

# ASSISTING THE DISTRESSED STUDENT



**Ventura College**

**Student Health Center  
(805) 654-6346**

**ADMINISTRATOR / FACULTY / STAFF GUIDE**  
Funded by: Ventura College Foundation

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Dear Colleague,

Usually daily contact with our students is pleasant and productive. However, you may experience student behavior which causes you concern for their well-being, and interferes with learning. When these situations occur, we encourage you to know and use the services available.

This guide provides concrete advice on how to aid emotionally distressed students and offers steps on how to refer them for help. Students learn much more than academics in college; they learn about life and about themselves. Inevitably, some students will face difficulties and may struggle during this process. We have the opportunity to contribute to their self-development through our willingness to notice and respond to their difficulties in a supportive and helpful fashion. By offering assistance, we teach that problems are best resolved by directly addressing them, and that hiding distress unnecessarily reduces the quality of life.

Sincerely,

Behavioral Intervention Caring Team (BICT)

### **Acknowledgments**

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## Your Role

As a faculty or staff member interacting daily with students, you are in an excellent position to recognize behavior changes that characterize the emotionally troubled student. A student's behavior, especially if it is inconsistent with your previous observations, could well constitute an inarticulate attempt to draw attention to his/her plight...“cry for help.” A change in an individual's behavior could also be caused by a change in his/her psychological medication or failure to take medication that day. While asking about a student's emotional well being or confronting problematic behavior can be risky or seem intrusive, it is better to risk offending the student through a thoughtful intervention than fail to respond to distressed (and distressing) behavior. Moreover, students often perceive faculty and student services staff as the first point of contact in obtaining advice and support.

## Consultation

Consultation with the coordinator of the Student Health Center is available on an as-needed basis. We invite you to call or email when you are troubled by a student's behavior, but are unsure of how to proceed or whether to consider the behavior a discipline or a mental health problem. Calling the Student Health Center and asking to speak with the coordinator is the fastest way to obtain a consultation. If appropriate, a plan can be developed to intervene with the student. Academic counselors, deans, or others can be involved, as needed. If the Student Health Center Coordinator is not available, you may contact a member of the Crisis Intervention Team.

## *When might Personal Counseling be beneficial?*

We know from our own experience that distress manifests itself with multiple signs and symptoms. To avoid over-interpretation of a single or isolated behavior, it is advisable to look for clusters of signs that appear around the same time.

- 1. Stated Need for Help** The desire for assistance with a problem may be stated directly or indirectly. For this reason, it is important not only to attend to the content of what a student may say, but also to understand the intentions and feelings underlying the message. Listening involves hearing what is being said, noticing the tone used, and observing the expressions and gestures employed. In fact, having someone listen attentively to an expression of a problematic feeling or thought is often a cathartic experience for the speaker which, in and of itself, can result in the individual feeling somewhat better.
- 2. References to Suicide** It is often necessary to distinguish between a theoretical or hypothetical discussion of suicide and a statement indicating true personal anguish. However, if an individual talks about or alludes to details of how, when, or where he or she may be contemplating suicide, then an immediate referral is necessary. Regardless of the circumstances or context, any reference to committing suicide should be considered serious. To conclude that a student's suicidal talk is simply a bid for attention is extremely risky. A judgment about the seriousness and possible lethality of the suicidal thought or gesture should not be made without consultation with a mental health professional.
- 3. Changes in Mood or Behavior** Actions which are inconsistent with a person's normal behavior may indicate that he or she is experiencing psychological distress. The behavior change may also be due to a medication problem. A student who withdraws from usual social interaction, demonstrates an unwillingness to communicate, commits asocial acts, has spells of unexplained

crying or outbursts of anger, or demonstrates unusual irritability may be suffering from symptoms associated with a psychological problem.

