HELPING STUDENTS in DISTRESS
A FACULTY & STAFF GUIDE FOR ASSISTING STUDENTS IN NEED

Richland College
CARE Team
richlandcollege.edu/cares
Acknowledgements
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Richland CARES

Richland College values being a culture and community of caring for all individuals. Richland CARES is a campus team that accepts referrals from individuals who are concerned about campus community members, such as students or employees. Confidential referrals can be made using our online form.

Some Concerns Commonly Referred to the CARE Team Include:
- Short- and long-term illnesses that might disrupt attendance or academic performance;
- Disruptive behavior on- or off-campus;
- Thoughts of suicide or suicide attempt;
- Emotional distress or ongoing mental health concerns;
- Short- or long-term injuries or head injuries;
- Loss of a loved one;
- Food or housing insecurity;
- Relationship and roommate concerns;
- Changes in mood, appearance, or behavior;
- Feeling isolated, lack of connectedness, or thoughts of leaving school.

These examples are not all inclusive. If you are unsure about whether the issue should be sent to the CARE Team, please feel free to email us at rlcCARES@dcccd.edu or call and consult with a Counselor in the Counseling Center who may then recommend a CARE Team Referral be submitted.

We ask that the Richland College Community show it CARES by implementing these 3 steps:

Recognize. React. Refer.
INTRODUCTION FROM THE RICHLAND CARE TEAM

Dear Richland Faculty and Staff:

Has this ever happened to you?

- A student comes to your office and is obviously intoxicated and disruptive.
- A student reveals to you that he/she is having thoughts of suicide.
- A student, obviously upset, tells you that despite her third year standing she is thinking about changing her academic major for the third time.
- A student, who is usually well-prepared for class begins to miss class, fails to complete assignments, and becomes inattentive to hygiene and personal appearance.

This Guide has been developed to provide you with a useful resource for recognizing students who may be experiencing emotional, physical, or developmental challenges and difficulties. This brochure will provide some basic guidelines for addressing a wide range of student behaviors. It also serves as a guide to assist you in making voluntary referrals to campus resources. We are not expecting that you would act as a professional counselor, but hope this information is helpful as you work with students in your role as a faculty or staff member.

College students typically encounter a great deal of stress during their academic experience. Although many students cope successfully with the demands of college life, for some the pressures can become overwhelming and unmanageable. Students may experience stress as they attempt to perform well academically, begin their career path, navigate interpersonal relationships, and as they balance academic, social, work, and family obligations. Some may feel isolated, sad, helpless and hopeless. The emotional and behavioral consequences are often played out on campus in classrooms, residence halls, or offices.

As a faculty or staff member interacting with students, you are in a unique position to identify and help students who are in distress. You are likely to be the first person a student reaches out to for help. Your ability to recognize the signs of emotional distress and potential health issues and to make an initial intervention can have a significant impact on a student’s future well-being.

The purpose of this Guide is to help you to recognize some of the signs of students in distress, be supportive of their needs and facilitate appropriate referrals to the Counseling Center, Student Health Services, Students with Disabilities Services, and other campus resources; as well as increasing your awareness of the Students of Concern Assistance Team. These resources are available to assist and provide consultation to you regarding problems or situations that you encounter with students.

Best Regards,

JJ Larson
Associate Director, Student Services for Health & Wellbeing
CARE Team Chairperson
972-238-6129
RESPONDING TO STUDENT EMERGENCIES

SAFETY RISK INDICATORS:

- Written or verbal statements that mention despair, suicide, or death
- Severe hopelessness, depression, isolation, and withdrawal
- Statements to the effect that the student is “going away for a long time”

If a student is exhibiting any of these signs, s/he may pose an immediate danger to her/himself.

In these cases, you should stay with the student and contact:
- Counseling Center at 972-238-3771; or
- Richland College Police at 972-860-4290; or
- Walk the student to Counseling Center located in the Lakeside Resource Center, in El Paso Hallway – E082
- *After Business Hours: contact ADAPT Community Solutions Crisis Line at 866-260-8000

THE SITUATION IS AN EMERGENCY IF:

- Physical or verbal aggression is directed at self, others, animals, or property
- The student is unresponsive to the external environment; he or she is:
  - incoherent or passed out
  - disconnected from reality/exhibiting psychosis – very odd thoughts
  - displaying unmitigated disruptive behavior
- The situation feels threatening or dangerous to you

If you are concerned about immediate threats to safety:
call the Richland College Police
972-860-4290 from cell; or
9-1-1 from a campus phone.
SUGGESTED STEPS IN RESPONDING TO STUDENT EMERGENCIES

Emergency situations are rare and can be ambiguous (uncertain) or imminently (clearly) dangerous. The primary campus resources for responding to mental health student emergencies are Counseling Center (for ambiguous situations) and the Richland Police (for imminent danger). Generally, a psychological emergency involves one or more of the following conditions:

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

In situations of imminent danger, immediate and decisive action is necessary. These simple guidelines will be helpful:

- Stay calm.
- Call 911 from a campus phone and provide as clear a description of the situation as possible.
- Make sure the staff is protected, following the department’s safety plan.
- Inform your supervisor
- Ensure that you are in a safe place to talk and that a coworker is aware of your location
- Use non-confrontational speech and try to defuse the situation
- Do not try to remove the person from the area yourself; do not touch the student
- Signal for help or excuse yourself from the situation to get assistance
- Do not mention disciplinary action or police intervention if you are concerned about the person’s angry or dangerous response

In the event of an ambiguously situation:

- Stay calm, as this will help you respond more effectively, and also help to reduce the student’s anxiety or agitation
- If possible, provide a quiet, private place for the student to rest while further steps are taken
- Talk to the student in a clear, straight-forward manner
- If the student appears to be dangerous to self or others, do not leave the student unattended
- Make arrangements for appropriate intervention or aid
- Phone consultation with a Counseling Services staff member is available at (972) 238-3771 during work hours
- You can walk the student over to Counseling Center for an emergency consultation or appointment during the hours of 8am – 6:45pm. Counseling is also open during the noon hour
- Be prepared to provide as much information as possible about the student and the situation to the campus resource you contact
REFERRING A STUDENT FOR HELP FROM the CARE Team

WHEN TO REFER

- If your efforts to manage a significant classroom behavioral issue has not resolved the problem.
- If you are concerned about the welfare of a student, yourself and/or other students.
- If a student asks for help in dealing with personal issues that are outside your role as a faculty or staff member.
- If you have referred the student for assistance in the past and there seems to be no improvement or things seem to be worsening.

WHAT ABOUT CONFIDENTIALITY

The Family Educational Rights and Privacy Act (FERPA) does not prohibit the sharing of personal observations and knowledge about a student among campus officials; especially when there is a legitimate concern related to student wellbeing or campus health and safety.

If you are concerned about a student whom you have observed exhibiting one or more of the warning signs, do not hesitate to notify CARE TEAM.

DOES THE REFERRAL NEED THE STUDENT’S PARTICIPATION?

Simply put, no it does not. There may be times when the student is not receptive to help or support, or when the student has long left your class or office and the link between your concern and making a referral occurs.

What to Do

Submit your concerns about a student using the online submission form, which is available 24/7:
richlandcollege.edu/cares

Information for an effective referral:
- Student’s name, and ID#,
- Best phone # (if known)
- Dates, times, & locations of events
- What was observed
- What was said and by whom
- What has been done so far to address concern and the student’s response to those efforts

If you are not sure if you should make a CARE Team referral – Remember that in any given situation, there are probably several "best ways" to address your concern for a student’s distress. And your information may be part of a larger puzzle of concern.

Please contact the CARE Team Chairperson of Counseling Center staff to discuss your concerns and your options.
Richland CARES Referral Flow Chart

Recognize. React. Refer person of concern

Is the individual’s behavior breaking the law or disruptive to an authorized activity?

YES

CALL CAMPUS POLICE
972-860-4290
*or 911 from campus phone

NO

If they are an EMPLOYEE

REFERRAL FORWARDED TO HR

HR provides intervention & resources; including EAP

NO

If individual’s behavior an immediate threat to self, someone else, animals or are they destroying property?

YES

REVIEWED & PROCESSED for ACTION

NO

If they are a STUDENT

Forwarded to ACADEMIC DEAN/ DEPT.

REFERRED to CARE TEAM for RESPONSE

Forwarded to STUDENT CONDUCT
CARE Team Referral Flow Chart

REFERRED to CARE TEAM for RESPONSE

CARE Team Reviews Referral determines Level of Concern Intensity of Response

CONCERN

Develop Intervention or CARE Plan

No immediate action steps

Monitor an ongoing plan

Outreach & assistance

Situation Not Resolved

Situation Resolved

Review in CARE for additional Plans

Follow up with Referral Source

CARE provides Dept. Head/ Faculty with strategies & referrals

No CONCERN

Referral Closed

Referral Closed

Situation Resolved

Referral Closed

Referral Closed
AWARENESS OF CULTURAL DIFFERENCES

Race, ethnicity, cultural background, sexual orientation, and other dimensions of difference are important to keep in mind as you help a distressed student. Reactions to racism, sexism, homophobia, disability status, etc., can affect the way in which emotional distress is manifested and also can impact help-seeking behavior. General barriers to seeking help - e.g., denial, fear of being labeled in a negative way, lack of information about campus resources - may be even more troublesome for students from underrepresented groups. Communicating support, concern, and understanding is critical in reaching students who may feel isolated and marginalized.

Your sensitivity to the unique needs of international students, LGBT students, students of color, students with disabilities, non-traditional-aged/veteran college students, and other underrepresented groups can be important in helping culturally different students get assistance. Furthermore, being knowledgeable about campus resources that address the unique needs of culturally different and underrepresented students is also important.

RESOURCES FOR CULTURALLY DIFFERENT STUDENTS

STUDENTS OF COLOR.
Multicultural Center (972) 238-6291

INTERNATIONAL STUDENTS.
Multicultural Center (972) 238-6291

LGBTQA STUDENTS.
Office of Student Life – Safe Zone (972) 238-6130
Counseling Center (972) 238-3771

STUDENTS WITH DISABILITIES.
Disability Services (972) 238-6180

VETERAN SUPPORT.
Veterans Services (972) 238-3778
A WORD ABOUT MEDICATIONS

An impressive amount of research over the last 40 years has been devoted to the discovery, development, and research of medication that can help with mood, behavior, and other emotional difficulties. Medications often are most helpful in combination with therapy and other efforts at self-help.

The vast majority of psychotropic medications are not habit-forming, and students can always decide, with consultation, to stop taking them. It might be unwise not to consider medications that can make an enormous contribution to well-being, just as it would be unwise to consider medication the only or best option for everyone. The meaning of taking medication, and of taking a particular medication, is an important aspect to keep in mind.

