

HELPING STUDENTS IN DISTRESS

**A FACULTY & STAFF GUIDE
FOR ASSISTING STUDENTS IN NEED**

SOCAT

Students of Concern Assistance Team



UNIVERSITY OF
SOUTH FLORIDA

SARASOTA-MANATEE



Dear 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 in classrooms, on campus, 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,

The Students of Concern Assistance Team





Students of Concern Assistance Team (SOCAT)

The Students of Concern Assistance Team (SOCAT) is here to work with students who may be distressed or whose behavior is of concern to others. SOCAT was started as way to provide support and assistance to a student *before* more significant problems arise. SOCAT's focus is to offer **supportive intervention and guidance** to any USF student who is struggling. The goal is to help the student focus on academic success, avert more serious difficulties, and ensure the safety of both the student and USF community.

SOCAT seeks to work in tandem with the university community in assisting students with emotional distress. The following Guide is provided as a first step intervention for the community. However, SOCAT also invites the community to consult with the team at any point in the intervention journey.

SOCAT Team Representatives:

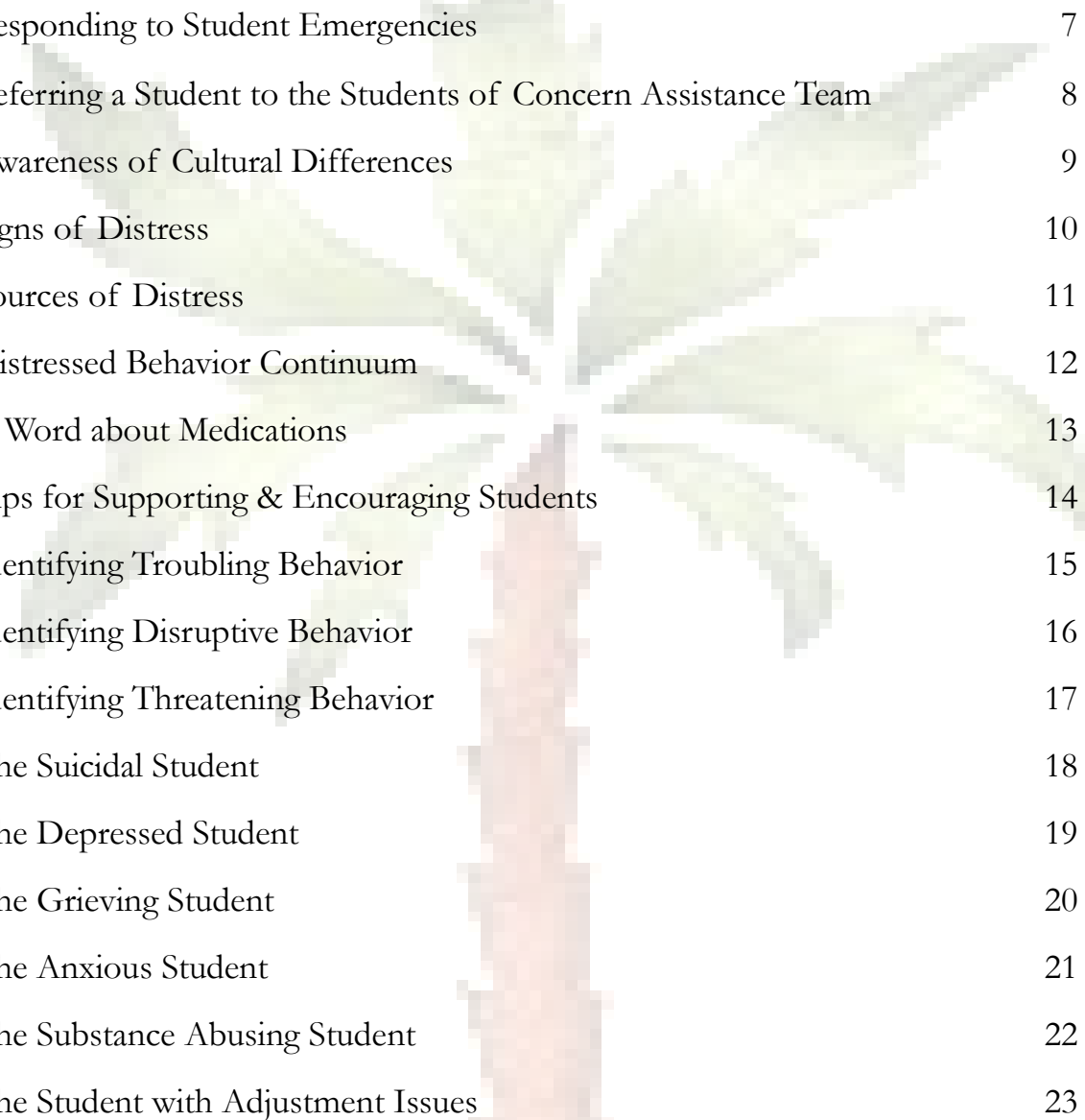
- Coordinator
- Counseling and Wellness Center
- Student Rights and Responsibilities
- Students with Disability Services
- Campus Police
- Campus Security
- Office of Student Services
- Faculty/North Port Representative

