

California State University
Northridge

University Counseling Services

Assisting Students in Distress

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INTRODUCTION

College life can be very exciting time, full of new experiences, as students are in the midst of many significant life changes. Students may be living independently for the first time, apart from their families, communities, and support systems. They may be experiencing new and/or additional responsibilities, developing new relationships, and adjusting to a new learning environment with different demands and expectations.

While many students are able to cope with the transition to college and accompanying changes and stressors successfully, a significant number of students become overwhelmed. Current trends reflect a significant and noticeable increase in the number of students who experience psychological challenges that disrupt their education. This can result in decreased enjoyment of the college experience and difficulties reaching academic potential. Naturally, faculty and staff may be frequently sought out by students who are struggling.

Over the last 10 to 20 years, college counseling centers have seen a shift in the needs of students seeking counseling services from that of developmental and adjustment issues to more severe psychological problems. For example, depression, anxiety, substance use, and eating disorders are increasingly common mental health issues on college campuses. International students, students with disabilities, transfer students, and freshman are at particular risk. In addition, many more students are coming to college with existing psychiatric conditions and treatment histories. The 2007 National Survey of Counseling Center Directors indicated that 74% of directors reported an increase in students with severe psychological problems, and 83% reported an increase in the number of students on psychiatric medication.

The severity of mental health issues on college campuses is evidenced by the fact that suicide is the second leading cause of death among college students. Late adolescence and early adulthood is often a time when certain psychiatric disorders first emerge such as depression, bipolar disorder, and schizophrenia.

Psychological difficulties that go untreated can have negative consequences on multiple levels of a person's life and cause impairment in academic, occupational, social, and other areas of functioning. However, with appropriate treatment, most psychological disorders can be treated. The mental health of college students impacts not only the individual, but can also have an effect on the university community as a whole.

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HOW TO USE THIS PUBLICATION

This document covers a wide range of issues related to dealing with students who appear to be distressed and need some type of assistance. Faculty and staff are encouraged to read through this document before they are actually faced with a situation that would require some type of assistance. This publication is intended to assist faculty and staff with students who primarily exhibit behaviors that call into question their mental health status. Guidelines and suggestions are given how to best react to the student, seek consultation and refer him/her to University Counseling Services. Faculty and staff should also be aware of another publication produced by the Dean of Students and the Office of Student Affairs, which outlines the administrative procedures associated with students who are exhibiting disruptive behaviors that are of concern. The electronic copy of this publication can be accessed at the following web address: http://www.csun.edu/studentaffairs/pdfs/responding_to_disruptive_students_jan2007.pdf.

We hope you will find this publication useful and would appreciate any feedback that would allow us to improve the document.

YOUR ROLE IN ASSISTING DISTRESSED STUDENTS

As a member of the CSUN community, you are continually interacting with students, and are therefore, in a unique position of being able to observe behavior that indicates that a student may be experiencing distress. However, at times it may seem unclear how to handle these situations, and can feel overwhelming and confusing. This manual is intended to provide education and guidelines for faculty and staff when encountering students in distress. You can really serve a powerful role for a student by letting them know you are concerned, and making them aware of resources such as University Counseling Services (UCS).

CREATING REALISTIC EXPECTATIONS FOR YOURSELF

It is quite normal to feel or think any of the following when trying to help a student in distress.

- Am I making too big a deal out of this?
- Am I going to make a mistake here and cause some harm?
- Who can I share this information with?
- This feels overwhelming.
- Am I being too intrusive if I ask if the student if s/he is thinking about harming themselves?
- I am having trouble not thinking about this situation, even outside of work.
- Will I get the student in trouble if I call for help?
- How will my interactions with the student impact our relationship in the future?
- I'm not comfortable being with someone who is telling me some really personal and painful stories.

AVOID UNDER INVOLVEMENT

Under involvement involves noticing signs and symptoms yet not acknowledging them, addressing them with students, or consulting with University Counseling Services. We realize that there may be many reasons that contribute to this, such as feeling ill equipped to respond to certain student behaviors. There may also be some hesitation due to concerns that in approaching a student, you may do or say something that is harmful or “wrong”. In addition, we realize that you are all very busy, and it is understandable that with multiple obligations, dealing with a student in distress may feel overwhelming. However, it is important to understand the powerful impact you can have on students by being compassionate and pointing out your concerns. Many times, students have presented to University Counseling Services stating that a faculty or staff member referred them, and they expressed a sense of appreciation for this.

AVOID OVER INVOLVEMENT

Oftentimes it can be easy to become over involved when dealing with students who are experiencing distress. This may include attempting to find solutions for students or solve their

problems. You may also notice that a student becomes very attached to you, and interactions may feel as if you are providing ongoing therapy. In a sincere desire to help, it can become easy to find yourself more involved than your time and resources allow. It is important to remember that you are not expected to provide therapy and to acknowledge the boundaries and limitations of your ability to help.

CONSULT, CONSULT, CONSULT

It is important to know that the staff at the counseling center is here to support you when dealing with concerns about a student. If you are unsure of how to deal with a student, feel free to call the center and consult with the director, Dr. Mark Stevens, or any of our available counselors.

WARNING SIGNS OF STUDENTS IN DISTRESS

It is particularly important to notice changes that you may see in students that are inconsistent with prior observations. The more symptoms a student exhibits may indicate a greater level of distress

CHANGES IN APPEARANCE

- Poor Personal Hygiene
- Disheveled appearance
- Significant changes in weight

ACADEMIC PROBLEMS

- Significant decline in academic performance – quality of academic work is inconsistent with prior work
- Decrease in class attendance, excessive tardiness
- Repeated requests for special accommodations such as extensions
- Missing Exams, not turning in assignments or completing them late
- Avoidance of classroom participation

Academic struggles can often be indicative of a deeper personal problem that is making it hard for the student to concentrate or to be motivated to do what is necessary to fulfill their academic potential.

SOCIAL ISOLATION AND WITHDRAWAL

While some students are shy and not as sociable as others, a sudden withdrawal from social contact is a warning sign for distress. In class, you may notice they keep to themselves and do not interact with other students. They may also withdraw from family and friends.

HEIGHTENED EMOTIONS

- *Marked Irritability* – this may include disruptive classroom behavior such as arguing with professor, speaking out of turn, being confrontational with other students. It can also be manifested by aggressive and threatening behavior
- *Frequent Crying Spells*
- *Excessive Anxiety* – the individual may talk about being under a lot of pressure, feeling tense, stressed, burned out, and overwhelmed. Physical symptoms of anxiety include muscle tension, shortness of breath, accelerated heart rate, numbness, dizziness, chest pain
- *Depressed Mood* – this can include feelings of sadness, loss of interest or pleasure in everyday activities, sleeping and eating problems, lack of energy, difficulty concentrating, feelings of guilt or worthlessness, and suicidal thoughts

CONCENTRATION PROBLEMS

High levels of distress can interfere with day to day mental processing. Oftentimes students with depression complain about the inability to concentrate and that even simple things are hard to focus on.

LACK OF ENERGY

The student may indicate they do not have any energy, are tired all the time, everything is an effort; they cannot seem to get things done, etc.

UNUSUAL OR ODD BEHAVIOR

- Suspiciousness/Paranoia- e.g. feeling others are spying on them, trying to hurt them
- Hearing voices, seeing things that are not there
- Talking to self
- Disorganized speech or behavior
- Very rapid speech
- Laughing to self
- Poor eye contact

DRUG OR ALCOHOL ABUSE

This is especially of concern when it leads to disruptive classroom behavior and/or aggressive, impulsive, violent behaviors. A student may come to class smelling of alcohol or they may appear hung over.

THREAT TO HARM SELF

This involves statements which cause concern that a student may be thinking about killing themselves. They may make comments that can be vague and ambiguous or more direct and clear. Most people who attempt suicide give some warning of their intentions. These statements may be communicated verbally, through email or texting. However, it can also be

communicated through essays or creative work that indicates extreme hopelessness or focuses on suicide or death. (See page 15 for more information on this subject.)

Vague statement may include:

- “I’m not going to put up with it anymore”
- “Things will never get better”
- “I just don’t want to struggle anymore”
- “I see no hope”
- “What’s the point
- “No one would care if I were not here”
- “I’m a burden on everyone”
- “Everyone would be better off without me”
- “It won’t matter soon”

Clear statements may include:

- “I’m going to kill myself”.
- “I don’t want to go on living”
- “I wish I were dead”
- “I want to end it all”

THREAT TO HARM OTHERS

This may be demonstrated by talking about hurting others. It can involve verbal threats of violence against others, harassing or stalking behaviors, or sending threatening emails or text messages. In addition, a student may communicate his/her feelings through essays or creative work that indicates extreme rage, aggression, or violence.