Know that it is important for the health providers to be selective when deciding who is an appropriate candidate for medication, as well as which medication and at which dosage. Sometimes medications take some days or weeks to start working. Many of the newer medications offer significant advances in effectiveness, often combined with fewer side-effects. The balance between desired effects and possible undesired effects (“side-effects”) should be assessed by the student, in consultation with the prescribing clinician. Fortunately, many choices exist and can be discussed.

Medications are not “quick fixes” for longer-standing problems. They do not offer the opportunity to feel better without regard to the underlying psychological and social factors. They are not, for instance, a treatment for bad days or problems with intimacy. They do not change who someone is as a person. While there may be some disappointment as a result, this can often be reassuring for a student to know. A concern may be that if medications are helpful, they must be correcting some biochemical abnormality that is the sole cause of the problem.

As human beings, the interaction of our physical selves with our emotional and spiritual selves, along with our interactions with the environments, makes our reaction to medication much more complex. Thus, it is important for us to take into account the major aspects of our lives that contribute to our state of being.
RECOGNIZING STUDENTS IN DISTRESS

As faculty and staff members, you may be the first to notice a student who is experiencing difficulty. You do not have to take on the role of counselor or diagnose a student.

Often, there are indicators that a student is experiencing distress long before a situation escalates to a crisis. To assist our students in maintaining their mental health and maximizing their intellectual growth, it is important to identify difficulties as early as possible. The presence of one of the following indicators alone does not necessarily mean that the student is experiencing severe distress. However, the more indicators you notice, the more likely it is that the student needs help.

We encourage you to speak directly to students when you sense that they are in academic or personal distress. Openly acknowledge that you are aware of their distress, that you are sincerely concerned about their welfare and that you are willing to help them explore their options. Not all students will be receptive to your help. In some cases, and in order to ensure students of concern do not fall in the gaps between observers and interveners, a referral to CARE Team may be warranted.

When in doubt, consult with the CARE Team chairperson, 972-238-6129; or a Counseling Center clinical staff person. 972-238-3771

ACADEMIC INDICATORS

- Repeated absences from class, section, or lab
- Missed assignments, exams, or appointments
- Deterioration in quality or quantity of work
- Extreme disorganization or erratic performance
- Written or artistic expression of unusual violence, morbidity, social isolation, despair, or confusion; essays or papers that focus on suicide or death
- Continual seeking of special provisions (extensions on papers, make-up exams)
- Patterns of perfectionism: e.g., can’t accept themselves if they don’t get an A+
- Overblown or disproportionate response to grades or other evaluations
BEHAVIORAL & EMOTIONAL INDICATORS
• Direct statements indicating distress, family problems, or loss
• Angry or hostile outbursts, yelling, or aggressive comments
• More withdrawn or more animated than usual
• Expressions of hopelessness or worthlessness; crying or tearfulness
• Expressions of severe anxiety or irritability
• Excessively demanding or dependent behavior
• Lack of response to outreach from course staff
• Shakiness, tremors, fidgeting, or pacing

PHYSICAL INDICATORS
• Deterioration in physical appearance or personal hygiene
• Excessive fatigue, exhaustion; falling asleep in class repeatedly
• Visible changes in weight; statements about change in appetite or sleep
• Noticeable cuts, bruises, or burns
• Frequent or chronic illness
• Disorganized speech, rapid or slurred speech, confusion
• Unusual inability to make eye contact
• Coming to class bleary-eyed or smelling of alcohol

OTHER FACTORS
• Concern about a student by his/her peers or teaching assistant
• A hunch or gut-level reaction that something is wrong

HOW DO YOU KNOW WHEN TO ACT?
You may notice one indicator and decide that something is clearly wrong. Or you may have a “gut-level feeling” that something is amiss. A simple check-in with the student may help you get a better sense of his her situation.

It’s possible that any one indicator, by itself, may simply mean that a student is having an “off” day. However, any one serious sign (e.g., a student writes a paper expressing hopelessness and thoughts of suicide) or a cluster of smaller signs (e.g., emotional outbursts, repeated absences, and noticeable cuts on the arm) indicates a need to take action on behalf of the student.

...But what about FERPA??
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

WHAT DOES FERPA COVER?
FERPA limits the disclosure of information from student “education records.” Education records include virtually all records maintained by an educational institution, in any format, that identify a student on its face or from which a student’s identity could be deduced from descriptive or other information contained in the record, either alone or in combination with other publicly available information.

MAY I DISCLOSE PERSONAL KNOWLEDGE AND IMPRESSIONS ABOUT A STUDENT, BASED ON MY PERSONAL INTERACTIONS WITH THE STUDENT?
Yes. FERPA applies only to information derived from student education records, and not to personal knowledge derived from direct, personal experience with a student. For example, a faculty or staff member who personally observes a student engaging in erratic and threatening behavior is not prohibited by FERPA from disclosing that observation to other “school officials” who have “legitimate educational interests” in the information.

MAY INFORMATION FROM A STUDENT’S EDUCATION RECORDS BE DISCLOSED TO PROTECT HEALTH OR SAFETY?
Yes. FERPA permits the disclosure of information from student education records to appropriate parties either inside or outside of Richland College in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. For example, if a student sends an email to his resident advisor saying that he has just been diagnosed with a highly contagious disease such as measles, Richland College could alert the student’s roommates, and perhaps others with whom the student has come in close contact, to urge them to seek appropriate testing and medical care. Safety concerns warranting disclosure could include a student’s suicidal statements or ideations, unusually erratic and angry behaviors, or similar conduct that others would reasonably see as posing a risk of serious harm.

WHAT SHOULD I DO IF I AM CONCERNED THAT A STUDENT POSES A THREAT TO SELF OR OTHERS?
If you are concerned that a student may engage in violent behavior, toward self or others, and the threat appears to be imminent, you should contact the Richland College Police immediately at 972-860-4290; or 911. When circumstances permit, you should consult with professionals on campus or associated with the institution who may be able to assess the potential threat, identify resources for the student, and provide information that could assist in deciding on an appropriate course of action. In consultation with appropriate campus resources, such as Counseling Center (972-238-3771) or the CARE Team Chairperson (972-238-6129), a collective decision may then be made to contact a family member, an appropriate off-campus resource, or others.

For more information about FERPA:
https://www.richlandcollege.edu/pages/privacysecurity.aspx
WHAT YOU SHOULD KNOW ABOUT RESPONDING TO DISTRESSED OR DISTRESSING STUDENTS

Because you come in frequent contact with many students, you are in an excellent position to observe students, identify those who are in distress, and offer assistance. Your care, concern, and assistance will often be enough to help the student. At other times, you can play a critical role in referring a student for appropriate assistance and in motivating him/her to seek such help. A few guidelines for responding to distressed or distressing students are summarized below:

OBSERVE
The first important step in assisting distressed students is to be familiar with the symptoms of distress and attend to their occurrence. An attentive observer will pay close attention to direct communications as well as implied or hidden feelings.

INITIATE CONTACT
Don’t ignore strange, inappropriate or unusual behavior – respond to it! Talk to the student privately, in a direct and matter-of-fact manner, indicating concern. Be specific with the student about the behavior or observations that have caused you concern. Early feedback, intervention, and/or referral can prevent more serious problems from developing.

CLARIFY YOUR ROLE
When you presume or are placed in the counseling role, role conflicts are possible and must be understood. Some students may see you as a figure of authority and this perception may influence how helpful you can be. You may feel friendly with your student, which may make it difficult for you to act objectively in the academic or class management role. Do not promise confidentiality.

LISTEN OBJECTIVELY
Listening has frequently been called an art, but it is also a skill that can be acquired with practice. To listen to someone is to refrain from imposing your own point of view, to withhold advice unless it is requested, and to concentrate on the feelings and thoughts of the person you are trying to help, instead of your own. Listening is probably the most important skill used in helping and can be facilitated by allowing the student enough time and latitude to express thoughts and feelings as fully as possible. Some things to listen for include a student’s view of him/herself, view of his/her current situation or environment and the view of the future. Negative comments about these issues indicate a student may be in trouble.

OFFER SUPPORT AND ASSISTANCE
Among the most important helping tools are interest, concern, and attentive listening. Avoid criticism or judgmental comments. Summarize the essence of what the student has told you as a way to clarify the situation. Encourage positive action by helping the student define the problem and generate coping strategies. Suggest resources that
the student can access: friends, family, clergy, or professionals on campus. As most students are legal adults over the age of 18, there are few times when a student’s parents are contacted by the college when issues arise. However, if there is a serious concern about the health or safety of the student or of others, this would be a reasonable step. Consult with college officials if it appears that contacting the parents is in order. Make CARE Team Referral.

MAINTAIN COMPOSURE
It is especially important that you keep calm and focused in a crisis situation, as you play a critical role in diffusing the situation or providing appropriate referrals. When responding to a crisis situation, there are three features that are particularly important: confidence, competence, and preparedness. Be confident in your abilities to respond. Become competent by educating yourself about ways to respond to emergencies and crisis situations, such as those outlined within this brochure. Be prepared to respond quickly by having knowledge of campus resources and your unit’s crisis response plan. If your unit does not have a safety plan, issues to consider in its development are presented later in this guide.

KNOW YOUR LIMITS
As a help-giver, only go as far as your expertise, training, and resources allow. If you are uncertain about your ability to help a student, it is best to be honest about it. Trust your feelings when you think an individual’s problem is more than you can handle. When a student needs more help than you are able or willing to give, it is time to make a referral to a professional. Below are some signs to look for in your feelings that may suggest the assistance of a professional is warranted:
• You find yourself feeling responsible for the student
• You feel pressure to solve their problems
• You feel you are over-extending yourself in helping the student
• You feel stressed-out by the student’s issue(s) or behavior
• You see a behavioral pattern repeating itself in your interaction with the student
• You feel that the problems a student brings to you are more than you can handle
• You feel anxious when the student approaches you

CONSULT WITH COUNSELING CENTER STAFF
In your attempt to help a student, you may need to talk with a professional. The Counseling Center staff can suggest possible approaches to take with students or provide you with initial support. Call the Counseling Center at (972) 238-3771 and tell the receptionist that you wish to speak with the counselor on duty for walk-ins or crises. If your situation is an emergency, tell the receptionist you wish to speak to a Counseling staff member immediately.
TIPS FOR SUPPORTING & ENCOURAGING STUDENTS

- Request to see the student in private.
- Briefly acknowledge your observations and perceptions of the student’s situation and express your concerns directly and honestly.
- Listen carefully to what the student is troubled about and try to see the issue from his or her point of view without agreeing or disagreeing.
- Follow up with the student to see how he or she is doing.
- Strange and inappropriate behavior should not be ignored. The student can be informed that such behavior is distracting and inappropriate.
- Your ability to connect with an alienated student will allow him or her to respond more effectively to your concerns.
- Help the student identify options for action and explore possible consequences. If possible offer to phone or accompany the student to the appropriate resources.
- Avoid labeling the student’s behavior or the issues presented.
- Inform the student about what can be gained by meeting with a counselor or other professional to talk about his or her problems.
- Be open about the limits on your ability to help the student.
- If the student appears to be in imminent danger of hurting self or others, consult the Counseling Center or the Campus Police immediately.
- Do not promise to keep threats to self or others a secret.

