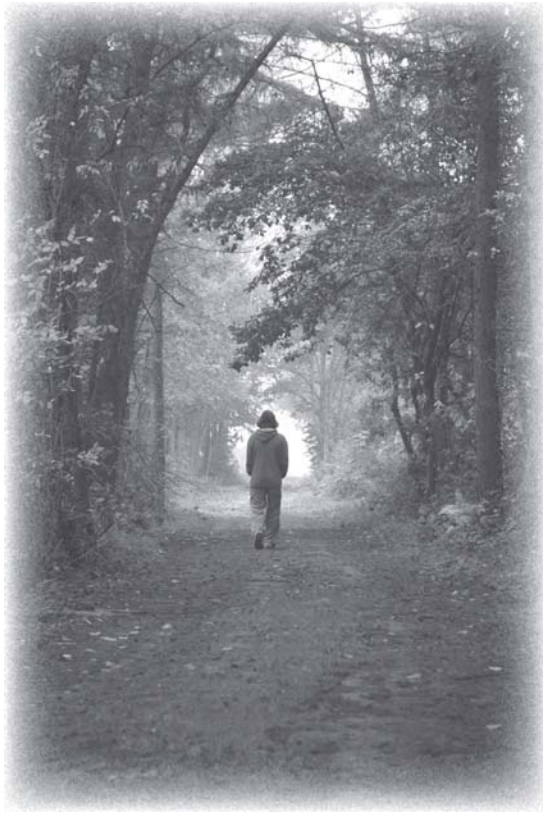


# Faculty and Staff Guide for Responding to Distressed and Distressing Students



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Division of Student Affairs  
California State University, San Bernardino  
2007

Dear Colleagues,

While most students come to the Counseling Center on their own, faculty and staff are often the first to recognize that a student may not be functioning well, academically or emotionally. Whether a student approaches you with a concern or you choose to initiate the conversation, encourage the student to schedule an appointment at the counseling center. Counseling may be suggested as a confidential place to begin resolving stressors.

The center provides direct services to students (including individual, couple and group counseling services, crisis intervention, referral, and psycho-educational programs) and indirect services including consultation, outreach and training. A brief therapy model is utilized and we are continuing to expand networking with community mental health resources for students who need care for chronic conditions. Future programming includes collaborating with the campus community to create proactive intervention strategies to identify students at risk and design prevention strategies.

I hope you find the information contained in this Faculty and Staff Guide helpful in your interactions with distressed and/or distressing students.

Sincerely,

Patricia Smith, DrPH

Director, Student Health and Psychological Counseling Center

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## Introduction

Following the recent university tragedy in our country in the spring of 2007, faculty and staff at universities across the nation have expressed interest in knowing what they can do to play a more proactive role in helping distressed students get the help that they need.

As faculty and staff here at CSUSB, you play a vital front line role in linking students to available resources. Although you are not required to respond to students' personal problems, this guide is designed as a resource to help you identify and assist the distressed/distressing student. In the following, you will find brief descriptions of common patterns of distressed/distressing behavior. Plus, the guide provides suggestions for how to respond in difficult situations - along with tips on what to avoid.

Our experience with faculty and staff indicates that you are often able and willing to help directly with many student problems. However, there will be times when you need additional assistance. The Psychological Counseling Center (PCC) staff is readily available for consultation by telephone or in person during such times. Briefly consulting with the PCC may help you sort out the relevant issues, explore alternative approaches, and find new ways to cope with the anxiety or stress you or the student may be experiencing.



**The Psychological Counseling Center  
Health Center Building  
5500 University Parkway, Room 136  
San Bernardino, CA 92407-2397  
(909) 537-5040  
(909) 537-7061 fax**



The staff at the PCC is comprised of licensed clinical psychologists, licensed marriage and family therapists and supervised graduate trainees and interns.

California State University, San Bernardino boasts an enrollment of more than 16,000 students. Our statistics indicate that roughly 10 percent of students each year utilize the services of the PCC. The goal of the PCC is to provide professional counseling services to currently enrolled CSUSB students. Most students who utilize the center are free of any mental illness and may be experiencing a variety of difficulties including: stress, anxiety, depression, relationship problems, grief, trauma and substance abuse related problems. Students may attend a single session, but many students return for five to ten sessions with the same counselor. Counseling is completely confidential, and students are assured they will have privacy. Professors, deans and parents are not notified that a student is receiving counseling, unless a student requests such contact and signs a release permitting such. The exception is when a student poses a risk to self or others. When an individual's needs are beyond the scope of the PCC services, referral options may be provided. Couples may be seen as long as one member of the couple is a current and eligible student.