WAYS TO DEAL WITH A STUDENT IN DISTRESS – GENERAL GUIDELINES

As faculty and staff, you are in an excellent position to observe and identify students who may be in distress. There have likely been times that you have observed students whose behavior was concerning to you, yet you may have felt uncertain as to how to handle this. It can be very difficult to know when and how to intervene with a student you perceive as distressed. However, it is important to realize that most students experience a sense of relief in response to a staff or faculty member expressing care and concern for their well-being. Your expression of concern and interest in helping a distressed student can play a significant role in their decision to seek help. Oftentimes, students are not aware of particular resources offered on-campus that can assist them or they may feel shame in admitting they need help. There may also be cultural factors that impact whether a student would feel comfortable seeking assistance.

This section is intended to provide some general guidelines for intervening with distressed students. There are sections later in this manual that are aimed at addressing more specific issues with students (e.g., students who may be depressed or suicidal, students who may be experiencing an eating disorder or substance abuse, etc.).

IF A STUDENT REACHES OUT TO YOU OR YOU CHOOSE TO APPROACH A STUDENT YOU ARE CONCERNED ABOUT, THE FOLLOWING SUGGESTIONS MAY BE HELPFUL:

Do

- Request to speak with the student in private. This is especially important to minimize any shame or embarrassment. The request can be made in person, through email or a phone call.
- Provide sufficient time to meet and speak with the student. When speaking with the student, give them your undivided attention. Put aside other work, and hold off on answering phone calls, etc. This conveys the message that you are genuinely interested, concerned and want to help.
- Communicate your concerns directly and in a non-judgmental manner. Let the student know what you have observed in terms of specific behaviors or signs that concern you (e.g., I've noticed that you haven't turned in the last several assignments and I'm concerned about you).
- Listen attentively. This is probably one of the most important things you can do for a student, as it shows genuine interest, and care for the individual.
- Repeat back the essence of what the student has shared with you (e.g., I'm hearing that you've been having trouble sleeping lately and it's tough to wake up for early morning classes). Seek additional or clarifying information by asking open-ended questions (e.g., so what happened then?). Both of these are ways of communicating to the student that you are listening and doing your best to clearly understand him/her.
- Avoid questions that may be critical or judgmental (e.g. Why are you always being disruptive in class, or Why haven't you turned in your last three assignments?).
- Be aware of your body language. It is important that your body language communicates interest and concern. This is done with your facial expression, posture, tone of voice, and eye contact.
- Offer hope for the student. Help the student realize that there are options, resources, and/or support available to them. Suggest specific resources for the student such as friends, family, clergy, and other professionals on campus (e.g., Academic Advising, Student Health Center, University Counseling Services, etc.).
- Maintain clear and consistent boundaries with the student. It is important that while offering support and assistance, you also maintain the professional nature of your relationship with the student.
- Consider University Counseling Services as a resource and discuss a referral with the student. If a student is particularly distressed, you can choose to escort the student directly to University Counseling Services.
- Ask the student directly about thoughts of suicide if you are concerned about this. Do not be afraid to talk about suicide. Be very straightforward and know that your question is not going to cause them to act on their suicidal thoughts. In fact, suicidal

students usually want to communicate their feelings. A way of asking a question can include, “I can see that this is a difficult time for you and you are feeling very upset right now. Are you having thoughts of hurting yourself or killing yourself”? For more information regarding how to deal with a student who expresses suicidal thoughts, please refer to page 16.

We realize that talking to a student about suicide is not an easy thing to do, and may bring up some anxiety for you. It is natural and normal to feel some level of anxiety when asking a student about suicidal thoughts. For most people, it can be uncomfortable to talk about this topic. In addition, as most of you are not trained counselors, you may also feel ill equipped to approach a student about suicide and may feel you may say the wrong thing. However, it is important to be aware that you are not expected to be a counselor. Rather, what is expected of you is to do a brief initial inquiry in which the suicide question is asked. Once a student expresses concern about suicide, it is important to know that there are resources available such as University Counseling Services and Campus Police that can come in and assist you.

- If you are unsure of how to proceed with a student or if a student refuses help and you have concerns, contact staff at University Counseling Services. They can provide you with support, consult with you about a particular situation, and offer suggestions for how to assist a student.

Don't

- Ignore or minimize the situation or the student's distress.
- Meet with the student alone if you feel uncomfortable or unsafe.
- Overreact.
- Be judgmental, critical, or embarrass the student (e.g., Oh, you finally decided to grace us with your presence this morning in class).
- Tell the student what to do. Instead, help the student identify options for themselves including relevant resources available on-campus (e.g., Academic Advising, Student Health Services).
- Feel responsible to solve the student's problems. Instead, focus on helping provide the student with enough hope to lead them to utilize resources and/or seek support.
- Forget that you can call to consult with a counselor at University Counseling Services.

REFERRAL OF A STUDENT TO UNIVERSITY COUNSELING SERVICES

In many cases of student distress, faculty and staff provide adequate assistance through empathic and active listening, initiating discussion of problems, and conveying care and concern. In certain instances, however, students may need professional help to deal with their issues and to resume effective coping. If you are concerned about the timing or appropriateness of making a referral to psychological counseling please feel free to contact our center and consult with one of our counselors.

WHEN TO REFER TO UNIVERSITY COUNSELING SERVICES

- You find yourself in the ongoing role of being a therapist to a student
- The student remains distressed followed by repeated attempts by you and others to be helpful
- If you feel the student's difficulties are beyond their ability to cope or your ability to be helpful

HOW TO MAKE A REFERRAL TO UNIVERSITY COUNSELING SERVICES

1. Be sensitive to the way you approach and make a referral. While some students may be very open to counseling, others may not be open to therapy and may even have negative associations to counseling. If a student seems ambivalent, talk to them about their concerns. Useful tips can be found on our website at the following web address, http://www.csun.edu/counseling/services/id_like.htm.
 - It is vital to understand that for certain cultural groups, therapy may be viewed with trepidation and there may be some hesitancy, shame, and guilt associated with pursuing therapy. It is important to address this and normalize the process of attending therapy. You may do this by pointing out that it is natural for all of us to need help at one time or another and that a third party listener can sometimes help.
 - *Example of how to bring up referral to University Counseling Services:* You may make a statement such as the following: "I am hearing that you are going through a lot right now, and I wanted to make you aware of a resource on campus, University Counseling Services, that I feel may be helpful. It is a private place where you can discuss your concerns and get some support and guidance during this difficult time".
2. Let them know in a clear, concise way your concerns and why you believe counseling may be helpful.
3. Suggest they can try counseling without making a commitment.
4. Except in emergencies, it is important to allow the student to accept or refuse counseling. The process to decide to go to counseling is a personal decision and often is developed over time. Most people don't go to counseling until they are ready. However, by making this suggestion, you are planting a seed, and they may choose to act on this at a later time.
5. Be knowledgeable in advance about services offered: stress to them that services are free and confidential.

6. Suggest that the student call or come in to make an appointment and provide phone number, location, and hours.
7. If a student is experiencing an emergency and/or urgent or crisis matter, they can be seen on a walk in basis. Crisis counselors are available during all hours of University Counseling Services operation, although the student may have to wait, depending on therapist availability.
 - For emergency situations, it is best to walk a student to University Counseling Services. Call ahead and consult with a counselor before bringing them over. Upon calling, it is best to identify yourself and your position, and let them know that you would like to speak with the on call counselor. If the on call counselor is not available, you will be referred to an available therapist. It is also possible to consult with a particular counselor if you choose to do so. However, it is important to be aware that the counselor may either personally see the referred student or for various reasons refer him/her to the most appropriate staff therapist.
8. Consult, Consult, Consult: If you need help in deciding if a referral is appropriate, or how to approach a student or handle a specific situation, you can call the counseling center and speak with an available counselor.
9. Let Go: You have done your job. You do not need to be critical of yourself if the person did not make an appointment.

A MESSAGE ABOUT CONFIDENTIALITY

We realize that after referring a student to University Counseling Services, out of care and concern you may inquire as to how the student is doing. However, it is important to note that once a student is seen at the counseling center for services, they are our client. Counseling Center staff are required by law and professional ethics to keep all communications with clients private with the exception of issues involving imminent suicide, harm to others, inability to care for oneself, and/or child or elder abuse. Consequently, we cannot discuss information about a client or even disclose if the student is in counseling. For information about the student to be released to you or others, we must first obtain permission from the student.

