

## Student Development Update:

# A Quarterly Summary of Challenges to Student Learning

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## Noncognitive Factors that Influence Student Learning

With midterms behind us, and final exams just a few weeks away, now is an appropriate time to consider some noncognitive factors that may impair a student's ability to successfully achieve his/her academic potential.

College can be a stressful time for students, particularly freshmen. In addition to academic demands, first-year students often experience family realignments during the college transition, and new personal relationships that seem more intense than previous relationships (Crespi & Becker, 1999). However, stress is not the only noncognitive factor impacting a student's success in college.

Over the past decade, directors of college counseling centers have noted a trend towards increasing numbers of students exhibiting both acute and chronic mental health symptoms. These increases were attributed to:

- greater levels of untreated mental illness resulting from economic pressures, family dysfunction, and de-hospitalization of the mentally ill
- greater awareness and willingness to seek treatment for mental health problems
- student changes including increased diversity, older age, and increased pressure
- changes in counseling centers' services, procedures and record keeping (O'Malley, Wheeler, Murphey, O'Connell & Waldo, 1990)

What was true ten years ago continues to be true: college students bring mental health issues with them to campus, including the residence hall room and the classroom. Because of the close sense of community in the residence halls, students with mental health issues that impact other residents (such as suicidal ideation, acting out, violence, depression, etc.) are readily identified and encouraged to seek help. However, nonresidential students may not have that checks and balance system to encourage them to seek help.

Ey, Henning & Shaw reported that students were more likely to seek help for psychological problems when those problems had a negative impact on academic performance. For this reason, it is important for faculty to be aware of signs of distress in their students. ***Faculty may be the first line of assistance for a student with mental health issues.*** Presented below are some of the concerns and behaviors that may indicate underlying mental health issues for students.

### ***Perfectionism***

College students with a streak of perfectionism may be more at risk for psychological problems. Several studies on general adult samples have found that perfectionism is related to increased risk for anxiety, obsessive-compulsive symptoms, depression and suicide. It is highly correlated with general psychological distress (Ey, Henning & Shaw, 2000)

### ***Sense of self and academic performance***

Students with a strong sense of self have better success in time management, self-empowerment in setting goals, and higher percentage of goal accomplishment (Britton & Tesser, 1991). It has been shown in other studies that fear of failure, task aversiveness, depression, irrational

cognitions, low self-esteem, delayed study behavior, anxiety, and lack of assertion have an impact on overall academic performance and success (Solomon & Rothblum, 1984).

### ***Direction in life and academic performance***

An extensive body of literature has shown that students rate career planning, finance management, and time management as their highest concerns. Lack of time and/or money may impact not only a student's academic performance, but also his/her continued enrollment. Issues surrounding career planning, which include selecting a major, may impact academic performance as well as a student's sense of his/her direction in life.

Disch et al used the Student Quality of Life and Satisfaction (SQOLAS) instrument which included the following variables among the items surveyed:

- socio-personal satisfaction
- level of deep cognitive processing
- alcohol consumption and consequences
- academic functioning
- desire to seek future counseling

Of the predictor variables listed above, all but academic functioning contributed significantly to the level of one's attitude about life direction. (Disch, Harlow, Campbell, & Dougan, 2000):

Faculty members and advisors may take the opportunity to talk with students about their social life, personal satisfaction, and depth of cognitive processing as evidenced by classroom assignments and discussions. If a student seems to be in distress, ask about his/her desire to seek counseling. Also, faculty members should be attuned to a student's high-risk behaviors that may be related to substance use.

### ***High-risk Behaviors***

Interestingly, concern areas involving high-risk behaviors, (sexual-behavioral, drugs and alcohol, crime and violence-related) have been found to be more important overall to faculty, staff, and administrators than to students (Disch, Harlow, Campbell, & Dougan, 2000). Many research studies have shown that students with high academic performance indicators, strong sense of self, and positive attitude about direction in life also have relatively low levels of alcohol consumption. Therefore, concerns among faculty regarding student alcohol consumption are warranted. Students who attend class intoxicated or hung-over can be confronted about their behavior. Likewise, students who miss class excessively or in a habitual pattern can be questioned about their reasons for missing class.

### ***Psychological concerns of international students***

It is not uncommon to find international students who are afflicted with persistent lack or loss of appetite and sleep, low stamina and energy levels, headaches, gastrointestinal problems (Mori, 2000). Many factors may contribute to stress for international students.