### **Services Offered**

The PCC offers a variety of counseling and psychological services such as crisis intervention; individual, couple and group counseling and psychotherapy; referrals to outside agencies; and outreach on topics such as stress management, basic counseling skills and crisis intervention. The PCC assists students on a short-term basis with an approach that is designed to facilitate symptom-reduction and a return to a previous higher level of functioning. Some students experience more difficult psychological challenges that are not typical of the normal developmental

process. Students who need to be seen more than once a week, need to be seen for more than a quarter, or in any other way need services beyond the scope of the PCC may be assisted in finding a referral in the community which can best meet their needs.

Although the demand for counseling services is considerable, appointments are usually made within a week of the student's initial contact. In cases of emergency, students are seen with minimum delay.

### Common Concerns and Issues Discussed

- Confusion, anxiety, or depression
- Mood variability
- Needing help with an important decision
- Loneliness
- Adjusting to living away from parents
- Friendship problems
- Romantic/relationship concerns
- Family concerns—including parental divorce
- Compulsive eating
- Self-destructive use of alcohol or drugs
- Loss of a relationship
- Sexual orientation issues
- Balancing academics and social needs
- Shyness
- Illness or death of a friend or family member
- Personal trauma such as sexual assault



## Eligibility

All students enrolled for academic credit (full-time or part-time, undergraduate or graduate) may use the Student Health and Psychological Counseling Center. A non-student may be served as part of couples counseling when the non-student's significant other is currently enrolled at CSUSB.

The PCC is funded by the student health fee paid at the time of enrollment to CSUSB – no other fees apply.

Students enrolled in continuing education, extension or Open University courses are not eligible for services.

## Location

The Student Health and Psychological Counseling Center is located in the Health Center Building just north of the Commons and between the Student Union and Jack Brown Hall. Please go to room 136 to check in.

## Office Hours

The PCC is open during the following business hours:

Monday: 8 a.m.-5 p.m.

Tuesday and Wednesday: 8 a.m.-7 p.m.

Thursday and Friday: 8 a.m.-5 p.m.

The PCC may be closed for lunch between the hours of noon and 1 p.m., special events and university holidays.

## Confidentiality and Privacy



All contacts with the PCC are confidential, except in situations where laws or ethics require notification of a family member.

The PCC does not release any information regarding whether a student has used our services nor matters discussed in counseling. Except under certain specific circumstances, no parent, dean, faculty member, or other student can get access to information about you without your permission.

Here are the exceptions:

1. A student who has used our services may authorize us to release records or to disclose information to anyone the student chooses. You must first complete and sign a request to exchange confidential information.
2. If the counselor believes the student is a danger to self or others, safety considerations will prevail, and the counselor will notify appropriate family members or other authority. Such disclosure is for the purpose of providing the necessary care and protection of the student.
3. In very rare circumstances, the court may order the release of confidential information.
4. Unlicensed counselors work under the supervision of a licensed counselor who has access to counseling records in order to perform supervision responsibilities. In addition, a student may grant permission for a counselor to audiotape or videotape a session for the counselor to review with his/her supervisor.



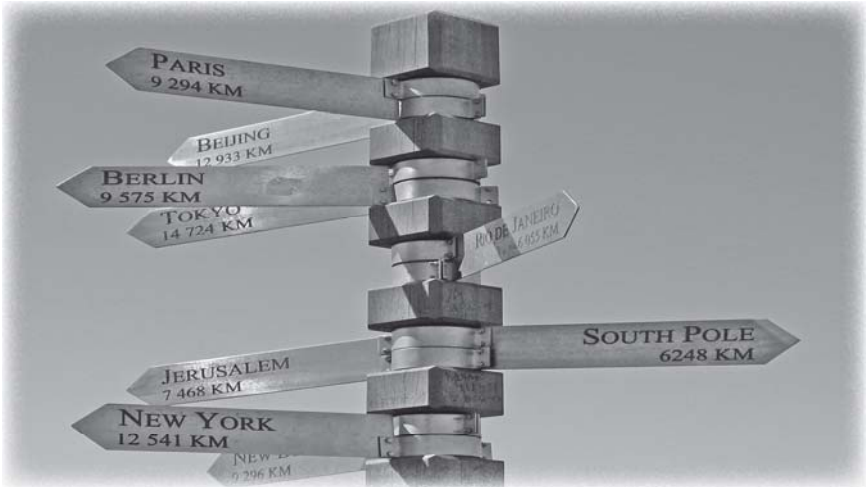
## How to Make a Referral

Although we greatly appreciate your assistance in helping our distressed/distressing students, you as faculty and staff are not expected to provide psychological counseling. That is the role of the PCC. Our professional staff is trained to assess and intervene with emotional problems and psychological disorders. If you wish to refer a student for counseling, you have several options. You can:

1. Suggest that a student call (x75040) or come in to make an appointment
2. Suggest that a student call the PCC from your phone or offer to make the call while s/he is in the room
3. Walk with the student to the center

