

Assisting the Emotionally Distressed Student

Faculty and Staff Guide

Santa Monica Community College
Psychological Services

Faculty/Staff Guide

Fall 2011

This information was originally created in 1983 at Humboldt State University. Since that time, it has been adapted and amended by many campuses whose counseling center directors participate in the Organization of Counseling Center Directors in Higher Education (OCCDHE). We are grateful to the OCCDHE and the information they provided.

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**STUDENT PSYCHOLOGICAL SERVICES
SANTA MONICA COLLEGE**

Psychological Services provides a broad range of services, including brief individual psychotherapy, crisis intervention, and referral services, to enhance the personal well-being, psycho-social development, and academic advancement of a diverse student population, as a means to promote student retention and graduation from SMC.

Office Hours:

Monday – Friday, 9:00 a.m. – 5:00 p.m.

Staff:

Sandra Lyons Rowe, Ph.D., Coordinator, Licensed Psychologist

Alison Brown, Ph.D., Licensed Psychologist

Location:

Liberal Arts Building, Room 110 (Across the hall from the Assessment Center)

Phone: (310) 434-4503

Appointments are recommended.

Emergencies:

- For on-campus emergencies, i.e., a student is a danger to himself or herself or others, during office hours or outside office hours please contact Campus Police at x4300.
- For off-campus emergencies, please call 9-1-1.

To be eligible for psychological services, students must be enrolled in the current semester and have paid their health fees.

SERVICES PROVIDED

- **Personal Counseling**

The primary mode of counseling to students is brief individual psychotherapy. Our counseling services are designed for students who can benefit from short-term, problem focused counseling. In some situations, the problem presented may require more specialized or extended services than can be provided by the College. In this situation, students will be given assistance in locating the appropriate professional in their community.

- **Crisis Intervention**

Psychological Services is available to intervene in crisis situations. We have standing walk-in/crisis hours available **Monday-Thursday 10:00 a.m. – 12:00 p.m. and 3:00 p.m. – 4:00 p.m.; Friday 10:00 a.m. - 11:00 a.m. only**. Students are welcome to come in at those times without an appointment. Walk-in hours tend to fill quickly, and are available on a first-come basis. If a student is in immediate danger, e.g., in need of psychiatric hospitalization, are gravely disabled, and students who may be a harm to themselves or others, please contact campus police at x4300.

- **Community Referrals**

Community referrals to appropriate agencies are made for students in need of medication evaluations and/or long-term care beyond the scope of services provided by Psychological Services. Psychological Services collaborates with several community agencies, and students in need of specialized services (e.g., psychiatric medication, psychological testing, eating disorder program, domestic violence intervention) are referred to such agencies.

- **Consultation**

Psychological Services offers faculty, staff and administrators the opportunity to get assistance dealing with challenging students, difficult circumstances and disruptive situations involving students.

If you are unsure of how to handle a specific student, we encourage you to consult with one of the psychologists, Sandra Lyons Rowe, Ph.D., or Alison Brown, Ph.D. Call Psychological Services, (310) 434-4503, identify yourself as staff or faculty and state that you need a consultation. If a psychologist is not immediately available, let the receptionist know if it is an emergency; if it is not, either Dr. Rowe or Dr. Brown will return your call as soon as possible.

- **Alcohol and other Substance Abuse Program**

A Substance Abuse Specialist is available through Psychological Services for consultation, referrals, presentations and workshops related to alcohol and other drug treatment, tobacco use, recovery support, and coping with family and academic issues resulting from addictive behaviors. This program is provided to us by Didi Hirsch Community Mental Health Center.

HOW TO MAKE AN EFFECTIVE REFERRAL TO PSYCHOLOGICAL SERVICES

If you wish to refer a student for counseling, please call and we will help you get the student in with one of our staff as quickly as possible. Early intervention is preferable to crisis intervention. Please note that a **CRISIS CAN BE HANDLED ON DEMAND** by just **calling Psychological Services at x4503 during operational hours**. If a crisis occurs outside of these hours, **contact Campus Police, x4300**.

