

Assisting the Emotionally Distressed Student



**SANTIAGO
CANYON
COLLEGE**

**A Guide for
Faculty/Staff/Administrators**

Courtesy of:
**Health & Wellness Center
Psychological Services**

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Santiago Canyon College Mission Statement

Santiago Canyon College is an innovative learning community dedicated to intellectual and personal growth. Our purpose is to foster student success and to help students achieve these core outcomes: to learn, act, communicate and think critically. We are committed to maintaining standards of excellence and providing an accessible, a transferable, and an engaging education to a diverse community.

Dear Colleague,

Your general interaction with our students will be quite pleasant and productive. However, there may be times you will experience student behavior causing you concern, discomfort, or interference with your work or the education of other students. When these situations occur, we encourage you to know and use the services available.

This guide was developed to provide concrete advice on how to aid emotionally distressed students and offer steps on how to refer them for help. Students learn much more than academics in college, discovering important life lessons and developing critical aspects about themselves appropriate to their current life stage as a student. Many students face significant difficulties and may struggle during this process. We have the opportunity to contribute to their self-development through our willingness to notice and respond to their difficulties in a supportive and helpful manner. By offering assistance, we teach our students that problems are best resolved by directly addressing them and that hiding distress unnecessarily reduces the quality of life.

We emphasize the value of early intervention and prevention services for our students. We look forward to working with you further in promoting a safe learning environment supporting students' intellectual, social, and emotional development.

Sincerely,

Psychological Services



Acknowledgements

Our sincere thanks to the California Organization of Counseling Center Directors in Higher Education and California State University, Fullerton, Career Development and Counseling staff, whose combined efforts we have liberally borrowed to include in this guide.

Your Role

As a faculty or staff member interacting daily with students, you are in an excellent position to recognize behavioral changes that characterize the emotionally distressed student. A student's behavior, especially if it is inconsistent with your previous observations, could well constitute an attempt to draw attention to his/her plight ... "a cry for help." The ability in recognizing signs of emotional distress and acknowledging specific concerns directly to the student are often noted by students as the most significant factor in their successful problem resolution. It may seem that confronting certain behaviors or asking a student about their emotional well-being is intrusive or risky. However, it is always best to address problematic situations with students directly and risk offending the student through a thoughtful intervention than failing to respond.

To facilitate readiness and feeling prepared for such situations, get to know your surroundings and be able to locate the closest phone to your work site. Familiarize yourself with this guide and memorize the emergency numbers listed below:

CAMPUS SECURITY:	(714) 628-4730
STUDENT HEALTH & WELLNESS CENTER:	(714) 628-4766

Consultation

Consultation with the psychologists of Psychological Services is available to faculty and staff. We encourage you to call or email when you are troubled by a student's behavior, but are unsure of how to proceed or whether to consider the behavior a discipline or a mental health problem. To obtain a consultation you may call the Student Health and Wellness Center and ask to speak with one of the psychologists or email them directly with your concerns regarding the student. If appropriate, a plan can be developed to intervene with the student. Academic counselors, deans, or others can be involved, as needed. If the psychologists are not available, and you have a crisis with a student you may contact a member of the Crisis Intervention Team by calling the Student Health and Wellness Center.

When might Psychological Services be beneficial for students?

Distress manifests itself in individuals with multiple signs and symptoms.

Some common *signs of student distress* may include:

- Inability to concentrate
- Confusion
- Persistent worrying
- Social isolation
- Increased irritability
- Bizarre behavior
- Missed classes/assignments
- Procrastination
- Dangerous behavior
- Restlessness
- Disheveled appearance
- Mood swings
- Indecisiveness
- Depression

To avoid over-interpretation of a single or isolated behavior, it is advisable to look for clusters of signs that appear around the same time. Making observation of such clusters of symptoms will assist you in intervening effectively and making the appropriate referral for your students.