On the following pages are some specific student issues you may encounter and tips on how you can respond to them.
Suicide is the second-leading cause of death among college students. Suicidal persons are intensely ambivalent about killing themselves and typically respond to help. Suicidal states are definitely time-limited and most who commit suicide are neither crazy nor psychotic.

High-risk indicators include: feelings of hopelessness and futility; a severe loss or threat of loss; a detailed suicide plan; history of a previous attempt; history of alcohol or drug abuse; and feelings of alienation and isolation. Suicidal students usually want to communicate their feelings; any opportunity to do so should be encouraged.

A student may be contemplating suicide if he or she is ruminating about suicide and is becoming increasingly isolated. Individuals are more at risk for suicide if there is a history of suicidality or major depression in their family or if they have had previous attempts. Additionally, students are at more immediate risk if they have a specific plan for suicide. Students are more likely to act on their hopeless feelings while under the influence of alcohol or drugs. A suicide note, email, video, or web page (e.g., on Facebook, Snapchat, Instagram) should be considered as very worrisome, spurring faculty members to make urgent contact with the CARE Team Chairperson or the Associate Vice President – Enrollment Management.

People who contemplate suicide are often ambivalent about killing themselves and are often willing to get help through counseling when a faculty member facilitates the process for them. Cryptic or indirect messages left by students should not be ignored. Some students who are severely depressed do not have the emotional energy to seek help and use cryptic messages to reach out, i.e., “I won’t be bothering you much longer,” “It’ll all soon be over,” or “Time is running out.”

Students who are feeling suicidal are often relieved when someone finally asks them, “Are you thinking of killing yourself?” They no longer have to struggle with their feelings alone. Asking them if they are suicidal will not “put the thought” into their head. Students who are suicidal are helped by counseling and sometimes medication. Some may be hospitalized for a short time to enable medications to take effect, to ensure their safety in the short run, and to help them connect with resources to deal with the issues they face.

If you are concerned about immediate threats to safety, call 911 or Richland College Police at 972-860-4290.

Suicide Prevention and Crisis Service: 24-hour hotline, 1-800 273-8255
HELPING the Student who may be Suicidal

Facts About Suicide

Although suicide is a rare event, it is a leading cause of death among college students.

Suicidal states are often associated with major depression, a combination of acute anxiety and depression, post-traumatic stress disorder, drug and alcohol abuse, and bipolar disorder.

People who are suicidal often tell people about their thoughts or give clues to others about their feelings.

SOME FACTORS ASSOCIATED WITH SUICIDE RISK ARE:

- Suicidal thoughts
- Pessimistic view of the future
- Intense feelings of helplessness, especially when combined with anxiety
- Feelings of alienation and isolation
- Viewing death as a means of escape from distress
- Previous suicide attempts
- Personal or family history of depression and/or suicide
- Personal or family history of suicide attempts
- Substance abuse
- History of self-mutilation; self-injury
- Be confident to ask directly about suicide. Asking a student if he/she is suicidal will not put the idea in the student’s head if it isn’t there already; it will make a secret no longer a secret, which is the first step to a solution.

A student who is suicidal and who confides in someone is often highly ambivalent about suicide and open to discussion.

Students who are at high risk usually have a specific plan, have a means that is lethal (e.g., medication, knife, gun), a timeframe in which they will kill themselves, and tend to be or feel isolated.

If you are concerned about immediate threats to safety, call 911 or Richland College Police at 972-860-4290.

Suicide Prevention and Crisis Service: 24-hour hotline, 1-800 273-8255
## HELPING the Student who may be Suicidal

<table>
<thead>
<tr>
<th>WHAT TO DO</th>
<th>WHAT NOT TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Take the student seriously — 80% of individuals who attempt suicide give warning of their intent</td>
<td>• Don’t minimize the situation. (&quot;It is not okay to kill yourself.&quot;)</td>
</tr>
<tr>
<td>• Call 911 if the student is in immediate danger to him/herself.</td>
<td>• Don’t argue with the student about the merits of living. (&quot;You have good grades and everyone loves you. How could you think of killing yourself.&quot;)</td>
</tr>
<tr>
<td>• Remain calm and take the lead.</td>
<td>• Don’t be afraid to ask the person if they are so depressed or sad that they want to hurt themselves (&quot;You seem so upset and discouraged that I’m wondering if you are considering suicide.&quot;). <em>(The person will very likely feel relieved that someone has noticed and cared enough to discuss it with him/her.)</em></td>
</tr>
<tr>
<td>• Talk to the student privately (not in front of others).</td>
<td>• Don’t allow friends to assume responsibility for the student without contacting a professional.</td>
</tr>
<tr>
<td>• Take a student’s disclosure as a serious plea for help. (&quot;I hear clearly that you are really considering killing yourself to just end the pain of how badly you are feeling.&quot;)</td>
<td>• Don’t presume the family knows that the student has suicidal thoughts.</td>
</tr>
<tr>
<td>• Ask the student directly about feelings and plans. (&quot;Are you thinking of killing yourself?&quot; “How have you thought about doing it?”)</td>
<td>• Don’t presume the student has a family or support network.</td>
</tr>
<tr>
<td>• Express care and concern, and assure the student that you will help him or her get professional help. (&quot;I believe and trust everything you are saying and that you have not gotten to this point easily. I am highly concerned for you and want you to believe and trust me now, that seeking help can make a difference, even if it doesn’t feel this way right now.&quot;)</td>
<td></td>
</tr>
<tr>
<td>If the incident occurs <strong>during business hours</strong>, accompany the student to Counseling Center located in E082, El Paso Hallway (in the Lakeside Resource Center).</td>
<td></td>
</tr>
<tr>
<td>If it happens <strong>after business hours</strong>, contact Campus Police (972) 860-4290 for assistance.</td>
<td></td>
</tr>
<tr>
<td>IF IT IS AN EMERGENCY SITUATION, CALL 911.</td>
<td></td>
</tr>
<tr>
<td>If you feel overwhelmed or unprepared to help a suicidal student, call the Counseling Center at (972) 238-3771 for advice about how to proceed. ALL THREATS MUST BE CONSIDERED POTENTIALLY LETHAL.</td>
<td></td>
</tr>
<tr>
<td>Make a CARE Team Referral.</td>
<td></td>
</tr>
</tbody>
</table>
THE STUDENT WHO MAY BE DEPRESSED

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 presume that most students will experience periods of reactive depression during their college careers. It is when the depressive 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. Due to the opportunities that faculty, staff, and RAs have to observe and interact with students, you are often the first to recognize that a student is in distress.

In its most serious form, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain (refer to “The Suicidal Student”).

Look for a pattern of these indicators:

- Tearfulness / general emotionality or a marked lack of emotion
- Dependency (a student who makes excessive requests for your time)
- Markedly diminished performance
- Lack of energy / motivation
- Infrequent or sporadic class attendance
- Increased anxiety / test anxiety / performance anxiety
- Irritability
- Deterioration in personal hygiene
- Alcohol or drug use
- Problems eating (loss of weight)
- Problems Sleeping

Students experiencing depression often respond well to a small amount of attention for a short period of time. Early intervention increases the chances of the student’s rapid return to optimal performance.

<table>
<thead>
<tr>
<th>WHAT TO DO</th>
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</thead>
<tbody>
<tr>
<td>• Let the student know you’ve noticed that s/he appears to be feeling down and you would like to help</td>
<td>• Minimizing the student’s feelings, e.g. “Don’t worry. Everything will be better tomorrow.”</td>
</tr>
<tr>
<td>• Reach out and encourage the student to discuss how s/he is feeling</td>
<td>• Bombarding the student with “fix it” solutions or advice</td>
</tr>
<tr>
<td>• Offer options to further examine and manage the symptoms of depression</td>
<td>• Chastise the student for poor or incomplete work</td>
</tr>
<tr>
<td>• Discuss making an appointment with Counseling Center.</td>
<td>• Don’t be afraid to ask whether the student is suicidal if you suspect s/he may be (e.g. “Have you had thoughts of harming yourself?” See below “The Suicidal Student” for further information).</td>
</tr>
<tr>
<td>• Be willing to consider or offer flexible arrangements (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope.</td>
<td>• If you feel overwhelmed or unprepared to help this student, make a referral to the CARE Team.</td>
</tr>
<tr>
<td>• If you feel overwhelmed or unprepared to help this student, make a referral to the CARE Team.</td>
<td>• Minimizing the student’s feelings, e.g. “Don’t worry. Everything will be better tomorrow.”</td>
</tr>
<tr>
<td>• Bombarding the student with “fix it” solutions or advice</td>
<td>• Chastise the student for poor or incomplete work</td>
</tr>
<tr>
<td>• Don’t be afraid to ask whether the student is suicidal if you suspect s/he may be (e.g. “Have you had thoughts of harming yourself?” See below “The Suicidal Student” for further information).</td>
<td>• If you feel overwhelmed or unprepared to help this student, make a referral to the CARE Team.</td>
</tr>
</tbody>
</table>
THE STUDENT WHO FEELS ANXIOUS or HAS PANIC ATTACKS

Anxiety is a normal response to a perceived danger or threat to one’s well-being. For some students, the cause of their anxiety will be clear; but for others, it is difficult to pinpoint the source. Regardless of the cause, the resulting symptoms may include rapid heart palpitations; chest pain or discomfort; dizziness; sweating; trembling or shaking; and cold, clammy hands. The student may also complain of difficulty concentrating, obsessive thinking, feeling continually “on the edge,” having difficulty making decisions, or being too fearful/unable to take action. In rare cases, a student may experience a panic attack in which the physical symptoms occur so spontaneously and intensely that the student may fear s/he is dying. The following guidelines are appropriate in most situations.