- Please direct students to Psychological Services located within Liberal Arts Building, room 110 to schedule an appointment. Please inform the student that they will be required to complete some paperwork including a consent for treatment. It helps to remind them that everything they discuss is confidential. It also helps if you tell the student why you are recommending they seek psychological support.
- If you determine that the student should be seen immediately, please call Psychological Services prior to bringing the student in or sending him/her over, so that enough information is gathered in preparation of handling the crisis, and to ensure that a counselor will be made available to provide assistance to the student.
- Walk-in hours are set aside each day for students who may not necessarily be experiencing a serious emergency, but who want to be seen the same day. Standing walk-in hours are Monday-Thursday from 11:00 a.m. – 12:00 and 3:00 p.m. – 4:00.

WHAT SHOULD STUDENTS EXPECT WHEN THEY COME TO PSYCHOLOGICAL SERVICES?

Students who have not been to Psychological Services may want to know what happens on a first visit to the Center. We follow a uniform set of procedures which make up our "intake" process:

1. Once the student requests an appointment to see a psychologist, they are required to complete certain paperwork. As with any first time doctor's visit, we are required by law to have them read and sign a "consent for treatment", which gives their written permission for us to provide a psychological service. It takes about 10 minutes to complete the paperwork and includes basic demographic information, a checklist of "concerns", and a description of our confidentiality policy. We also request that students provide us with their availability so we can offer them an appointment time that fits their schedule as well as the schedule of the psychologists.
2. They are either given an appointment at that time, encouraged to come in during our specified walk-in/crisis hours, or placed on a wait list until an available appointment time matches the student's available time. Early in the semester, students can get an appointment within a week of their request. However, as the semester progresses it can take longer to get an appointment. The walk-in hours provide a way for students to be seen without an appointment.
3. Their first appointment is called an "intake" which typically takes 45-50 minutes. The purpose of this session is to make an initial assessment of the client's concerns, contributing factors and coping strategies. At this time a decision is made as to what services might be helpful and what steps should be taken next. These steps may include ongoing brief counseling with one of the psychologists or interns, a medical evaluation referral, referral to an off campus counselor or psychologist, or in an emergency, referral to a local emergency room for further evaluation.

ADDRESSING STUDENT CONCERNS ABOUT PSYCHOLOGICAL SERVICES

Students often have a number of concerns about counseling and seeking assistance that, if not directly discussed, can deter them from acting upon a referral. It is useful to anticipate these issues and subsequently to make responses that are factual, encouraging, and appropriate.

Concern: Only crazy people go to counseling (and I'm not crazy).

Response: *I don't think you are crazy. People go to counseling for all kinds of problems. The Psychological Services Center sees hundreds of students a year for individual counseling.*

Concern: Going for counseling is a sign of weakness. It shows I can't handle my own problems.

Response: *You are capable of handling most of your problems. There are some, however, that are difficult to handle alone. Recognizing when you need assistance, and then getting it, is a sign of good problem-solving ability.*

Concern: Counseling won't work for me. It's not effective.

Response: *There are no guaranteed results, that is true. There is a high probability, though, that counseling can be helpful. It has worked for a large number of students and it could work for you. Give it a try.*

Concern: The counselor will tell other people about my problem.

Response: *What you share with a counselor is considered confidential. Information is not released to anyone (parents, friends, instructors) without your permission and does not appear on your college record.*

CONFIDENTIALITY

As an essential aspect of our efforts to provide an environment where students are free to seek help, the center maintains the strictest standards of privacy and confidentiality. In adherence to the laws of the California and the Board of Psychology, counseling/psychotherapy records are kept separate from all academic, administrative, disciplinary and medical records. All information disclosed within sessions is confidential and may not be revealed to anyone outside of Psychological Services without written permission from the client, except where disclosure is required by law (e.g., where there is a reasonable suspicion of abuse of children, elderly persons, or dependent adults; where the client presents a serious danger of violence to another person; or where the client is likely to harm herself or himself unless protective measures are taken). This includes inquiries as to whether the student came in for an appointment. The desired information can best be obtained directly from the student. We also encourage students to let the referring faculty/staff member know that he/she kept an appointment. Students are not bound by the promise of confidentiality and are therefore free to disclose any information they wish to share.