- 1. Stated Need for Help** The desire for assistance with a problem may be stated directly or indirectly. For this reason, it is important not only to attend to the content of what a student may say, but also to understand the intentions and feelings underlying the message. Listening involves hearing what is being said, noticing the tone used, and observing the accompanying expressions and gestures. In fact, having someone listen attentively to an expression of a problematic feeling or thought is often a cathartic experience for the speaker which, in and of itself, can result in the individual feeling somewhat better.
- 2. Suicidal Ideation** It is necessary to distinguish between a theoretical or hypothetical discussion of suicide and a statement indicating true personal anguish. However, if an individual talks about or alludes to details of how, when, or where he or she may be contemplating suicide, then an immediate referral is necessary. Regardless of the circumstances or context, any reference to committing suicide should be considered serious. To conclude that a student's suicidal talk is simply a bid for attention is extremely risky. A judgment about the seriousness and possible lethality of the suicidal thought or gesture should not be made without consultation with a mental health professional.
- 3. Changes in Mood or Behavior** Actions which are inconsistent with a person's normal behavior may indicate that he or she is experiencing psychological distress. The behavior change may also be due to a medication problem. A student who withdraws from usual social interaction, demonstrates an unwillingness to communicate, commits antisocial acts, has spells of unexplained crying or outbursts of anger, or demonstrates unusual irritability may be suffering from symptoms associated with a psychological problem.
- 4. Anxiety and Depression** Anxiety and depression are two of the more common psychological disturbances that can present significant problems for students. Both of these rather common emotional states, when they become prolonged or severe, can impair an individual's normal functioning. When a student's ability to function in a normal manner becomes impaired because of anxiety or depression, some kind of professional assistance is recommended.
- 5. Psycho-Physiologic Symptoms** Students who experience tension-induced headaches, nausea, or other physical pains which have no apparent physical cause may be experiencing psycho-physiologic symptoms. Such symptoms are real for that individual, and so is the pain. Other physical symptoms may include a loss of appetite, excessive sleeping, or gastrointestinal distress.
- 6. Traumatic Changes in Interpersonal Relationships** Interpersonal problems often result when an individual experiences traumatic changes in personal relationships. The death of a family member or a close friend, the breakup of intimate relationships, parental divorce, changes in family responsibilities, or difficulties with finances can all result in increased stress and psychological problems.

7. **Drug and Alcohol Abuse** Indications of excessive drinking or being under the influence of other substances are almost always indicative of psychological problems. Frequent absences, tardiness, missed assignments, sleepiness, slurred speech, poor concentration, and spotty performance may point to substance abuse.
8. **Career Choice Problems** It is rather common for college students to go through periods of career indecision and uncertainty. Such experiences are often characterized by dissatisfaction with an academic major, unrealistic career aspirations, or confusion with regard to interests, abilities, or values. However, chronic indecisiveness can be a debilitating experience and many students need assistance in developing alternative goals when previous decisions prove to be in need of revision.
9. **Retention Issues** Psychological counseling services can be effective in combating student attrition. Students who are considering dropping out of school or worrying about possible academic failure may find counseling to be a useful resource during their decision-making.
10. **Learning Problems** Many students find the demands of college level academic work to be greater than they anticipated. It is expected that all students will go through some adjustment period, however those who demonstrate a consistent discrepancy between their performance and their potential may be in need of assistance. Poor study habits, incapacitating test anxiety, or repeated absences from class are all indicators that the student might benefit from psychological services.

When to Refer for Psychological Counseling

In many situations, it is often necessary to refer the student for psychological counseling at the Health and Wellness Center. Aside from the signs or symptoms that may suggest the need for counseling, there are other guidelines which may help the faculty or staff member define the limits of his or her involvement with a particular student's problem. A referral is usually indicated in the following situations:

1. A student presents a problem or requests information that is outside your range of knowledge, expertise, or training.
2. You feel that personality differences that cannot be resolved between you and the student will interfere with your helping the student.
3. The problem is personal, and you know the student on other than a professional basis (friend, neighbor, relative, etc.).
4. A student is reluctant to discuss a problem with you for some reason.
5. You believe your advisement with the student has not been effective.

Guidelines for Intervention and Referral

Openly acknowledge to a student that he/she appears to be distressed, that you are sincerely concerned about his/her welfare, and that you are willing to help. Exploring alternatives can have a profound effect on the student's morale and hopefulness. We encourage you, whenever possible, to speak directly and honestly to a student when you sense that he/she is in academic and/or personal distress.

