

Handbook For Assisting Students In Distress

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Goals

The Counseling Center identified a number of goals focused on timely identification and intervention for students and on community education and support, as follows:

- Identify students-at-risk because of behavioral problems (psychological, personal/interpersonal)
- Decrease the likelihood of personal and community crisis situations
- Pre-empt problems caused by lack of information about resources
- Evaluate the need for early intervention with identified students
- Coordinate appropriate referrals
- Offer outreach and education to the college community on various mental health issues and campus resources for help
- Strengthen campus-wide responsiveness to mental health and safety needs

Goals are not focused on retention or treatment, though that may be an outcome of intervention.

*Acknowledgements: We appreciate the wealth of information gathered from various websites of colleges and universities across the country, especially Ithaca College. Two documents in particular provided information and organization that we have adapted for use in assisting students at risk at The College of Saint Rose: Helping Students in Distress, from the University of Connecticut and Violence Prevention and Crisis/Emergency Information for Faculty, from Central Michigan University; University of Connecticut http://www.dos.uconn.edu/helping_students/index.html Central Michigan University <http://www.facit.cmich.edu/crisis/violence.shtml>

Handbook for Assisting Students in Distress

Introduction

As members of The College of Saint Rose community, we all interact with students. At times, you will have contact with students whose behaviors cause you concern or discomfort, or may even interfere with your work or the safety and education of other students.

When interacting with a student experiencing emotional distress, you may feel like you are in over your head, or you may face competing concerns, such as other students waiting to see you or competing time pressures. However, it is important to know that it is unlikely a situation involving a distressed student will resolve itself unless it is appropriately dealt with. Without an intervention of some kind, you may well be faced with a persistent and recurring problem. An effective intervention does not require that you be an expert in mental health treatment or prevention or that you have any experience in counseling. Rather, it requires knowing how to respond to common situations and knowing what resources are available to assist you.

This “tool kit” was created to help you in the event that certain difficult situations arise. It offers straightforward advice, techniques, and suggestions on how to cope with and assist distressed students. It is our hope that this publication will be helpful to you as you continue your service to The College of Saint Rose students and the larger academic community.

Behaviors of Concern

How does one determine the difference between "normal" college-age behavior and behavior requiring intervention? College years are a time when many students experiment with new behaviors and voice feelings and thoughts that have, until now, been hidden or private. So change, sometimes, is the norm. However, the stress of academic and social life during the college years can lead to behaviors that indicate more serious problems.

Signs that a student may be in trouble include **observable behaviors such as:**

- threatening self or others
- increased irritability or aggressive behavior
- alcohol or drug use that interferes with functioning or jeopardizes relationships or academic performance
- visible emotional distress
- decline in personal hygiene
- inappropriate classroom behavior
- bizarre behavior, seemingly out of touch with reality
- argumentative behavior that is disproportionate to the situation
- significant changes in mood or daily functioning
- isolation
- bullying or being bullied
- class attendance problems
- chronic difficulties meeting academic deadlines

With the exception of harm to self or others, a single behavior (such as sadness or occasional withdrawal from others) may not indicate a problem, but a **consistent pattern of behaviors or continued decline in functioning** may warrant exploration, either with the student or through consultation with a colleague. Don't be afraid to consult with someone about your concerns. It is always better to be safe than sorry.

(NOTE: Sharing observable behavior is not a violation of FERPA)

When you notice significant changes or behaviors in a student that cause you concern, *if it is appropriate and reasonable,*

- Share your concern with the student directly
- Discuss your concerns with a peer or colleague, and/or:
 - *If you are a faculty member,* report your concerns to your Academic Dean's office
 - *If you are a staff member,* report your concerns to your supervisor.
 - *And at any time, you may wish to consult with* Counseling Services at (518) 454-5200.
 - Contact any member of the **Campus Assessment, Response and Intervention Team (CARIT)**, which includes the Chief of Staff, AVP for Student Development

and the Directors of: Counseling and Health Services, Residential Services, and Campus Security.