GUIDELINES FOR ASSISTING THE EMOTIONALLY DISTRESSED STUDENT

As members of the Santa Monica College community, we interact with students on a daily basis. However, you may experience student behavior that causes you concern for their well-being, discomfort or may interfere in the education of other students. It is not a weakness to have a problem. Self-development is learned in and out of the classroom.

This guide provides advice on how you can best aid emotionally distressed students and offers information—advice, techniques and suggestions—on how to cope with, intervene and assist troubled students.

Be Prepared

- ✓ Locate the closest phone to your work site.
- ✓ Know your surroundings.
- ✓ Memorize or have handy these emergency numbers:

Campus Police **x4300**

Psychological Services **x4503**

Signs of Distress

- 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

GUIDELINES FOR INTERVENTION

The ability to recognize signs of emotional distress and openly acknowledging your concerns directly to students are noted by students as the most significant factor in their successful problem resolution. Whenever possible, speak directly and honestly to the student when you sense academic and/or personal distress.

1. Request to see the student in private. This may help minimize embarrassment and defensiveness.
2. Briefly acknowledge your observations and perceptions of their situation. Express your concerns directly and honestly and be nonjudgmental.
3. Listen carefully and try to see the issues from the student's point of view—without agreeing or disagreeing.
4. Attempt to identify the problem. You can help by exploring alternatives to deal with the problem.
5. Inappropriate and strange behavior should not be ignored. Comment on what you have observed, but not in a judgmental way.
6. Flexibility with strict procedures may allow an alienated student to respond more effectively to your concerns.
7. Involve yourself only as far as you want to go. You may become more involved than time or skill permits when attempting to reach or help a troubled student.
8. Do not ever agree to confidentiality.

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

DEPRESSION

Depression, and the variety of ways it manifests itself, is part of a natural emotional and physical response to life's ups and downs. With the busy and demanding life of a college student, it is safe to 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 a social environment, 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
- Infrequent class attendance
- Lack of energy/motivation
- Increased anxiety/test anxiety/performance anxiety
- Irritability
- Deterioration in personal hygiene
- Significant weight loss or gain
- Alcohol or drug use

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 return to previous performance.

Helpful to:

- Let the student know you are aware that 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/manage their symptoms of depression.
- Ask whether the student is suicidal, if you think he/she may be.

Not helpful to:

- Minimize the student's feelings ("Don't worry. Everything will be better tomorrow.")
- Bombard the student with "fix it" solutions or advice.
- Chastise the student for poor or incomplete work.
- Ignore signs that the student may be thinking of suicide.

SUICIDE

In the current student culture, suicidal thinking is common. Suicide is the second leading cause of death among college students. It is important to view all suicidal comments as serious. Watching for some of the following behaviors will also give you clues to what is going on with a student. If several of these are true, refer the student to Psychological Services for assessment.

- Sleeping much more and later than used to.
- Not sleeping well and waking up early.
- Taking a lot of naps.
- Appetite has changed so that the student is not hungry, or overeats.
- Withdrawing from friends and family.
- Not attending class.
- Expresses hopelessness or guilt.
- Sudden mood or behavior changes.
- Giving possessions away.
- Expresses that life is not worth the trouble.

There are generally four areas that counselors explore with students who are depressed and have some level of suicide ideation, to assess the likelihood that they will make a suicide attempt:

1. Do they have a well-developed plan that includes an easily available method?
2. Have they attempted suicide in the past?
3. Has a friend, family member or acquaintance taken his/her life through suicide?
4. Do they use substances such as alcohol and other depressants that can also weaken impulse control?

Examining these four areas will help in determining how serious the threat of a student taking his /her life is.

Helpful to:

- Talk about suicide openly and directly.
- Be confident, caring and know the resources available.
- Take charge and bring the student for counseling.
- Listen to the small voice inside that says, "Something is not right with this student."
- After hours, call Campus Police for assistance in monitoring the student.

Not helpful to:

- Get overly involved with the student, without obtaining consultation.
- Ignore comments like, "I won't be a problem much longer" or "nothing matters; it's no use."
- Be too busy to intervene.