1. Request to see the student in private. This may help minimize embarrassment and defensiveness. "Private" might be your office, a quiet corner after class or an empty classroom. However, be mindful not to isolate yourself with a student who may be hostile or volatile.
2. Briefly describe your observations and perceptions of the student's situation and express your concerns directly and honestly (e.g., "I'm concerned about the changes I've seen in your work." "Your attendance is inconsistent and you seem down and tired when you're in class." "During lab last week, your speech was slurred and rambled without making sense – you looked intoxicated.").
3. Listen carefully to what the student is troubled about and try to see the issues from his/her point of view without necessarily agreeing or disagreeing.
4. Attempt to identify the student's problem or concern as well as your own concerns or uneasiness. You can help by exploring alternatives to deal with the problem.
5. Strange and inappropriate behavior should not be ignored. Comment directly on what you have observed.
6. Some reasonable flexibility with strict procedures may allow an alienated student to respond more effectively to your concerns. However, if a student is being manipulative, sticking to the guidelines is preferable. It is also recommended that you maintain a reasonable timeframe when intervening.
7. Involve yourself only as far as you want to go. At times, in an attempt to reach or help a troubled student, you may become more involved than time or skill permits. If you have not been trained in providing psychotherapy or counseling services, it is of a great disservice to the student when such attempts are made by untrained professionals. **When in doubt, consult and refer.** "I would like you to talk with some folks who know more about this than I do. Let's call the Health and Wellness Center and see when a health care provider is available. It's completely private and nothing shows up on your academic record."
8. Whenever possible, have the student make the call to the Health and Wellness Center and schedule an appointment before ending your conversation. If appropriate, you can suggest to the student that, with their permission, you will talk to the health care provider about the nature of the problem. When you do discuss a referral to the Health and Wellness Center for psychological services, it would be helpful for the student to hear in a clear, concise manner your concerns and why you think counseling would be helpful. Also, having the student call for an appointment increases his/her responsibility and commitment to come in for counseling. There may be some times, however, when it is more advantageous for you to call and make an appointment for him/her or accompany the student to our office (e.g. the student is in crisis).

9. You might tell the student these facts about our services: a) It is best to call in advance for an appointment; b) All discussions are held confidential except when the student presents a danger to self or others or when child/elder abuse is involved; c) The Health and Wellness Center does not share information about a student with other campus departments without the student's consent – to do so would be illegal, nothing shows up on the academic record.
10. Except in emergencies, if the student adamantly refuses, the option to pursue counseling is always up to them. Respecting the student and preserving your relationship with him/her is of greater benefit than pressuring the student and jeopardizing your rapport. Suggest that the student may want to have some time to think it over and then follow-up with them at a later date.

Extending yourself to others always involves some risk-taking, but it can be a gratifying experience when kept within realistic limits.

Referral Procedures for Psychological Counseling

If you wish to refer a student for psychological counseling, have the student call the Health and Wellness Center at 714-628-4766. In many cases, it is quite therapeutic for a staff member to be present when the student initially calls for an appointment. We will help the student attain services with one of our staff as quickly as possible. Early intervention is preferable to crisis intervention, so taking the time to call together will be beneficial to your student.

When discussing the need for psychological services, be sure to communicate to the student your concerns and why you are recommending counseling support. Having the student call for an appointment increases his/her responsibility and commitment to attend a counseling session. There may be times, however, when it is more advantageous for you to call and make an appointment for the student or accompany them to the Health and Wellness Center.

You might explain to the student a few facts about counseling and student support services. For instance, all services are free to regularly enrolled students who have paid their health fee. A psychologist or counselor is usually available for crisis intervention if immediate attention is necessary. To insure prompt attention, it is best to call in advance for an appointment. All counseling sessions are confidential except when the student presents a danger to himself or others or when it involves child/elder abuse.

SCC's individual counseling services are designed for students who can benefit from short-term counseling. If the situation requires longer term counseling or possible medication management, the student will likely be referred to an off-campus resource.

Crisis Intervention

Guidelines for Faculty and Staff

Both psychological crises and psychological emergencies warrant an immediate call to the Health and Wellness Center for crisis intervention by the **Crisis Intervention Team (CIT)**. A *psychological crisis* situation occurs when the student feels unable to cope with the circumstances of his/her life and that their usual coping mechanisms are no longer sufficient. The more helpless the individual feels, the greater the crisis. Typically, a person may be temporarily overwhelmed and unable to carry on, but is not in immediate physical danger. Crisis intervention helps a person cope with the immediate situation and make a plan to address any ongoing problems. A psychological crisis may be triggered by a traumatic event such as an accident, a loss of a family member or loved one, or some kind of assault, or it may be related to exhaustion and severe stress. A *psychological emergency* exists when the crisis is so severe that the person is potentially in danger and may need to be hospitalized. A psychological emergency occurs when a person is:

- Suicidal
- Homicidal/Aggressive towards others
- Gravely impaired: confused, agitated, disoriented, having hallucinations or delusions

SCC provides crisis intervention as needed and as available. You may contact the Health and Wellness Center to activate a member of the CIT.