Identifying & Responding to Students in Distress

Faculty and staff interact with students on a regular basis and may notice behaviors that raise questions about a student's wellbeing and/or the safety of the student or others. Below are examples of behaviors that may indicate serious difficulties:

Displaying emotions that are:

- inappropriate for the situation or are more exaggerated or erratic than normal (e.g., extremely withdrawn, animated, can't stop crying, shaking)
- aggressive (e.g., resentful, irritable, abrasive, hostile, frustrated)
- sad/depressed (e.g., tearful, hopelessness, full of despair, feels worthless)

Acting in ways that:

- are behaviorally disruptive (e.g., threatening others, yelling in class, discussing previous violent actions, developing antagonist relationships)
- suggest a student may be sad, depressed or possibly suicidal (e.g., excessive change in weight, withdrawn or reclusive, giving away prized possessions, difficulty sleeping, listless, no energy, talk of death or dying)
- suggest a student may not be able to take care of oneself (e.g., decline in personal hygiene, inability to make decisions despite receiving help, disjointed thoughts and impaired speech, losing touch with reality, seeing/hearing things that aren't there)

Communicating verbal or written messages to you that indicate problems:

- obsession with death, weapons, or even a romantic or religious obsession
- thoughts of suicide; discussing "going away" or how to "solve all their problems"
- being under an extreme amount of stress and talking about giving up
- paranoia
- extreme sensitivity to rejection

Significant change in or poor school performance:

- used to get As and Bs and now receiving Ds and Fs
- overly dependent on you
- infrequent attendance
- procrastination, turning in poor or no work at all
- making repeated requests for special considerations like extended deadlines
- difficulty concentrating
- displaying behaviors that interfere with class

How You Can Respond

Getting Support:

- Consult with colleagues or a campus resource to think through your plans.
- Call the Counseling Center to discuss your concerns and get advice on how you can talk about your concerns with the student during your meeting.
- Enlist the help of someone else, so the student isn't left alone, and you aren't left alone with the student.

Meeting with the student:

- Meet in a space that provides privacy but in which you feel safe.
- Listen attentively and respond in a caring and non-judgmental manner.
- Expect that strong feelings may emerge. Do not panic if a student is tearful. Crying is not necessarily a mental health crisis. Be patient, and the tears will most likely subside.
- State specifically what behaviors you have observed and why you are concerned about the student.
- Outline your goals and ask the student to outline their goals for the meeting.
- Work to understand what is causing distress for the student.
- Acknowledge their feelings and let the student know you want to help resolve their problem. ***In the case of a student who is behaviorally disruptive, state clearly that the offending behavior must stop.**
- Paraphrase what the student is telling you, so you can be sure you understand the situation.
- Avoid aggressive or dominating body language and keep your voice slow and calm to try and keep the student relaxed.

Making a Plan:

- Talk about the situation as a problem that you will work together to solve, suggesting assignment and/or class options that will help the student.
- Encourage the student to seek support and assistance from family, friends and others as appropriate, and perhaps to contact the Counseling Center on campus.
- Help set up initial meetings for the student with the Counseling Center, Disability Services, Health Center, Career Services or other appropriate campus resources.
- When contacting a campus resource, have available as much information as possible, including your name; the student's name and location; a description of the circumstances and the type of assistance needed; and an accurate description of the student.
- Note that appropriately seeking help is a sign of strength and not weakness.

Follow-up:

- After discussing the problem with the student, you might need to pursue further action if the behaviors of concern persist.
- If the situation is consistently disruptive to the class, contact Jen Richardson, AVP for Student Development at (518) 454-2023.
- If the situation seems more imminently problematic (i.e., you are concerned about the student's or your own immediate safety), contact the campus Office of Security at 518-454-5187.
- After a week, touch base with the student to check in and see how the student is doing. If you referred them somewhere, inquire about whether or not they followed through.

Responding to Emergencies or Threats to Safety

Call the Office of Campus Security at (518) 454-5187 or 911 if the student:

- * requires immediate medical attention or psychiatric care
- * is unmanageable or out of control
- * is threatening you or someone else
- * is threatening suicide or self-harm

If a student threatens you by email, mail or phone:

Threatening mail, phone calls and emails received on or off-campus from a student should be referred to the **Office of Campus Security at (518) 454-5187.**

Responding to Students with Anxiety

Anxiety can be generalized across a range of situations, or it may be situation-specific (e.g., test anxiety, social anxiety, public speaking anxiety). Recent research by the NIMH suggests that as much as 30% of adolescents meet the criteria for an anxiety disorder, and it is one of the most common reasons college students seek counseling these days.