<table>
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<tr>
<th>WHAT TO DO</th>
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<tbody>
<tr>
<td>• Talk to the student in private.</td>
<td>• Taking responsibility for the student’s emotional state.</td>
</tr>
<tr>
<td>• Remain calm and reassure student in a soothing manner.</td>
<td>• Making make things more complicated.</td>
</tr>
<tr>
<td>• Focus on relevant information, speaking concretely and concisely.</td>
<td>• Overwhelming him or her with information or ideas.</td>
</tr>
<tr>
<td>• Help them center or ground themselves</td>
<td>• Arguing with irrational thoughts.</td>
</tr>
<tr>
<td>• Help the student develop an action plan that addresses the main concern.</td>
<td>• Devaluing the information presented.</td>
</tr>
<tr>
<td>• Refer the student to the Counseling Center (if appropriate)</td>
<td>• Assuming the student will get over the anxiety without treatment.</td>
</tr>
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</table>
THE STUDENT WHO IS GRIEVING

During the course of their college careers, many students are likely to experience the loss of someone close to them. Sometimes students are dealing with their own life threatening illnesses.

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<th>WHAT TO DO</th>
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<tr>
<td>• Listen carefully and compassionately.</td>
<td>• Don’t be afraid of tears. Tears are a natural, healthy way of releasing emotions.</td>
</tr>
<tr>
<td>• Consider the option of allowing the student to postpone turning in assignments or taking exams.</td>
<td>• Don’t avoid discussing the deceased person with the student. He/she is often grateful to find someone who will listen.</td>
</tr>
<tr>
<td>• When appropriate, if you are comfortable, you can share similar experiences you have had so the student doesn’t feel alone or crazy.</td>
<td>• Don’t say well-intentioned things to the student that might imply the grief is not valid …&quot;It can’t be that bad.&quot;</td>
</tr>
<tr>
<td>• Be on the alert for signs that the student is feeling a need to harm himself/herself as a way to cope with the pain.</td>
<td></td>
</tr>
<tr>
<td>• Talk to the student about getting some professional help to deal with the loss.</td>
<td></td>
</tr>
<tr>
<td>• Refer to the Counseling Center</td>
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</tr>
</tbody>
</table>
THE STUDENT WHO IS AGGRESSIVE or POTENTIALLY VIOLENT

Violence due to emotional distress is very rare. It typically occurs only when the student is totally frustrated and feels totally unable to do anything about it. The adage, “An ounce of prevention is worth a pound of cure” best applies here.

Facts About Aggression

Aggression varies from threats to verbal abuse to physical abuse and violence. It is very difficult to predict aggression and violence.

SOME INDICATORS OF POTENTIAL VIOLENCE MAY INCLUDE:
• expressed paranoia/mistrust
• a highly unstable school or vocational history
• a history of juvenile violence or substance abuse
• prior history of violence or abuse, including history of arrests
• fascination with weapons
• history of cruelty to animals as a child or adolescent
• impulse control problems
• fire-starting behaviors

IF A STUDENT THREATENS YOU BY E-MAIL, MAIL, OR PHONE:

Threatening mail, phone calls, and e-mails received at your home should be referred to your local police department. Notify the Richland College Police Department, (972) 860-4290, and inform them of the complaint filed with your local police department.

Mail, phone calls, and e-mails received on campus should be referred to Richland College Police, (972) 860-4290.

If you know the identity of the student making these threats, please also contact the Associate Vice President - Enrollment Management (Student Conduct Officer), (972) 238-6202 for additional assistance.

YOUR FIRST STEP

Assess your level of safety. Call 911 if you feel in danger.
**RESPONDING to the Student who is Aggressive or Potentially Violent**

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<tr>
<th>WHAT TO DO</th>
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<tr>
<td>• Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation.</td>
<td>• DO NOT stay in a situation in which you feel unsafe.</td>
</tr>
<tr>
<td>• If you feel it is appropriate to stay with the student, remain in an open area with a visible means of escape. For example, sit closest to the door and do not let the student get between you and the door. Stay in an open area.</td>
<td>• DO NOT meet alone with the student.</td>
</tr>
<tr>
<td>• Enlist the help of a co-worker.</td>
<td>• Don’t engage in a screaming match or behaving in other ways that escalate anxiety and aggression. (e.g., don’t threaten, dare, taunt)</td>
</tr>
<tr>
<td>• Explain to the student the behaviors that are unacceptable. (&quot;I am glad to talk with you if you are willing to speak with me without yelling.&quot;)</td>
<td>• Don’t ignore signs that the student’s anger is escalating. (e.g., yelling, screaming, clenched fists, threatening statements).</td>
</tr>
<tr>
<td>• Stay calm and set limits. (&quot;So, let’s talk about what is upsetting you, but I want to be very clear that we have to both do this without getting angry. Otherwise, we shouldn’t continue this today.&quot;)</td>
<td>• Don’t touch the student or crowd his or her sense of personal space.</td>
</tr>
<tr>
<td>• Use a time-out strategy (that is, ask the student to reschedule a meeting with you once the student has calmed down), if the student refuses to cooperate and remains aggressive or agitated. (&quot;I think it is best that we stop for today, but I do not want to drop this so let’s set a time to come back together and then we can both have the chance to settle down.&quot;).</td>
<td>• Don’t ignore a gut reaction that you are in danger.</td>
</tr>
<tr>
<td>• Contact the Counseling Center for consultation and support, (972) 238-3771 and if warranted, make a CARE Team Referral.</td>
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</tbody>
</table>
THE STUDENT WHO INFlicts SELF-INJURY

Self-injury is intentional harm of one’s own body without conscious suicidal intent. Most types of self-inflicted violence (SIV) - also known as Non-Suicidal Self-Injury (NSSI) - involves cutting of one’s own flesh (usually the arms, hands, or legs), burning one’s self, interfering with the healing of wounds, excessive nail biting, pulling out one’s own hair, hitting or bruising one’s self, inserting objects in body, and intentionally breaking one’s own bones. SIV is more common than you might think with roughly 1% of the general population engaging in these behaviors (and this is likely to be greatly underestimated) and it is estimated that one in every 200 teenagers has engaged in self-injurious behavior at some time. The explanations for why people intentionally injure themselves are numerous and diverse. However, most explanations indicate that SIV is used as a method of coping and tends to make life more tolerable (at least temporarily). Self-injurious behavior may be used as a means to restore or preserve a person’s emotional equilibrium.

COPING STRATEGIES FOR PEOPLE WHO SELF-INJURE

- Keep dangerous things away
- Make a list of friends to call and call them
- Use music / exercise / other activities as a diversion
- Focus on what is real and tangible in the environment
- Call a crisis line
- Create an internal safe place
- Develop self-soothing routines
- Seek counseling

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<tr>
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<tbody>
<tr>
<td>• Talk about self-inflicted violence</td>
<td>• Don’t ignore the situation</td>
</tr>
<tr>
<td>• Be supportive</td>
<td>• Don’t encourage the self-injury behavior</td>
</tr>
<tr>
<td>• Be available</td>
<td>• Don’t Overreact</td>
</tr>
<tr>
<td>• Get help for your own reactions</td>
<td></td>
</tr>
<tr>
<td>• Refer the student to the Counseling Center.</td>
<td></td>
</tr>
</tbody>
</table>
THE STUDENT WHO IS VERBALLY AGGRESSIVE

Students usually become verbally abusive when in frustrating situations which they see as being beyond their control. Anger and frustration become displaced from those situations to you. Typically the anger is not directed at you personally. These students often feel they will be rejected and, therefore, reject you before you reject them. They often realize the drama and intimidation behind their anger and are aware of their impact.

<table>
<thead>
<tr>
<th>WHAT TO DO</th>
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<tbody>
<tr>
<td>• Acknowledge their anger.</td>
<td>• Don’t meet alone with the student.</td>
</tr>
<tr>
<td>• Rephrase what they are saying and identify their emotions.</td>
<td>• Don’t get into an argument or shouting match.</td>
</tr>
<tr>
<td>• Allow them to ventilate, get the feelings out, and tell you what is upsetting to them.</td>
<td>• Don’t become hostile or punitive yourself.</td>
</tr>
<tr>
<td>• Tell them you are not willing to accept their verbally abuse behavior.</td>
<td>• Don’t press for an explanation or reasons for their behavior.</td>
</tr>
<tr>
<td>• Help the person problem solve and deal with the real issues when they become calmer.</td>
<td>• Don’t look away in order to not deal with the situation and ignore the student.</td>
</tr>
<tr>
<td>• Defuse &amp; de-escalate the situation by remaining calm, speaking in a calm tone of voice, and modeling appropriate behavior to the student.</td>
<td>• Don’t stay in a situation in which you feel unsafe.</td>
</tr>
<tr>
<td></td>
<td>• Don’t ignore a gut reaction that you are in danger.</td>
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</table>
THE STUDENT WHO IS SUSPECTED OF ABUSING SUBSTANCES

A variety of substances are available that provide escape from pressing demands. The most abused substance is alcohol. Alcohol and other drug-related accidents remain the single-greatest cause of preventable death among college students. Alcohol is the preferred drug on college campuses and is the most widely used psychoactive drug. Alcohol abusers in college populations may also abuse other drugs, both prescription and illicit. Patterns of use are affected by fads and peer pressure.

The effects of alcohol on the user are well known. Student alcohol abuse is most often identified by faculty, staff, or peers when irresponsible, unpredictable behavior affects the learning, work, or living/social environment (e.g., drunk and disorderly in class, office or lounge spaces), or when a combination of the health and social impairments associated with alcohol abuse sabotages student performance. Because of the denial that exists in most substance abusers, it is important to express your concern about the student not in terms of suspicions about alcohol and other drugs, but in terms of specific changes in behavior or performance.

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<tbody>
<tr>
<td>• Share your honest concern and encourage the student to seek help.</td>
<td>• Don’t ignore the problem</td>
</tr>
<tr>
<td>• Address the substance abuse issue if the student is open and willing</td>
<td>• Don’t chastise or lecture</td>
</tr>
<tr>
<td>• Offer support and concern for the student’s overall well-being</td>
<td>• Don’t convey judgment or criticism about the student’s substance abuse</td>
</tr>
<tr>
<td>• Be alert for signs of alcohol and drug abuse: preoccupation with drugs, periods of memory loss, deteriorating performance in class.</td>
<td>• Don’t make allowances for the student’s inappropriate or irresponsible behavior</td>
</tr>
<tr>
<td>• Get necessary help from Campus Police in instances of intoxication.</td>
<td>• Don’t ignore signs of intoxication in the classroom, workplace, etc.</td>
</tr>
<tr>
<td>• Encourage the student to seek an evaluation and/or referrals through the Counseling Center.</td>
<td></td>
</tr>
<tr>
<td>• Refer the student to the Counseling Center.</td>
<td></td>
</tr>
<tr>
<td>• If no behavior changes after referral or problems escalate – make a CARE Team referral</td>
<td></td>
</tr>
</tbody>
</table>
THE STUDENT WITH DISORDERED EATING

Eating disorders are believed to impact 20 percent of college students. The three most common eating disorders - Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder - can be health and/or life threatening. Anorexia can best be characterized by voluntary self-starvation; Bulimia is a disorder in which the individual becomes entrapped in a vicious cycle of alternating food binges and purges (i.e. vomiting, laxative abuse, excessive exercise); and Binge Eating is when an individual overeats beyond a physical comfort level, but does not purge. While individuals struggling with Anorexia are usually severely underweight, those struggling with Bulimia and Binge Eating are often normal weight, or even overweight. These disorders often become the major preoccupying theme in an individual’s life, causing numerous interpersonal and medical problems, often interfering with his/her academic and/or work performance. Eating disorders are widely considered to be the most dangerous mental health issues due to a high mortality rate.