4. **Anxiety and Depression** Anxiety and depression are two of the more common psychological disturbances that can present significant problems for students. Both of these rather common emotional states, when they become prolonged or severe, can impair an individual's normal functioning. When a student's ability to function in a normal manner becomes impaired because of anxiety or depression, some kind of professional assistance is recommended.
5. **Psycho-Physiologic Symptoms** Students who experience tension-induced headaches, nausea, or other physical pains which have no apparent physical cause may be experiencing psycho-physiologic symptoms. Such symptoms are real for that individual, and so is the pain. Other physical symptoms may include a loss of appetite, excessive sleeping, or gastrointestinal distress.
6. **Traumatic Changes in Personal Relationships** Personal problems often result when an individual experiences traumatic changes in personal relationships. The death of a family member or a close friend, the breakup of relationships, parental divorce, changes in family responsibilities, or difficulties with finances can all result in increased stress and psychological problems.
7. **Drug and Alcohol Abuse** Indications of excessive drinking or other substance abuses are almost always indicative of psychological problems. Frequent absences, tardiness, missed assignments, sleepiness, poor concentration, and spotty performance may point to substance abuse.
8. **Career Choice Problems** It is rather common for college students to go through periods of career indecision and uncertainty. Such experiences are often characterized by dissatisfaction with an academic major, unrealistic career aspirations, or confusion with regard to interests, abilities, or values. However, chronic indecisiveness can be a debilitating experience and many students need assistance in developing alternative goals when previous decisions prove to be in need of revision.
9. **Learning Problems** Many students find the demands of college-level academic work to be greater than they anticipated. While it is expected that all students will go through some adjustment period in this regard, those who demonstrate a consistent discrepancy between their performance and their potential may be in need of assistance. Poor study habits, incapacitating test anxiety, or repeated absences from class are all indicators that the student might benefit from psychological services. Psychological services staff work both in the Student Health Center and at the EAC (Educational Assistance Center), making referrals and joint services readily available, regardless of which office a student is initially referred to.
10. **Retention Issues** Psychological counseling services can be effective in combating student attrition. Students who are considering dropping out of school or worrying about possible academic failure may find counseling to be a useful resource during their decision-making.

## ***When to Refer***

Aside from the signs or symptoms that may suggest the need for counseling, there are other guidelines which may help the faculty or staff member define the limits of his or her involvement with a particular student's problem. A referral is usually indicated in the following situations:

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

## ***Guidelines for Intervention & Referral***

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

1. Request to see the student in private. This may help minimize embarrassment and defensiveness. "Private" might be your office, a quiet corner after class or an empty classroom. However, be mindful not to isolate yourself with a student who may be hostile or volatile.
2. Briefly describe your observations and perceptions of the student's situation and express your concerns directly and honestly. "I'm concerned about the changes I've seen in your work." "Your attendance is inconsistent and you seem down and tired when you're in class." "During lab last week, your speech was slurred and rambled without making sense – you looked intoxicated."
3. Listen carefully to what the student is troubled about and try to see the issues from his/her point of view without necessarily agreeing or disagreeing.
4. Attempt to identify the student's problem or concern as well as your own concerns or uneasiness. You can help by exploring alternatives to deal with the problem.
5. Strange and inappropriate behavior should not be ignored. Comment directly on what you have observed.
6. Some reasonable flexibility with strict procedures may allow an alienated student to respond more effectively to your concerns. However, if a student is being manipulative, matter-of-factly sticking to the guidelines is preferable.
7. Involve yourself only as far as you want to go. At times, in an attempt to reach or help a troubled student, you may become more involved than time or skill permits. When in doubt, consult and

refer. “I would like you to talk with some folks who know more about this than I do. Let’s call over to the Student Health Center and see when a health care provider is available. It’s completely private and nothing shows up on your academic record.”

8. Whenever possible, have the student make the call to the Student Health Center and schedule an appointment before ending your conversation. If appropriate, you can suggest to the student that, with their permission, you will talk to the health care provider about the nature of the problem. When you do discuss a referral to the Student Health Center for counseling services, it would be helpful for the student to hear in a clear, concise manner your concerns and why you think counseling would be helpful. Also, having the student call for an appointment increases his/her responsibility and commitment to come in for counseling. There may be some times, however, when it is more advantageous for you to call and make an appointment for him/her or accompany the student to our office (e.g. the student is in crisis).
9. You might tell the student a few facts about our services. It is best to call in advance for an appointment. All discussions are held confidential except when the student presents a danger to self or others or when child/elder abuse is involved. The Student Health Center does not share information about a student with other campus departments without the student’s consent – to do so would be illegal; nothing shows up on the academic record.
10. Except in emergencies, if the student adamantly refuses, the option to pursue counseling is always up to them. Respecting the student and preserving your relationship with him/her is of greater benefit than pressuring the student and jeopardizing your rapport. Suggest that the student may want to have some time to think it over, and then follow-up with them at a later date.