Symptoms of anxiety include:

- excessive worry
- panic (difficulty breathing, heart racing, shakiness)
- avoidance
- irrational fears (of losing control, phobias, dying, falling apart)
- physical symptoms such as headaches, stomach upset, feeling keyed-up, on-edge
- sleep or eating problems
- depression, impatience, irritability, frustration
- difficulty with uncertainty

WHAT YOU CAN DO:

- Talk to the student in private.
- Remain calm and take the lead in a soothing manner (“I am quite interested to hear what’s bothering you. Can you tell me about it?”).
- Focus on relevant information, speaking concretely and concisely.
- Help the student develop an action plan that addresses main concerns. Breaking larger problems into smaller parts will make things less overwhelming to the student.
- Encourage the student to get up and take a bathroom break if symptoms become unmanageable in class.
- Refer the student to the Counseling Center, 518-454-5200; Health Services, 518-454-5244; or other appropriate resources.
- Refer the student to Disability Services to arrange academic accommodations.

AVOID:

- Overwhelming the student with information or complicated solutions.
- Arguing with student’s irrational thoughts (“You have nothing really to worry about, your grades are good”).
- Solving the problem for the student and enabling helplessness.
- Devaluing the information presented (“It’s not as bad as you think” or “Don’t worry, you have everything going for you”).
- Assuming the student will get over the anxiety without treatment.

Responding to Students with Depression

Depression is a common mental health problem that varies in severity and duration. Symptoms of depression affect mood, energy, and cognition and can interfere with academic or work performance and interpersonal relationships. In its less serious form, depression is a temporary reaction to loss, stress, or life challenges. It can be alleviated through the passage of time and/or the natural healing effects of social supports, daily routines, and simple coping strategies like distraction, changing how we think about things, a structured daily schedule, and exercise. Severe or chronic depression will likely require professional help.

Symptoms of depression can include:

- feelings of emptiness, hopelessness, helplessness, and worthlessness
- a deep sense of sadness
- an inability to experience pleasure
- irregular eating and sleeping
- difficulties with concentration, memory, focus, and decision-making
- fatigue, lack of motivation, and social withdrawal

Sometimes depression includes irritation, anxiety, and anger. In its most serious form, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain. Research shows that depression can be highly responsive to both psychotherapy and/or medication.

WHAT YOU CAN DO:

- Talk to the student in private.
- Listen carefully and validate the student's feelings and experiences ("It is very difficult, tiring, and distressing to feel this sad so often").
- Be supportive and express your concern about the situation ("That you are feeling this badly concerns me greatly, and I am glad you told me about it").
- Discuss clearly and concisely an action plan, such as having the student immediately call for a counseling appointment ("I know depression can't get better as long as it is a secret and is not treated. Counseling can really make a difference here").
- Refer the student to the Counseling Center at (518) 454-5200.
- 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.
- **Ask the student if they have thoughts of suicide. If so, do not leave the student alone. During business hours, walk the student over to the Counseling Center. After 5:00 pm and on weekends, access emergency services by calling the Office of Campus Security at (518) 454-5187.**

Responding to Students with Depression (cont.)

- If you feel overwhelmed or unprepared to help a depressed student, call the Counseling Center at (518) 454-5200, to consult. Report your concerns to your Dean's office or to your supervisor for assistance.

AVOID:

- Downplaying the situation ("But you normally seem so happy").
- Arguing with the student or disputing that the student is feeling depressed ("Your grades are so good, are you sure you're really depressed?").
- Providing too much information for the student to process.
- Expecting the student to stop feeling depressed without intervention ("Sad feelings pass and maybe they will for you, too").
- Assuming the family knows about the student's depression.
- Calling the student's family.