Seriously disturbed students may need extra attention as they often cannot initiate the help needed. When faced with such a situation, take the following steps:

1. For immediate intervention at the PCC, call us at x75040
2. Have the student personally escorted to the center by a reliable person who will stay with the student until he or she is seen by a counselor
3. See suggestions listed in the “Ways You Can Assist a Student Who is Reluctant to Seek Counseling” section for ways to handle various situations you might encounter (next page)



## Ways You Can Assist a Student Who is Reluctant to Seek Counseling



- Be direct in informing the student that you believe a counselor would be of help in this situation.
- Inform the student that the services are strictly confidential and free of charge.
- Point out that a situation does not have to reach crisis proportions for him/her to benefit from professional help.
- Acknowledge, validate and discuss the student's real fears and concerns about seeking help.
- Emphasize that, although some people feel that seeking counseling is an admission of weakness or failure, in fact, it takes considerable courage and integrity.
- Don't force the issue if the student resists – simply restate your concerns and recommendations



## In the Event of an Emergency

Emergency situations are rare. However, when they occur, they require direct, immediate, and decisive action. Examples of psychological emergencies include the following:

- A suicide attempt, gesture, threat or stated intention
- A homicidal attempt, gesture, threat or stated intention
- A behavior posing a threat to self
- A behavior posing a threat to others
- Loss of contact with reality
- Inability to care for oneself

In the event of an emergency, please follow the following guidelines:

- Remain calm – which will allow you to respond more effectively and will also help calm the student's agitation or anxiety
- If you are able, provide the student with a quiet, private place to rest until further steps are taken
- Be direct and clear in your speech to the student
- If the student is a threat to him/herself or others, do not leave him/her alone
- Make arrangements for appropriate intervention or aid

Have the following phone numbers handy to call either the CSUSB Police or the PCC, your primary campus resources for responding to mental health emergencies. The following options are available to you:

- Phone consultation with a PCC staff member during regular business hours (8 a.m. to 5 p.m. at x75040)
- You can walk the student over to the PCC for an emergency consultation or appointment during regular business hours
- If the student is aggressive or uncontrollable, call the CSUSB Police at 911, ext. 75156 or ext. 77777 from a campus phone or 537-5165.
- Be prepared to provide as much information as possible about the student and the situation to the campus resource you contact.

## COMMON STUDENT PROBLEMS

The following information contains descriptions and practical guidelines for responding to specific distressed and distressing students:

### THE ANXIOUS STUDENT



Anxiety is a normal response to a perceived danger or threat to one's well being. Some students will clearly know the cause of their anxiety, but for others it will be difficult to pinpoint the source of stress. They experience a more global sense of danger. Primary causes of anxiety are uncertainty about expectations, interpersonal conflicts, and high and unreasonable self-expectations. These students often have difficulty making decisions. They may experience physical symptoms such as rapid heart palpitation; chest pain or discomfort, diz-

ziness, sweating, trembling or shaking, and cold clammy hands. They may complain about having difficulty concentrating, always being "on edge," having difficulty making decisions or being too fearful to take action. In more rare cases, a student may experience a panic attack in which the physical symptoms occur spontaneously and intensely in such a way that the student may fear that s/he is dying.

The following guidelines are appropriate for interacting with anxious students:

#### Do

- Encourage the student to express his/her thoughts and feelings.  
Doing so often relieves a great deal of pressure
- Provide realistic reassurance
- Remain calm
- Be clear and direct in your communicating
- Provide a safe, quiet environment until the symptoms subside

#### Don't

- Minimize the perceived threat to which the student is reacting
- Complicate the matter further
- Take responsibility for the student's emotional state
- Overwhelm the student with information or ideas to "fix" his/her situation



## THE RUDE AND DISRUPTIVE STUDENT

If you have ever experienced a challenging disciplinary situation, you are not alone. According to behavioral expert Dr. Gerald Amada, “Instructors throughout the country are discerning a marked behavioral trend among their students manifested in crass incivility toward others, self-indulgent demands and expectations, and an implacable contempt for others, particularly those in positions of institutional authority such as instructors themselves.”

The majority of students act in an appropriate and respectful manner. However, some students may test the limits of acceptable behavior. Typically, students who act out in class do so for a variety of reasons not related to a psychological disorder. Such students may be attention-seeking, impulsive, immature, arrogant or self-absorbed. They may act or dress strangely to get a reaction or express their individualism. Bullying can mask fear or insecurity. Students today are more likely to approach education from a consumer perspective, which can lead to a sense of entitlement and demands for inordinate amounts of attention. Basic classroom management techniques often effectively prevent and curtail disruptive behavior regardless of the underlying cause.