Please direct questions regarding SOCAT to: socat@sar.usf.edu



HELPING STUDENTS IN DISTRESS

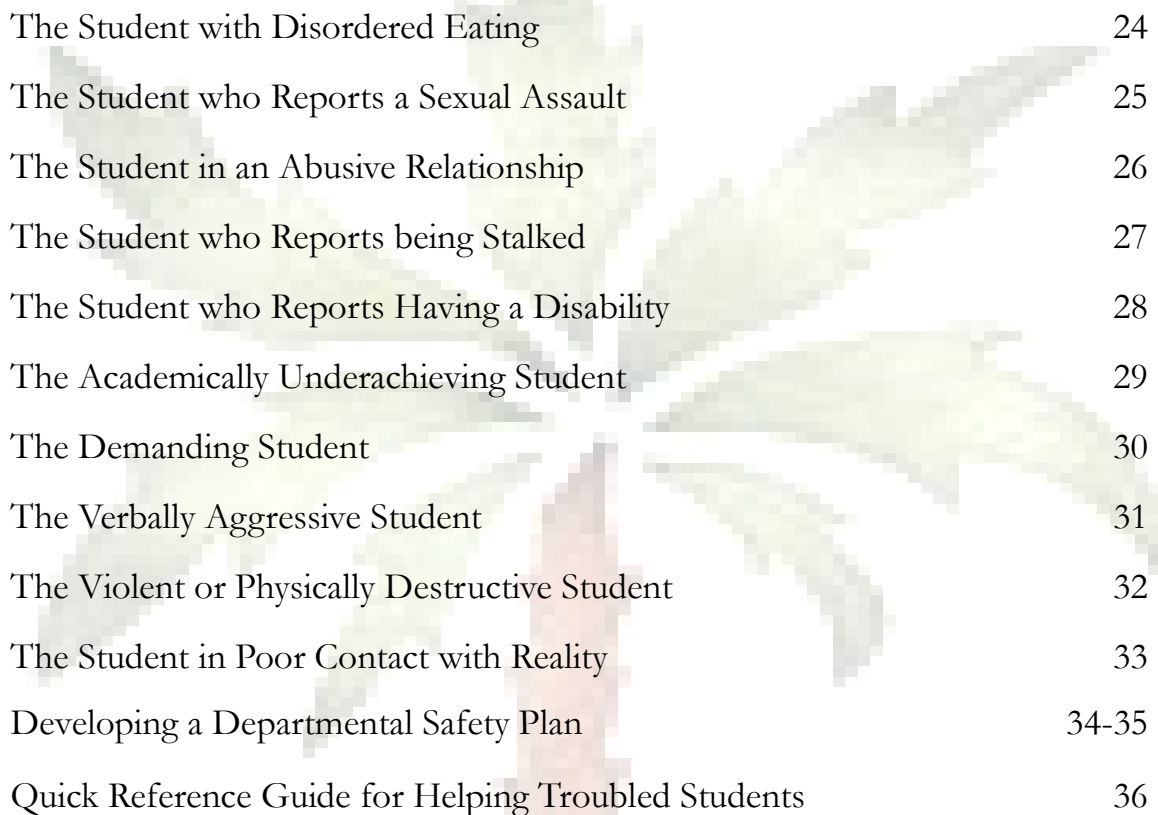
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HELPING STUDENTS IN DISTRESS