The presence of an eating disorder in a student’s life not only impacts his or her body image and food intake but can also affect a student’s social and academic functioning. Students may struggle with attention and concentration issues, depressive symptoms, physical pain, low energy, social isolation and low self-esteem.

Due to the opportunities that faculty, staff, and RAs have to observe and interact with students in classrooms, the cafeteria, and residence halls, you are often the first to recognize that a student may be struggling.

SOME INDICATORS OF A POTENTIAL EATING DISORDER INCLUDE:

- Obsession with food / dieting
- Low self-esteem
- Ritualistic behavior around food
- Distorted body image
- Extremely regimented life
- Excessive exercise
- Perfectionist expectations of self
- Bingeing / purging
- Excessive dental / medical problems
- Compulsive behavior
- Difficulty concentrating / focusing
- 15% weight loss, growth of fine downy hair on body, gaunt and pale (Anorexia)
- Isolation / withdrawal from friends
- Secretive eating
## HELPING the Student with Disordered Eating

<table>
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<tr>
<th>WHAT TO DO</th>
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<tbody>
<tr>
<td>• Recognize the danger associated with eating disorder behaviors rather</td>
<td>• Spy on the person or nag about eating / not eating</td>
</tr>
<tr>
<td>than viewing them as a choice, lifestyle or an attempt to obtain</td>
<td>• Hide food to keep the person from binging</td>
</tr>
<tr>
<td>attention.</td>
<td>• Let yourself be convinced that the person really doesn’t have a problem</td>
</tr>
<tr>
<td>• Let the individual know that you are concerned about him/her</td>
<td>• Be afraid to let the person know that you are concerned about him/her</td>
</tr>
<tr>
<td>• Remember a person with an eating disorder is just that - first a</td>
<td>• Don’t presume that all thin students have an eating disorder by remembering</td>
</tr>
<tr>
<td>person, and secondarily, one who has trouble with food</td>
<td>that these issues impact students of all shapes and sizes.</td>
</tr>
<tr>
<td>• Be available to listen - one of the best ways to help someone gain</td>
<td>• Don’t confront a student by stating “I think that you have an eating disorder,”</td>
</tr>
<tr>
<td>control over eating is to reach out as a friend instead of focusing</td>
<td>instead share your concerns with the student by naming the behaviors you’ve</td>
</tr>
<tr>
<td>on his/her eating behavior</td>
<td>witnessed.</td>
</tr>
<tr>
<td>• Be supportive and encourage the person to get help</td>
<td>• Don’t encourage the client to “just eat” or “stop throwing up.” Recovery</td>
</tr>
<tr>
<td>• Get help for your own reactions</td>
<td>from an eating disorder often requires mental health treatment to alter</td>
</tr>
<tr>
<td>• Refer the student to the Counseling Center for guidance and referrals</td>
<td>behaviors.</td>
</tr>
<tr>
<td>resources.</td>
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</tr>
<tr>
<td>• If behaviors continue to impact them and their life/ academics or a</td>
<td></td>
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<tr>
<td>referral is not received well – make a CARE Team referral</td>
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</table>
THE STUDENT WITH ADJUSTMENT ISSUES

Transitions are times of change that usually involve both loss and opportunity. Entering college is one of life’s most demanding transitions and is arguably the most significant time of adjustment since starting kindergarten. College students face many challenging transitions, including graduating and entering the work force. The changes inherent in a transition produce stress and challenge a student’s coping resources. Students commonly experience a decline in functioning (academic, social, emotional) during transitions. Adjustments can be worsened by counterproductive coping mechanisms such as avoidance of stress-producing situations and people, excessive partying and alcohol abuse. Transitions can pose greater problems to students who have existing psychological problems or difficult life circumstances. Students going through a period of life adjustment may benefit from counseling to enhance their coping efforts or to prevent the onset of more serious problems.

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<tr>
<td>• Convey to the student that adjustment or transition stress is normal and often brings a temporary decline in performance.</td>
<td>• Don’t presume that the student understands the impact of life transitions and/or is aware of the source of stress.</td>
</tr>
<tr>
<td>• Encourage the student to use positive coping methods to manage transitions stress, including regular exercise, social support, a reasonable eating and sleeping regimen and pleasurable activities.</td>
<td>• Don’t minimize or trivialize the student’s feelings or reactions.</td>
</tr>
<tr>
<td>• Refer the student to the Counseling Center at 972-238-3771, especially if performance problems persist beyond a reasonable amount of time.</td>
<td>• Don’t discount or overlook factors that put the student at risk for more problems.</td>
</tr>
</tbody>
</table>
THE STUDENT WHO IS IN POOR CONTACT WITH REALITY
(May appear to be Severely Disoriented)

These students have difficulty distinguishing fantasy from reality, the dream from the waking state. Their thinking is typically illogical, confused, disturbed or irrational; they may have irrational beliefs, and exhibit bizarre or inappropriate behavior; and their emotional responses may be incongruent or inappropriate for the situation. They may experience hallucinations and may report hearing voices or seeing things no one else can. If they are speaking in class or turning in academic assignments, their work may be unintelligible and they may use words that don’t make sense (may coin new words). While this student may elicit alarm or fear from 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 work or their speech, they may be in need of immediate assistance.

Facts About Psychotic Thinking

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

SYMPTOMS CAN 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 and frenzied thinking and behavior, the latter of which 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.
HELPING the Student Who is in Poor Contact with Reality

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<tr>
<td>• Respond with warmth and kindness, but with firm reasoning. Consult with a clinician from the Counseling Center, (972) 238-3771.</td>
<td>• Don’t presume the student will be able to care for him/herself.</td>
</tr>
<tr>
<td>• Speak to the student in a direct and concrete manner regarding your plan for getting him/her 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.”)</td>
<td>• Don’t agitate the student with questions, pressure, etc. (“You have to do something about yourself, as you are really upsetting others.”)</td>
</tr>
<tr>
<td>• If the incident occurs <strong>during business hours</strong>, accompany the student to Counseling Center located in E082, El Paso Hallway (in the Lakeside Resource Center.</td>
<td>• Don’t argue with unrealistic thoughts. (“Don’t think that; it makes no sense and you know it’s not real.”)</td>
</tr>
<tr>
<td>• If it happens <strong>after business hours</strong>, contact Campus Police (972) 860-4290 for assistance.</td>
<td>• Don’t try to convince them of the irrationality of their thinking. This commonly strengthens the defense of their false perceptions.</td>
</tr>
<tr>
<td>• Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia.</td>
<td>• Don’t play along with or encourage further discussion of the delusion processes, e.g., “Oh yes, I hear the voices (or see the devil)”</td>
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<tr>
<td>• Recognize that a student in this state may be dangerous to self or others.</td>
<td>• Don’t presume that the student understands you.</td>
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<td>• Don’t expect customary or usual emotional responses.</td>
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<td>• Don’t allow friends to care for that student without getting professional advice.</td>
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<td></td>
<td>• Getting locked into one way of dealing with the student. Be flexible.</td>
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<td></td>
<td>• Don’t presume the family knows about the student’s condition.</td>
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<td></td>
<td>• Don’t presume that the student has a family or a network of support.</td>
</tr>
</tbody>
</table>

**Contact the Richland College Police if it appears the student is a danger to themselves or others:**
972-860-4290 or from campus phone, 911.
THE STUDENT WHO APPEARS DEPENDENT OR PASSIVE

You may find yourself feeling increasingly drained and responsible for this student in a way that is beyond your normal involvement. It may seem that even the utmost time and energy given to these students is not enough. They often seek to control your time and unconsciously believe the amount of time received is a reflection of their worth. It is helpful if the student can be connected with proper sources of support on-campus and in the community in general.

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<thead>
<tr>
<th>WHAT TO DO</th>
<th>WHAT NOT TO DO</th>
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<tbody>
<tr>
<td>• Let students make their own decisions</td>
<td>• Don’t get trapped into giving continual advice, special conditions or treatment, etc.</td>
</tr>
<tr>
<td>• Set firm and clear limits on your personal time and involvement</td>
<td>• Don’t avoid the student as an alternative to setting and enforcing limits</td>
</tr>
<tr>
<td>• Offer referrals to other resources on- and off-campus</td>
<td>• Don’t over commit.</td>
</tr>
</tbody>
</table>
THE STUDENT WHO APPEARS TO BE SUSPICIOUS

Typically, these students complain about something other than their psychological difficulties. They are generally tense, anxious, mistrustful, 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 view everything that happens as having special meaning to them. They are overly concerned with fairness and being treated equally. Feelings of worthlessness and inadequacy underlie most of their behavior, though they may seem capable and bright.

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<tbody>
<tr>
<td>• Express compassion without intimate friendship. Remember, suspicious students have trouble with closeness and warmth</td>
<td>• Assure the student that you are his/her friend. Instead, acknowledge that even though you are not a close friend, you are concerned about him/her</td>
</tr>
<tr>
<td>• Be firm, steady, punctual, and consistent</td>
<td>• Be overly warm and nurturing</td>
</tr>
<tr>
<td>• Be specific and clear regarding the standards of behavior that you expect</td>
<td>• Flatter or participate in his/her games. You don’t know his/her rules.</td>
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<tr>
<td></td>
<td>• Be cute or humorous</td>
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<tr>
<td></td>
<td>• Challenge or agree with any mistaken or illogical beliefs.</td>
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<td></td>
<td>• Be ambiguous</td>
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</table>
THE STUDENT WHO ASKS FOR ACADEMIC LENIENCY DUE TO PSYCHOLOGICAL ISSUES

There may be times when a student comes to you to request your leniency with grades or due dates because they report struggling with emotional or psychological interference. Psychological issues can impede an individual’s cognitive functioning, and occasionally leniency is warranted. A student with a documented and diagnosed mental health condition can seek accommodations through the Disability Services Office (DSO). On occasion, a student will experience a crisis that impairs their functioning temporarily or that is newly diagnosed. In this case, it can feel as though an additional burden is placed on you as a college staff/faculty member to determine how much academic assistance a student needs, if a leniency is warranted and how serious their psychological issue might be.