- "Information overload" upon arrival in a new culture.
- Deep feelings disappointment, resentment, and sadness among those students who held unrealistically high expectations about their abilities and the quality of their lives in the US
- Perceived hatred in American society.
- Personal crises or political upheavals in home country.
- Indecision regarding original plan to return home upon completion of studies.

### ***Conclusion***

Certainly, we all recognize that the primary reason students come to Southeast Missouri State University is to pursue the academic degree. However, in pursuit of this degree, students either develop, or possibly bring with them, a variety of noncognitive factors that will impact their academic success.

Help is available for these students, if they will seek it. Unfortunately, most students who are in need of psychological help will not actively seek such assistance. Faculty and staff can be helpful and supportive in encouraging a student to seek assistance. Tips regarding signs and symptoms of distressed students, as well as tips for making a referral to counseling services, are provided below.



## **You Can Help a Student in Distress**

If you notice the following behavior patterns in your students, please help them contact the Center for Health and Counseling (CHC), located in Crisp Hall, or call 651-2270.

### **Signs and Symptoms of a Student in Distress**

- Excessive procrastination and poorly prepared work, compared to previous work
- Infrequent class attendance; lack of work completed
- Dependence, excessive office visits
- Listlessness, frequently falling asleep in class
- Marked changes in personal hygiene
- Impaired speech or garbled, disjointed thoughts
- Homicidal threats

- Overtly suicidal threats
- Behavior that disrupts the classroom
- Unruly, aggressive, violent or abrasive behavior
- Inability to make decisions despite your repeated attempts to clarify and encourage
- Dramatic weight loss or weight gain

**Guidelines for Interaction**

- Talk to the student in private.
- Listen carefully. Show concern and interest.
- Avoid criticizing or sounding judgmental.
- Consider the CHC as a resource and discuss a referral with the student.
- Involve yourself only as far as you want to go.

**How to Make a Referral to the CHC**

1. Suggest that the student call to make an appointment – provide phone number (651-2270)
2. If you wish to assist the student, you may call the secretary at the CHC to assure that an appointment is made. Write down the information (date, time, counselor, location) for the student
3. If the situation is an emergency, follow #2 above, but be sure to say, “The student needs an appointment immediately.”
4. Sometimes it is useful or necessary for you to walk the student to the CHC.

All current Southeast students are eligible for free, confidential counseling services at the Center for Health and Counseling, located in Crisp Hall. The counseling staff consists of four licensed mental health professionals. Also, the counseling staff supervise two graduate student counselors in training.

“Our counselors see students with a broad range of problems from adjustment to college to severe psychotic episodes such as bipolar disorder or schizophrenia. During the 1999 calendar year, the three most common presenting concerns of the students who sought counseling here were relationship issues, depression, and anxiety/stress problems,” said Beth Mansfield, Ph.D., a member of the CHC counseling staff.

The table below indicates the initial presenting concerns of students seeking counseling in the CHC for the calendar year 1999. *Please note that these numbers are rounded and will not total 100%.*

**Counseling Issues for January-December 1999  
Center for Health and Counseling  
Southeast Missouri State University**

|                               |     |    |
|-------------------------------|-----|----|
| Relationships                 | 24% |    |
| Depression                    | 16% |    |
| Stress/Anxiety                | 15% |    |
| Mandated                      | 6%  |    |
| Mental Health/Clinical Issues | 5%  |    |
| Eating Disorders              | 5%  |    |
| Family Issues                 | 4%  |    |
| Adjustment Issues             | 4%  |    |
| Adult Child of Alcoholic      |     | 4% |
| Academic Concerns             | 4%  |    |
| Grief/Loss                    | 3%  |    |
| Chemical Dependency           | 2%  |    |
| Childhood Sexual Abuse        | 2%  |    |
| Medical Health                | 2%  |    |
| Sexual Assault/Rape           | 2%  |    |
| Unplanned Pregnancy           | 2%  |    |
| Suicide                       | 1%  |    |
| Developmental Issues          | 1%  |    |

**Demographics of Counseling Clients for  
January-December 1999  
Center for Health and Counseling  
Southeast Missouri State University**

|               |     |
|---------------|-----|
| Male          | 24% |
| Female        | 76% |
| On Campus     | 41% |
| Off Campus    | 59% |
| Undergraduate | 92% |
| Graduate      | 8%  |

Of the students in this sample, 13% indicated that the counseling they received in the CHC helped them stay in school.

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