Responding to Student Emergencies

Immediate and decisive intervention is needed when student behavior poses a threat to self or others, including:

- Suicidal gestures, intentions, or attempts
- Other behavior posing a threat to the student (e.g., hallucinations, drug abuse)
- Threats or aggression directed toward others
- Demonstrated inability to care for oneself

Campus resources for responding to mental health emergencies are:

- University Police (911 or 487-4210)
- USF Sarasota-Manatee Counseling Center on New College campus (487-4254)

If the student requires immediate medical attention or hospitalization, call the University Police (911 or 487-4210).

If the student is unmanageable (e.g., aggressive, hostile, refusing care) call the University Police (911 or 487-4210) for assistance.

If you are directly threatened by a student or feel at risk, call the University Police (911 or 487-4210).

What to Do:

- 1) Move the student to a quiet and secure place.
- 2) Listen attentively, and respond in a straightforward and considerate way.
- 3) Enlist the help of a co-worker so that the student isn't left alone and you aren't left alone with the student.
- 4) Make arrangements for appropriate university intervention.
- 5) 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; the exact location of the student in the building; and an accurate description of the student.



REFERRING A STUDENT to the STUDENTS OF CONCERN ASSISTANCE TEAM (SOCAT)

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 when there is a legitimate concern related to campus 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 SOCAT.

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

SOCAT Referrals can be made by:

E-mail: socat@sar.usf.edu

Access the website for more information and referral form at:

www.sarasota.usf.edu/SOCAT

Information for effective referral:

- Student's name, and USF#,
- 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 refer:**
If you feel overwhelmed or unprepared to help this student, e-mail the SOCAT Coordinator to set-up a time to discuss the situation (socat@sar.usf.edu)

If the situation is serious and requires immediate assistance, call the USF Police at 911 or 487-4210

Getting Help is No Bull!

The only real risk is in doing nothing.



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, students of color, students with disabilities, non-traditional-aged 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

STUDENT AFFAIRS

Office of Student Affairs: 359-4268 or 359-4263

STUDENTS WITH DISABILITIES

Students with Disabilities Services: 359-4714





SIGNS OF DISTRESS

Academic Problems

- career and course indecision
- excessive procrastination
- uncharacteristically poor preparation or performance
- repeated requests for extensions or special considerations
- disruptive classroom behavior
- excessive absence/tardiness
- avoiding or dominating discussions
- references to suicide or harm to others in verbal statements or writing

Interpersonal Problems

- always asking for help with personal problems
- dependency
- hanging around office
- withdrawing
- disruptive behavior
- inability to get along with others
- complaints from other students

Behavioral Problems

- change in personal hygiene
- dramatic weight gain or loss
- frequently falling asleep in class
- irritability
- unruly behavior
- impaired speech
- disjointed thoughts
- tearfulness
- intense emotion
- inappropriate responses
- difficulty concentrating
- physically harming self
- destruction of property
- anxiety and panic
- inability to communicate clearly
- loss of reality contact (e.g., hallucinations, poor thought connections)