### Things to try:

- Talk with your department chair or university’s Judicial Affairs Officer at ext. 75185.
- Intervene early before a problem escalates. A general word to the class about such things as taking turns when speaking is better than singling out a particular student who keeps interrupting. Use of profanity can be handled by reminding everyone that such expressions are unwelcome and unnecessary in the classroom.
- Stipulate on the course syllabus that electronic devices, e.g. cell phones, pagers, Blackberrys, and other gadgets with internet access, must be turned off and put away during class.
- Approach the student in a firm, but friendly, manner.
- Define the inappropriate behavior and indicate you would like it to stop.
- If the unwanted behavior continues, tell the student, “Stop the [the specific behavior]. You are disrupting the class.” If the behavior does not stop, tell the student, “You are disrupting the

class. You must leave the class now. (Pause to see if the student gathers his or her belongings.) You may add: “If you don’t leave immediately, I will call Campus Police and have you removed from the class.” (Call 911 from a campus phone, or ext. 75165 or 537-5165.) The student may return to the next class, and an instructor may remove a student in each class. Call Judicial Affairs (537-5185) about the incident. Generally, Judicial Affairs will get involved after the second incident. Only Judicial Affairs can permanently remove a student from a class.

- Instruct a student to see you after class or during office hours if the student becomes agitated or unduly confrontational. If a student prevents you from moving on to another topic, take control of the discussion, express the need to cover all the material, and invite the student to continue the conversation after class.
- Be a good role model. Respond to inappropriate remarks in a professional manner. Put downs or witty comebacks tend to escalate the situation. Find something to appreciate in every student and communicate it.
- Disruptive students may not realize they are bothering others. Move closer to the inattentive students, pause until everyone quiets down, and make direct eye contact.
- When the problem is isolated to one student, meet privately with the student. Use “I” messages such as, “When I see you \_\_\_\_; I feel \_\_\_\_; and I need the activity to stop.” A non-defensive, low key approach to an agitated student can often refocus the discussion on mutual understanding and problem solving. First, allow students to ventilate their anger and tell you what is bothering them, but don’t tolerate abusive language or a violation of your personal space.

\*Thank you to Mary Dowd, Office of the Vice President for Student Affairs at Minnesota State University, Mankato for the above information on the rude and disruptive student from **WHAT’S A PROFESSOR TO DO?** *Tips for Addressing Rude & Disruptive Classroom Behavior.*



## THE STUDENT IN POOR CONTACT WITH REALITY

These students have difficulty distinguishing fantasy from reality, the dream from the waking state. Their thinking is typically illogical, confused or irrational; their emotional responses may be incongruent or inappropriate; and their behavior may be bizarre and disturbing. They may experience hallucinations, often auditory, and may report hearing voices. While these students may elicit alarm or fear in others, they are generally not dangerous and are more frightened and overwhelmed by you than you are by them. If you cannot make sense of their conversation, they may be in need of immediate assistance.



### Do

- Respond with warmth and kindness, but with firm reasoning
- Remove extra stimulation from the environment and see them in a quiet atmosphere (if you are comfortable doing so)
- Acknowledge your concerns and state that you can see they need help
- Acknowledge their feelings or fears without supporting the misperceptions, e.g., “I understand you think they are trying to hurt you and I know how real it seems to you, but I don’t hear the voices (see the devil, etc.)”
- Reveal your difficulty in understanding them, e.g., “I’m sorry but I don’t understand. Could you repeat that or say it in a different way?”
- Focus on the “here and now.” Switch topics and divert the focus from the irrational to the rational or the real
- Speak to their healthy side, which they have. It’s OK to joke, laugh or smile when appropriate
- Seek help from the Psychological Counseling Center or CSUSB Police

### Don’t

- Argue or try to convince them of the irrationality of their thinking, which may lead them to defend their position or false perceptions more strongly
- Play along, e.g., “Oh yeah, I hear the voices (or see the devil)”
- Encourage further revelations of craziness
- Expect customary emotional responses

## THE SUSPICIOUS STUDENT

Commonly, these students complain about something other than their psychological difficulties. They are tense, cautious, distrustful, isolated and have few friends. They tend to interpret minor oversights as significant personal rejection, and often overreact to insignificant occurrences. They see themselves as the focal point of everyone's behavior and everything that happens has special meaning to them. They are overly concerned with fairness and being treated equally. Feelings of worthlessness and inadequacy underlie most of their behavior, even though they may seem capable and bright.