Procedure for Crisis Intervention

The CIT is centralized within health services and the main goal of the team is to address the immediate needs of students who are in a psychological crisis or psychological emergency situation and refer to the appropriate healthcare services (i.e., psychological counseling, hospitalization, etc.).

The procedure to activate CIT for crisis intervention is as follows:

- 1) **Contact the Health and Wellness Center at extension 4776 for assistance. If the Health and Wellness Center is closed, or the student is acting aggressively or threatening to harm someone, call Campus Security at extension 4730.** If you cannot call, enlist the help of another person – don't try to handle an emergency alone. If able to call, inform the staff person who you are and that there is a crisis.
- 2) It is always recommended that the student be brought to the Health and Wellness Center for crisis intervention and the appropriate healthcare services. However, in the situation that you are waiting for Campus Security it is important to:
 - a) **Listen** - Avoid any physical contact and allow the student to talk.
 - b) **Assist** - Provide a quiet atmosphere; minimize environmental stimulation.
Give the student some space. Ask the student what or who might be helpful.
 - c) **Recognize** - Know your limitations.

The CIT member will make an assessment and refer for the appropriate healthcare service. The student's family or significant other will be contacted, if it is necessary to protect the health and safety of the student or other persons. If hospitalization appears warranted, the CIT member will either assist the student and his/her family in getting an assessment for voluntary admission or contact the County of Orange, Health Care Agency, Centralized Assessment Team or local law enforcement if an evaluation for involuntary hospitalization is required.

The Depressed Student

College students are at significant risk for depression. Student life is demanding and many students work. Younger students are at a developmental stage marked by uncertainty, change and strong emotions, and older students are likely to be juggling an exhausting load of school, work and family obligations. The lifetime prevalence (how many people will meet diagnostic criteria during a specified period in their life) for major depressive disorder in 15-24 year olds is 20.6% for females and 10.5% for males. Major depression differs from feeling sad or struggling with life events. It significantly impairs a person's functioning while reducing their hope for change and motivation to seek help. In major depression, a person's appraisal of him or herself, the future, and the world at large, becomes markedly and irrationally negative and distorted.

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

Due to the opportunities, that faculty and staff have to observe and interact with students, they are often the first to recognize that a student is in distress. Look for a pattern of these indicators:

- Tearfulness/general emotionality
- Markedly diminished performance
- Dependency (a student who makes excessive requests for your time)
- Infrequent class attendance
- Lack of energy/motivation
- Increased anxiety/test anxiety/performance anxiety
- Irritability and/or hostility
- Deterioration in personal hygiene
- Significant weight loss or gain
- Alcohol or drug use
- Social withdrawal
- Difficulty concentrating
- Forgetfulness
- Loss of interest in activities
- Physical manifestations (e.g., frequent head or stomach aches)

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

Do:

- Let the student know you're aware he/she is feeling down and you would like to help.
- Reach out more than halfway and encourage the student to discuss how he/she is feeling.
- Offer options to further investigate and manage the symptoms of the depression. Remind the student that feeling hopeless and helpless are symptoms of depression, not the objective reality, and that people do get better with treatment.
- Gently and directly ask the student if he/she has had or is currently having thoughts or impulses to harm or kill him/herself (e.g., cutting, suicide attempts, and previous hospitalizations).

Don't:

- Minimize the student's feelings, e.g., "Don't worry" or "Everything will be better tomorrow."
- Bombard the student with "fix it" solutions or advice.
- Chastise the student for poor or incomplete work.
- Be afraid to ask whether the student is suicidal if you think that he/she may be.
- Address the student in front of other students.

The Suicidal Student

Suicide is the second leading cause of death among college students. It is important to view all suicidal comments as serious and make appropriate referrals. Suicidal people are irrational about how bad things are, now and in the future. High-risk indicators include: feelings of hopelessness, helplessness and futility; a severe loss or threat of loss; a detailed suicide plan; a history of a previous attempt; history of alcohol or drug abuse; feelings of alienation and isolation.