Responding to Students who may be Suicidal

Although suicide is a relatively rare event on a college campus, suicide is the third leading cause of death among college age students. Suicidal thinking is often associated with major depression, a combination of acute anxiety and depression, post-traumatic stress disorder, personality disorders, drug and alcohol abuse, and bipolar disorder. People who are suicidal sometimes 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-injurious behaviors
- impulsivity
- extreme sensitivity to rejection

Don't be afraid to ask directly about suicide. Asking a student about suicidal thoughts will not plant an idea if it isn't there already. Asking the question will eliminate secrets and reduce the stigma of talking about difficult feelings and thoughts – the first steps toward relief and solutions.

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 time frame in which they will kill themselves, and they tend to be or feel isolated.

WHAT YOU CAN DO:

- **Call the Office of Campus Security at (518) 454-5187 or 911 if the student is in immediate danger to themselves.**
- Talk to the student in private.
- Remain calm and take the lead.
- Take a student's disclosure as a serious plea for help ("I hear clearly that you are really considering killing yourself to just end the pain of how badly you are feeling").

- Ask the student directly about feelings and plans (“Are you thinking of killing yourself?” “How have you thought about doing it?” “Do you have the means to carry out this plan?”).
- Express care and concern, and assure the student that you will help them reach a professional (“I believe and trust everything you are saying and that you have not gotten to this point easily. I am highly concerned for you. I 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”).
- Do not leave the student alone.
- If the incident occurs during business hours, escort the student to the Counseling Center located at 1006 Madison Ave.
- **Call the Office of Campus Security at (518) 454-5187 or 911 to access emergency services 24/7.**
- If you feel overwhelmed or unprepared to help a student who may be suicidal, call the Counseling Center at (518) 454-5200 to consult with a counselor about how to proceed.
- *All threats must be considered potentially lethal and therefore must be taken seriously.*

AVOID:

- Minimizing the situation (“It is not okay to kill yourself.”)
- Arguing with the student about the merits of living (“You have good grades and everyone loves you, how could you think of killing yourself?”)
- Allowing friends to assume responsibility for the student without getting input from a professional.
- Assuming the family knows that the student has suicidal thoughts.
- Calling the student’s parents or supportive friends.

Responding to Students When You Suspect a Substance Abuse Problem

Signs that a student may have an alcohol problem:

- Failure to fulfill major work, school, or home responsibilities.
- Specific school problems such as poor attendance, low grades, and/or recent disciplinary action.
- Drinking in situations that are physically dangerous, such as driving a car.
- Having recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk.
- Continued drinking despite having ongoing relationship problems that are caused or worsened by drinking.
- Mood changes such as temper flare-ups, irritability, and defensiveness.
- Physical or mental problems such as memory lapses, poor concentration, bloodshot eyes, lack of coordination, or slurred speech.

Signs that a student may have a drug problem:

- Experiencing withdrawal symptoms (e.g., nausea, restlessness, insomnia, concentration problems, sweating, tremors, and anxiety).
- After reducing or stopping chronic drug use, taking a drug in order to avoid withdrawal symptoms.
- Spending a lot of time getting, using, and recovering from the effects of a drug.
- Abandoning previously-enjoyed activities, such as hobbies, sports, and socializing, in order to use drugs.
- Neglecting school, work, or family responsibilities.
- Taking risks while high, such as starting a fight or engaging in unprotected sex.
- Continuing to use despite physical problems (e.g., blackouts, flashbacks, infections, injuries) or psychological problems (e.g., mood swings, depression, anxiety, delusions, and paranoia) the drug has caused.
- Legal troubles because of drug use, such as arrests for disorderly conduct, driving under the influence, or stealing to support drug habit

WHAT YOU CAN DO

- Treat the situation as serious.
- Consult with a counselor at (518) 454-5200, if you want to discuss your concerns prior to speaking to the student.
- Share your concern and encourage the student to seek help.
- Recognize that denial is a powerful aspect of substance problems and that it can involve conscious or unconscious lying and distorting the truth.
- Refer the student to the Counseling Center at (518) 454-5200 and/or the Health Services at (518) 454-5244.

Responding to Students who may have an Eating Disorder

Eating disorders are not necessarily about food, but food is the substance that people with eating disorders abuse. Eating disorders have both physical and psychological symptoms. They are characterized by problematic attitudes and feelings about food, weight and body shape; a disruption in eating behaviors and weight management; and intense anxiety about body weight and size, and they are often triggered by dieting.