### Do

- Express compassion/concern without intimate friendship. Remember, suspicious students have trouble with closeness and warmth
- Be firm, steady, punctual, and consistent
- Be specific and clear regarding the standards of behavior you expect
- Be aware that humor may be interpreted as rejection

### Don't

- Assure the student that you are her/his friend
- Be overly warm and nurturing
- Flatter or participate in their games; you don't know the rules
- Be cute or humorous
- Challenge or agree with any mistaken or illogical beliefs
- Be ambiguous







## THE VERBALLY AGGRESSIVE STUDENT

Students may become verbally abusive when confronted with frustrating situations that they perceive as beyond their control. They can displace anger and frustration from those situations onto the nearest target. Explosive outbursts or ongoing belligerent, hostile behavior become this student's way of gaining power and control in an otherwise out-of-control experience. It is important to remember that the student is generally not angry with you personally, but is angry at his/her world and you are the handy target of pent-up frustrations.

### Do

- Acknowledge the student's anger and frustration, e.g., "I hear how angry you are"
- Rephrase what the student is saying and identify his/her emotion, e.g., "I can see how upset you are because you feel your rights are being violated and nobody will listen"
- Reduce stimulation; invite the student to a quiet place, if this is comfortable for you. But don't if you do not feel safe in doing so. In all instances, ensure that another person is easily accessible to you in the event that the student's behavior escalates
- Allow the student to tell you what is upsetting her/him
- Be directive and firm about the behaviors you will accept, e.g., "Please stand back; you're too close," and/or "I cannot listen to you when you are yelling"
- Help the student problem solve and deal with the real issues when she/he becomes calmer, e.g., "I'm sorry you are so upset; I'd like to help if I can"
- Be honest and genuine but do not placate aggression

### Don't

- Get into an argument or shouting match
- Become hostile or punitive yourself, e.g., "You can't talk to me that way!"
- Press for explanations or reasons for their behavior
- Ignore the situation
- Touch the student, as this may be perceived as aggression or otherwise unwanted attention
- Give away your own rights as a person

## THE VIOLENT STUDENT

Violence related to emotional distress is rare and typically occurs only when the student is completely frustrated, feels powerless, and is unable to exert sufficient self-control.

The adage, “An ounce of prevention is worth a pound of cure,” best applies here. This behavior is often associated with the use of alcohol and other drugs.

### Do

- Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation, e.g., “I can see you’re really upset and may be tempted to lash out”
- Explain clearly and directly what behaviors are acceptable, e.g., “You certainly have the right to be angry, but breaking things is not OK”
- Get necessary help (other staff, University Police, Psychological Counseling, etc.)
- Stay safe: have easy access to a door; keep furniture between you and the student. Keep the door open if possible. Make certain that a staff, faculty or another person is present

### Don't

- Ignore warning signs that the person is about to explode, e.g., yelling, screaming, clenched fists, threats
- Threaten, dare, taunt or corner student
- Touch the student
- See the person alone if you fear for your safety



## THE STUDENT SUSPECTED OF SUBSTANCE ABUSE/ADDICTION

Students frequently visit to the Psychological Counseling Center out of concern for the amount of their alcohol consumption. We also frequently hear from students using marijuana; other students report using a variety of illegal substances. Many of these students have gotten to the point where they realize that their use is interfering with their lives, and they desire to change their behavior. Unfortunately, because denial is such a strong force at work in the abuse and addiction to substances, many sitting in your classrooms have not yet come to the revelation that their use is negatively impacting their school performance, their relationships, and ultimately their lives. You can play a critical role in expressing your concern to the student, not in terms of suspicions about alcohol and other drugs, but in terms of specific changes in behavior and performance.



### Do

- Be on the alert for signs of substance abuse: inability to participate in class activities, deteriorating performance in class, periods of memory loss/blackouts
- Confront the student with her/his behavior that is of concern
- Address the substance abuse issue if the student is open and willing
- Offer support and concern for the student's overall well being
- Encourage the student to seek help; refer them to the PCC
- Maintain contact with the student after a referral is made

### Don't

- Convey judgment or criticism about the student's substance abuse
- Ignore the problem
- Make allowances for or encourage the student's irresponsible behavior
- Ignore signs of intoxication

## THE DEPENDENT/PASSIVE STUDENT

These students will devour your time and energy if you allow them to – and whatever you give them is never enough. They tend to seek to control your time and unconsciously believe the amount of time received is a reflection of their worth. You may find yourself increasingly drained and feeling responsible for this student in a way that is beyond your normal involvement.

### Do

- Let them make their own decisions
- Set firm and clear limits on your personal time and involvement
- Offer referrals to other resources, on- and off-campus

### Don't

- Get trapped into giving advice
- Let them use you as their only source of support
- Avoid the student as an alternative to setting and enforcing limits



## THE STUDENT WHO MAY HAVE AN EATING DISORDER



Physical, mental, and psychological health are sacrificed on the altar of eating disorders. Eating disorders are characterized by unhealthy and/or obsessive thoughts and behaviors linked to food, eating habits and body image. Eating may be excessive, as in the case of compulsive over-eating; restrictive, as when food is severely limited in Anorexia nervosa; it may appear normal with episodes of purging; or it may include cycles of bingeing and purging as in Bulimia nervosa.