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<tr>
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</table>
| • Refer the student to DSO to determine eligibility for academic accommodations  
• Listen to the students request and consider leniency, if warranted.  
• Consider referring the student to the Counseling Center to evaluate the seriousness of the psychological issue. Ask the student to sign a release of information at the Counseling Center so that the counselor can communicate with you about the student’s academic needs and provide consultation on the students request for leniency.  
• Encourage the student to meet with their academic advisor to explore possible course withdrawal, if necessary  
• Contact the Counseling Center to provide them with any information that may be important for the counselor to know if the student is being seen currently or seeks treatment in the future.  
**When in doubt, if any personal information the student tells you raises red flags, it should be passed on to the Counseling Center or CARE Team. | • Don’t shame or belittle the student for requesting leniency  
• Don’t question the validity of their psychological concerns. When you are concerned about the validity of their concerns, referring the student back to their counselor or the Counseling Center and requesting that the student sign a release for you to communicate with the counselor can be helpful in decision making around the student’s request.  
• Don’t avoid the student as an alternative to addressing their request  
• Call the Campus Police if you have immediate concerns and believe a welfare check is needed; they can coordinate with the CARE Team and local law enforcement.  
• Follow-up with a CARE Team referral, as warranted. |

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THE STUDENT WHO IS DEMANDING

Students who are demanding can be intrusive and persistent and may require much time and attention. Typically, the utmost time and energy given to these students will not seem like enough from the student’s perspective. They often seek to control your time and unconsciously believe the amount of time received is a reflection of their worth. Demanding traits can be associated with anxiety, panic, depression, personality problems, and/or thought disorders, mania, drug use/abuse.

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<tr>
<td>• Talk to the student in a place that is safe and comfortable.</td>
<td>• Don’t argue with the student. (“No, you are not correct and I do not agree.”)</td>
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<tr>
<td>• Remain calm and take the lead. (“Tell me what is bothering you and then let’s decide what solutions there might be.”)</td>
<td>• Don’t give in to inappropriate requests.</td>
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<tr>
<td>• Set clear limits up front and hold the student to the allotted time for the discussion. (“I have 10 minutes today, and so within that time, what can I try and help you with?”)</td>
<td>• Don’t adjust your schedule or policies to accommodate the student.</td>
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<tr>
<td>• Emphasize behaviors that are and aren’t acceptable. (“If you want me to continue with this, I will need you to be as respectful of me when you are talking as you would want me to be respectful of you.”)</td>
<td>• Don’t ignore inappropriate behavior that has a negative impact on you or other students.</td>
</tr>
<tr>
<td>• Respond quickly and with clear limits to behavior that disrupts class, study sessions, or consultations.</td>
<td>• Don’t feel obligated to take care of the student or feeling guilty for not doing more.</td>
</tr>
<tr>
<td>• Be prepared for manipulative requests and behaviors. (“You came asking for my help and I have offered you several ideas, but they do not seem okay with you. What ideas do you have?”)</td>
<td>• Don’t allow the student to intimidate or manipulate you to not deal with the problematic behavior.</td>
</tr>
<tr>
<td>• Consult with your Dean or with the CARE Team for strategies.</td>
<td>• Refer the student to Counseling Center</td>
</tr>
</tbody>
</table>
THE STUDENT WHO IS ACADEMICALLY UNDERACHIEVING

While it is easy to conclude that the academically underachieving student is simply unmotivated, the real situation is often more complicated. Students may be preoccupied with situational and family problems, or have emotional problems that are distracting and disabling. They may have learning disabilities, attention deficit disorder, or substance abuse problems. Previous failures for any reason can engender a hopeless outlook and a defensive attitude of “I don’t care.”

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| • Inquire compassionately as to what the problems are.  
• Provide enough time for the student to open up. His or her initial defensiveness might be off-putting to an instructor who values involvement and dedication in their students.  
• Help the student assess the source of underachievement, e.g., distractions, preoccupations, emotional problems, depression, difficulties with underlying academic and study skills.  
• Sensitively address the difficulty of dealing with a “failure mentality.” | • Don’t take the student’s problem personally or be insulted that they do not find the class engaging.  
• Don’t presume too quickly the problem is mere laziness.  
• Don’t punish the student for lack of involvement.  
• Don’t dismiss the student and problem as unworkable in one meeting. |
THE STUDENT WHO IS BEING DISRUPTIVE IN CLASS

Disruptive behavior can be defined as any behavior that interferes with, disrupts or prevents instruction or learning activities (SJA, 2006). However, what is considered to be “disruptive” may vary depending on the expectations you have set for your students and the impact that the behavior has on others. Disruption may range from mild distractions to serious threats, violence, or dangerous (see sections on how to respond to a violent or verbally aggressive student). The course instructor has the authority to determine what behavior is considered disruptive in their course.

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<th>WHAT TO DO</th>
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<tr>
<td>• Set and communicate expectations about what is considered appropriate conduct in the classroom orally and in your syllabus (e.g., arriving on time, asking permission to leave the room during exams, waiting until class is over to pull out backpacks, turning off cell phones, not talking out of turn, no food or drink allowed, etc.).</td>
<td>• Don’t ridicule the student and his/her behavior</td>
</tr>
<tr>
<td>• Provide the class (rather than the individual student) with a word of caution and allow an opportunity for the behavior to stop</td>
<td>• Don’t discipline a student in front of the class, unless absolutely necessary</td>
</tr>
<tr>
<td>• Exercise authority with compassion, respect, and self-restraint</td>
<td>• Don’t presume that you can permanently remove a registered student from a class without formal review. A student has the right of due process, which may be in the form of an academic Dean’s Review or a Student Code of Conduct review.</td>
</tr>
<tr>
<td>• Talk to the student after class</td>
<td>• Don’t get into an argument or shouting match</td>
</tr>
<tr>
<td>• Communicate kindly the consequences for continued disruption</td>
<td>• Don’t become hostile or punitive yourself, e.g., “You can’t talk to me that way”</td>
</tr>
<tr>
<td>• Ask a student to leave class if their behavior impedes the instructor’s ability to teach effectively and they have been provided with a warning</td>
<td>• Don’t press for explanations for their behavior</td>
</tr>
<tr>
<td>• If the interventions above do not work and the student continues to cause disruptions and refuses to leave the class, you should consider contacting Campus Police for assistance.</td>
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</table>
THE STUDENT WHO MAY BE ON THE AUTISM SPECTRUM (may identify as having an ASPERGER’s)

Asperger’s is a developmental disorder that affects a person’s ability to socialize and communicate effectively with others (Mayo Clinic, 2008). Students with Asperger’s may exhibit a tendency to fixate on or be absorbed by specific topics, difficulty picking up on social cues/norms, impairments in nonverbal communication, mild abnormalities in speech/ language, and an awkwardness in social interactions. However, there are great differences between individuals with Asperger’s and how the syndrome manifests. As the mental health and educational community become more aware of the signs/symptoms of Asperger’s syndrome, more cases are being diagnosed and treated. It is likely you will come encounter students with Asperger’s while working at Richland. Given the social nature of Asperger’s it is helpful to be aware that a student’s unusual behavior may require a supportive response.

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<tr>
<td>• Educate yourself about Asperger’s, (<a href="http://www.nami.org/Content/ContentGroups/Helpline1/Asperger_Syndrome.htm">http://www.nami.org/Content/ContentGroups/Helpline1/Asperger_Syndrome.htm</a>) provides a good overview.</td>
<td>• Punish, criticize, or demean the student for not picking up on social cues or fixating on a specific topic.</td>
</tr>
<tr>
<td>• Consult with the Disability Services Office and the Counseling Center to help you determine how to be most helpful to the student.</td>
<td>• Presume that the syndrome affects the student’s level of intelligence or ability to be successful in an academic setting. There are many brilliant and successful professionals with Asperger’s Syndrome.</td>
</tr>
<tr>
<td>• Monitor your expectations of social norms. Students with Asperger’s might not respond in the ways that you are accustomed.</td>
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<tr>
<td>• Remain patient. Those with Asperger’s have a tendency to fixate on or narrow topics, which can be frustrating to some people. You can gently redirect the student to listen if s/he becomes fixated on a topic in class and is talking a great deal.</td>
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</table>
THE STUDENT WHO DISCLOSES A SEXUAL ASSAULT

Conservative estimates put the rate of attempted and/or completed sexual assaults for college students at 1 in 6. Moreover, these assaults are overwhelmingly committed by someone the student knows. These incidents of sexual assault are very traumatic. The nature of sexual assault makes it an inherently humiliating crime, which often makes it very difficult for students to talk about. These students may have difficulties with concentration or motivation, suffer sleep disturbances, have trouble trusting others and may feel highly anxious and/or afraid.

Facts About Sexual Assault

• Sexual assault is sexual contact initiated against a person without that person’s consent.
• Guidelines for consent include, but are not limited to, the following: sexual activity that is informed, freely and actively given, and with an understandable exchange of affirmative words or actions, which indicate a willingness to participate in mutually agreed upon sexual activity.
• It is the responsibility of the initiator to obtain clear and affirmative responses at each stage of sexual involvement.
• The lack of a negative response is NOT consent. Consent can’t be inferred from passivity or silence.
• Past consent of sexual activities does not imply ongoing consent.
• Consent cannot be given by anyone who is intoxicated or incapacitated by drugs and/or alcohol, either voluntarily or involuntarily consumed.
• Some sexual assaults are committed by strangers, but they may also be committed by someone the student knows. Sexual assault by a friend, date, partner, or casual acquaintance is the most prevalent form of sexual assault on college campuses.
• According to the U.S. Department of Justice, one in 36 college women is sexually assaulted or is the victim/survivor of attempted rapes in any given academic year, and 74 percent knew their attackers.
• Although most assaults are committed by men against women, men can be assaulted by women.
• Same-sex assaults may and do occur; they are statistically under reported.

EXAMPLES OF SEXUAL ASSAULT INCLUDE:
• completed or attempted rape
• threats of rape
• sexual coercion
• unwanted sexual contact with force or threat of force
• unwanted sexual contact without consent

CONFIDENTIALITY

As a Richland College employee you are a mandated reporter regarding any sexual misconduct and are required to report any disclosures to the Title IX Coordinator (Bill Dial, Executive Director, Human Resources). The exception is: the Counseling Center; Employees working in this area are not required to make reports. Counselors can provide confidential support to students.
HELPING the Student who Discloses a Sexual Assault

IF THE STUDENT IS IN IMMEDIATE DANGER OR NEEDS IMMEDIATE MEDICAL ATTENTION, CALL CAMPUS POLICE AT (972) 860-4290 OR DIAL 911 (from a campus phone).