Anorexia Nervosa is characterized by restricted eating, self-starvation, excessive weight loss, and intense fears of becoming fat.

Bulimia Nervosa is characterized by recurrent episodes of overeating large amounts of food in a short period of time (the binge) followed by some form of purging. Often the person with Bulimia is of normal weight.

Binge Eating is characterized by recurrent episodes of binge eating that are not followed by compensatory behaviors (purging) to prevent weight gain.

WHAT YOU CAN DO:

- Select a time to talk to the student when you are not rushed and won't be interrupted.
- In a direct and non-punitive manner, indicate to the student all the specific observations that have aroused your concern, trying not to focus on body weight or food. For example, "I have noticed that....or others have expressed concern over..."
- Your responsibilities are not to diagnose or provide therapy; it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble find understanding, support, and the proper therapeutic resources.
- If the information you receive is compelling, communicate to the student your concerns for their wellbeing and encourage further evaluation/counseling.
- If you have any questions regarding the resources available or about how to approach a student, call the Counseling Center at (518) 454-5200, or Health Services at (518) 454-5244.

AVOID:

- Avoid conflicts or a battle of the wills with the student.
- Avoid placing shame, blame, or guilt on the student regarding their actions or attitudes.
- Avoid giving simple solutions. For example, "If you don't eat something, you're going to make yourself sick" or "you look great, don't worry so much."
- Do not intentionally or unintentionally get in the habit of monitoring the student's behavior or become the student's therapist, savior, or victim.

Responding to Students who are Excessively Demanding

Students who are excessively demanding can be intrusive and persistent and may require much time and attention.

Characteristics of students who are demanding may include:

- narcissism and a sense of entitlement
- an inability to empathize with others
- a need for control
- difficulty in dealing with ambiguity
- perfectionism
- difficulty with structure and limits
- dependency
- fears about handling life
- elevated or unstable mood
- drug use or abuse
- inability to accept any limits

WHAT YOU CAN DO:

- Talk to the student in a place that is safe and comfortable.
- Remain calm and take the lead (“Tell me what is bothering you, and then let’s decide what solutions there might be”).
- 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?”).
- Emphasize behaviors that are and are not acceptable (“If you want me to continue with this, I will need you to be respectful of me when you are talking as you would want me to be respectful of you”).
- Respond quickly and with clear limits to behavior that disrupts class or study sessions.
- 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?”).
- Don’t be afraid to say “No” when appropriate.

AVOID:

- Arguing with the student
- Giving in to inappropriate requests
- Making unusual adjustments to your schedule or policies to accommodate the student
- Ignoring inappropriate behavior that has a negative impact on you or other students
- Doing considerably more for the student out of feelings of guilt or obligation
- Allowing the student to intimidate or manipulate you to not deal with the problematic behavior

Responding to Students who are Behaviorally Disruptive

Disruptive behavior may vary from classroom acting out; to verbal or written threats; to acts of aggression; to violence. Some examples include: yelling in class, threatening and challenging the professor or other students, an inability to listen while others speak and/or chronic interrupting; hitting or kicking or throwing objects, etc.

It is very difficult to accurately predict future aggression and violence. However, there are things one can do to maintain control of the classroom, diffuse a crisis situation, and effectively address behavior that is disruptive or intimidating to others.

WHAT YOU CAN DO:

- Assess your level of safety. If you believe you are in immediate danger, retreat to a safe space and call **the Office of Security at 518-454-5187, or call 911.**
- If you feel it is appropriate to stay with the student, remain in an open area with a visible and accessible means of escape.
- Enlist the help of a colleague or co-worker.
- Maintain appropriate personal space and be mindful of your body language.
- Speak in a calm, but assertive voice.
- Explain to the student the specific behaviors that are unacceptable and state explicitly that they must stop (“Yelling in class is not okay, and it must stop.”)
- Set limits (“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”).
- 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 (“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”).
- Suggest to the student that they consider talking to someone about their stress and provide information on the Counseling Center.
- Document your interaction with the student.
- Consult with your Academic Dean’s office or with your supervisor.
- Consult with Jen Richardson, AVP for Student Development at (518) 454-2023.
- Call the Counseling Center to consult with a counselor at (518) 454-5200.

