

Interacting With Emotionally Distressed Students

SAN LUIS OBISPO COUNTY COMMUNITY COLLEGE DISTRICT
CUESTA COLLEGE FACULTY AND STAFF RESOURCE GUIDE

STUDENT HEALTH CENTER
546-3171

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WELLNESS • RECOVERY • RESILIENCE

The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded through the voter-approved Mental Health Services Act (Prop 63). Prop 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

ASSISTING THE EMOTIONALLY DISTRESSED STUDENT IN THE COMMUNITY COLLEGE SETTING

“...Power is strength and the ability to see yourself through your own eyes and not through the eyes of another. It is being able to place a circle of power at your feet and not take power from someone else’s circle...true power is love.”

Agnes Whistling Elk in Flight of the Seventh Moon by Lynn Andrews

Overview

This booklet will be divided into nine sections (including the introduction) and arranged to facilitate the development and implementation of a systematic approach to responding to the emotionally distressed student and various crisis situations. This booklet is not designed to be a complete training guide (training is encouraged and suggested). It is designed to increase self-awareness in how you currently deal with students in distress, provide tools to enhance your current skills and resources for referrals.

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SECTION I

INTRODUCTION

Cuesta College is dedicated to the success of every student attending our institution. We strive to provide a safe, supportive, and participative environment that treats everyone respectfully and fairly and allows students and employees to recognize their strengths, clarify their goals, achieve success, and enrich their lives. This commitment includes assisting students in times of stress and crisis. We embrace diversity by respecting the dignity of every individual, accepting differences, and striving to be inclusive.

We acknowledge that challenging situations may arise when interacting with students on a daily basis. These situations may occur whether we plan for them or not. Our goal is to be prepared to respond to students in a significant crisis.

The college environment has dramatically changed over the past decade. We are faced with many factors that increase the level of stress and demands on students, which make them increasingly vulnerable to challenging situations. Situational, biochemical and developmental problems can interfere with academic performance. Students may be distressed by depression, acute anxiety, drug or alcohol abuse or more serious conditions. Having a systematic process to approach and interact with a student who is distressed is essential in the college setting.

The purpose of this booklet is to facilitate the development and implementation of a systematic response to interacting with challenging students. It is also to encourage the use of effective communication in every situation of your life. This is established by developing cooperative communication techniques.

The hope is to avoid a crisis situation. However, when faced with a crisis, the tools and skills in this manual will assist you in managing the crisis effectively and making appropriate referrals in a timely manner. For the purposes of this booklet a crisis will be defined as:

A PSYCHOLOGICAL DISEQUILIBRIUM IN A PERSON WHO CONFRONTS A HAZARDOUS CIRCUMSTANCE THAT CONSTITUTES AN IMPORTANT PROBLEM FOR THAT PERSON AND THAT CANNOT, FOR THE TIME BEING, BE ESCAPED OR SOLVED WITH THE PERSON'S CUSTOMARY PROBLEM SOLVING RESOURCES

In order for communication skills to be effective they must be used in a wide variety of situations. These include your everyday life: at home, at work, at school, driving, shopping, etc. In essence, every interpersonal interaction you have with another is an

opportunity to enhance communication skills. Enhancing personal communications through practice everyday will allow your evolving skills to become “second nature” like riding a bike or driving. Just as you had to practice motor skills, it is critical to practice communication skills.

SECTION II REFERRAL RESOURCES ON CAMPUS

Your immediate and initial resource is: Campus Police/546-3205-ext. 3911 (SLO) & ext. 4911 (NCC)

San Luis Obispo Campus

| | |
|----------------------------------|-----------------|
| <u>Student Health Center</u> | <u>546-3171</u> |
| <u>Counseling Services</u> | <u>546-3138</u> |
| <u>Disabled Student Services</u> | <u>546-3148</u> |
| <u>VP of Student Services</u> | <u>546-3116</u> |

North County Campus

| | |
|----------------------------------|-------------------------------------|
| <u>Student Health Center</u> | <u>591-6200</u> <u>ext. 4207</u> |
| <u>Counseling Services</u> | <u>591-6241</u> |
| <u>Disabled Student Services</u> | <u>591-6215</u> |
| <u>Executive Dean</u> | <u>591-6220</u> |

If you believe a referral may be beneficial to a student refer to the appropriate resource. When making a referral for mental health services (Student Health Center), it would be helpful for the student to understand in a clear, concise manner your concerns and the reason you think counseling would be beneficial.

Be compassionate yet direct with the student. Share that you think additional support would be helpful in their current situation. Inform the student the services are both confidential and free of charge. A mutual decision is best. If the student is resistant, do not become defensive. Instead restate your concerns and recommendations. Encourage the student to call or go by the Student Health Center for an appointment. If it seems appropriate, accompany the student to the Student Health Center.

REFERRAL RESOURCES OFF CAMPUS

| | |
|---|--|
| Hospice | 544-2266 SLO/226-5641 NC |
| Hotline of SLO County | 800-549-4499 |
| SLO Sexual Assault Recovery and Prevention Center | 545-8888 (24 hr. Rape Crisis Line) |
| SLO County Mental Health Mobile Crisis | 781-4700 (24 hr. hotline) |
| SLO County Drug and Alcohol Services | 781-4275 SLO/461-6080 NC |
| SLO VET Center-Confidential Counseling/PTSD | 210-6634 (VA Outpatient Medical Clinics) |
| Suicide Prevention National Hotline | 1-800-Suicide (1-800-784-2433) |
| | 1-877-Suicida (1-877-784-2432) (Spanish) |
| Trevor Lifeline LGBTQ Support | 1-866-488-7386 |
| Victim Witness Assistance Center | 781-5821 |
| Women's Shelter Program of SLO | 781-6400 SLO |
| North County Woman's Shelter and Resource Center | 461-1338 NC |