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<th>WHAT TO DO</th>
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<tr>
<td>• Listen to what they are telling you and believe them.</td>
<td>• Don’t ask a lot of prying questions, as you may inadvertently send the message that you don’t believe them or that you are questioning how they handled themselves in that situation.</td>
</tr>
<tr>
<td>• Listen without conveying judgment and be aware that survivors can feel shame and anger.</td>
<td>• Don’t ask for details about the sexual assault. It is better to ask what the student may need to help her/him and to discuss the support services that are available.</td>
</tr>
<tr>
<td>• Let the student know that you are not a confidential resource (*unless you are employed as a Counselor in the College Counseling Center)</td>
<td>• Don’t blame them for what happened and let them know it was not their fault; regardless of the circumstances under which the assault occurred.</td>
</tr>
<tr>
<td>• Let the student know the Title IX program will need to be informed that the student was assaulted so that they can ensure the student is connected to any supports needed and understands measures that may be able to support their safety and recovery.</td>
<td>• Don’t be skeptical or show that you don’t believe them. The vast majority of students do NOT make up stories about being assaulted.</td>
</tr>
<tr>
<td>• If the student wants to report the sexual assault to police: for Richland Police, call (972) 860-4290 or the police in their local area</td>
<td>• Don’t express judgment even when high-risk behaviors on the part of the victim (e.g., intoxication or drug use) were involved.</td>
</tr>
<tr>
<td>• If the student needs help dealing with academic issues as a result of the sexual assault and/or if she/he would like to learn about the campus Student Code of Conduct, refer the student to: the Office of the Associate Vice President – Enrollment Management, (972) 238-6202; or the CARE Team Chairperson, (972) 238-6129.</td>
<td>• Don’t pressure the student to file a police report, although it is fine to suggest it.</td>
</tr>
<tr>
<td>For Medical Assistance:</td>
<td>• Don’t say things like, “You will get over this,” or “You will forget all about this someday.” It is better to say that you are sorry that this happened to her/him, and that there are support services available to help.</td>
</tr>
<tr>
<td>• If the student wants medical attention (excluding a sexual assault collection kit), or is seeking medical advice, the student may call the Health Center at (972) 238-6135 and speak a nurse; or can go to the local ER/ Urgent Care</td>
<td>• Don’t try to be this person’s only support. Recovery takes a long time and often involves the need for professional services.</td>
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<tr>
<td>• If the student wants a medical examination, necessary treatment, and/or to have a sexual assault evidence kit done, the student may go to the local Emergency Room: options include:</td>
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<td>▪ Parkland Hospital, 214-590-0430,</td>
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<td>▪ THR Presbyterian Hospital of Dallas, 214-345-7886</td>
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<tr>
<td>▪ Methodist Dallas, 214-947-8181</td>
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<td>*The Evidence Kit exam is FREE</td>
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<tr>
<td>For Confidential Support: Refer the student to:</td>
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<tr>
<td>▪ RLC Counseling Center, (972) 860-4290, for assessment and counseling options.</td>
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<tr>
<td>▪ DARCC, Dallas Area Rape Crisis Center (24 hour crisis hotline &amp; free counseling): 972-641-7273.</td>
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<td>▪ Garland Texas Victims Assistance, 972-205-2067</td>
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THE STUDENT WHO DISCLOSES AN ABUSIVE RELATIONSHIP

Abusive relationships are marked by strategies used by one person to maintain power and control over the other. Because of the cycle of abuse, power, and control, victims may feel trapped and fearful of their partner’s anger, violence, and/or abandonment, and thus may be reticent to disclose information about their relationship, even when abuse is suspected. Abusive relationships often involve a repeating pattern of verbal, sexual, emotional, and physical abuse that increases over time. Abuse can be physical, emotional, or verbal. The offender could be a romantic partner, a parent/guardian, or a care attendant.

INDICATORS OF ABUSIVE RELATIONSHIPS CAN INCLUDE:

- **Intimidation**: Use of looks, actions, or gestures, such as smashing things, destroying property, abusing pets, or displaying weapons so as to cause fear.
- **Emotional Abuse**: Use of put-downs, name-calling, “mind-games,” humiliation, or guilt in an effort to erode self-esteem of partner.
- **Isolation**: Controlling social interaction, movement, and involvements with friends and activities. Abuser may use jealousy to justify actions.
- **Minimizing, Denying, and Blaming**: Making light of the abuse or not taking it seriously. Shifting blame for the abuse onto the victim; saying the victim “caused the abuse”.
- **Violation of Privacy**: Abusive partners may read notes, e-mails, or text messages from others. Abuser may go through personal belongings.
- **Using Privilege** (For women who are abused by men): Partners may use male privilege to make decisions on behalf of the other person. Those may include attempts to control aspects of academic life, requiring permission for important decisions, etc.
- **Coercion and Threats**: Making or carrying out threats to do something to hurt the partner, including leaving, threatening suicide, reporting partner to authorities regarding some behavioral or academic violation, making partner engage in illegal activity.

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<td>• Speak to the student privately.</td>
<td>• Don’t downplay the situation.</td>
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<tr>
<td>• Recognize that the student may be fearful and vulnerable.</td>
<td>• Don’t lecture the student about poor judgment.</td>
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<tr>
<td>• Remember that abusive relationships involve complex dynamics, including high levels of controlling behavior on the part of the perpetrator and/or denial or fear on the part of the survivor. Therefore the situation may be difficult to change.</td>
<td>• Don’t expect the student to make quick decisions or any changes.</td>
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<tr>
<td>• Realize that interventions from a variety of sources increase the chances for change.</td>
<td>• Don’t pressure students to follow any particular course of action.</td>
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<tr>
<td>• Refer the student to the Counseling Center for confidential support and resources.</td>
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<tr>
<td>• Encourage the student to connect with family and friends.</td>
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THE STUDENT WHO DISCLOSES STALKING/ CYBERSTALKING

Facts About Stalking
- Stalking is repeated following or harassment of an individual that is designed to instill a sense of fear or danger.
- Stalkers often have an irrational obsession with the victim and try to gain power and omnipotence through control and intimidation.
- Stalking behavior includes tailing the victim as well as harassment via phone, email, fax, and letters; unwanted gifts; and unwanted attentiveness.
- Stalkers can be male or female and targets can be of the same or opposite sex.

IF A STUDENT THREATENS YOU BY E-MAIL, MAIL, OR PHONE:

Threatening mail, phone calls, and e-mails received at your home should be referred to your local police department. Notify the Richland College Police Department, (972) 860-4290, and inform them of the complaint filed with your local police department.

Mail, phone calls, and e-mails received on campus should be referred to Richland College Police, (972) 860-4290.

If you know the identity of the student making these threats, please also contact the Associate Vice President - Enrollment Management (Student Conduct Officer), (972) 238-6202 for additional assistance.

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<td>• Encourage the victimized student to trust his or her instincts.</td>
<td>• Don’t ignore or minimize the situation.</td>
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<tr>
<td>• Advise the student to contact the Richland College Police (972)-860-4290 (or 911 from campus phone)</td>
<td>• Don’t suggest that the victim is responsible for the unwanted attention.</td>
</tr>
<tr>
<td>• Let the student know that you are not a confidential resource (*unless you are employed as a Counselor in the College Counseling Center)</td>
<td>• Don’t take responsibility for protecting the student.</td>
</tr>
<tr>
<td>• Let the student know the Title IX program will need to be informed that the student was assaulted so that they can ensure the student is connected to any supports needed and understands measures that may be able to support their safety and recovery.</td>
<td>• Do NOT fail to alert the proper authorities.</td>
</tr>
<tr>
<td>• Advise the student to document unwanted contacts and maintain evidence of harassment.</td>
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<tr>
<td>• Refer the student to the Counseling Center for supportive counseling (972) 238-3771.</td>
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UNDERSTANDING & SUPPORTING STUDENTS WITH DISABILITIES/ CHALLENGES

Facts About Disability

Students with documentation are eligible to access accommodations through the Disability Services Office (DSO). Common disabilities at the college level include physical, learning, psychiatric, autism spectrum, and chronic health disabilities.

Students with **physical disabilities** may present special classroom access needs associated with limitations in mobility, speaking, hearing, and/or vision.

Students with **chronic health disorders** may experience difficulties participating in their academic programs due to the condition itself or the ongoing treatment protocol. Flexibility of non-essential attendance requirements may be appropriate depending on the courses curriculum.

Students with **learning disabilities** have neurological impairments that interfere with and slow down information processing, memory and retrieval, and output. These disabilities can have an impact on reading, writing, math, attention, concentration, and/or overall organization. Students may need to use technology or other strategies to compensate.

Students with **psychiatric disabilities** may have a chronic and debilitating psychological condition that may at times affect their ability to participate fully in the routine educational program. Many side effects of medication may cause delays in processing. Examples of conditions that fall under this classification include Bipolar Disorder, Major Depression, Anxiety Disorders, and Post-Traumatic Stress Disorder.

Students with **Attention Deficit/Hyperactivity Disorder** (AD/HD) may experience inattentive, hyperactive, and/or impulsive behaviors due to a dysfunction of the central nervous system. These behaviors may make longer class periods and time management difficult at times.

Students with **Autism Spectrum Disorders** may have difficulty negotiating social situations, group work, or giving eye contact, or may exhibit impulsive behaviors. Typically, students with Autism Spectrum disorders, including Asperger’s, are concrete thinkers and may have difficulty with vague assignments and taking another perspective.