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

## *Crisis Intervention*

### **FACULTY AND STAFF CRISIS INTERVENTION GUIDELINES**

Both psychological crises and psychological emergencies warrant an immediate call to the Student Health Center for crisis intervention. A *psychological crisis* situation occurs when the student feels unable to cope with the circumstances of his/her life. The more helpless the individual feels, the greater the crisis. Typically, a person may be temporarily overwhelmed and unable to carry on, but is not in immediate physical danger. Crisis intervention helps a person cope with the immediate situation and make a plan to address any ongoing problems. A psychological crisis may be triggered by a traumatic event such as an accident, a loss of a family member or loved one, or some kind of assault, or it may be related to exhaustion and severe stress. A *psychological emergency* exists when the crisis is so severe that the person is potentially in danger and may need to be hospitalized. A psychological emergency occurs when a person is:

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

Ventura College provides crisis intervention as needed and as available. You may contact the Student Health Center or a member of the BICT.

### **PROCEDURE**

The procedure for crisis intervention is as follows:

- 1) **Contact the Student Health Center for an assessment or assistance. If the Student Health Center is closed, or the student is acting aggressively or threatening to harm someone, call Campus Police.** If you cannot call, enlist the help of another student – don't try to handle a crisis alone. Tell the health center staff person who you are and that there is a crisis.
- 2) Until help arrives:
  - a) **Listen.** Avoid any physical contact and allow the student to talk.
  - b) **Assist.** Provide a quiet atmosphere; minimize environmental stimulation. Give the student some space. Ask the student what or who might be helpful.
  - c) **Recognize.** Know your limitations.

Personal Counseling or Student Health Center staff will make an assessment and contact the student's family or significant other, if it is necessary to protect the health and safety of the student or other persons. If hospitalization appears warranted, staff will either assist the student and his/her family in getting an assessment for admission, or contact the Ventura County Behavioral Health 24-Hour Crisis Team at (805) 652-6727 or law enforcement if an evaluation for involuntary hospitalization is needed.



## *The Depressed Student*

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

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, even when the student continues to function in class. Depressed behavior includes:

- Tearfulness/general emotionality
- Markedly diminished performance
- Dependency (a student who makes excessive requests for your time)
- Infrequent class attendance
- Lack of energy/motivation, indecisiveness
- Increased anxiety/test anxiety/performance anxiety
- Irritability
- Deterioration in personal hygiene
- Significant weight loss or gain
- Alcohol or drug use
- Agitation, hostility or angry outbursts

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 health.

### ***Do:***

- Let the student know you're aware he/she is feeling down and you would like to help.
- Reach out more than halfway and encourage the student to discuss how he/she is feeling.
- Offer options to further investigate and manage the symptoms of the depression. Remind the student that feeling hopeless and helpless are symptoms of depression, not the objective reality – people do get better with treatment.
- Gently and directly ask the student if he/she has had/is having thoughts or impulses to harm or kill him/herself – both impulses for self-harm, e.g., cutting, and suicide can be present in students who don't "look that bad."

### ***Don't:***

- Minimize the student's feelings, e.g., "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.
- Be afraid to ask whether the student is suicidal – you can't cause a suicide just by asking.

## *The Suicidal Student*

Suicide is the second leading cause of death among college students. It is important to view all suicidal comments as serious and make appropriate referrals. Suicidal people are irrational about how bad things are, now and in the future. High-risk indicators include:

1. Feelings of hopelessness, helplessness and futility
2. A severe loss or threat of loss (death, break up of a relationship, flunking out)
3. Talk of ending things (quitting school, work)
4. A detailed suicide plan with specified means (high risk of lethality)
5. A history of a previous attempt
6. Tearfulness, agitation, insomnia
7. Giving away important possessions, taking care of business; saying "thank you for all you've done for me"
8. History of alcohol or drug abuse
9. Feelings of alienation and isolation

### *Do:*

- Take the student seriously – 80 percent of suicides give warning of their intent.
- Be direct – ask if the student is suicidal, if he/she has a plan and if he/she has the means to carry out that plan. Exploring this with the student actually decreases the impulse to use it. Access to a gun is highly lethal, refer the student ASAP or call 911 if he/she has a weapon.
- Be available to listen but refer the student to the Student Health Center or to **Ventura County Behavioral Health 24-Hour Mobile Crisis Team (805) 652-6727**, for additional help. The student does not need to agree to this. It's safer to offend than to overlook.