Responding to Students who are Behaviorally Disruptive (cont.)

AVOID:

- Staying in a situation in which you feel unsafe
- Meeting alone with the student
- Engaging in a screaming match, arguing or behaving in other ways that might escalate anxiety and aggression
- Meeting with a student whom you suspect is under the influence of alcohol/drugs
- Ignoring signs that the student's anger is escalating (body language and tone of voice)
- Touching the student or crowding their sense of personal space
- Ignoring a gut reaction that you may be in danger

Responding to Students who are Severely Disoriented or Psychotic

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

Symptoms include:

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

Psychological illnesses that involve psychotic features, such as schizophrenia and bipolar disorder, often have an onset between the late teen years and early 30s.

WHAT YOU CAN DO:

- Recognize that psychotic states can involve extreme emotion or lack of emotion, and intense fear to the point of paranoia.
- Recognize that a student in this state, particularly if experiencing paranoia, may be dangerous to self or others.
- Consult with a counselor at the Counseling Center at 518-454-5200.
- Speak to the student in a direct and concrete manner regarding your plan for getting them to a safe environment (“I am worried you are having trouble right now. I think it would be best for you to come with me to speak with someone, so you can feel safe again”).
- Accompany the student to the Counseling Center if the student is highly impaired and you have questions about their ability to maintain safety.
- For immediate assistance, call the Office of Security at 518-454-5187.

AVOID:

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

Referring a Student for Professional Help

When to refer:

In many cases of student distress, faculty and staff can provide adequate help through empathic listening, facilitating open discussion of problems, instilling hope, validating and normalizing concerns, conveying acceptance, giving reassurance and offering basic advice. In some cases, however, students need professional help to overcome problems and to resume effective functioning.

The following signs indicate a student may need a mental health evaluation or psychological counseling:

- the student remains distressed following repeated attempts by you and others to be helpful (i.e., academic accommodations or other referrals for support have not sufficiently resolved the student's distress).
- The student becomes increasingly isolated, unkempt, irritable, or disconnected.
- The student's academic or social performance deteriorates.
- The student's behavior reflects increased hopelessness or helplessness.
- You find yourself doing ongoing "counseling" rather than consultation or advising. You feel yourself pulled in directions with which you are uncomfortable.
- The student shows significant and marked changes in behavior and mood.

How to make a referral:

Speak to the student in a direct, concerned and caring manner. Because students may initially resist the idea of counseling, be caring but firm in your recommendation that counseling would be helpful. Also, be clear about the reasons that you are concerned ("I am worried about you doing okay in school, and I bring this up because I care about how you are doing.").

Be knowledgeable in advance about the services and procedures of the Counseling Center and other campus support services. Suggest that the student go to the Counseling Center for a screening session. Provide the phone number **(518) 454-5200**, and the location **(1006 Madison Avenue)**.

Sometimes it is useful to actively assist students in obtaining information about the Counseling Center. You can offer the use of your phone or call the receptionist yourself while the student waits in your office. Include the student in the process of relaying information to the Counseling Center. You might also consider walking students over to the Counseling Center. If you need help deciding whether or not it is appropriate to make a referral, call the Counseling Center at (518) 454-5200 for a confidential consultation.

Referring a Student for Professional Help (cont.)

Referring to the Counseling Center, not to a particular person, may facilitate an earlier appointment. Students may request a particular counselor, but they may have to wait longer if that counselor's schedule is full. Whenever possible, we try to honor student's requests and preferences in choosing counselors.

Follow-up with the student about their wellbeing. Don't pry, but let the student volunteer the information that they would like to share. Remember, it may not be necessary for you to have all the details, and a student might prefer privacy.

Once a referral is made, communication between the student and the Counseling Center is confidential. State law and ethical code prohibit disclosure of confidential information, including whether or not appointments are kept.

Behaviors, attitudes, feelings take time to change, and a student may show slow progress or, for a while, none at all. Trust the process and communicate your continued concern and availability.

For students with serious psychiatric illnesses, progress may not mean eradication of symptoms all together. Instead, progress may be more about learning how to better manage symptoms under times of high stress.