It is also important to note that when a student shares information with you, you are not bound by the same laws of confidentiality as we are as therapists. Therefore, when you have significant concerns about a student and consult with University Counseling Services, it is important that you not withhold certain things (name, important details) out of fear of breaking confidentiality. This information is vital in making suggestions with regards to how to deal with the student, and in providing optimal care for them. *A guideline to consider when sharing information about a student is to only share information with those that need to know.*

CULTURAL DIVERSITY

California State University, Northridge is comprised of a highly diverse student population. As a faculty or staff member, you will undoubtedly have frequent interactions with students that are different from you. These differences may be in the form of race, ethnicity, cultural background, physical abilities, gender, sexual orientation, religion/spirituality, and social class. These are all important components to be mindful of when dealing with students in distress.

Traditionally, therapy has been viewed with some hesitation and mistrust by certain ethnic or cultural groups. Therefore, for some students, there may be a reluctance to seek out therapy on their own. Although the stigma regarding therapy appears to be decreasing, as more and more students of varied backgrounds are presenting to counseling centers, it still exists. Therefore, as faculty and staff, you are in an influential position of being able to suggest counseling as an option for students who may not otherwise seek this out on their own. However, it is vital to have an understanding of some of the potential reservations and concerns students may have about therapy. For example, some may consider attending therapy as a personal weakness, and an indication that they cannot solve their own problems. Other hesitations about attending therapy may have to do with a student's family members not supporting this, as they may not believe in depression, anxiety, etc and feel that the student should be able to overcome this on their own. In addition, there are students from certain backgrounds in which it is considered a betrayal to the family to share information about family problems and struggles. Therefore, it is important to have an awareness and sensitivity to some of these concerns.

It is important to approach students from different backgrounds with sensitivity, an open mind, and flexibility. When interacting with a student, be aware of how your communication style might be viewed by someone from another culture. This is important, as communication styles can differ between cultures. These differences may be in the way personal space, loudness, eye contact, etc is viewed. Although you may be unfamiliar with a student's cultural background, it is important to listen for their cultural perspective, and inquire about this if necessary. The way in which distress is expressed can be different for certain cultures. For example, members of some cultural groups, such as Asian Americans, often more easily admit to somatic complaints than emotional distress. Respecting cultural differences is crucial when interacting with students. In addition, being knowledgeable about campus resources that address the unique needs of culturally different students is important. At University Counseling Services, there are groups that are targeted towards meeting the needs of culturally different students such as the Latina/Latino Support Group, Women's Group, LGBTQ group, and African American Support Group.

CAMPUS RESOURCES THAT ADDRESS NEEDS OF CULTURALLY DIVERSE STUDENTS:

INTERNATIONAL AND EXCHANGE STUDENT CENTER

University Student Union, Building C

Phone: (818) 677-4191

DISABILITY RESOURCES AND EDUCATION SERVICES

Bayramian Hall, Room 110

Phone: (818) 677-2684

EDUCATIONAL OPPORTUNITY PROGRAM (EOP)

University Hall, Room 205

Phone: (818) 677-4151

OFFICE OF VETERANS AFFAIRS

Bayramian Hall, Room 150

Phone: (818) 677-7676

NATIONAL CENTER ON DEAFNESS

Chisholm Hall

Phone: (818) 677-2054 V/TTY

UNIVERSITY COUNSELING CENTER

Bayramian Hall, Room 520

Phone: (818) 677-2366

While being sensitive to the unique needs of those with different cultural backgrounds is essential, it is also important not to make assumptions and stereotypes of others based on their membership in a certain group. For example, a second-generation Japanese American student may have more similar values and world beliefs to a Caucasian student than to a recent immigrant from Japan. Very often, within group differences can be greater than between group differences. For example, there can be tremendous heterogeneity within minority groups. It is also crucial to understand that levels of acculturation are different for each student, depending on a number of factors such as number of years living in US, etc. Therefore, do not automatically make assumptions about a person based on membership in a certain group. For example, if a student is Indian, do not automatically assume they follow Indian traditions, values etc. It may be that they were raised in US and identify more as American. It can be very frustrating for students when certain things are ascribed to them automatically based on their membership in a certain cultural group.

As members of a highly diverse university community, we are all continually learning from each other about experiences that are different from our own, and this serves to expand and enrich our lives. We encourage you to continue this learning, in particular as it pertains to your students.

RESPONDING TO STUDENT EMERGENCIES

Quite often faculty and staff are the eyes and ears for the counseling center in terms of identifying students who may be in crisis. This is by no means an easy or comfortable task for you. We are here to help and assist you when you suspect that a student is experiencing an emotional crisis. Below is some information you may find useful when dealing with students with whom you are concerned about their well being. Remember you are not expected to be their counselor.

WHAT CHARACTERIZES AN EMERGENCY?

- A student who expresses strong suicidal thoughts, suicidal intent, suicidal plan or attempt
- A student who expresses a desire to seriously harm someone else
- Behavior posing a threat to others
- Loss of contact with reality
- A student who is unable to care for themselves due to mental illness. Specifically, they are unable to provide for their own food, shelter, or clothing as a result of their psychological illness

Emergency situations need to be attended to immediately. This should involve contacting University Counseling Services or CSUN Campus Police. It is important to remember that if University Counseling Services is closed, CSUN Campus Police are available 24 hours a day, 7 days a week, and can provide you with assistance. In addition, for potential life threatening situations, you can always call 911.

CAMPUS RESOURCES FOR RESPONDING TO MENTAL HEALTH EMERGENCIES:

- University Counseling Services- (818) 677-2366
- CSUN Campus Police- (818) 677-2111
- Klotz Student Health Center- (818) 677-3666

UNDER WHAT CIRCUMSTANCES IS IT APPROPRIATE TO CALL CSUN CAMPUS POLICE?

- When you believe you or another person is in immediate danger
- When you believe that the student is about to harm him/herself
- When you believe that the student is out of control and is disrupting the classroom

URGENT STUDENT CONCERNS

Involve situations in which the student would benefit from being seen at University Counseling Services as soon as possible. However, urgent situations are not life threatening.

Examples of Urgent Concerns:

- Sexual assault
- Domestic violence

- Abuse
- Trauma
- Recent death of family member or friend

If a student presents to you with an **urgent** concern during University Counseling Services **after hours**, the following is a list of resources that can be provided to students. Our University Counseling Services website has most of these numbers as well.

URGENT REFERRAL RESOURCES FOR WHEN UNIVERSITY COUNSELING SERVICES IS CLOSED:

CSUN HELPLINE

(818) 349-HELP (4357)

This is a public crisis intervention, support and referral service provided in conjunction with University Counseling Services and Associated Students, Inc.

Hours of operation: Friday and Saturday: 7:00 PM – 10:00 PM
Sunday – Thursday: 6: 00 PM – 12:00 AM

SUICIDE PREVENTION HOTLINE

(310) 391-1253 [24 Hours]

Crisis intervention services and support

HELPLINE OF SOUTHERN CALIFORNIA

(562) 596-5548

Crisis intervention services and support

VALLEY TRAUMA CENTER (RAPE CRISIS HOTLINE)

(818) 866-0453 [24 Hours]

Crisis support services for victims of sexual assault and domestic violence

WOMEN HELPING WOMEN

(877) 655-3807

DOMESTIC VIOLENCE HOTLINE

(800) 524-4765 [24 Hour]

Crisis support for victims of domestic violence. Also provide information for women's shelters.

211

This number provides information on LA County services, food and shelter assistance, and a variety of other services. [Free, 24 hours, 7 days a week, multilingual]

CRITICAL INCIDENT CONSULTATIONS

University Counseling Services provides consultation to students, faculty, and staff in response to any critical incident or disaster that may impact the well-being of the CSUN community. We offer de-briefing and psychological-educational consultations for a variety of critical incidents including: death of a student, faculty or staff, natural disasters, violence on campus and other traumatic events experienced or witnessed. Please call (818) 677-2366 and ask to speak with the Director, Dr. Mark Stevens or the on-call counselor to arrange a consultation.

POSSIBLE CLINICAL SCENERIOS

Below is some information and suggestions you may find useful when dealing with students with whom you are concerned about their well being. We have identified several types of student mental health concerns and situations. It is normal for you to feel at times overwhelmed by some of the situations you are faced with as a faculty or staff. We hope these guidelines will provide you with some resources to reduce some of the overwhelming feelings you may encounter.

THE DEPRESSED STUDENT

Clinical depression is one of the most common mental health issues seen on college campuses. A recent Associated Press MTV-U poll surveyed students at 40 US colleges and found substantial numbers of students with symptoms of depression, many of whom were not receiving professional help. In addition, results showed that almost half of the students who were diagnosed with at least moderate symptoms of depression were unaware of the counseling center on their campus.

While almost everyone has had periods of time when they have felt sad or down, these feelings tend to become less intense with the passage of time. However, clinical depression occurs when feelings of extreme sadness or despair last for at least two weeks or longer and interfere with the ability to function in different areas, such as school, work, and/or relationships. Depression can impact one's ability to do simple day to day activities. A depressed person often has difficulty making decisions or doing things they may usually do with ease. For example, the day to day tasks of paying bills, attending classes, reading assignments and returning phone calls may seem overwhelming. At these times, professional help may be needed to overcome the depression. Depression has been shown to be highly treatable with appropriate intervention.