### *Don't:*

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

## ***The Anxious Student***

Anxiety is a normal response to a perceived danger or threat to one's well being. For some students the cause of their anxiety will be clear but for others it is difficult to pinpoint the source of stress. Regardless of the cause, the resulting symptoms are similar and include: rapid heart palpitations; chest pain or discomfort; dizziness; sweating; trembling or shaking; and cold, clammy hands. The student may also complain of difficulty concentrating, always being "on the edge," having difficulty making decisions or 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 remain appropriate in most cases.

### ***Do:***

Let them discuss their feelings and thoughts. Often this alone relieves a great deal of pressure. Normalize where appropriate.

Provide reassurance. Nobody ever died of a panic attack. However, reassurance alone, without further action, is not helpful.

Remain calm.

Be clear and directive. "Let's sit down and do some slow breathing."

Provide a safe and quiet environment until the symptoms subside.

Remind them that their anxiety will subside, sooner or later.

### ***Don't:***

Trivialize the perceived threat to which the student is reacting.

Take responsibility for their emotional state.

Overwhelm them with information or ideas to "fix" their condition. Anxious people can't take in very much. Make sure they write down appointments and phone numbers.

## ***The Student Experiencing Delusions or Confusion***

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

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

When you encounter a student who demonstrates delusions or confusion:

### ***Do:***

Call the Student Health Center to consult first, if the situation is not an immediate crisis.

Respond with warmth and kindness, but with firm limits.

Remove extra stimulation from the environment, (turn off the radio, and step outside of a noisy classroom).

Acknowledge your concerns and state that you can see they need help. “I don’t really understand what you’re trying to tell me, but I see that you’re upset.”

Acknowledge their feelings or fears without supporting the misperceptions, e.g., “I understand you think someone is following you, but I don’t see anyone and I believe you’re safe.”

Acknowledge your difficulty in understanding them and ask for clarification or restatement.

“Sorry, I’m not understanding you, what I asked was...”

Focus on the “here and now.” Tell the student the plan for getting him/her to a safe environment, and repeat the plan emphasizing the safe environment. “Ok, let’s get you over to the Student Health Center to talk with the folks there, it’s a safe place. They’ll help you figure out what to do to be safe.”

Speak to their healthy side, which they have. It’s OK to laugh and joke when appropriate – but not about any of their beliefs or fears.

Be aware that the student may show no emotions or intense emotions.

Be aware that the student may be extremely fearful to the extent of paranoia.

Be aware that the student may not understand you or understand only parts of what is being said.

Be aware that, on occasion, a student in this state may pose a danger to self or others.

***Don't:***

Argue or try to convince them of the irrationality of their thinking, as their brain may be literally incapable of accepting the information.

Play along, e.g., "Oh yeah, I hear the voices (or see the devil)."

Encourage further discussion of the delusional processes.

Demand, command, or order.

Expect that the student will understand you.

Assume the student will be able to take care of him/herself when out of touch with reality

Allow friends to take care of the student without getting a professional opinion.

Assume the family knows about the student's condition.

## ***The Verbally Aggressive Student***

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

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

### ***Do:***

Acknowledge their anger and frustration, e.g., "I hear how angry you are."

Rephrase what they are saying and identify their emotion, e.g., "I can see how upset you are because you feel your rights are being violated and nobody will listen."

Reduce stimulation; invite the person to a quieter place if this is comfortable and safe for you.

Allow them to ventilate, get the feelings out, and tell you what is upsetting them. However, if the person is escalating and becoming agitated, take care of your own safety first. "You are getting worked up, please control yourself or I will have to call the campus police."

Be directive and firm about the behaviors you will accept, e.g., "Please step back; you're too close." "I cannot listen to you when you yell at me." "If you want my help, you'll have to speak politely and I will do the same."