The following are warning signs:

- Expression of desire to kill him/herself or wishing to be dead
- Presence of a plan to harm self
- Methods and means are available to carry out plan to harm self
- Suicide plan is specific as to time, place; notes already written
- Severe loss, threat of loss, or high stress (e.g., death, break up of a relationship, flunking out, loss of job, illness)
- Symptoms of depression are present
- Intoxication or substance abuse
- Previous suicide attempt by the individual, a friend or family member
- Isolation, loneliness, or lack of support
- Withdrawal or agitation
- Preparation to leave, giving away belongings, saying unusual “good-byes”
- Secretive behavior
- Major mood changes (e.g., elation of person who has been depressed)
- Indirect comments implying death is an option they are considering (e.g., person implies he/she may not be around in the future)
- Sudden, unexpected switch from being very sad to being very calm or appearing to be happy
- Saying things like , “I don’t want to be here” or “I want out”

Do:

- Take the person seriously; 80 percent of suicides give warning of their intent.
- Acknowledge that a threat of suicide (or attempt) is a plea for help!
- Ask the individual directly whether he/she is considering suicide (e.g., “*You seem so upset and discouraged that I’m wondering if you are thinking of harming yourself? In what way?*”).
- Be available to listen, to talk, and to be concerned. Refer the student to the Health and Wellness Center or call Campus Security.
- Be direct – ask if the student is suicidal, if he/she has a plan and if he/she has the means to carry out that plan. Exploring this with the student can decrease the impulse to use it. Access to a gun is highly lethal, refer the student ASAP or call 911 if he/she has a weapon.
- Administer to yourself (self-care). Helping someone who is feeling suicidal is hard, demanding, and draining work. Don’t go it alone.

Don't:

- Minimize the situation or depth of feeling (e.g., “*Oh, it will be much better tomorrow.*”).
- Be afraid to ask the person if they are so depressed or sad that they want to hurt themselves or are considering taking their life.
- Over commit yourself and therefore, be unable to deliver on what you promise.
- Ignore your limitations (e.g., not consult with available resources).
- Put yourself in a compromising position of “promising” not to consult with others.
- Assure the student that you are his/her best friend; agree you are a stranger, but even strangers can be concerned.
- Be overly warm and nurturing.
- Flatter or participate in their games; you don't know their rules.
- Be ambiguous, cute, or humorous.
- Challenge or agree with any mistaken or illogical beliefs.
- Assume that the student's family knows about the suicidal thoughts or feelings

If you suspect a student may be suicidal, it is very important that a professional counselor is contacted even if there is no intent for actual self-harm. Please activate a member from the Crisis Intervention Team (CIT) by contacting the Health and Wellness Center. In addition to professional support, encourage the student to utilize the following resources:

1) Jed Foundation

www.jedfoundation.org

2) Ulifeline

www.ulifeline.org

3) American Foundation for Suicide Prevention (AFSP)

www.afsp.org

4) Suicide Prevention Hotline (800) 784-2433

5) National Suicide Prevention Hotline (800) 273-TALK (Press 1 for Veterans)

The Anxious Student

Anxiety is a normal response to a perceived danger or threat to one's well being. For some students the cause of their anxiety will be clear, but for others it is difficult to pinpoint the source of stress. Regardless of the cause, the resulting symptoms are experienced as similar and include: rapid heart palpitations; chest pain or discomfort; dizziness; sweating; trembling or shaking; and cold, clammy hands. The student may also complain of difficulty concentrating; always being “on edge”, having difficulty making decisions or being too fearful to take action. In rare cases, a student may experience a panic attack in which the physical symptoms occur spontaneously and intensely in such a way that the student may fear he/she is dying.

The following guidelines remain appropriate in most cases.

Do:

- Let them discuss their feelings and thoughts. Often this alone relieves a great deal of pressure.
- Provide reassurance. However, reassurance alone, without further action, is not helpful.
- Remain calm.
- Be clear and directive.
- Provide a safe and quiet environment until the symptoms subside.
- Remind them that their anxiety will subside, sooner or later.