Facts about the Counseling Center

The Counseling Center is staffed by 4 NYS licensed mental health professionals and 5 - 8 graduate counseling interns.

The Counseling Center offers free and confidential short-term individual, couples and group counseling.

Office hours are 9:00 am - 5:00 pm Monday through Friday.

Students wanting to meet with a counselor should stop by the office at 1006 Madison Avenue during office hours. The initial screening session typically lasts about 10 minutes; crises situations are based on the student's needs.

The Counseling Center generally operates on an appointment basis. Students appointments are usually available within one week. After the initial appointment, the counselor and student collaborate to determine the best subsequent course of action. During a crisis, any student is encouraged to go to the Counseling Center.

Counselors are also available during the day for urgent needs and crisis situations. Students may stop in to the Counseling Center during office hours for urgent concerns. Varying demand often means that contact with a counselor may be brief and focused on immediate problem solving only. A student in crisis will always be seen immediately. A student who is an existing client, if not in crisis, will be encouraged to make an appointment for a future date.

Counselors are available to consult with you about the concerns you may have in dealing with a particular student or student issues. Although counselors may not be able to share specific student information, counselors can always listen to your concerns and follow-up with the appropriate protocol.

***If you have an emergency after normal business hours, call the Office of Safety and Security for assistance at (518) 454-5187, or call the Counseling Center's main number at (518) 454-5200 to reach our 24-hour emergency on-call therapist.**

How to Respond if a Student Shares Information about a Sexual Assault, Domestic Violence or Stalking

What you can do to help:

- Notice changes in behavior
- Listen to your instinct
- Reach out to other faculty members, staff or administrators with your concern to see if they are noticing similar behaviors
- Follow up with the student to see if they need help or support

What to do if you're approached:

- Gently interrupt **before** details are disclosed
- Remind them of your role as a **mandated reporter** (you can promise privacy, but not confidentiality)
- Offer to connect them with confidential reporting options on or off campus. **On-campus confidential options are: Counseling Center, Campus Ministry and Health Services.

If they decide they want to continue sharing details with you:

- Start by believing
- Respond with empathy and compassion
- Use judgement-free language
- Offer your support and provide campus resources
- Refer to the Title IX Resource Card and/or the Assisting Students Guide for Faculty and Administrators (please email the Title IX Coordinator at titleix@strose.edu if you would like more of these resources available in print) – also available in SharePoint
- Report details to the Title IX Coordinator
- Details to report: Name of student reporting to you, name of respondent (person who did harm) if revealed, date, time, location, and brief description of the incident to ensure no duplication

TITLE IX COORDINATOR

The Title IX Coordinator has been charged with managing the College's response to reports of gender inequity and discrimination, which includes reports of sexual assault, sexual harassment, dating violence, domestic violence, and stalking. Informed by current federal and state law and guidance, the Coordinator aims to ensure that the College's responses promptly and effectively stop problem behavior, prevent its recurrence, and remedy its effects.

The Title IX Coordinator's responsibilities include:

- Overseeing the College's response to gender discrimination, which includes all forms of sexual violence, to ensure prompt and equitable resolution of all complaints.
- Providing a central place to report an incident and overseeing the reporting process.
- Providing information about College policies and procedures.
- Providing referrals to campus and community resources and victim advocates.
- Facilitating accommodations to address safety concerns and to support victims and complainants, so that academic and professional pursuits may continue unimpeded.
- Collaborating with community partners to assist with a resolution that balances the needs of the individuals involved with those of the larger community.
- Keeping records to ensure patterns of behavior are identified.
- Overseeing investigations of misconduct to ensure fairness, impartiality, and equity.
- Coordinating and providing training, education, and prevention programs for the entire College community.

The Title IX Coordinator is here to receive and respond to gender equity and sexual violence concerns. The Title IX team's mission is to eliminate, prevent, and redress known instances of gender based misconduct or violence with fair and efficient processes that are intended to support the entire College Community.

For more information, please contact:

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Interim Title IX Coordinator
TitleIX@strose.edu
(650) 383-4753 x133

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Events and Athletic Center, Room 210
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Campus Crises

Although critical incidents (such as personal tragedy/loss, terrorism, and natural disasters) affect people differently, there are some common reactions that people may experience. These signs and symptoms may begin immediately, or people may feel fine for a couple of days or even weeks, and then suddenly be hit with a reaction. The important thing to remember is that these reactions are quite normal; although people may feel some distress, they are probably experiencing a normal reaction to an abnormal situation.