Depression not only impacts the way one feels, but can also impact one's thoughts and behaviors and manifest in physical symptoms. Following is a list of the ways in which symptoms of depression may appear.

EMOTIONAL MANIFESTATIONS OF DEPRESSION

- Sad, blue, down
- Feelings of hopelessness or worthlessness
- Feelings of helplessness
- Irritability
- Anger
- Apathy

- Emptiness
- Excessive guilt

BEHAVIORAL MANIFESTATIONS OF DEPRESSION

- Diminished interest or pleasure in most daily activities
- Fatigue or loss of energy
- Social isolation or withdrawal
- Lack of motivation
- Changes in sleep (sleeping too much or too little)
- Significant change in appetite, eating patterns or weight. This may involve increase or decrease in appetite/weight
- Crying spells

MANIFESTATIONS IN THINKING WITH DEPRESSION

- Poor concentration
- Memory loss
- Self-criticism
- Negative view of self and world. For example, this can involve the belief that they are a failure and not worth much. This negative thinking may be irrational and rigid
- Difficulty making decisions
- Constricted thinking
- Preoccupation/ruminations
- Suicidal thoughts

PHYSICAL MANIFESTATIONS OF DEPRESSION

- Facial expression teary or sad
- Dress or appearance unkempt or sloppy
- Poor personal hygiene

THE FOLLOWING ARE INTENDED TO PROVIDE FACULTY AND STAFF WITH SUGGESTIONS FOR DEALING WITH STUDENTS YOU SUSPECT MAY BE DEPRESSED:

Do

- Let the student know that you have noticed he/she is feeling down, sad, etc... and you would like to help.
- Make an effort to reach out and encourage student to express how he/she is feeling. Initially, a student may feel reluctant to speak, yet concern and attention from others can help them feel as though someone cares about them. In addition, having the opportunity to speak about their problems can also serve as a source of relief.
- Be supportive and express your concern for them.
- Be aware that depression can cause impairments in academic functioning.
- Suggest a referral to University Counseling Services.

Don't

- Minimize or discount the student's problem or make them feel they are overreacting. Stay away from statements such as, "everything will work out or be fine".
- Be punitive to the student about decreased academic performance.
- Be afraid to ask if student is feeling suicidal if you suspect this. Know that your question is not going to cause them to act on their suicidal thoughts. Suicidal students usually want to communicate their feelings.
 - One way of asking question about suicide could include: "I can see that this is a difficult time for you and you are feeling very upset right now. Are you having any thoughts of hurting or killing yourself?"
- Expect student to stop feeling depressed without intervention. Depression is not something that someone can just "snap out of".
- Overwhelm the students with "fix it" solutions or advice.

THE SUICIDAL STUDENT

Suicide is the 11th leading cause of death in the US, and the second leading cause of death among college students. Suicide is often viewed as a way out of a problem or crisis that is causing intense emotional pain and suffering. It is associated with feelings of helplessness, hopelessness and a need for escape. The person who is suicidal often sees very limited options for themselves, and views suicide as a problem solving strategy to end the emotional struggle. However, it is important to realize that suicidal crises are time limited; therefore, intervening quickly is imperative. As faculty and staff, it is essential that you view all suicidal comments seriously and take appropriate action, which often may involve contacting University Counseling Services or even campus police, if necessary.

RISK FACTORS FOR SUICIDE INCLUDE:

- Current stressor, in particular involving loss or threat of loss such as a breakup, rejection by family or peers, academic failures
- Social isolation and limited or no social support
- Specific suicide intent, plan, or access to lethal means to carry out plan
- History of a previous suicide attempt
- Feelings of hopelessness
- Significant impulsivity
- Active substance use
- Current Psychiatric Disorder

WARNING SIGNS THAT INDICATE INCREASED RISK FOR SUICIDE:

- Statements implying the person does not intend to be around in the future
- Statements expressing hopelessness and a wish to die
- Preoccupation with death and dying

- Giving away valued personal possessions
- Depressed mood
- Drug and alcohol use
- Loss of interest in pleasurable activities
- Sudden improvement in mood after period of depression

SUICIDAL STATEMENTS

This involves statements which cause concern that a student may be thinking about killing themselves. They may make comments that can be vague and ambiguous or more direct and clear. Most people who attempt suicide give some warning of their intentions. These statements may be communicated verbally, through email or texting. However, it can also be expressed through essays or creative work that indicates extreme hopelessness or focuses on suicide or death.

Vague Statement May Include:

- “I’m not going to put up with it anymore”
- “Things will never get better”
- “I just don’t want to struggle anymore”
- “I see no hope”
- “What’s the point”
- “No one would care if I were not here”
- “I’m a burden on everyone”
- “My family would be better off without me”
- “It won’t matter soon”

Clear Statements May Include:

- “I’m going to kill myself”
- “I don’t want to go on living”
- “I want to end it all”

THE FOLLOWING ARE INTENDED TO PROVIDE FACULTY AND STAFF WITH SUGGESTIONS FOR DEALING WITH STUDENTS YOU SUSPECT MAY BE SUICIDAL:

Do

- Take the student’s comments as a serious cry for help. It is important that all statements about suicide are taken seriously, and not minimized.
- Project a calm demeanor, although this is not how you may be feeling on the inside. The modeling of calm behavior is very important for the student, in particular as they are looking to you for assistance.
- Let the student know you are concerned and would like to help.
- Refer student to University Counseling Services. It may be beneficial to walk student over. With a suicidal student, it is important to make sure that they actually get help, and not to assume they will follow through on their own. If University Counseling

Services is not open and you have serious concerns about student, contact Campus Police at (818) 677-2111 for assistance.

- Be aware of suicide prevention hotline number. This is a 24 hour Hotline Number (310) 391- 1253. If University Counseling Services is not open, and you have questions about how to proceed with a student, this is also a number you can call for assistance.
- Dial 911 or contact campus police at (818) 677-2111 if you believe student is at imminent risk or if suicide is in progress.
- Know that if you are unsure of how to proceed with a student or if a student refuses help and you have concerns, contact staff at counseling center.
- Know your limitations – do not take on the responsibility of a suicidal student by yourself.
- Take care of yourself. It can be very emotionally draining and stressful to encounter a student who is suicidal.

Don't

- Be afraid to ask the question directly to a student if you are concerned that they may hurt themselves. Be very straightforward and know that your question is not going to cause them to act on their suicidal thoughts. In fact, suicidal students usually want to communicate their feelings.
 - One possible way to phrase question can include, “I can see that this is a difficult time for you and you are feeling very distressed right now. Are you having thoughts of hurting yourself or killing yourself?”
- Minimize the person’s thoughts, feelings, or situation, such as by assuring them that things will be get better.
- Argue, challenge, or preach to the student about their thoughts or feelings.
- Ignore your limitations. Be mindful of your role and the boundaries and limitations of your ability to help.

THE ANXIOUS STUDENT

Stress, worry, and anxiety are a normal, expected, and inevitable part of college life. A recent Associated Press MTV-U poll that surveyed students at 40 US colleges revealed that 85 % of students reported feeling stressed in their daily lives in recent months. The areas that engendered the most stress included grades, school work, money, and relationships. However, when the worry and stress becomes overwhelming or unmanageable, this may be indicative of an anxiety disorder. Approximately 12% of university students reported struggling with anxiety over past year (ACHA, 2007). Anxiety disorders are distinguished from normal, everyday stress. They involve anxiety that is more intense, lasts longer (anxiety that may persist for months instead of going away after a stressful situation has passed), and may lead to avoidance behaviors that interfere with one’s life.

Anxiety can be generalized across many different situations, or situation specific, such as test anxiety or public speaking anxiety. For some students, the cause of the anxiety is clear, and for others, it is less apparent. Anxiety may be exhibited in different ways and varying levels of intensity. Anxiety not only affects the way one thinks and feels, but can also manifest through physical symptoms. Students with high levels of anxiety may talk about being under a lot of pressure, feeling tense, stressed, burned out or overwhelmed. Anxiety can arise in the form of a panic attack in which symptoms include intense fear accompanied by following physical symptoms such as pounding heart, sweating, shaking, shortness of breath, chest pain, dizziness, and fear of dying or losing control. Additional symptoms of anxiety may include feeling on edge, difficulty concentrating, trouble falling or staying asleep, headaches, restlessness, muscle tension or soreness, trembling, twitching, and fatigue.