Don't

- Minimize the perceived threat to which the student is reacting.
- Take responsibility for their emotional state.
- Overwhelm them with information or ideas to “fix” their condition. Anxious people are unable to take in very much. Make sure they write down appointments and phone numbers.

The Confused or Delusional Student

A person having delusions or other types of psychotic features is literally out of touch with reality for biological reasons. This can be seen in college students who are having a “first break” episode of a thought disorder, or occasionally, in normal students who have abused stimulant drugs for an extended period. College-aged students are in the middle of the period (late teens to mid-thirties) when most people with thought disorders first demonstrate the symptoms of their illness. These students have difficulty distinguishing fantasy from reality.

Some of the features of being out of touch with reality are disorganized speech, disorganized behavior, odd or eccentric behavior, inappropriate or no expression of emotion, expression of erroneous beliefs that usually involve a misinterpretation of reality, expression of bizarre thoughts that could involve visual or auditory hallucinations, withdrawal from social interactions, an inability to connect with people and an inability to track and process thoughts that are based in reality. Less severe symptoms may come across as a kind of “oddness”, with the student responding with non-sequiturs and showing extended delays before responding to questions or in conversations. While this student may elicit alarm or fear from others, they are generally not dangerous and are likely to be more frightened and overwhelmed by you than you are by them. Occasionally, a person experiencing a paranoid delusion may act violently, but this occurs in the minority of cases. If you cannot make sense of their conversation, they may be in trouble.

When you encounter a student who demonstrates delusions or confusion:

Do:

- Call the Health and Wellness Center to consult first, if the situation is not an immediate crisis.
- Respond with warmth and kindness, but with firm reasoning.
- Remove extra stimulation from the environment, (turn off the radio, and step outside of a noisy classroom).
- Acknowledge your concerns and state that you can see they need help.
- Acknowledge their feelings or fears without supporting the misperceptions, e.g., “I understand you think someone is following you, but I don't see anyone and I believe you're safe.”
- Acknowledge your difficulty in understanding them and ask for clarification or restatement.
- Focus on the here and now. Ask for specific information about the student's awareness of time, place and destination.
- Be aware that the student may not show signs of emotions.
- Be aware that the student may be extremely fearful to the extent of paranoia.
- Be aware that, on occasion, a student in this state may pose a danger to self or others.

Don't:

- Argue or try to convince them of the irrationality of their thinking as this commonly produces a stronger defense of the false perceptions.
- Play along, e.g., “Oh yeah, I hear the voices” or “I see the devil.”
- Encourage further discussion of the delusional processes.

- Demand, command, or order.
- Expect customary emotional responses.
- Expect that the student will understand you.
- Assume that the family knows the student's condition.
- Assume that the student will be able to take care of him/herself when out of the touch with reality.

The Verbally Aggressive Student

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

This behavior is often associated with the use of alcohol and other drugs, as intoxication is used to relieve tension, but ends up lowering their inhibitions about expressing their anger.

Do:

- Acknowledge their anger and frustration, e.g., "I hear how angry you are."
- Rephrase what they are saying and identify their emotion, e.g., "I can see how upset you are because you feel your rights are being violated and nobody will listen."
- Reduce stimulation; invite the person to a quiet place if this is comfortable.
- Allow them to ventilate, get the feelings out, and tell you what is upsetting them.
- Be direct and firm about the behaviors you will accept, e.g., "Please stand back, you're too close." "I cannot listen to you when you yell and scream at me that way." "Let's step outside to discuss this further."
- Help the person problem solve and deal with the real issues when they become calmer.
- Avoid direct confrontation.
- Reduce access to possible victims (e.g., stop the classroom instruction and step outside with the student).

Don't:

- Get into an argument or shouting match.
- Become hostile or punitive yourself, e.g., "You can't talk to me that way!"
- Press for explanations about their behavior.
- Ignore the situation.
- Touch the student.
- Lecture or chastise the student.