The most common eating disorders are Anorexia nervosa, in which people appear underweight, and Bulimia nervosa, in which people appear to be of average or above average weight. Currently, the most rapidly spreading eating disorder is compulsive overeating or Binge eating disorder.

These three most common eating disorders all have severe consequences to a person's immediate and long-term health and can lead to death. Typically, the eating disordered student becomes obsessed with eating and his/her weight causing medical and interpersonal problems and interfering with his/her academic performance.

The following indicators can clue you in to the recognition of a student struggling with an eating disorder:

- Obsession with food / dieting
- Low self-esteem
- Ritualistic behavior around food
- Distorted body image
- Extremely regimented life
- Excessive exercise
- Perfectionist expectations of self
- Binging / purging
- Excessive dental / medical problems
- Compulsive behavior
- Difficulty concentrating / focusing
- 15% weight loss (Anorexia)
- Isolation / withdrawal from friends
- Secretive eating

### **Do**

- Let the student know that you are concerned about him/her
- Remember to view them as a person first – not just someone who has an eating problem
- Be available to listen
- Be supportive and encourage the student to get help

### **Don't**

- Spy on the student or nag them about eating/not eating
- Hide food to keep the person from eating
- Convince yourself that the student does not really have a problem
- Be afraid to share your concern with the student



## THE SEXUALLY HARASSED STUDENT

Sexual harassment involves unwelcome and unwanted sexual attention and/or advances, requests for sexual favors, and other inappropriate verbal or physical conduct. It is most often found in the context of a relationship of unequal power, rank or status. It does not matter that the person's intention was not to harass. It is the effect it has that counts. As long as the conduct interferes with a student's academic performance, or

creates an intimidating, hostile or offensive learning environment, it is considered sexual harassment. Sexual harassment normally is not an isolated one-time event case but rather a repeated pattern of behavior that may include:

- Comments about one's body or clothing
- Questions about one's sexual behavior
- Demeaning references to one's gender
- Sexually oriented jokes
- Conversations filled with innuendoes and double meanings
- Displays of sexually suggestive pictures or objects
- Repeated non-reciprocated demands for dates or sex
- Inappropriate or unwelcome touch

Sexual harassment of students is covered by the California Education Code, section 89535. Common reactions by students who have been harassed is to doubt their perceptions, wonder if it was a joke, or wonder if, in some way, they have brought it on themselves. A student may begin to participate less in the classroom, drop or avoid classes, or even change majors.

## Do

- Separate your personal biases from your professional role
- Listen carefully to the student, and assure the student you understand and support him/her
- Encourage the student to keep a log or find a witness
- If the student is confused about what she/he wants to do, help the student seek informal and confidential advice through the Counseling Center
- If the student wants to informally report the concern through channels, suggest the department chair or supervisor (if it is a student employee situation)
- Inform the student that formal complaints against another student can begin by contacting the Sexual Harassment Officer in the Student Judicial Affairs Office (909-537-5185 or 537-5186); complaints against a faculty member can begin with the Associate Provost (909-537-5029); and complaints against a staff member can begin in the Human Resources Office (909-537-5138). CSUSB's Sexual Harassment Policy can be found at the following site: <http://policies.csusb.edu/sexharass.htm>

## Don't

- Ignore the situation: Taking no action reinforces the student's already shaky perception that she/he has been wronged. Ignoring the issue can also have legal implications
- Overreact (just listen, support, and guide the student to appropriate channels.)

\*Complaints about student-to-student sexual harassment are best resolved informally through the use of a sexual harassment advisor, listed in the class schedule or by calling the university's Human Resources at 537-5138.





## THE STUDENT WHO INFLICTS SELF-INJURY

Self injury refers to the purposeful injuring of the body without the intention of suicide. Although ways to self harm are infinite, typical means are by cutting (normally the hands, arms, or legs), burning one's self, inserting objects in the body, not allowing wounds to heal, excessive nail biting, pulling out one's hair, hitting or bruising one's self, and breaking one's bones. Affecting at least one percent of the population, it is a

more common problem than many would think. There are many reasons for why people self injure. However, many indicate that they use it as a means of coping with life and difficult emotions or to avoid feelings of emptiness or numbness. The following are helpful coping strategies for people who self injure:

- Keep dangerous items out of easy reach
- Focus on what is real in the environment
- Develop self-soothing routines
- Make a list of friends to call
- Use music/exercise/other as a diversion
- Call a crisis line
- Create an internal safe place
- Seek counseling

In attempting to help people who self injure:

### Do

- Talk about self-inflicted violence
- Be supportive
- Be available
- Get help for your own reactions
- Refer the student to the PCC