THE FOLLOWING INCLUDES A DESCRIPTION OF SOME OF THE MOST COMMON ANXIETY DISORDERS:

Panic Disorder

A period of intense fear or discomfort accompanied by the following symptoms such as shortness of breath, heart palpitations, trembling or shaking, sweating, choking, nausea, numbness, dizziness, feeling of detachment or being out of touch with oneself, hot flashes or chills, fear of dying, fear of going crazy. A panic attack often occurs without warning and can be very frightening. People who suffer from Panic Disorder may become fearful of having another panic attack and therefore may begin to avoid public situations, such as parties, work, or class.

Social Phobia

An intense fear of social or performance situations in which the person is exposed to unfamiliar people or possible scrutiny by others. These situations are often avoided because of the fear of acting in a way that might be humiliating or embarrassing.

Individuals with social phobia may have difficulty speaking in a group of people or asking questions in a group or classroom setting. The most common social phobia is the fear of public speaking. Other social phobias include fear of blushing in public, eating in front of others, and fear of using public restrooms.

Specific Phobia

Persistent fear that is excessive or unreasonable, caused by the presence or anticipation of a specific object or situation. Examples of specific phobias include fear of flying, heights, blood, needles, or animals.

Obsessive Compulsive Disorder (OCD)

Obsessions are recurrent thoughts, images, or impulses that are unwanted and distressing, yet continue to intrude into one's mind. Obsessions differ from worries in that worries are related to life problems that one has concerns about, such as failing an exam or financial difficulties. In contrast, obsessions seem to occur against one's will, and they may not seem to fit one's personality or make sense. A person may recognize that these thoughts are irrational and try to suppress them, yet they continue to occur. Examples of obsessive thoughts may include excessive concern with dirt, germs, or fear of harming someone else, such as a child. Compulsions are rituals or behaviors that a person feels compelled to perform in response to an

obsession, or according to rules that must be applied rigidly. Examples of compulsive behaviors may include counting, hand washing, checking locks.

Generalized Anxiety Disorder (GAD)

This involves excessive and constant anxiety and worry about a number of events or activities, such as school or work. A person experiencing GAD may complain about being constantly worried about everything, and difficulty controlling this. GAD may be accompanied by following symptoms: sleep disturbance, muscle tension, irritability, restlessness, fatigue, and difficulty concentrating.

Post Traumatic Stress Disorder (PTSD)

PTSD may occur after someone has experienced or witnessed a traumatic event, such as sexual assault, car accident, war, or natural disaster. These are traumas that elicit intense feelings of fear and helplessness. Symptoms of PTSD may include the following:

- Re-experiencing the trauma through nightmares or flashbacks
- Avoidance of people or places that serve as reminders of the trauma
- Persistent symptoms of increased anxiety such as difficulty falling or staying asleep, startling easily, and irritability

It is important to note that not everyone who experiences a traumatic event may develop PTSD. PTSD is diagnosed when symptoms persist for more than one month after the traumatic event.

THE FOLLOWING ARE INTENDED TO PROVIDE FACULTY AND STAFF WITH SUGGESTIONS FOR DEALING WITH STUDENTS YOU SUSPECT MAY BE ANXIOUS:

Do

- Encourage the student to discuss his/her thoughts and feelings, as this may be a big source of tension release.
- Model calm behavior on your part. It is important to remain calm in the midst of the student's anxiety.
- Focus on relevant information, speaking concisely and clearly.
- Provide appropriate reassurance.
- Recommend that the student consult with a counselor at University Counseling Services about their anxiety symptoms. Remember that University Counseling Services has groups and workshops that target anxiety reduction such as Relaxation Group, Anxiety Group.

Don't

- Minimize the student's concerns. Their anxiety may seem irrational or excessive, however, it is important not to argue or try to convince them of this.
- Overwhelm the student with suggestions of how to deal with their concerns
- Take responsibility for the student's emotional condition.
- Make the assumption that the students anxiety will remit without treatment.

THE STUDENT WITH ASPERGERS DISORDER

As a member of the university community, you may encounter students with Aspergers Disorder. Therefore, it is important to have an understanding as to how the disorder may manifest itself. Hopefully, this knowledge will assist you in dealing more patiently and being less judgmental when dealing with a student with this disorder. Although those with Aspergers may vary greatly in both symptom presentation and severity, there are common characteristics. Aspergers is a pervasive developmental disorder that is characterized by impairments in social interactions. It is more common in males than females. These students may be socially awkward and have difficulty interacting with their peers. They may have problems understanding appropriate social rules and norms, and difficulty seeing others point of view. They may also struggle with understanding the emotions of others and may miss subtle messages conveyed by others through eye contact, body language, or facial expressions. Therefore, working in groups can be particularly challenging for students with Aspergers and those in contact with them.

As described above, students with Aspergers may present in ways that are different from the typical student population. They may appear odd or unusual. They may demonstrate very repetitive and stereotyped patterns of behavior, interests, and activities. For example, a student with Aspergers may exhibit a tendency to fixate on or be absorbed by specific topics. These students can appear to be uncaring, rude, and odd; however, it is important to understand that these are manifestations of the disorder. Therefore, it is vital that these students are treated with sensitivity, understanding, and respect.

THE FOLLOWING ARE INTENDED TO PROVIDE FACULTY AND STAFF WITH SUGGESTIONS FOR DEALING WITH STUDENTS YOU SUSPECT MAY HAVE ASPERGERS DISORDER:

Do

- Learn more about Aspergers. For more information, go to [http://www.nami.org/Content/ContentGroups/HelpLine1/Autism Asperger Syndrome Fact Sheet.htm](http://www.nami.org/Content/ContentGroups/HelpLine1/Autism%20Asperger%20Syndrome%20Fact%20Sheet.htm).
- Consult with a counselor at University Counseling Services to learn more about Aspergers and the most beneficial way to deal with a student with this disorder.
- Be patient. Due to the social impairments, those with Aspergers may not respond in the ways you are used to.
- Know that those with Aspergers have normal to above average intelligence.

Don't

- Be punitive, judgmental, or impatient with a student due to fact they may be fixating on a certain subject or are socially awkward.
- Make the assumption that Aspergers syndrome affects a student's academic abilities, potential, or intelligence.

THE STUDENT WHO ENGAGES IN SELF-INJURY

Self-injury can be defined as the intentional attempt to cause harm to one's own body. The number of adolescents and young adults who engage in self-harming behaviors are increasing. A 2006 survey by Cornell and Princeton revealed that 17% of college students engaged in self-injurious behaviors. The most common form of self-harm is cutting. However, self-injurious behaviors can also include burning, picking at skin, hair pulling, biting, and hitting. Extreme cases can involve breaking of one's own bones.

DESCRIPTIONS OF SELF-INJURY

- Cutting involves making scratches or cuts on the body, oftentimes the arms, and legs with any sharp object, such as razor blade, knife, scissors, needles, or fingernails.
- Picking at skin is done to the point that there is bleeding or damage to the skin. This can also include picking at old injuries and opening them up again.
- Burning one's skin can be done with a hot object such as a cigarette.
- Hair pulling involves an irresistible urge to pull one's hair from any part of their body, often from the scalp. This is called Trichotillomania.

Generally, self-injurious behaviors are not done with the intent to kill oneself. Rather, self-injury is often used as a way to cope with painful or overwhelming emotional feelings or situations. Often times, those who engage in self-harm have difficulty identifying and expressing their emotions in a healthy way. Self-injury can be a way to release emotional pain and physically express what cannot be said through words. A person who engages in this behavior may report that it provides a source of tension release. Engaging in self-harm can also be a form of self-punishment, as they may feel anger towards themselves, or have difficulty expressing anger towards others.

THE FOLLOWING ARE INTENDED TO PROVIDE FACULTY AND STAFF WITH SUGGESTIONS FOR DEALING WITH STUDENTS YOU SUSPECT MAY BE ENGAGING IN SELF-INJURY:

Do

- Refer a student to University Counseling Services. Individuals who engage in self-injury are feeling high levels of emotional pain, and may also be experiencing anxiety and/or depression. One goal of therapy is to help the student express their feelings and to develop more adaptive coping mechanisms to deal with their distress.
- Know that engaging in self-harm, although a maladaptive coping strategy, is still a coping tool for them and has most likely helped them survive difficult circumstances in their life.
- Understand that self-harming behavior is an attempt to maintain a certain amount of control.
- Be aware of your own feelings and reactions. It is natural to feel frightened, overwhelmed, and helpless.
- Let the student know that you are concerned about them and would like to help.
- Take care of yourself.

Don't

- Make comments that are judgmental of their self-injury or tell the person to stop the self-harming behavior. This may more likely exacerbate the behavior.
- Avoid or ignore the situation. It is important to bring up your concerns, however, not to push the matter.
- Overreact, as it is important to remain calm. It can be very anxiety provoking when you see marks indicative of self-injury or a student tells you they are engaging in this behavior. Remember that engaging in self harm does not necessarily mean someone is trying to kill themselves.