VIOLENT and VERBAL AGGRESSION

Violence: “to use force so as to injure or damage; roughness in action; to outrage, to force, to injure...”

Violence, because of emotional distress, is rare and typically occurs when the student’s level of frustration has been so intense or of such enduring nature as to erode all of the student’s emotional controls. This behavior is often associated with the use of alcohol and other drugs. **REMAIN CALM.** Get help if necessary. (Send a student for other staff/faculty/dean/Campus Police.) **STAY SAFE.** (Have access to a door; keep furniture/desk between you and the student.) **DO NOT THREATEN, CORNER, OR TOUCH THE STUDENT.** The adage, “An ounce of prevention is worth a pound of cure,” applies here.

Aggressive: “to attack, to go to, to commit the first act of hostility or offense...to assault first or to invade...”

Students usually become verbally abusive in frustrating situations they perceive as being beyond their control. Anger and upset become displaced from those situations onto the nearest target (YOU). Explosive outbursts or ongoing belligerent, hostile behavior become the student’s way of gaining power and control. It is important to remember that, for the most part, the student is not angry at you personally, but at his/her world and you are the object of pent-up frustrations.

Helpful to:

- 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 hear how upset you are and you think nobody will listen.”)
- Reduce stimulation; invite the person to a quiet place, if this is comfortable. (Remember to not let yourself be physically trapped.)
- Be direct and firm about behaviors you will accept (e.g., “I need for you to step back,” “I am having a hard time listening to you when you yell.”)
- Allow them to vent, get the feelings out and tell you what is upsetting them.

Not helpful to:

- Ignore warning signs (body language, clenched fists).
- 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 for their behavior.
- Make threats or dares.

POOR CONTACT with REALITY

Students in poor contact with reality have difficulty distinguishing “fantasy” from reality. Their thinking is typically illogical, confused or irrational (e.g., speech patterns that jump from one topic to another with no meaningful connection); their emotional responses may be incongruent or inappropriate; and their behavior may be bizarre and disturbing.

These students may experience hallucinations, often auditory, and may report hearing voices (e.g., someone is trying to harm/control them).

WHILE THESE STUDENTS MAY ELICIT ALARM OR FEAR FROM OTHERS, THEY GENERALLY ARE NOT DANGEROUS OR VIOLENT. If you cannot make sense of the student’s conversation, try to consult with or refer him/her for counseling as soon as possible.

Helpful to:

- Respond with warmth and kindness. Use firm reasoning.
- Remove extra stimulation from the environment (e.g., turn off the radio, step outside a noisy room).
- Acknowledge your concerns and verbalize their need for help.
- Acknowledge their feelings or fears without supporting the misperceptions (e.g., “I understand you think someone is following you, and it must seem real to you, but I don’t see anyone and I believe you are safe.”)
- Acknowledge your difficulty in understanding them and ask for clarification.
- Focus on the “here and now”.

Not helpful to:

- Argue or try to convince them of the irrationality of their thinking as this commonly produces a stronger defense of the false perception.
- Play along (e.g., “Oh, yes, I hear voices, see the devil, etc...”)
- Encourage further discussion of the delusional processes.
- Demand, command, or order them to do something to change their perceptions.
- Expect customary social and emotional responses.

ANXIETY

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 reason for distress.

Regardless of the cause, one or more of the following symptoms may be experienced:

- Rapid heartbeat
- Chest pain or discomfort
- Dizziness
- Sweating
- Trembling or shaking
- Cold, clammy hands.

The student may also complain of:

- Difficulty concentrating
- Always being "on edge,"
- Having difficulty making decisions
- Sleeping problems
- Being too fearful to take action.

In rarer 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 are appropriate in most cases:

Helpful to:

- Let them discuss their feelings and thoughts. Often, this alone relieves a great deal of pressure.
- Provide reassurance.
- Talk slowly and remain calm.
- Be clear and direct.
- Provide a safe and quiet environment until the symptoms subside.

Not helpful to:

- 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.
- Become anxious or overwhelmed by the student's problems.

ALCOHOL and OTHER SUBSTANCES

Alcohol is the most widely used psychoactive drug. In addition to being the preferred drug on college campuses, it is common to find students who abuse alcohol also abusing other drugs, both prescription and illicit. Fads and peer pressure affect patterns of use.