SOURCES OF DISTRESS

- relationship problems/break-ups
- family problems
- grief and loss
- divorce of parents
- loneliness
- academic pressure or failure
- serious illness or injury
- difficulty adjusting to university life
- anxiety
- eating disorders
- trouble adjusting to American culture
- sexual or physical abuse or assault
- identity confusion
- depression
- drug/alcohol abuse
- career indecision
- loss of goal or dream
- low self-esteem
- unplanned or undesired pregnancy
- language barriers
- financial problems

WHAT YOU CAN DO

A faculty or staff member is often the first person to recognize when a student is in distress and to reach out to that student. Faculty and staff are not expected to provide personal counseling to students. Rather, faculty and staff play an important role in encouraging students to use campus resources, including facilitating a referral to the Counseling Center, Student Health Services, Student with Disabilities Support Services, Victim Advocacy, the Students of Concern Assistance Team-SOCAT, and/or other valuable campus resources.

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 SOCAT may be warranted.

On the following pages are some specific student issues you may encounter and tips on how you can respond to them.





Distressed Behavior Continuum

Students of Concern: Behavior Continuum				
Mild	Moderate	Distressed	Crisis	Severe
Disruptive	Failing in school	Alcohol/ Drug Use	Irrational fears	Highly disruptive
Failing grades	Defiance to rules	Self-destructive behavior	Excessive risk taking	Disjointed thoughts and/or speech
Poor performance	Lethargic	Depression/anxiety signs	Heightened emotional reactivity	Loss of contact with reality
Absences	Feelings of depression	Unusual behavior	Hostility	Hallucinations/paranoia
Difficulty managing stress	Falling asleep (at odd times/ situations)	Pushing limits of social decorum	Aggression/ violence	Stalking
	Changing hygiene	Suspiciousness	Self-harm/ harm to others (thoughts, not action)	Threats
	Alcohol Use	Criminal tendencies	Irritability/ agitation	Suicidal/Homicidal intent
	Drug Experimentation		Memory loss or disorientation	
			Serious crimes	
Interventions				
* Faculty/staff consultation with appropriate office and/or department	* Faculty/staff consultation or referral with appropriate office and/or department	* Dean of Students * Students Rights & Responsibilities * Counseling Center * University Police * SOCAT	* Dean of Students * Students Rights & Responsibilities * University Police * Counseling Center * SOCAT	* Baker Act * Arrest * Involuntary Withdrawal * No trespass order * SOCAT

There are different levels of distress and these can be represented through a continuum. How you go about helping a student will depend on several factors: their level of distress, the nature of your relationship, the type of setting you are in and your comfort level.





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 caregiver 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 day 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.





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 University Police immediately.
- Do not promise to keep threats to self or others a secret.





Identifying Troubling Behavior

Troubling behavior from a student usually causes us to feel alarmed, upset or worried.

When faculty or staff members encounter troubling behavior, they feel concerned about the student's well being. Students exhibiting troubling behavior may have difficulties in and out of the classroom.

Examples of troubling behavior may include:

- A student who jokes about killing himself or herself.
- A student who perspires profusely when giving a presentation in front of the class.
- A student who discloses that his or her loved one was diagnosed with a terminal or serious illness.
- A student who seems to work harder than most students but can't pass an exam.
- A student who appears to be losing significant weight yet speaks with pride about how little he or she eats.
- A student whose writing: appears disjointed and fragmented as though he or she cannot maintain a logical sequence of thought, or contains themes of violence which are out of context with the assignment.
- A student who reports that FBI agents are following him or her around campus.

Interventions for Troubling Behavior

Faculty and staff have options for responding to student behavior that they find troubling.