THE STUDENT WHO MAY HAVE AN EATING DISORDER

Eating disorders and disordered eating are important concerns on college campuses. It is estimated that more than 5 million Americans suffer from an eating disorder and even more from disordered eating patterns and body image concerns. While the majority of people with eating disorders are female, eating disorders are also men's issues. Recent research has focused on the increasing incidence of eating disorders amongst males.

Eating disorders and disordered eating are complicated, multi-dimensional problems that typically develop from a combination of psychological, familial, interpersonal, and socio-cultural factors. Adolescent and college age students are particularly vulnerable to these problems. We know that some of our students come to CSUN with eating disorders or disordered eating and that others will develop them during their college years. Eating disorders are generally delineated into three common categories. Anorexia nervosa is characterized by voluntary self-starvation, a profound fear of being fat. Bulimia is characterized by repeated episodes of binge eating and purging behavior (e.g., self-induced vomiting; excessive exercise; excessive use of laxatives, diuretics, and/or diet pills). Binge-eating disorder is characterized by eating large amounts of food (without purging) and feeling out of control while doing this. The binge eating behavior may be impulsive, is physically uncomfortable, and is independent of appetite.

In terms of weight, there can be a wide range of variation from significantly underweight to significantly overweight. Generally speaking, though, students with anorexia are likely to be significantly underweight, while those with bulimia and binge-eating disorder tend to be of normal weight or overweight.

Students struggling with eating disorders or disordered eating can have serious, even deadly, consequences (e.g., academically, emotionally, psychologically, and medically). It is estimated that approximately 1000 women die each year from anorexia nervosa. In the college setting, eating disorders or disordered eating often interfere with a student's academic and work functioning, interpersonal, and familial relationships, extracurricular activities, and co-exist with depression and/or anxiety.

SIGNS OR SYMPTOMS OF EATING DISORDERS OR DISORDERED EATING

- Significant decrease or increase in weight
- Dressing in layers or wearing bulky clothing to hide weight loss
- Distorted body image
- Preoccupation with food and weight loss
- Regimented/unusual eating habits or secretive eating
- Food restriction, bingeing, or purging behaviors
- Excessive exercise
- Social withdrawal (e.g., friends, family)
- Low self-esteem
- Perfectionism
- Difficulty concentrating
- Fatigue
- Moodiness and/or irritability
- Anxiety and/or compulsive behavior

As stated above, eating disorders or disordered eating can interfere in multiple aspects of a student's life; early intervention is crucial.

THE FOLLOWING ARE INTENDED AS GENERAL SUGGESTIONS FOR DEALING WITH A STUDENT YOU SUSPECT MAY HAVE AN EATING DISORDER OR DISORDERED BEHAVIOR:

Do

- Be aware of and alert to common signs of eating disorders or disordered eating.
- Request to speak with the student in private.
- Express your genuine concern for the student; focus on the student's health and well-being rather than their weight or appearance.
- Focus on specific behaviors and/or changes you've observed.
- Listen and allow the student to respond to your concerns and observations.
- Be prepared for the student to deny any problem and to reject your help.
- Offer support and communicate your willingness to help the student seek assistance.
- Provide hope and reassurance to the student that help is available and things can get better.
- Communicate to the student your knowledge of several options for help on campus that are free and confidential, including counselors at University Counseling Services, physicians and a nutritionist at the Klotz Student Health Center.
- Suggest and encourage the student to seek assistance at one of these campus locations; you can even have the student call to make an appointment from your office.
- If you are concerned that the student's condition is urgent or may be life-threatening, consult with a counselor at University Counseling Services.
- Follow up with the student. If the student was not receptive to the referral initially, he/she may be upon further reflection and/or follow-up.

Don't

- Approach the student when you do not have privacy.
- Avoid expressing your concern to the student.
- Communicate your concern in a critical and/or blaming manner.
- Focus on the student's weight or appearance; instead, direct your comments to the student's health and well-being.
- Give the student advice about food, eating, weight loss, or exercise.
- Argue with the student about whether or not they have an eating disorder.
- Forget the limitations of your ability to help and support the student.
- Forget that you can call to consult with a counselor at University Counseling Services if you need assistance dealing with a student.

THE STUDENT WHO HAS BEEN SEXUALLY ASSAULTED/RAPED

The statistics for the sexual assault* of college women is staggering: one in four or five college women will be survivors of a sexual assault during their college career. While approximately 90% of sexual assault survivors are female, it is estimated that 10% of survivors are male. While most sexual assaults are committed by men against women, men are also assaulted by women, and same-sex assaults also occur. The majority of sexual assaults are committed by someone known to the survivor (e.g., acquaintance, date, partner or former partner, or family member) and most of these assaults go unreported.

Sexual assault is generally defined as any sexual contact or activity that is forced or non-consensual. It can include non-consensual touching; threat of sexual assault; forced oral, anal, or vaginal penetration; and penetration with a foreign object. Forced and non-consensual includes a person's inability to give consent because of threat of harm, coercion, and/or physical violence; due to being under the influence of alcohol or drugs, unconscious, or asleep; or due to mental, developmental, or physical disability.

Sexual assault is a painful, traumatic event. There are many factors that impact and/or influence a survivor's reaction to sexual assault including the type of assault, whether the perpetrator was known or not, previous history of trauma, and the reactions of others. There is no "normal" reaction to a sexual assault. There can be a wide range of individual reactions to such a trauma; however, there are some common types of reactions.

COMMON INDIVIDUAL REACTIONS TO SEXUAL ASSAULT

- Shock, confusion, disbelief or denial
- Disruptions in routines of daily life (e.g., sleeping, eating, working)
- Recurring thoughts (e.g., unwanted memories, flashbacks, nightmares)
- Concerns for personal safety (e.g., fear, sense of powerlessness, loss of control)
- Self-blame, guilt, and/or shame (e.g., I shouldn't have..., It wouldn't have happened if...,

What will people think?)

- Intense feelings and emotions (e.g., anger, sadness, irritability, feelings of hopelessness or despair, thoughts of suicide and/or death)
- Reduced ability to express emotions (e.g., numbing, detachment, apathy)
- Relationship difficulties (e.g., social withdrawal, difficulty with trust, avoidance of intimacy, loss of interest in sex)
- Academic or work problems (e.g., difficulty concentrating, impaired memory, lack of motivation, missing class, not completing assignments)
- Alcohol/substance use
- Psychological disorders (e.g., Major Depressive Disorder, Posttraumatic Stress Disorder)

*Sexual assault and rape are terms that are often used interchangeably to describe non-consensual sexual contact. For purposes of this section of the manual, the term sexual assault will be used.

THE FOLLOWING ARE INTENDED TO PROVIDE FACULTY AND STAFF WITH SUGGESTIONS FOR DEALING WITH STUDENTS WHO HAVE BEEN SEXUALLY ASSAULTED:

Do

- Speak to the student privately.
- Be attentive and listen to the student.
- Let the student know that there are services available on campus that are free and confidential to assist and support him/her, including counselors at University Counseling Services and physicians at the Klotz Student Health Center. If the student prefers an off-campus referral, the Valley Trauma Center is located in the San Fernando Valley (818-886-0453). In addition, you can provide the student with the Rape Crisis Hotline Number at (818) 866-0453.
- Let the student know that a rape crisis advocate (from the University Police or Valley Trauma Center) is available to accompany him/her for medical evaluation.
- Encourage the student to seek assistance and offer to help and support the student in doing so.
- After providing referral information, allow the student to make his/her own decision about what to do next.
- If the student needs immediate assistance, call and consult with a counselor at University Counseling Services.
- If the student wants to file a complaint, refer him/her to the University Police.

Don't

- Disbelieve the student or assume the assault was not traumatic if the student does not appear distressed.
- Tell the student to forget about it and move on.
- Question the student for more details about the assault or the perpetrator.
- Convey criticism, judgment, or imply the student was somehow responsible, even if the student engaged in high-risk behavior (e.g., was intoxicated or high, left a party alone with someone he/she just met).
- Tell the student what to do or try to coerce him/her into seeking assistance (e.g.,

- counseling, medical services).
- Pressure the student to file a police report.

THE STUDENT SUSPECTED OF SUBSTANCE ABUSE/ADDICTION

Alcohol is the drug of choice on college campuses. Recent research shows that approximately 4 out of 5 students drink alcohol and that there has been an increase in the number of college students engaging in binge drinking. Patterns of student alcohol use may be affected by many factors including gender, race, and ethnicity, SES, family education, family history of alcoholism, and religious orientation, as well as by fads, peer pressure, and stress.