Help the person problem solve and deal with the real issues when they become calmer.

Keep a safe distance from the student. There should be a minimum of three (3) feet between you and the student.

### ***Don't:***

Get into an argument or shouting match.

Become hostile or punitive yourself, e.g., "You can't talk to me that way!"

Press for explanations for their behavior.

Ignore the situation.

Touch the student.

## ***The Violent Student***

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

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

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

### ***Do:***

First determine if you feel safe with the student. If not, remove yourself and call 911 or Campus Police.

For non-crisis situations, consult with both the Student Health Center and your dean.

Attempt to prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation, e.g., "I can see you're really upset and are ready to lash out."

Explain simply, clearly and directly what behaviors are acceptable, e.g., "Sit down and lower your voice." Use brief and specific directives and questions. "What do you need?"

Get necessary help (send a student for campus police, other staff, dean, etc.).

Stay safe: have easy access to a door (student should not be between you and the door); keep furniture between you and the student.

Debrief the situation with a colleague.

### ***Don't:***

Assume the student can take in a normal amount of information – keep it simple. Try for five to ten words in a statement, max.

Ignore warning signs that the person is escalating, e.g., raised voice, flushed face, clenched fists, threats.

Threaten, tease or corner the student.

Make promises you can't keep.

Touch the student.

Be alone with the student.

Overlook bizarre or irrational statements.

## ***The Demanding, Passive or Manipulative Student***

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

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

When dealing with a demanding student:

### ***Do:***

Insist that they make their own decisions. You specify what you can do, then they decide.

Set firm and clear limits on your time and involvement. End the conversation when it exceeds those limits, even if the student is not satisfied. It's not helpful to the student to stay engaged, despite their distress. You may feel like you're being harsh, but you're not.

Offer referrals to other resources on and off campus.

Set and enforce limits to prevent the disruption of a class, lab or study group via acting out or monopolizing the discussion.

Set limits on where and when you talk with them, e.g., no home numbers (unless everybody gets it), no being cornered while you are having lunch.

If excessive student demands become disruptive, consult the Student Conduct Code, located in the Ventura College Catalog, which cites the standards of student conduct. You can also make a referral to the Administrator of Student Conduct.

Remember that your ability to be able to teach or serve other students and the other students' needs for an environment conducive to learning also must be met.

### ***Don't:***

Avoid the student as an alternative to setting and enforcing limits.

Argue with the student.

Accommodate inappropriate requests, or get trapped into giving advice, special conditions, changing your schedule, etc.

Feel obligated to take care of him/her, or feel guilty about not doing more.

Allow the student to intimidate you.

Ignore the problem and the impact that it has on you and the other students.



## ***The Student Under the Influence***

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

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

### ***Do:***

- Confront the student with their behavior that is of concern.
- Address the substance abuse issue if the student is open and willing.
- Offer support and concern for the student's overall well being.
- Maintain contact with the student after a referral is made.
- Consider informing your class at the beginning of the semester that students who appear to be intoxicated will be asked to leave. "This probably won't ever come up, but if anyone even appears to be intoxicated in class..."

### ***Don't:***

- Convey judgment or criticism about the student's substance abuse.
- Make allowances for the student's irresponsible behavior.
- Ignore signs of intoxication in the classroom. The Student Conduct Code and the Drug Free Campus Policy clearly outline the student's responsibilities.

## ***The Suspicious Student***

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

### ***Do:***

Express compassion without intimate friendship. Remember that suspicious students have trouble with closeness and warmth.

Be firm, steady, punctual, and consistent.

Be clear about the expected standards of behavior. These include requirements for academic performance, e.g., due dates, grading, expectations for classroom participation.

### ***Don't:***

Assure the student that you are his/her friend; agree that you are a stranger, but even strangers can be concerned.

Be overly warm and nurturing.

Flatter or participate in their games; you don't know their rules.

Be cute or humorous.

Challenge or agree with any mistaken or illogical beliefs.

Be ambiguous.

## ***The Sexually Harassed Student***

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

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

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

The California Educational Code Section 89535 covers sexual harassment of students.

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

### ***Do:***

Separate your personal biases from your professional role.

Listen carefully to the student, validate his/her experience.