If a university professional is unsure how to respond to a troubled student, here are some suggestions:

- Seek advice and counsel from the department chair or supervisor, the Counseling Center, or the Students of Concern Assistance Team (SOCAT).
- Initiate a discussion with the student about the behavior that is of concern.
- Refer the student to campus departments or offices that have the necessary expertise and personnel to help him or her.
- If you believe the situation deserves university attention or follow-up,

Initiate a Student of Concern Referral by e-mail: socat@sar.usf.edu or access the website for more information and referral form at: www.sarasota.usf.edu/SOCAT





Identifying Disruptive Behavior

Disruptive behavior is student behavior that interferes with or interrupts the educational process of other students or the normal operations of the university.

A disruptive student typically resists interventions or corrective action. Specific examples of disruptive behavior include:

- A student who verbally abuses or intimidates another.
- A student who is overly demanding of faculty or staff.
- A student who interrupts the educational process in the class by:
 - ◆ Making hostile remarks out of turn
 - ◆ Aggressively taking over the lecture
- A student who notably disrupts the environment outside the classroom.

Interventions for Disruptive Behavior

The university professional may find the following procedures helpful when dealing with disruptive behavior:

- Verbally request that the student stop the disruptive behavior.
- If the problem persists, ask the student to leave the class or the area.
- Initiate a discussion with the student about the behavior that is of concern.
- Inform the student of the behavior that needs to change, define a timeline for when the change needs to be made, and explain the consequences if the change does not occur.
- After meeting with the student, document the content of the meeting in writing. It is sometimes helpful and/or necessary to provide the student with a written copy of the requirements and the consequences discussed.
- Contact the department chair or supervisor for advice and support.
- Follow-up with a Referral to SOCAT even if you believe the situation has been resolved.
- File an Academic Disruption Incident Report with the Office of Student Rights & Responsibilities in Student Services.
- Consult with the Office of Students Rights and Responsibilities about possible next steps.
- Consult with the Counseling Center to debrief and assist you, staff members and other students.

If the situation is serious and requires immediate assistance, call the USF Police at 911 or 487-4210



Identifying Threatening Behavior



Threatening behavior from a student typically leaves us feeling frightened and in fear for our personal safety. These behaviors should be taken very seriously.

If you have concerns about immediate safety, call University Police at 487-4210.

Examples of threatening behavior include:

- A student who implies or makes a direct threat to harm him or herself or others.
- A student who displays a firearm or weapon.
- A student who physically confronts or attacks another person.
- A student who stalks or harasses another person.
- A student who sends threatening e-mails, letters or other correspondence to another person.
- A student whose writing contains themes and threats of violence

Interventions for Threatening Behavior

The safety and well being of the campus community is the top priority when a student exhibits threatening or potentially violent behavior.

Specific interventions include:

- Immediately contact the USF Police at 487-4210 .
- Contact the department chair/supervisor for advice and support.
- Inform the Office of Student Rights and Responsibilities and file a complaint.
- Consult with the Counseling Center to debrief and assist you, staff members and other students.

***If the situation is serious and requires immediate assistance,
call the USF Police at 911 or 487-4210***



The Suicidal Student

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.

DO

- Be available to listen, to talk, to be concerned.
- Acknowledge that a threat or attempt at suicide is a plea for help.
- Take the student seriously. 80% of those attempting suicide give warning of their intent.
- Do not leave the student alone. If it is after 5 p.m., or on the weekend, access emergency services through 911 or Campus Police at 487- 4210.
- Care for yourself. Helping someone who is suicidal is hard, demanding and draining work.

DON'T

- Don't minimize the situation or depth of feeling, e.g., "Oh, it will be much better tomorrow."
- Don't be afraid to ask the person if they are so depressed or sad that they want to hurt themselves ("You seem so upset and discouraged that I'm wondering if you are considering suicide.").
- Don't over commit yourself, and therefore, not be able to deliver on what you promise.
- Don't ignore your limitations.



The Depressed Student

These students show a multitude of symptoms, which may include guilt, low self-esteem, and feelings of worthlessness and inadequacy. Physical symptoms include decreased or increased appetite, difficulty sleeping and low interest in daily activities. Depressed students often show low activity levels and have little energy. 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 (refer to “The Suicidal Student”).