The Violent Student

Violence, because of emotional distress, is rare and typically occurs when the student's level of frustration has been so intense or of such an enduring nature as to erode all of the student's emotional controls. The adage, "An ounce of prevention is worth a pound of cure," best applies here. Potentially violent people almost always exhibit warning signs prior to acting out, no one "just snaps". While no one clue indicates absolute dangerousness, any can be cause for concern and warrant a response. There are four broad categories of behaviors that might indicate a developing problem:

1. **Verbal Clues:** direct and indirect threats; talking about violent plans, fantasies or past behavior; expressing a wish to kill or die, harassing or abusive language.
2. **Physical Clues:** weapons possession, drawings or writing with violent themes; frequent listening to music with violent themes, agitated or threatening behavior, bullying, destruction of property, deteriorating appearance, isolating, inappropriate displays of anger/aggression, rebelling against college rules.
3. **Obsessive Thinking:** preoccupation with resentments or grudges against someone, romantic obsessions, perceived injustice, weapons, past violent events.
4. **Bizarre Thoughts:** persecutory delusions, paranoia, grandiose delusions involving power, control or destruction, deteriorating thought processes.

Alcohol and other drugs can reduce inhibitions against violence. If it appears the student is intoxicated and agitated, your primary goal then is to keep yourself and any others safe. Call for help.

Do:

- First determine if you feel safe with the student. If not, remove yourself and call 911 or campus police.
- Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation, e.g., "I can see you're really upset and are ready to lash out."
- Explain clearly and directly what behaviors are acceptable, e.g., "You certainly have the right to be angry but breaking things is not OK."
- Get necessary help (send a student for other staff, Public Safety, etc.).
- Stay safe: have easy access to a door; keep furniture between you and the student.
- Debrief the situation with a colleague.

Don't:

- Assume the student can take in a normal amount of information – keep it simple.
- Ignore warning signs that the person is about to explode, e.g., yelling, screaming, clenched fists, threats.
- Threaten or corner the student.
- Touch the student.
- Make promises you cannot keep.

- Be alone with the student.
- Overlook bizarre or irrational statements.

The Demanding Passive Student

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

Demanding students can be difficult to interact with because they can be intrusive and persistent. Demanding traits can be associated with anxiety, agitated depression and/or personality disorders. Some characteristics of demanding students are a sense of entitlement, an inability to empathize, a need to control, difficulty dealing with ambiguity, a strong drive for perfection, difficulty respecting structure, limits, and rules, persistence after hearing “no”, dependency on others to take care of them, and a fear of dealing with the realities of life.

When dealing with a demanding student:

Do:

- Let them make their own decisions.
- Set firm and clear limits on your personal time and involvement.
- Offer referrals to other resources on and off campus.
- Set and enforce limits to prevent the disruptions of a class.
- Remember that your ability to be able to teach or serve other students and the other students’ needs for an environment conducive to learning also must be met.

Don’t:

- Get trapped into giving advice, special conditions, changing your schedule, etc.
- Feel obligated to take care of him/her or feel guilty about not doing more.
- Get trapped into giving advice or special conditions.
- Avoid the student as an alternative to setting and enforcing limits.
- Allow the student to intimidate you.
- Ignore the problem and the impact that it has on you and the other students.

The Student Under the Influence

Alcohol is the most widely used psychoactive drug. It is common to find alcohol abusers in college populations also abusing other drugs, both prescription and illicit. Patterns of use are affected by fads and peer pressure. Currently, alcohol is the preferred drug on college campuses.

The effects of alcohol on the user are well known to most of us. Student alcohol abuse is most often identified by faculty when irresponsible, unpredictable behavior affects the learning situation (i.e., drunk and disorderly in class), or when a combination of the health and social impairments associated with alcohol abuse sabotages student performance. Because of the denial that exists in most substance abusers, it is important to express your concern about the student not in terms of suspicions about alcohol and other drugs but in terms of specific changes in behavior or performance. If you are uncertain about how to approach a difficult situation, please call the Health and Wellness Center to consult.

Do:

- Confront the student with their behavior that is of concern.
- Address the substance abuse issue if the student is open and willing.
- Offer support and concern for the student's overall well being.
- Maintain contact with the student after a referral is made.
- Consider informing your class at the beginning of the semester that students who appear to be intoxicated will be asked to leave.

Don't:

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

The Suspicious Student

Typically, these students complain about something other than their psychological difficulties. They are tense, anxious, mistrustful, loners, and have few friends. They tend to interpret minor oversights as significant personal rejection and often overreact to insignificant occurrences. They see themselves as the focal point of everyone's behavior and everything that happens has special meaning to them. They are overly concerned with fairness and being treated equally. Feelings of worthlessness and inadequacy underlie most of their behavior. They present and appear quite capable and bright.