Some common responses to critical incidents are listed below:

Physical Reactions

- Insomnia/ Nightmares
- Fatigue
- Hyperactivity or nervous energy
- Appetite changes
- Pain in the neck, back, or stomach
- Headaches
- Dizzy spells

Emotional Reactions

- Excessive jumpiness or tendency to be startled
- Irritability and impatience
- Anger
- Feelings of anxiety or helplessness
- Combinations of strong conflicting feelings- anger, sadness, fear, etc.
- Crying spells

Effect on Productivity

- Inability to concentrate/focus
- Increased incidence of errors
- Memory problems
- Increases in absenteeism
- Tendency to overwork

Normally, reactions and symptoms will grow less intense and less frequent within a few weeks. If symptoms do not subside within a few weeks or if they interfere with your daily functioning, it may be time to seek help through the **College's Employee Assistance Program ("The Wellness Corporation") at (800) 828-6025 or (508) 842-2780.**

Recommendations for Self-Care:

- Talk to others and get support
- Recognize the difference between telling your story/expressing your feelings and dwelling on things; especially as the weeks/months progress.
- Limit your exposure to news and media reports of the event. Realize that oversaturation of images increases stress and fear.
- Structure your time and keep busy.
- Eat well-balanced, regular meals and maintain your exercise habits.
- Get plenty of rest and relaxation.
- Do things that feel good/soothing to you.
- If you can, get away for a weekend. Spending time in nature can be extremely healing.
- Tend to any physical symptoms you may be having.
- Be aware of overusing alcohol/other drugs.
- Maintain as normal a schedule as possible.
- Balance your need for solitude with socializing.
- Know that intrusive thoughts, fears, and nightmares are normal. They will decrease over time.
- Avoid dwelling on what may or may not have happened, or what might have been ("If only I....").
- Pray or meditate.
- Reach out and help others. Donate blood, volunteer your time, send money/food/clothing to relief efforts.
- Realize that those around you are also under stress. Be patient with each other.
- If symptoms persist and/or you feel stuck, don't be afraid to seek counseling.

Helping Others:

- Listen without judgment or offering advice
- Acknowledge feelings as normal and reassure person that they are safe.
- Don't take anger or irritability personally
- Respect one's right to privacy. If someone doesn't wish to talk about things, do not insist that they do. Give that person the time and space to process things as they see fit.
- Offer help with everyday tasks such as cleaning, cooking, and caring for the family.
- Organize support groups at work to help one another.
- Resist over-functioning for the distressed person.

Departmental Safety Plan

It is a good idea to set up a departmental safety plan. For example, if you think that a student has been threatening to you in the past and they show up at your office, you may need help in dealing with the student. Quite often it is the people with whom you work who are in the closest physical proximity, and 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 Campus Security at 518-454-5187 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

Individual Responses

- Do what you can to get the person to stop the behavior; try to handle it yourself.
- If the person appears violent or potentially violent, call security at 518-454-5187.

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 for help

Get assistance from the Campus Security at 518-454-5187 (in case of violent or potentially violent behaviors).

- Have another person contact Campus Security
- Retreat to a locked office or another safe space while waiting for security

Questions to Consider as You Develop Your Departmental Safety Plan

1. What specific areas do we need to prepare in our department?
 - a. Reception
 - b. Individual offices
2. How can we, in the department, help each other when faced with difficult situations?
 - a. What will be the procedures for getting help from others within our area?
 - b. What will we expect of the person when they come to a colleague's assistance?
3. When we need another level of assistance, more than can be provided from within our department:
 - a. Who will be our designated "helpers"?
 - b. Are they readily available?
 - c. How will we 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 bizarre, etc.?
6. How will we coordinate planning and support with nearby departments?
7. What does our department need in order to carry out these plans?
8. What kinds of training do we need? What do we think would help?

Please contact us with any concerns or questions:

Counseling Services
1006 Madison Avenue
Albany NY 12203
518-454-5200