DO

- Talk to the student in private.
- Listen carefully and validate the student’s feelings and experiences.
- Be supportive and express your concern about the situation.
- Discuss a clear action plan such as making an appointment with the Counseling Center, 487- 4254.
- 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.
- If you feel overwhelmed or unprepared to help this student, e-mail the SOCAT Coordinator to set-up a time to discuss the situation (socat@sar.usf)

DON'T

- Don’t be afraid to ask whether the student is suicidal if you think he or she may be.
- Don’t downplay the situation.
- Don’t argue with the student or dispute that the student is feeling depressed.
- Don’t provide too much information or help for the student to process.
- Don’t expect the student to stop feeling depressed without intervention.
- Don’t assume the family knows about the student’s depression.



The Grieving Student

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

DO

- Listen carefully and compassionately.
- Consider the option of allowing the student to postpone turning in assignments or taking exams.
- When appropriate, if you are comfortable, you can share similar experiences you have had so the student doesn't feel alone or crazy.
- 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.
- Talk to the student about getting some professional help to deal with the loss.

DON'T

- Don't be afraid of tears. Tears are a natural, healthy way of releasing emotions.
- Don't avoid discussing the deceased person with the student. He/she is often grateful to find someone who will listen.
- Don't say well-intentioned things to the student that might imply the grief is not valid ... "It can't be that bad."



The Anxious Student

Dealing with unexpected events and conflicts are primary causes of anxiety. Unknown and unfamiliar situations raise anxiety. High and unreasonable self-expectations also increase anxiety. These students often have trouble making decisions.

DO

- Let them discuss their feelings. Often, this alone relieves pressure.
- Remain calm and reassure students when appropriate.
- Be clear and explicit.

DON'T

- Don't take responsibility for the student's emotional state.
- Don't make things more complicated.
- Don't overwhelm him or her with information or ideas.



The Substance Abusing Student

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.

DO

- Share your honest concern and encourage the student to seek help.
- Be alert for signs of alcohol and drug abuse: preoccupation with drugs, periods of memory loss, deteriorating performance in class.
- Get necessary help from University Police at 487- 4210 in instances of intoxication.
- Encourage the student to seek an evaluation through the Counseling Center at 487- 4254

DON'T

- Don't ignore the problem.
- Don't chastise or lecture.
- Don't in any manner encourage the behavior.



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.

DO

- Convey to the student that adjustment or transition stress is normal and often brings a temporary decline in performance.
- 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.
- Refer the student to the Counseling Center at 487- 4254, especially if performance problems persist beyond a reasonable amount of time.

DON'T

- Don't assume that the student understands the impact of life transitions and/or is aware of the source of stress.
- Don't minimize or trivialize the student's feelings or reactions.
- Don't discount or overlook factors that put the student at risk for more problems.



The Student with Disordered Eating

Eating disorders are believed to impact 20 percent of college students. Eating disorders include anorexia and bulimia. Anorexia involves restricting one's eating, often leading to malnourishment. Bulimia usually entails binge eating followed by excessive exercise, vomiting or the use of the medication such as diet pills. 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.

DO

- Recognize the danger associated with eating disorder behaviors rather than viewing them as a choice, lifestyle or an attempt to obtain attention.
- Encourage the student to seek out formal help including counseling and a thorough medical assessment.
- Support the student even if she or he is not currently motivated to obtain help.
- Refer the student for nutrition and dieting help through Student Health Services (487-4254).
- Consult with SOCAT as needed.

DON'T

- Don't assume that all thin students have an eating disorder by remembering that these issues impact students of all shapes and sizes.
- Don't confront a student by stating "I think that you have an eating disorder." Instead share your concerns with the student by naming the behaviors you've witnessed.
- Don't encourage the client to "just eat" or "stop throwing up." Recovery from an eating disorder often requires mental health treatment to alter behaviors.