Do:

- Express compassion without intimate friendship. Remember that suspicious students have trouble with closeness and warmth.
- Be firm, steady, punctual, and consistent.
- Be specific and clear regarding the standards of behavior you expect.

Don't:

- Assure the student that you are his/her friend; agree you are a stranger, but even strangers can be concerned.
- Be overly warm and nurturing.
- Flatter or participate in their games; you don't know their rules.
- Be cute or humorous.
- Challenge or agree with any mistaken or illogical beliefs.
- Be ambiguous.

The Sexually Harassed Student

Sexual harassment involves unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct; it is usually found in the context of a relationship of unequal power, rank or status. It does not matter that the person's intention was not to harass. It is the effect it has that counts. As long as the conduct interferes with a student's academic performance or creates an intimidating, hostile or offensive learning environment, it is considered sexual harassment.

Sexual harassment usually is not an isolated one-time-only case but a repeated pattern of behavior that may include:

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

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

Do:

- Separate your personal biases from your professional role.
- Listen carefully to the student, validating his/her experience.
- Encourage the student to approach the person, directly or in writing.
- Encourage the student to keep a log or find a witness.
- Help student seek informal advice through a department chair, supervisor or advisor. If unresolved, approach a dean or vice president on campus.
- Inform student that informal and formal complaints can begin with the Vice President of Student Services at 714-628-4884.

Don't:

- Fail to act. Taking no action invalidates the student's already shaky perception and puts the college in a vulnerable position should this behavior continue.
- Overreact. Listen, support, and guide the student to appropriate channels.

Sexual Violence Policy

Assistance for Victims of Sexual Violence

In accordance with California State Law (Assembly Bill 1088), Santiago Canyon College is readily available to assist students who become victims of sexual violence. If your student has been the victim of sexual violence either on or off campus, immediate confidential care and counseling can be provided by the Student Health & Wellness Center, in Building T-102.

Registered Nurses and Crisis Counselors are present and available to care for students during the Health & Wellness Center's operating hours. When the Health Center is closed, contact Campus Safety and Security directly in Building U-100 or call (714) 628-4730.

What is Sexual Violence?

Sexual violence consists of any type(s) of behavioral events, whether physical or verbal, that is unwanted by the recipient. The extent of the incident/behavior could vary from somewhat bothersome words to actual sexual abuse and assault.

Common Myths and Facts About Sexual Violence

Myth: Most sexual assaults are committed by strangers. It is not rape if the people involved knew each other.

Fact: Approximately 85% of victims are acquainted with their assailant.

Myth: Victims provoke sexual assaults when they dress provocatively or act in a promiscuous manner.

Fact: Rape and sexual assault are crimes of violence and control stemming from someone's determination to exercise power over another. Forcing someone to engage in non-consensual sexual activity is sexual assault, regardless of the way the victim dresses or acts.

Myth: It's only rape if the victim puts up a fight and resists.

Fact: There are many reasons a victim might not fight or resist an attacker. Fighting or resisting an attacker might make the attacker angry, and result in more severe injury to the victim. Not fighting may also serve as a coping mechanism by the victim to deal with the trauma of being sexually assaulted. The lack of fighting or resistance to an attack also does not constitute the victim's consent to the attack; it may instead be the best way a victim knew to protect herself/himself from further injury.

Source: US Department of Justice

We have all chosen a career that impacts lives. In doing so, we must draw from many sources to acquire the skills needed to be effective.

Dr. Karl Menninger devoted his life to working with people whose lives were in trouble. He saw a side of life that many of us will never experience. In his 1981 Address to the United Nations, Dr. Menninger quoted the following, authored by Kent M. Keith:

People are unreasonable, illogical, self-centered. Love them anyway.

If you do good, people will accuse you of selfish, ulterior motives. Do good, anyway.

If you are successful, you will win false friends and true enemies. Try to be successful, anyway.

The good you do today will be forgotten tomorrow. Do it, anyway.

Honesty and frankness make you vulnerable. Be honest and frank, anyway.

People favor underdogs, but I notice they follow the top dogs. Fight for some underdogs, anyway.

What you spend years building may be destroyed overnight. Build, anyway.

People really need help, but they may attack you if you help them. Try to help people, anyway.

Give the world the best you have, and you'll get kicked in the teeth. Give the world the best you have, anyway.