where you want to go.

I generally approach it like this. I first repeat Charlie's story to him to make sure I got it right, getting him to correct me if necessary. Then I say “OK, Charlie—I understand the problem, and it's a real one. But what you need to know is that you're not the first student on this campus in this situation—it's far more common than you would imagine—and we have excellent counselors here who know good strategies for dealing with problems like this. I'd like you to talk to one of them and find out what your options are.” Then I go to my upper right-hand drawer, pull out the number of the Counseling Center, and try to persuade Charlie to call right then and make an appointment—or if the way he's been talking or acting suggests that he may be suicidal or a threat to someone else or simply in acute distress, I will walk with him to the Counseling Center, continuing to talk calmly and reassuringly to him and not leaving him until he is with a trained counselor. At that point I'm almost finished.

Of course you can't force students into counseling—all you can do is persuade, and some may refuse (although most of the students I have tried to persuade have agreed to go). If he refuses, all I can do is proceed to Step 5—unless again I believe that Charlie is a threat to himself or to others, in which case I will call the Counseling Center or Campus Security and let them know what's going on so they can do their own checking and intervene if necessary. (I have never had to do that, but it can happen.) In any case, the last step is:

5. Follow up.

I make a point of periodically checking in with Charlie for at least several months after that initial meeting. “Hey, Charlie—how are you doing? What's happening with that problem we talked about? Did you meet with the counselor—how did it go?” Many depressed students who drop out or worse feel isolated, sensing that no one knows or cares what's going on with them. The knowledge that at least one of their teachers is concerned enough to inquire about them could go a long way toward helping them recover and start functioning effectively in their courses again. At that point, I'm finished—regardless of what happens to Charlie, I can rest comfortably knowing that I have done all I can for him.* □

* Like all professors I'm occasionally forced to act as a counselor and like most of them I was never trained for this role, so I asked several excellent psychotherapists—Elena Felder, Grace Finkle, Denise Moys, and Sheila Taube—to look over this column before I sent it in. I acknowledge with gratitude their helpful comments and suggestions.