The Student who reports 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.

DO

- Listen to what they are telling you and believe them.
- Help students to understand that have many options to consider and that **Victim Advocacy 504-8599** can assist them.
- Encourage them to seek support through Victim Advocacy and/or the Counseling Center.
- In addition, give them information for the local rape crisis center, SPARCC Safe Places and Rape Crisis Center at 365-1976

DON'T

- 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.
- Don't blame them for what happened and let them know it was not their fault.
- 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.
- Don't try to be this person's only support. Recovery takes a long time and often involves the need for professional services.



The Student in an Abusive Relationship

Abusive relationships often involve a repeating pattern of verbal, sexual, emotional and physical abuse that increases over time. The offender could be a romantic partner, a parent/guardian, or a care attendant.

Indicators of abuse may include:

- verbal abuse
- isolation from friends and family
- fear of abandonment
- fear of other/partner's temper
- fear of intimidation
- feeling trapped
- acceptance of highly controlling behavior
- assuming responsibility for other's abusive behavior
- fear of leaving the relationship

DO

- See the student in private.
- Recognize that the student may be fearful and vulnerable.
- Remember that abusive relationships involve complex dynamics, including high levels of denial and, thus, are difficult to change.
- Be aware that interventions from a variety of sources increase the chances for change.
- Refer the student to the Counseling Center at 487-4254. Encourage the student to call University Police when rape or violence is involved (911 or 487-4210)
- Encourage the student to connect with safe family and friends.

DON'T

- Don't take the student's problem personally or be insulted that they do not find the class engaging.
- Don't assume 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 reports being Stalked

DO

- Encourage the victimized student to trust his/her instincts.
- Advise the student to contact the University Police (911 or 487-4210).
- Advise the student to document unwanted contacts and maintain evidence of harassment.
- Advise the student to take precautions to ensure safety, including a change in routine travel routes and schedules
- Refer the student to the Counseling Center for supportive counseling (487-4254).

DON'T

- Don't ignore or minimize the situation.
- Don't suggest that the victim is responsible for the unwanted attention.
- Don't take responsibility for protecting the student.
- Don't fail to alert the proper authorities—University Police and/or the Counseling Center

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.



The Student who reports having a Disability

Facts about Disability

- Students with documentation of a physical, learning or psychiatric disability are eligible to access accommodations through the Office of Students with Disabilities Services (SDS) at 359-4714
- Students may not realize that accommodations are available.

Students with:

- **physical disabilities** present special classroom access needs associated with limitations in mobility, speaking, hearing, and/or vision.
- **medical disabilities** may experience difficulties participating in their academic programs due to the condition itself or the ongoing treatment protocol.
- **learning disabilities** have impairments that interfere with and slow down information processing, memory and retrieval, and output. These disabilities can have a detrimental impact on reading, writing, math, attention, concentration, and/or overall organization.
- **psychiatric disabilities** have an ongoing psychological condition that may interfere with their ability to participate in the routine educational program.
- **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 compromise an individual's social, vocational and academic performance.

DO

- Speak to the student in private about your concerns.
- Treat each student with sensitivity and respect.
- Maintain confidentiality about their disability.
- Acknowledge the difficulties that the student is having.
- Be open to follow-up consultation with SDS regarding accommodations for the student.
- Remember that any student requesting accommodations must present a letter of from SDS, which will include recommended actions.
- Set rules and parameters for all students in your classes; accommodation is not absence of academic expectations.
- Consult the SDS office by phone at 359-4714.

DON'T

- Don't use patronizing language with the student.
- Don't underestimate or question the stated disability.
- Don't assume the student understands the academic limitations imposed by the disability.
- Don't assume the student qualifies for accommodations without SDS verification.
- Don't adjust the academic standards of the course without prior consultation with SDS.



The Academically Underachieving Student

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.”