Students with disabilities may not realize that they have a particular problem and that treatment/accommodations are available. If you have concerns about a student, please contact the DSO at (972) 238-6180, for advice, information and support.
## HELPING the Student with a Disability or Challenges

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<tr>
<td>• Speak to the student in private about your concerns.</td>
<td>• Don’t prejudge a student’s potential based on a disability.</td>
</tr>
<tr>
<td>• Treat each student with sensitivity and respect.</td>
<td>• Don’t make reference to the student’s disability in class or in front of others.</td>
</tr>
<tr>
<td>• Acknowledge the difficulties that the student is having.</td>
<td>• Don’t use patronizing language with the student.</td>
</tr>
<tr>
<td>• Refer the student to the Disability Services Office (DSO) – 972-238-6180, Thunderduck Hall, T120</td>
<td>• Don’t underestimate or question the validity of the stated disability.</td>
</tr>
<tr>
<td>• Be open to follow-up consultation with the DRC regarding accommodations for the student.</td>
<td>• Don’t presume the student understands the academic limitations potentially imposed by the disability.</td>
</tr>
<tr>
<td>• Remember students requesting accommodations must present an accommodations letter from the DSO with approved accommodations listed.</td>
<td>• Don’t presume the student qualifies for accommodations without the DSO verification.</td>
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<tr>
<td>• Students affiliated with the DSO have valid documentation on file. Professors may not ask to see the documentation, but may request to see the accommodations letter.</td>
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<tr>
<td>• Remember that all students, regardless of disability, were admitted to Southern under the same admissions requirements as their peers, and therefore need to be held to the same standards. However, accommodations are a part of providing equal access.</td>
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UNDERSTANDING & SUPPORTING MILITARY VETERANS

Each semester, students enroll or are readmitted to Southern after serving in the armed forces. Some of these students have completed their military obligations, and others are still involved with the military in some way, whether they continue on active duty or are involved with the Reserves or National Guard. Some students are very forthcoming about their veteran status and experiences, while others choose not to reveal their veteran status to faculty, staff, or other students because they believe they may be treated differently or stigmatized by political issues associated with their military service.

Things To Know:

- Students with veteran status often have complex issues related to their academic and financial relationships with the College due to federal policies.
- The College works with veteran students to make their transition as seamless as possible, but federal policies often make this quite difficult.
- Students who are still involved with the military may be redeployed at any time (in as little as 72 hours), so they may have difficulty fulfilling their course requirements. The College’s policy is to do whatever is in the student’s best interest so as to allow them to complete their courses.
- Like any student, veteran students may encounter obstacles to their academic success.
- These may include:
  - The distraction of potential redeployment.
  - Money and family demands.
  - Emotional and psychological traumas that result from combat experiences.
  - Physical injury, some visible and some invisible, such as a traumatic brain injury.
  - Interactions with students, faculty, and staff who are perceived as being insensitive to the experiences student veterans have had.
- Veteran students may be in need of emotional or other health-related support, but some may not be comfortable seeking this support on campus.
- It is also not unusual for student veterans to be reluctant to seek any help due to the need to be strongly self-reliant.
UNDERSTANDING AND SUPPORTING LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING STUDENTS

Some of the key developmental tasks for college students include identity formation, establishing mature relationships, and learning to manage emotions. During this time our students may be questioning or exploring their sexuality and/or gender identity for the first time. This can be both an exhilarating and liberating experience, or a terrifying and shame-ridden time. They may not have friends with whom they can openly discuss their sexuality or gender identity. Additionally, seeking support and validation from families may be more difficult. In fact, lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students’ minority status may be completely invisible to those around them. These students can feel quite isolated and often are not sure where to find support. There are many ways to reassure a student that you are open to learning about them and who they are. Even a simple Safe Space or rainbow sticker displayed on an office window or bulletin board can help a student feel more welcomed and comfortable.

Most professionals are now quite familiar with lesbian, gay, and bisexual issues, but far fewer are well-educated about transgender issues. Transgender is an umbrella term that refers to anyone who doesn’t fit the typical, traditional, binary gender categories or roles. This includes transsexuals, cross-dressers (in the past known as transvestites), genderqueer persons (those who identify with both female and male or neither gender), and others. Gender identity comprises many dimensions—biology (chromosomes, anatomy, and hormones), brain (internal sense of self), and expression (modes of behavior, manner of dress).

Sexual attraction and gender identity, while usually linked (as in men are typically attracted to women, women are usually attracted to men) are actually separate aspects of human sexuality. The term transsexual refers to someone who internally identifies as the opposite gender to that which s/he was assigned at birth by her/his anatomy. Sophisticated animal experiments and human autopsy studies have revealed findings in the brain that show that some brains are gendered one way, while the body is gendered the other. Many transsexuals, understandably, suffer from dysphoria from this incongruence. The most appropriate course of action for such people is to “transition”—that is, to change their bodies to reflect their real gender identity. This can be accomplished in many ways, which might include hormonal treatments and/or surgery. Students who proceed with this transitional process often experience physical, social, emotional, and financial hardships. Being aware and educated about the range of identities will promote the open, tolerant, and academically supportive environment necessary for students to thrive.

Referrals:
Parents, Friends, and Families of Lesbians and Gays (PFLAG), www.pflag.org
World Professional Association of Transgender Health (WPATH), www.wpath.org

(*from Cornell University, Recognizing & Responding to Student in Distress: A Faculty Handbook)
THE STUDENT WHO DISCLOSES DISTRESS

Students have many interactions with faculty and staff in multiple settings. Given the number of interactions, a student who is experiencing emotional difficulties might disclose personal information. The following guidelines may be useful in determining how to respond to a student’s disclosure.

<table>
<thead>
<tr>
<th>WHAT TO DO</th>
<th>WHAT NOT TO DO</th>
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<tr>
<td>• Set and communicate expectations about what is considered appropriate</td>
<td>• Don’t ridicule the student and his/her behavior</td>
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<td>conduct in the classroom orally and in your syllabus (e.g., arriving on</td>
<td>• Don’t discipline a student in front of the class, unless absolutely necessary</td>
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<td>time, asking permission to leave the room during exams, waiting until class</td>
<td>• Don’t presume that you can permanently remove a registered student from a</td>
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<td>is over to pull out backpacks, turning off cell phones, not talking out of</td>
<td>class without formal review. A student has the right of due process, which</td>
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<td>turn, no food or drink allowed, etc.).</td>
<td>may be in the form of an academic Dean’s Review or a Student Code of Conduct</td>
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<tr>
<td>• Provide the class (rather than the individual student) with a word of</td>
<td>review. A student has the right of due process, which may be in the form of</td>
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<tr>
<td>caution and allow an opportunity for the behavior to stop</td>
<td>and academic Dean’s Review or a Student Code of Conduct review.</td>
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<tr>
<td>• Exercise authority with compassion, respect, and self-restraint</td>
<td>• Don’t get into an argument or shouting match</td>
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DEPARTMENTAL SAFETY PLANNING TIPS

As a result of certain kinds of behavior from students, it may be necessary to set up a departmental safety plan. For example, if you think that a student has been threatening to you in the past and s/he shows up at your office, you may need help in dealing with the student. Quite often it is the people you work with and who are in the closest physical proximity who can provide the help you need. The following section will help you to define a security plan for your department.

Security Plan
First and foremost, call on the campus police department to help with setting up a plan. The following are the kinds of behavior you should be concerned with.

- Unwilling to leave the building
- Interrupting the business of the department
- Bizarre statements/actions
- Angry/verbally abusive/yelling
- Behaving suspiciously
- Threatening
- Violent

There are at least three types of responses open to you.

1. **Individual response**: Do what you can to get the person to stop the behavior; try to handle it yourself (if person is violent or potentially violent, call the police).

2. **Get assistance from others within your department** and elsewhere in the building.
   - Have someone come and stand near you for support.
   - Have someone come to help you deal with the person.
   - Call or speed-dial a designated person for help.
   - Have someone find a designated person to help.
   - Have a code phrase that can be used when contacting the reception desk or a co-worker

3. **Get assistance from the Richland College Police**
   (in cases of violent or potentially violent behaviors)
   - Have another person call 911.
   - Retreat to a locked office or another safe space while waiting for the police.
QUESTIONS TO CONSIDER AS YOU DEVELOP YOUR DEPARTMENTAL SAFETY PLAN

1. What specific areas do you need to prepare in your department?
   • Reception
   • Individual offices

2. How can we in the department help each other when faced with difficult situations?
   • What will the procedures be for getting help from others within your area?
   • What do you expect of the person when s/he comes to a colleague’s assistance?

3. When you need another level of assistance – above what can be provided from within your department:
   • Who will be your designated “helpers,” and are they readily available?
   • How will you reach them?

4. What should someone do while waiting for help?

5. What should be the protocol if someone observes an individual disturbing other people by yelling, acting bizarrely, etc.?

6. How will you coordinate planning and support with nearby departments?

7. What does your department need to carry out these plans?
   • Specifically, what kinds of training do you think would help?

An Example of a Possible Scenario

You are a receptionist at a window in the financial aid office. One week ago, a student waiting in line began speaking very loudly and abusively about how the financial aid office “screwed up,” and now he has to pay for it. By the time the student reached your window he was quite agitated. As you tried to explain to the student what he needed to do, he said “the next time I’m here, I’m gonna blow up the place.” Today he is at your window again.
   • How could you have prepared for this?
   • What do you do?

This scenario (or one that may be more appropriate for you specific department) discussed in your group setting can help you prepare and implement a safety plan.
A QUICK REFERENCE GUIDE FOR HELPING TROUBLED STUDENTS

SEEKING GUIDANCE OR ADVICE

Student:
- Communication indicates loss of touch with reality
- Communication reflects suicidal thoughts or actions, depression, anxiety, or difficulty dealing with grief

Counseling Center
972-238-3771
El Paso Hallway, E082
(inside Lakeside Resource Center)

Student:
- Communication indicates having been a victim of a stalking, harassment, hazing, or other crime
- Communication reflects sexual assault or relationship violence

Title IX Coordinator
972-238-6386
dcccd.edu/TitleIX

Student:
- Has not attended class for an extended period of time
- Is overwhelmed by a problem with the college
- Is debilitated or overwhelmed by a family emergency

Academic Dean or Dept Chair
then
Associate VP for Enrollment Mgt
972-238-6202

Student behavior that:
- Substantially impairs, interferes with or obstructs orderly processes and functions of the university
- Deliberately interferes with instruction or office procedures
- Is lewd or indecent
- Breaches the peace

Associate VP for Enrollment Mgt (Student Conduct Officer)
972-238-6202

REPORTING CONCERNING BEHAVIOR

Student:
- Does something significantly out of character
- Acts peculiar and this is cause for alarm
- Displays unhealthy or dangerous patterns of behavior
- Appears to be under the influence or coping with the effects of substance use
- Continues to seem distressed despite prior referrals made

CARE Team – Richland CARES
972-238-6129 (consult)
Complete the Richland CARES On-line Referral form at richlandcollege.edu/CARES

IMMEDIATE ACTION

Student is:
- Threatening the safety of self or others
- Acting in a frightening or threatening manner
- Not leaving the classroom after being asked to leave
- Reporting or initiating a threat or bomb scare

Richland College Police Department
972-860-4290
(from campus phone: 911)

NOTE: Regardless of the situation contact any of the above offices for support or information.

For More Information on Helping Distressed Students:
www.richlandcollege.edu/CARES
Recognize. React. Refer.