Nationally, forty-three percent of college students engage in binge drinking defined as five drinks in a row (four for women). Consuming alcohol in large quantities quickly can be lethal. Other adverse effects include: hangovers, hospitalization for alcohol overdose, poor academic performance, missing classes, injury, and unprotected sexual activity.

Prevention strategies have not been very effective in reducing the amount of binge drinking due to its glamorization at society parties and local bars which promote happy hours, all-you-can-drink specials, weeknight discounts, ladies' nights, etc.

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 environment (e.g., drunk and disorderly conduct 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 in terms of specific changes in behavior or performance (not your suspicions about alcohol/drugs).

Helpful to:

- Confront the student with the behaviors that are 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.
- Suggest that the student talk with someone about these issues and maintain contact with the student after a referral is made.

Not helpful to:

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

SUSPICION

Usually, suspicious students complain about something other than their psychological difficulties. They are tense, cautious, mistrustful, and have few friends.

These students tend to interpret a minor oversight 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.

Usually they are overly concerned with fairness and being treated equally. They project blame onto others and will express anger indirectly. Many times they will feel worthless and inadequate.

Helpful to:

- Send clear, consistent messages regarding what you are willing to do and what you expect.
- Express compassion without being overly friendly or familiar.
- Be aware of personal boundaries and space when interacting.
- Be aware of your own anxiety about how the student is acting or communicating.
- Let them know that you are concerned.

Not helpful to:

- Be overly warm or sympathetically close to the student.
- Flatter the student, laugh with them or be humorous.
- Assure the student that you are their friend or advocate.
- Assure them that you will be fair in your treatment of them.

EATING DISORDERS

People with an eating disorder think about food, weight and body shape in distorted ways. This leads to ways of eating and managing weight that:

- Are harmful to the mind and the body and can be deadly.
- Make it hard for the person to do the things he/she wants to do in classes, sports and with friends and family.
- Make the person feel anxious and miserable most of the time.
- Are often upsetting to others.

Eating disorders are very prevalent:

- More than 5 million Americans suffer from an eating disorder.
- This includes 5% of young women; 1% of young men.
- College women ages 18-22 have a higher incidence than those younger, older or not in college.
- 15% of young women have substantially disordered eating attitudes and behaviors.
- An estimated 1,000 women die each year of anorexia nervosa.
- Eating disorders is a men's issue, too; some men suffer from the disorder themselves. A study of college men (Journal of American College Health, May 2002) showed that 20% "had significant worries about their weight and shape and regularly employed restrictive eating behaviors, such as limiting food intake and following specific rules about eating." Most men are affected in some way by the distorted body image or distorted eating behavior of a significant woman in their lives—sister, mother or girlfriend.

Some of the warning signs of an eating disorder include:

- Marked increase or decrease in weight that is not related to a medical condition.
- Abnormal eating habits, such as secretive bingeing, eating peculiar combinations of food, etc.
- Intense preoccupation with weight and body image; this may be evidenced by frequently weighing self and constant self-criticism of body.
- Compulsive or excessive exercising, as evidenced by expressions of extreme guilt if the person does not exercise; rigid routine unrelated to athletic training, exercising when injured, or negative effects in other areas of life (e.g., missing classes to exercise).
- Restrictive eating or purging through vomiting, fasting, laxatives, diet pills or diuretics.
- Emotional instability—moodiness, depression, loneliness, and/or irritability.

Helpful to:

- Establish rapport with the student.
- Focus on specific behaviors that concern you. Behaviors are difficult to deny.

- Express concern for the student in a caring, supportive and non-judgmental manner.
- Do not get into a battle over whether or not the student should label the behavior an “eating disorder”. Focus on the negative consequences of the student’s actions and appeal to a desire to reduce or eliminate these negative consequences.
- If you have information from a third party, you may want to involve that person in the process. Roommates can be particularly informative with this problem.
- The student may deny the problem. At this point, you may want to consult with the Psychological Services. If the student’s behaviors appear to be life threatening, then definitely seek assistance.
- Reassure the student that help is available and change is possible.
- Try to get the student to make a commitment to contact a counseling and/or medical referral. If the student expresses reluctance, find out why and address the concerns.
- Follow up; show continued support; ask about the referral.