Encourage the student to approach the person, directly or in writing. "I am uncomfortable when you\_\_\_\_, please stop."

Encourage the student to keep a log or find a witness.

Help student seek informal advice through a department chair, supervisor or advisor.

If unresolved, refer to one of the College Sexual Harassment Intake Facilitators.

Refer the student to the Student Health Center for support and assistance.

### ***Don't:***

Fail to act. Taking no action invalidates the student's already shaky perception and puts the college in a vulnerable position, should this behavior continue.

Overreact. Listen, support, and guide the student to appropriate channels.

## *Identifying and Responding to Disturbing Creative Writing*

Faculty can face complicated issues raised by disturbing creative writing. Occasionally, student writing can create an uncomfortable environment and raise questions about the author's mental state. Disturbing writing in combination with disturbing behavior will heighten concern. The instructor may feel the need to address these issues.

It is impossible to predict behavior on the basis of writing alone. When instructors are concerned about a student, their best service is to encourage that student to seek advice and assistance from experts. These guidelines are meant to help assess and respond to questionable situations. They are not absolute and cannot guarantee outcomes.

Instructors should follow their own instincts and common sense when determining what constitutes disturbing writing. A standard definition may include writing that warns of a potential harm; expresses deep desperation; threatens to harm self, others, or property; or portrays violence or gruesome details of actual or imagined events.

In the lessons learned from tragedy, Virginia Tech developed a series of questions instructors might find helpful from distinguishing creative and literary explorations of themes like violence, drugs, and suicide, from a threat or cry for help.

“Is the creative work excessively violent? Do characters respond to everyday events with a level or kind of violence one does not expect, or may even find frightening? If so, does the violence seem more expressive of rage and anger than it does of a literary aesthetic or thematic purpose?”

“Are the characters' thoughts as well as actions violent or threatening? Do characters think about or question their violent actions? In other words, does the text reveal the presence of a literary sensibility mediating and making judgments about the characters' thoughts and actions, or does it suggest unmediated venting of rage and anger? If the literary sensibility is missing, is the student receptive to adding that layer and learning how to do so?”

“Is this the student's first piece of writing? Is violence at the center of everything the student has written, or does other writing suggest that violence is something the student is experimenting with for literary effect?”

“Are the violent actions in the work so disturbing or so extreme as to suggest they go beyond any possible sense of purpose in relation to the larger narrative?”

“Is the writing full of expressions of hostility toward other racial or ethnic groups? Is the writing threateningly misogynistic, homophobic, racist, or in any way expressive of a mindset that may pose a threat to other students?”

Once a concern about a student's writing is identified, the instructor may implement the following steps:

### **Step 1: Talk Informally with the Student**

Try to make the discussion as informal as possible. It may be best to do this before or after class, or in a common area, rather than having the student come by the instructor's office. If the student seems at all threatening, do not meet with the student alone. Alert a supervisor or colleague about the meeting time and place. Arrange a warning system so that help is readily available, if needed. Set up the room or location and maintain a safe environment where the exit is not blocked and the vision in/out of the room is not obstructed. Listen carefully and allow the student to talk as much as he or she wants. Focus on the content of the writing rather than on the student. Ask about the inspiration and evolution of the writing,

what authors may have influenced the student, and how the imagery or action relates to the overall theme of the work.

It may be appropriate to offer counsel and support in helping the student deal with any identified issues. Encourage the student to visit Counseling Services if the student is in need. Provide the student with contact information for Counseling Services. Follow-up later to see if the student has gone to counseling. Document meeting(s) including date, time, and location; advice give; action take and outcomes. Keep the original writing on file.

**Step 2: Consult with the Dean**

If after a conversation with the student, concerns continue or increase, consult with your Dean. Present as thorough a picture as possible of the writing and the cause of concern. Share the writing in question, explain the situation in detail, review notes from the meeting with the student, and seek advice about interacting with the student.

**Step 3: Refer to BICT**

In instances where concerns are considered serious, the Dean should seek advice from the BICT, which includes experts in mental health and law enforcement. The BICT, in conjunction with the Dean, will assess whether or not further action or intervention is necessary. All conversations regarding the student should be on a need-to-know basis, focusing on the current issue.

(Reference: Alamo College, Behavioral Intervention Team)