College students may utilize alcohol and other substances in an attempt to deal with the many stresses of college life as well as a way to try to cope and manage symptoms of anxiety and depression. Alcohol and other substances may initially seem to provide an outlet or relief for students, a way to “have fun” or “relax”, but can lead to further problems. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the consequences of alcohol use for college students are wider and more destructive than commonly realized. Alcohol use by college students may lead to and/or contribute to interference in academic performance, relationship loss/changes, accidents, assault, drunk driving, alcohol abuse or dependence, vandalism, unsafe sex, sexual assault or date rape, alcohol poisoning, and even death.

Faculty may become aware of student alcohol/substance problems when it affects the student’s classroom behavior or academic performance or may encounter a student coming to class intoxicated or high.

COMMON SIGNS THAT MAY BE ASSOCIATED WITH ALCOHOL OR SUBSTANCE ABUSE INCLUDE:

- Decline in class attendance (e.g., tardiness, disappearance from class for long periods of time, sick more frequently)
- Decline in school performance (e.g., missed deadlines, not performing at usual level of competence)
- Physical signs (e.g., bloodshot eyes, slurred speech, poor hygiene, sudden weight loss or gain)
- Behavioral signs (e.g., avoiding eye contact, fatigue, hyperactive)
- Changes in mood (e.g., depressed, emotional instability, angry, irritable, aggressive behavior)

THE FOLLOWING ARE INTENDED TO PROVIDE FACULTY AND STAFF WITH SUGGESTIONS FOR DEALING WITH STUDENTS YOU MAY SUSPECT OF HAVING PROBLEMS WITH ALCOHOL OR SUBSTANCE ABUSE:

Do

- Be aware of and alert to common signs of alcohol/substance use or abuse.

- Treat the problem as serious.
- Express your genuine concern for the student, focusing on specific behavior and/or changes you've observed (e.g., irregular class attendance, deteriorating academic performance).
- Allow the student to respond to your concerns and observations.
- Be prepared for the student to deny any problem and to reject your help.
- Offer support for the student's well-being and your willingness to help the student seek assistance.
- Set appropriate and firm limits with students (e.g., it's not acceptable to come to class intoxicated or high).
- Communicate to the student your knowledge of several options for help on campus that are free and confidential, including counselors at University Counseling Services and a Wellness Coach at the Klotz Student Health Center (Janis Martin at 818 677- 3685).
- Encourage the student to seek assistance at one of these campus locations; you can even have the student call to make an appointment from your office.
- Follow-up with the student after making the referral. If the student was not receptive to the referral initially, he/she may be upon further reflection and/or follow-up.
- In extreme cases, if the student comes to class intoxicated or high, is disruptive, and refuses to leave, contact the University Police for assistance.

Don't

- Deny or ignore your observations of the student's academic or behavior changes.
- Deny or ignore signs of intoxication.
- Attribute common signs of alcohol/substance use or abuse to "experimentation".
- Ignore or tolerate the student's disruptive behavior.
- Avoid expressing concern to the student.
- Communicate your concern in a critical and/or judgmental manner.
- Argue with the student if he/she expresses denial of a problem.
- Forget the limitations of your ability to help and support the student.
- Forget that you can call to consult with a counselor at University Counseling Services if you need assistance dealing with a student.
- Don't try to force a disruptive, intoxicated student to leave the class. In these cases, call campus police.

THE SUSPICIOUS STUDENT

The suspicious student may come to your attention by displaying paranoid beliefs that seem to be irrational or out of touch with the reality of the situation. This may include unfounded thoughts that others are trying to harm, exploit, or deceive them. These students tend to be extremely self-focused and often view the actions of others as being directed towards them. Their beliefs often involve a misinterpretation of reality in which the behaviors of others that

are unrelated to them are viewed as having some personal meaning. They may read hidden meaning into innocent remarks. For example, they may perceive demeaning or threatening content in ordinary events or comments.

Suspicious students are also very concerned with fairness and often view others as treating them unfairly. These students tend not to trust others, and as a result may have few friends. These students may express anger and blame towards you and others. It is important not to take this personally, as very often, these students feel inadequate and worthless.

EXAMPLES OF SUSPICIOUS BELIEFS:

- Belief that they are being unfairly treated by professors or others
- Belief that they are being followed or spied on
- Belief that others are trying to hurt, poison, or kill them
- Belief that statements or writings by others are about them

Suspicious beliefs can be indicative of an underlying psychological disorder. Therefore, it is important not to argue with a student and try to get them to see things in a more realistic or rational way. If their suspiciousness is the result of a psychological condition, their beliefs will remain rigid and fixed, and no amount of your reasoning and attempts to convince them will change this. For these students, psychiatric medication is often an essential component of treatment.

Students that are suspicious often do not have any sense that their beliefs appear paranoid to others. Therefore, they will most likely not respond to your attempts to have them seek counseling, as they may not believe there is anything wrong with them. In addition, their suspiciousness may also extend to counseling services. Therefore, it is best to call and consult with a University Counseling Services therapist when dealing with a suspicious student in terms of how to best approach them and suggest a referral.

THE FOLLOWING ARE INTENDED TO PROVIDE FACULTY AND STAFF WITH SUGGESTIONS FOR DEALING WITH THE SUSPICIOUS STUDENT:

Do

- Call and consult with a counselor at University Counseling Services with regards to the best way to approach the student. It can be very confusing as to how to deal with a suspicious student. A counselor can assess the seriousness and immediacy in which the student should be seen and provide some direction as to how to address the student.
- Be aware that the behaviors of a suspicious student may bring up some anxiety within you. It is important to be aware of this anxiety.
- Express care and compassion, without being overly friendly. This is important because suspicious students tend to be mistrustful, and have trouble with closeness.
- Send clear, consistent messages regarding your expectations of their behavior
- Maintain personal boundaries and space when interacting. This should include adequate physical and emotional distance.

Don't

- Argue or challenge someone about their suspicious thoughts or try to convince them of their irrationality. However, it is also important that you don't express agreement with them, in terms of their beliefs. For example a statement such as, "I can see that your belief that you are being treated unfairly is causing you distress," may be helpful.
- Try to convince the student that you are his/her friend. It is important to keep boundaries with regards to your role and relationship. You can agree with them that you are a stranger, but that doesn't mean that you can't still be concerned.
- Be excessively kind, warm, or nurturing.
- Attempt to be funny or joke with the student.

THE STUDENT IN POOR CONTACT WITH REALITY

It can be especially challenging and difficult when dealing with a student who seems to have poor contact with reality. A key characteristic of these students is that they exhibit thoughts or behaviors that are bizarre and seem to be out of touch with reality.

EXAMPLES OF BEHAVIORS THAT INDICATE A STUDENT MAY BE IN POOR CONTACT WITH REALITY INCLUDE THE FOLLOWING:

- Odd or peculiar beliefs that involve a misinterpretation of reality
- Hearing voices, belief that these voices are talking to them
- Seeing things that are not there
- Talking to themselves
- Laughing to self
- Disorganized speech or behavior: e.g. speech patterns that jump from one topic to another with no apparent connection. This may also include bizarre or incoherent language or writings. This may be especially noticeable when the student speaks in class or in their written assignments
- Failure to exhibit any emotion or displaying inappropriate emotion (e.g. laughing out loud in class when talking about serious topic)
- Extreme social isolation and withdrawal

The above symptoms may be indicative that the student is experiencing a serious psychological or medical disorder. Therefore, it is essential when encountering these students to call and consult with a counselor at University Counseling Services. If the student has an underlying psychological condition, psychiatric medication will be a key component for effective treatment.

A student who exhibits these symptoms may elicit much concern and possible fear from those who have interactions with them. However, it is important to remain calm and to understand that in most instances, these students are not dangerous. Rather, it is very likely that they are feeling frightened, lost, and overwhelmed.

THE FOLLOWING ARE INTENDED TO PROVIDE FACULTY AND STAFF WITH SUGGESTIONS FOR DEALING WITH STUDENTS YOU MAY SUSPECT MAY HAVE POOR CONTACT WITH REALITY:

Do

- Contact a counselor at University Counseling Services, as they may be able to assess the level of impairment and whether immediate action is necessary. In addition, as these students may not see anything problematic with their thoughts or actions, they may not feel a referral to the counseling center is necessary. Therefore, a therapist can provide some suggestions with regards to how to suggest counseling to the student.
- Walk the student over to University Counseling Services. However, if the student is highly impaired it may be best to contact campus police and have them escort student to counseling center. If University Counseling Services is closed, campus police can take them to a local hospital emergency room for assessment.
- Remain calm. Dealing with a student who is out of touch with reality can be overwhelming and daunting; however, it is important to find ways of monitoring your own anxiety during these interactions.
- Meet with the student in a quiet environment and minimize outside stimulation (do not answer phone calls, turn off radio, etc).
- Treat the student with warmth and compassion, however, with firm reasoning.
- Verbalize to them your concerns and that you can see they need help. Often times they do not see anything wrong with their actions, therefore, it is best to try to point out something less threatening (e.g. “I can see that you are very stressed, and I am concerned and would like to help”. There is a place on campus, the counseling center that is a resource for you to talk about your concerns in a private setting”).
- Acknowledge their fears and concerns while at the same time not supporting or agreeing with them (e.g., “I understand that you think someone is following you, and that is causing you to feel frightened”).
- Focus on the “here and now”. This can be done by redirecting them to topics that concentrate less on the irrational and more on what is real or rational.