Not helpful to:

- Confront the student when you do not have privacy.
- Argue with the student.
- Give advice about weight loss, exercise or appearance.
- Attempt to force the student to eat.

SEXUAL ASSAULT

According to the Bureau of Justice Statistics Research Report (January, 2001) 3% of college women nationwide experience a rape or attempted rape in a given academic year. Men can also be the victims of rape and sexual assault. It is important to respond sensitively to students who disclose having experienced a sexual assault or an attempted assault.

The Bureau of Justice Report also tells us that 95% of the assaults of college women go unreported in any formal way. One-third of women do not tell anyone of their experience and two-thirds tell a friend or other trusted individual. Complicating the issue of reporting is the fact that most assailants are persons known to the victim. They are not strangers.

If you are the person trusted with this information, what can you do?

Helpful to:

- Listen to the person's account.
- Prompt the person to continue the narrative by asking "and then what happened?"
- Let the person know you care about his/her well-being.
- Appreciate any feelings disclosed as normal under the circumstances.
- Assist the person in obtaining additional support and help. (See resources below.)
- Ask about the person's physical condition (i.e., the possibility of physical injury or exposure to disease or pregnancy).
- Ask about the person's current experience of safety; if they do not feel safe in their environment, offer assistance in increasing their sense of safety.

Not helpful to:

- Relate your own experience or story in any detail.
- Pursue specific details, except to clarify what you are hearing.
- Offer judgments about what might have been done differently.
- Make decisions for the person.

Some resources to consider:

- Campus Health Services (310-434-4262)
- Psychological Services (310- 434-4503)
- Campus Police (310-434-4300)
- Rape Treatment Center, Santa Monica-UCLA Hospital (310-319-4000 Ext. 2)
- L.A. County Rape & Battery Hotline (310-392-8381)
- Los Angeles Commission of Assaults Against Women/Lacaaw Rape Crisis Center (24 Hour Hotlines: 213-626-3393, 310-392-8381, 626-793-3385)
- Suicide Prevention Hotline (24 Hours: 310-391-1253, 213-381-5111)

The student may need and want to seek medical attention, even some time after the assault, to check for physical damage and to test for sexually transmitted disease and pregnancy.

Note that if the person who reports an offense requests a change in academic arrangements as a result of the offense, the college must make reasonable efforts to accommodate such requests.

The student should be advised of the right to make a formal complaint of the assault to the campus police or police department in the city where the assault occurred.

In cases of sexual assault reported to SMCPD, the police officer will take the initial crime report. A rape counselor, friend or family member may be present at the survivor's request. If the survivor has not received medical attention, the officer will take the survivor to the Santa Monica-UCLA Medical Center. The police officer will also inform the survivor of the availability of Health Office to provide follow-up assistance and support, if they have not already been contacted.

Medical attention for sexual assault survivors is vital for detecting and treating a range of medical concerns, including sexually transmitted diseases, pregnancy, and possible internal injuries. Within 72 hours of a sexual assault, it is important to collect evidence to aid the judicial process. The Rape Treatment Center at Santa Monica-UCLA Medical Center is the Santa Monica College resource used to perform a variety of services such as emergency medical treatment, psychological counseling and collection of evidence. For more information regarding the treatment of sexual assault and rape, call the Rape Treatment Center at Santa Monica-UCLA Medical Center at (310) 319-4000 Ext. 2.

The SMCPD, Health Office and Santa Monica-UCLA Medical Center provide support and assist survivors to ensure that they are fully informed of their rights under California law. Survivors will also receive information on appropriate judicial procedures such as pressing charges and obtaining a restraining order.

In conclusion, this guide is not intended to be exhaustive but is intended to assist faculty and staff in recognizing the signs of emotional distress in students and provide helpful tips on how to intervene in a constructive and caring way. Openly acknowledging to students that you are aware of their distress, sincerely concerned about their welfare, and willing to help them explore their alternatives, can have a profound effect. Please feel free to consult with us anytime.