

Responding to Students who are Severely Disoriented or Psychotic

The main feature of psychotic thinking is “being disconnected from reality.”

Symptoms include:

- speech that makes no sense
- extremely odd or eccentric behavior
- significantly inappropriate or an utter lack of emotion
- bizarre behavior that indicates hallucinations
- strange beliefs that involve a serious misinterpretation of reality
- social withdrawal
- inability to connect with or track normal interpersonal communication
- extreme and unwarranted suspicion

Bipolar disorder involves periods of serious depression which can be combined with periods of extreme euphoria, frenzied thinking and behavior. Frenzied thinking and behavior can reflect a poor connection with reality. A person with bipolar disorder can appear psychotic. **Psychological illnesses that involve psychotic** features often have an onset between the late teens and early 30s.

WHAT YOU CAN DO

- Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia.
- Recognize that a student in this state may be dangerous to self or others.
- Consult with a counselor at the Counseling Center, 607-274-3136.
- Speak to the student in a direct and concrete manner regarding your plan for getting them to a safe environment (“I am worried you are having trouble tracking things right now and I think it would be best for you to come with me to speak with someone about this so you can feel safe again”).
- Accompany the student to the Counseling Center or the Health Center, if the student is highly impaired and you have questions about their ability to maintain safety.
- For immediate assistance, call the Office of Public Safety, 607-274-3333 from a cell phone, (or 911 from an on-campus phone).

AVOID

- Assuming the student will be able to care for themselves.
- Agitating the student with questions, pressure, etc. (“You have to do something about yourself as you are really upsetting others”).
- Arguing with unrealistic thoughts (“Don’t think that, it makes no sense and you know it’s not real”).
- Assuming the student understands you.
- Allowing friends to care for that student without getting professional advice.
- Getting locked into one way of dealing with the student. Be flexible.
- Assuming the family knows about the student’s condition.