### Don't

- Ignore the situation
- Encourage the self-injury behavior
- Overact

## THE STUDENT WHO MAY HAVE BEEN SEXUALLY ASSAULTED/ABUSED

As many as one in four college women become victims of attempted or completed rape during their college years. In 60-80 percent of rapes, the assailant and the victim know each other and, of these, over half of the rapes happen on a date. It is estimated that only 10 percent of rapes are reported to the police. Seventy-five percent of the male perpetrators and 55 percent of the female victims report that alcohol was involved at the time of the incident. Only 27 percent of women who were sexually assaulted, according to the legal definition of rape, perceive themselves as being rape victims. Survivors differ in their responses to assault/abuse. The long-term effects may be influenced by the severity of the assault, the survivor's existing coping skills, and the support the person receives afterwards.



### Do

- Talk, listen, respect and be emotionally available to the survivor.
- Accept what the survivor tells you. Accept the fact that the assault/abuse happened
- Understand that it is not the survivor's fault
- Listen non-judgmentally. Suggest options and actions (medical, psychological and other assistance), but let the survivor decide what action to take
- Encourage the student to report the incident to the police
- Moderate your natural tendencies to become overprotective
- The survivor may need to seek medical attention immediately. You can help by encouraging and accompanying the survivor to obtain medical attention. If the survivor wishes to seek criminal action, this should be done as soon as possible after the incident
- Recognize your own limitations. No one expects you to be an expert in counseling or sexual assault.

### Don't

- Pry or ask for specific details which may make the survivor relive the experience. Allow the survivor to be silent. You do not have to speak when she or he stops talking
- Argue the point of whether or not you think they may have been sexually assaulted/abused
- Avoid making decisions for the survivor. Instead, listen and then ask how you can help
- Touch or hug the survivor without permission

## THE STUDENT WHO MAY BE IN A DOMESTIC VIOLENCE RELATIONSHIP

It is estimated that one third of all college students will have been in an abusive relationship by the time they graduate. Relationship violence is the number one cause of injury to women ages 15-44: more than rapes, muggings and car accidents combined.

According to the Family Violence Prevention Fund, knowing what to say and how to say it in a way that is respectful of her privacy is considered one of the most challenging aspects of domestic violence. Don't be afraid to approach the student in a non-threatening way by focusing on the school behavior. It is always appropriate for a faculty or staff member to show concern for a student who seems seriously distressed, and to support the student in getting professional help. You should not try, however, to diagnose the student's problem; don't presume that the student is being abused. And make it clear that it is her choice whether or not to confide in you.

First, be aware possible signs of domestic violence include:

- Changes in behavior
- Changes in school or work performance
- Preoccupation/lack of concentration
- Increased or unexplained absences
- Unexplained bruises or injuries or stories to explain them that don't add up
- Harassing phone calls in the workplace

### Do

- Express concern
- Take the student's fears seriously
- Offer help. As appropriate, offer specific forms of help and information

- Support the student's decisions
- Keep it simple by focusing on the behavior, "I noticed x, y & z"

### Don't

- Victim-blame. Reinforce that the abuse is the partner's problem and responsibility, but refrain from "bad-mouthing" the partner
- Wait for the student to come to you
- Pressure the student
- Give advice
- Place conditions on your support



## THE DEPRESSED STUDENT



Depression, and the variety of ways it manifests itself, is part of a natural emotional and physical response to life's ups and downs. With the busy and demanding life of a college student, it is safe to assume that most students will experience periods of reactive depression in their college careers. It is when the symptoms become so extreme, or are so enduring, that they begin to interfere with the student's ability to function in school, work, or social environments, that the student will come to your attention and be in need of assistance.

Typical symptoms of depression include feelings of self-directed guilt or anger, difficulty concentrating or remembering things, loss of interest in schoolwork or usual activities, or feelings of worthlessness or inadequacy. Physical symptoms include changes in appetite (usually a loss of appetite), difficulty sleeping (usually trouble falling asleep or early morning wakening), and low energy level.

### Do

- Let the student know you've noticed that she/he appears to be feeling down and you would like to help
- Reach out and encourage the student to express how she/he is feeling
- Tell the student of your concerns
- Offer options to further investigate and manage the symptoms of the depression, including counseling if it seems appropriate

### Don't

- Minimize the student's feelings, e.g., "Don't worry," "Crying won't help," or "Everything will be better tomorrow"
- Be afraid to ask whether the student is suicidal if you think she/he may be (See next section)

## THE SUICIDAL STUDENT

Among college-age students, suicide is the second leading cause of death. All suicidal comments and behaviors should be viewed as serious and appropriate referrals should be made. Often the suicidal person is highly ambivalent about ending his/her life. High risk factors include the following: feelings of hopelessness, helplessness and futility; a significant loss or threat of loss; a suicide plan; previous attempts or knowledge of someone who has previously attempted; history of alcohol and drug abuse; feelings of alienation and isolation; and preoccupation with death.