Don't

- Attempt to convince the student that their thoughts or actions are irrational or don't make sense. It is important to remember that in this psychological state, their thoughts will most likely remain rigid and fixed.
- Agitate the student by raising your voice, arguing with them, or making demands from them.
- Pretend to agree with their irrational beliefs (e.g., I hear the voices or see that someone is following you).
- Expect traditional emotional responses. These students may respond to you in ways that seem bizarre.
- Assume the student comprehends what you are saying and can process your comments in a typical way.

RESPONDING TO DISTURBING CONTENT IN STUDENT WORK

As a faculty member or teaching assistant, you may encounter material in student's academic work that raises concerns. This may be in the form of written or artistic work.

EXAMPLES OF DISTURBING CONTENT THAT MAY RAISE RED FLAGS INCLUDE THE FOLLOWING:

- Writings or artwork that depict extreme rage, aggression, or violence
- Writings or artwork that indicate extreme hopelessness or focuses on death or suicide
- Essays in which a student discloses an abuse history or trauma
- References to suicidal thoughts or severe depression
- Statement indicating a desire to harm self or others
- Sexual material that is very graphic, violent, or disturbing
- Excessive use of profanity
- Writings or language that is bizarre and difficult to comprehend

This type of unsettling content in academic work may raise concerns about the students' psychological state and/or safety risks to the individual or others. Oftentimes, troubling material in their work may be indicative of emotional or personal struggles, and can be a manner by which a student is reaching out for help. It may also be important to reflect on the student's behavior in the classroom, in terms of whether this further supports or lessens concerns.

It can be hard to know how to react to students who exhibit disturbing content in their academic work. However, it is important to respond to this, rather than ignore or avoid the issue. Therefore, the following guidelines are designed to provide some suggestions as to how to respond.

CONSULTATION WITH UNIVERSITY COUNSELING SERVICES

In most instances, faculty does not need to respond to the student immediately. It is recommended that faculty consult with University Counseling Services or their Department Chair before speaking with the student. A faculty member can email or call the director, Dr. Mark Stevens or speak with an on call counselor at University Counseling Services. If a counselor is not readily available and emergency consultation is needed, inform the administrative support staff of this and you will be provided with immediate assistance.

It would be helpful to provide the consulting clinician with the written work or materials from the student that are of concern. It is also important to provide the name of the student and any essential information. Due to concerns about student's privacy, faculty sometimes hesitates to do this. However, it is important to know that the law does not prohibit faculty from sharing the name of the student and any relevant information. Having a student's name is also important because it allows us to check University Counseling Services records to indicate if this student has been seen before. However, if the student has been seen at University

Counseling Services or becomes a client, we cannot share information or even verify if they are being seen, due to our legal and ethical standards of confidentiality.

Upon consultation, the clinician will review any materials provided, and talk to you about the student in an attempt to get a sense of them. A main objective is to determine the immediacy in which the student needs to be responded to. Therefore, we will try to determine if the student's work suggests serious mental illness, and/or if they are a danger to self or others. In cases in which there are concerns about danger to self or others, immediate intervention is needed. This may involve alerting campus police to ensure safety of the student or others.

A University Counseling Services clinician will also provide some suggestions with regards to the best manner to approach the student or suggest a referral to the counseling center, if this is deemed appropriate.

GUIDELINES FOR INTERACTION WITH STUDENT:

- Document all meetings and/or interactions with a student, whether it is in person or through email, phone, etc. This should include date and time, as well as what was discussed.
- Let someone know you will be having a meeting with the student (e.g. colleague, department chair) and provide them with the date, time, and location of meeting.
- If there is any part of you that feels a sense of uneasiness with the student or concerns for your own safety, do not meet with the student alone. You may want to get the assistance of campus police, as they can attend meeting to ensure safety. Alternately, you may have another person attend meeting, or have campus police wait in a location close by where they are unnoticed, but can provide immediate assistance if necessary.
- Be clear, direct, and specific with regards to your concerns about the student's work. Focus on the content that concerns you, not the student as a person. It is important to present your concerns in a nonjudgmental, calm manner, rather than as an accusation.
- Do not demand an explanation of the content of their work. Rather, have them explain the motivation behind their work, and the purpose in presenting the material. In addition, an inquiry as to whether the student was aware that some concern may be raised by his/her work may prove valuable. The information gathered by these questions may provide some insight with regards to reasons for the disturbing content. For example, it may indicate emotional or personal struggle, immaturity, or an unawareness of appropriate social norms.
- If you feel you cannot grade a student's assignment, let them know you will need to delay this until a further time. This will allow you time to further consult, whether with colleagues, department chair, and/or University Counseling Services.

ON CAMPUS RESOURCES

STUDENT BEHAVIOR INTERVENTION TEAM (SBIT)

This is a group that was formed after the tragic incident at Virginia Tech. It is headed by Dr. William Watkins, the Associate Vice President for Student Affairs/Dean of Students. It includes members from campus police, University Counseling Services, and Judicial Affairs. The purpose of this committee is to discuss students that are of particular concern. This committee seeks to prevent critical or serious incidents from occurring by intervening with students who may be perceived as disruptive or potentially threatening due to behavior that suggests a serious emotional or mental health concern.

UNIVERSITY COUNSELING SERVICES

Bayramian Hall, Suite 520

Phone: (818) 677-2366

TTY: (818) 677-7834

Fax: (818) 677-7910

www.csun.edu/counseling

KLOTZ STUDENT HEALTH CENTER

Phone: (818) 677-3666

UNIVERSITY POLICE

Phone for Non-Emergencies: (818) 677-2111

Emergencies (from Campus Phone): Call 911

Matador Patrol (Personal Safety Escorts Provided): Call (818) 677-5048/5042

DEAN OF STUDENTS/ASSISTANT VICE PRESIDENT FOR STUDENT AFFAIRS

Phone: (818) 677-2391

THE CAREER CENTER

Phone: (818) 677-2878

DISABILITY RESOURCES AND EDUCATION SERVICES

Phone: (818) 677-2684

LEARNING RESOURCES CENTER

Phone: (818) 677-2967

EDUCATIONAL OPPORTUNITY PROGRAM (EOP)

Phone: (818) 677-4151

INTERNATIONAL AND EXCHANGE STUDENT CENTER

Phone: (818) 677-4191

OFFICE OF VETERANS AFFAIRS

Phone: (818) 677-7676

NATIONAL CENTER ON DEAFNESS

Phone: (818) 677-2054 V/TTY

HOTLINE NUMBER FOR URGENT/CRISIS/EMERGENCY CONCERNS

CSUN HELPLINE

(818) 349-HELP (4357)

This is a public crisis intervention, support and referral service provided in conjunction with University Counseling Services and Associated Students, Inc.

Hours of operation: Friday and Saturday: 7:00 PM – 10:00 PM
Sunday – Thursday: 6:00 PM – 12:00 AM

SUICIDE PREVENTION HOTLINE

(310) 391-1253 [24 Hours]

Crisis intervention services and support

HELPLINE OF SOUTHERN CALIFORNIA

(562) 596-5548

Crisis intervention services and support

VALLEY TRAUMA CENTER (RAPE CRISIS HOTLINE)

(818) 866-0453 [24 Hours]

Crisis support services for victims of sexual assault and domestic violence

WOMEN HELPING WOMEN

(877) 655-3807

DOMESTIC VIOLENCE HOTLINE

(800) 524-4765 [24 Hour]

Crisis support for victims of domestic violence. Also provide information for women's shelters.

211

This number provides information on LA County services, food and shelter assistance, and a variety of other services. [Free, 24 hours, 7 days a week, multilingual]

DRUG HELPLINE

(800) 559-9503

FOOD PANTRIES

- F.I.S.H., (818) 882-3474, Van Nuys
- Loaves and Fishes, (818) 997-0943, Van Nuys
- Lutheran Social Services, (818) 901-9480, Van Nuys

EMERGENCY HOUSING

- Cornerstone, (818) 901-4836, Van Nuys
- Independent Living Center, (818) 988-9525, Van Nuys
- Valley Shelter, (818) 982-4091, North Hollywood
- Women's Care Cottage, (818) 753-4580, North Hollywood