DO

- 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 students.
- Help the student assess the source of underachievement, e.g., distractions, preoccupations, emotional problems, depression, difficulties with underlying academic and study skills.
- Empathically address the difficulty of dealing with a failure mentality.

DON'T

- Don't take the student's problem personally or be insulted that they do not find the class engaging.
- Don't assume 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 Demanding Student

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.

DO

- Let them know the limits of what it is reasonable for you to provide.
- Let them make their own decisions as much as possible.
- When you have given appropriate time to them, let them know, "Excuse me, I need to attend to other things right now".)

DON'T

- Don't let them use you as their only source of support.
- Don't get trapped into advice giving, "Why don't you.....?"
- Don't get angry.



The Verbally Aggressive Student

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.

DO

- Acknowledge their anger.
- Rephrase what they are saying and identify their emotions.
- Allow them to ventilate, get the feelings out, and tell you what is upsetting to them.
- Tell them you are not willing to accept their verbally abuse behavior.
- Help the person problem solve and deal with the real issues when they become calmer.
- Defuse & de-escalate the situation by remaining calm, speaking in a calm tone of voice, and modeling appropriate behavior to the student.
- Make a SOCAT referral.

DON'T

- Don't meet alone with the student.
- Don't get into an argument or shouting match.
- Don't become hostile or punitive yourself.
- Don't press for an explanation or reasons for their behavior.
- Don't look away in order to not deal with the situation and ignore the student.
- Don't stay in a situation in which you feel unsafe.
- Don't ignore a gut reaction that you are in danger.



The Violent or Physically Destructive Student

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.

DO

- Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation.
- Explain clearly and directly what behaviors are acceptable.
- Stay in an open area.
- When all else fails, divert attention.
- Get necessary help - other staff, security.
- Make a SOCAT referral.

DON'T

- Don't meet alone with the student.
- Don't ignore warning signs that a person is about to explode (for example: yelling, screaming, clenched fists, threatening statements).
- Don't threaten, dare, taunt, or “push” the student into a corner.
- Don't touch the student.
- Don't stay in a situation in which you feel unsafe.
- Don't ignore a gut reaction that you are in danger.



The Student in Poor Contact with Reality

These student have difficulty distinguishing fantasy from reality, the dream from the waking state. Their thinking is typically illogical, confused, disturbed; they may coin new words, see or hear things which no one else can, have irrational beliefs, and exhibit bizarre or inappropriate behavior. Generally, these students are not dangerous and are very scared, frightened, and overwhelmed. They are much more frightened of you than you are of them.

DO

- Respond with warmth and kindness, but with firm reasoning.
- Remove extra stimulation in the environment and see them in a quiet atmosphere (if you are comfortable doing so).
- Acknowledge your concerns and state that you can see they need help.
- Reveal your difficulty understanding them (when appropriate).
- Focus on the “here and now”. Switch topics and divert the focus from the irrational to the rational or the real.
- Speak to their healthy side, which they have.
- *Contact University Police if it appears the student is a danger to themselves or others—911 or 487-4210.*

DON'T

- Don't argue or try to convince them of their irrational thinking, it only makes them defend their position more.
- Don't play along.
- Don't encourage further revelations of craziness.
- Don't demand, command, or order the student
- Don't expect customary or usual emotional responses.





Departmental Safety Plan

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 University 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, sexual assault, relationship violence, or difficulty dealing with the death of a loved one



Counseling Center

487-4254

Located on New College Campus

Student:

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



Counseling Center 487-4254

Victims Advocate 504-8599

Student:

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



SOCAT

Students of Concern Assistance Team

socat@sar.usf.edu

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



Student Rights & Responsibilities in Students

Student Services

359-4330

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



Students of Concern Assistance Team

socat@sar.usf.edu

SOCAT Referral Form is available on the SOCAT website at:

www.sarasota.usf.edu/SOCAT

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



University Police

487-4210

911

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





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