### Do

- Take the student seriously – 80% of suicides give warning of their intent
- Acknowledge that a threat of or attempt at suicide is a plea for help
- Be available to listen, to talk, to be concerned, but refer the student to the Psychological Counseling Center (537-5040 in the Student Health Center) or a hotline (National Suicide Prevention (800) 784-2433) for additional help.
- Attempt to make sure the student actually gets some help
- Take care of yourself. Suicide intervention is demanding and draining work.
- If you are unsure of how to respond, contact the Student Health Center, PCC or the CSUSB Police.

### Don't

- Minimize the situation or depth of feeling
- Be afraid to ask the person if they are so depressed or sad that they want to hurt themselves (e.g., "You seem so upset and discouraged that I'm wondering if you are considering suicide.")
- Ignore your limitations or over commit yourself

#### *If the student tells you he/she has overdosed on pills:*

- If on the phone, get the student's location
- Ask the student what s/he has taken and how much
- Call for an ambulance, and notify the CSUSB Police so they can direct them appropriately
- If unsure of how to respond, contact the Student Health Center, PCC, or the CSUSB Police

## DETECTING SERVERELY DEPRESSED OR POTENTIALLY SUICIDAL BEHAVIOR: A BRIEF CHECKLIST

Have you noticed significant changes in the student's overt behavior patterns?

- |   |   |
|---|---|
| <input type="checkbox"/> Sleeping               | <input type="checkbox"/> Eating               |
| <input type="checkbox"/> Studying               | <input type="checkbox"/> Use of drugs/alcohol |
| <input type="checkbox"/> Time spent with others | <input type="checkbox"/> Weight gain or loss  |
| <input type="checkbox"/> Other changes          |   |

Have you noticed significant changes in the student's emotions?

- |   |  |
|---|--|
| <input type="checkbox"/> Hyperactive, excited | <input type="checkbox"/> Withdrawn, depressive |
| <input type="checkbox"/> Mood swings          | <input type="checkbox"/> Anxious, panicked     |

Is the person abusing drugs or alcohol?

What is the quality of social relationships for this student?

- |  |  |
|--|--|
| <input type="checkbox"/> Lack of close, supportive friends | <input type="checkbox"/> Rarely participates in group activities |
| <input type="checkbox"/> Spends little time with others    |  |
| <input type="checkbox"/> Non-supportive family ties        |  |

Have there been any recent traumatic or stressful events in this student's life?

- Death of a loved one
- Changes in close relationships (breaking up of a love affair)
- Changes in family relationships
- Poor academic performance
- Serious illness (AIDS, cancer, diabetes, etc.)
- Other events

Has the student hinted at suicide or talked about helplessness? 80 percent of suicide victims communicate their intent to someone else.

Has the student attempted suicide before? Has a close friend of this student or family member committed suicide?

Does this student engage in physically dangerous activities?

Has the student exhibited increasing concern about death or life after death?



## EMERGENCIES AND AFTER HOURS

The following referral list is provided for emergencies as the PCC is not open evenings, weekends, or holidays, and at times you may need emergency care.

In any life threatening situation, such as a suicide attempt, alcohol or drug overdose, or serious mental health crisis call 911 from off campus (for local police) or 911 from an on-campus phone or 537-5165 for Campus Police, or proceed immediately to the emergency room of your local hospital. Additional resources include:

**Campus Police** (24 hours): (909) 537-5165, or 911, or ext. 75165 or ext. 77777 from a campus phone.

**Behavioral Health Services, Community Hospital of San Bernardino**  
1805 Medical Center Drive  
San Bernardino, CA 92411  
(909) 887-6333 x3900

**Loma Linda University Behavioral Medicine Center**  
1710 Barton Road  
Redlands, CA 92373  
(800) 752-5999  
E-mail: cmcgrath@ahs.llumc.edu

### HOTLINE NUMBERS

National Suicide Hotline	1-(800)-SUICIDE
National Drug/Alcohol Treatment	1-(800)-662-HELP
Rape, Abuse, Incest Hotline	1-(800)-656-4673
Crisis Line-Riverside (Domestic Violence)	1-(951) 683-0829
Child Abuse National Hotline	1-(800)-4-A-CHILD
AIDS California Hotline	1-(800)-367-2437
Eating Disorders Hotline	1-(800)-841-1515

Our sincere thanks to the California Organization of Counseling Center Directors in Higher Education whose combined efforts we have liberally borrowed to include in this handbook.

To view this handbook online, please visit the PCC's website under Information for Faculty and Staff: <http://psychcounseling.csusb.edu>