Web Resources:

www.academic.cuesta.edu/admrreg/veterans.htm

www.SLOtheStigma.org Watch a 15 minute documentary to understand about mental health in our community.

www.Suicideispreventable.org

www.t-mha.org Transitions-Mental Health Association (TMHA)

www.thetrevorproject.org LGBTQ Support

www.vetcenter.va.gov

SECTION III

SELF AWARENESS AND PERSONAL RESPONSIBILITY – KNOW THYSELF

To enhance communication skills you must be willing to do a self-assessment, increase personal awareness, develop insight (behavioral change) and accept personal responsibility. This will allow you to develop an understanding of yourself and others, which will facilitate your ability to manage situations that are challenging. You will be able to communicate with others while not being critical of them.

PERSONAL HISTORY

We were all raised in different environments that influenced how we react or respond to crisis situations. Be honest with yourself about how you have dealt with others in the past.

Ask yourself:

- ❖ What things trigger me to react or avoid uncomfortable situations
- ❖ Am I a reactor or an avoider
- ❖ Does conflict cause me to withdraw, become emotional, or angry
- ❖ Do certain individuals or situations trigger me more than others
- ❖ What are they
- ❖ What am I afraid of
- ❖ Do certain people trigger a reaction in me
- ❖ Who might they remind me of
- ❖ What is my personal style of communicating
- ❖ Am I willing to change
- ❖ How do I respond to others
- ❖ Am I intuitive

It is difficult to learn how to respond unless we have some awareness of what impacts us and how we react to it. We cannot change the past but the past tends to step on our heels if we ignore it. Be willing to address your own issues and personal biases, as it will allow you to understand yourself more fully and interact with others more effectively.

Campus Police 546-3205
SLO ext. 3911
NCC ext. 4911

Student Health Center
SLO 546-3171
NCC 591-6200 ext. 4207

SECTION IV

SITUATIONAL CONCERNS

There are a multitude of situations that cause an individual to enter into a pre-crisis or crisis state. In the college environment varying situations represent stressful transitions. Some of these may include academic concerns, interpersonal relationships, and health issues, leaving home, financial problems, career development, identity development, family concerns, and the search for independence.

Being aware of what these situations represent, and how different individuals cope can enhance your ability to be of assistance. Some individuals will seek counseling on their own. **As faculty or staff you are in an excellent position to recognize when someone is emotionally distressed.** Students will often turn to you as a first resource because of your position and their respect for you. The basic communication skills you develop will be significant in managing these types of situations.

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SECTION V

CRISIS INTERVENTION A QUICK GUIDE TO MANAGING A CRISIS

A crisis occurs when an individual feels they are unable to cope with the circumstances of their life. During a crisis, an individual is most amenable to intervention as their problem solving resources are not readily available to them.

As faculty or staff you are in an excellent position to notice the emotionally distressed student. Be aware of your personal reactions to the situation. Every crisis is different; the common thread being the individual is in serious distress. The crisis situation may manifest through verbal aggression, physical violence or destruction, demanding or passive behavior, substance abuse, depressive behavior, extreme anxiety.

A psychological emergency occurs when an individual is:

- Suicidal
- Homicidal
- Gravely disabled:
 - Confused
 - Not in control of their behavior
 - Hallucinations
 - Delusions
 - Disorientation
 - Extreme hyperactivity

In the above situations immediate intervention is necessary. Contact Campus Police and stay with the individual (always maintain personal safety).

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Watch for the signs of a potentially impending crisis:

SIGNS OF DISTRESS

- Nervousness
- Agitation
- Increased irritability
- Aggressive or abrasive behavior
- Procrastination
- Infrequent class attendance
- Poorly prepared work
- Little or no work completed
- Bizarre, alarming or dangerous behavior
- Depressive behaviors: lack of energy, withdrawal, sad affect, tearful, fearful, etc.
- Dependency
- Indecisiveness, confusion

By following these guidelines you have the opportunity to assist the individual and prevent further emotional danger.

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**Student Health Center
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INTERVENTIONS: WHEN APPROPRIATE AND SAFE

DO:

- Maintain your own personal safety and of others present.
- Remain calm.
- Listen attentively.
- Acknowledge and validate the individual's feelings.
- Voice concern quickly and calmly.
- Allow them to ventilate.
- Set clear physical boundaries ("Please step back you are too close.").
- Reduce stimulation (offer a quiet place to talk, if safe).
- Focus on the here and now.
- Assist the individual to problem solve, identify options.
- Allow them to make their own decisions as much as possible.
- Encourage the individual to seek help (give them resources).
- If appropriate walk the individual to the Student Health Center.
- Take any suicidal ideation or threats seriously.

DO NOT:

- Minimize.
- Be afraid to ask direct questions.
- Argue.
- Become hostile.
- Look away or avoid the situation.
- Give away your personal rights.
- Ignore the problem or warning signs.
- Threaten, dare, taunt, or push.
- Demand, command or order.
- Expect customary emotional responses.
- Challenge or agree with any mistaken or illogical beliefs.
- Be ambiguous.
- Take responsibility for their emotional state.
- Encourage destructive behavior.
- Over commit yourself.
- Ignore your limitations.

Your immediate and initial resource is **Campus Police 546-3205.**

The Student Health Center has trained professionals to provide crisis intervention services. Contact the **Student Health Center at 546-3171 and NCC 591-6200 ext. 4207.**

SECTION VI

GUIDELINES FOR INTERACTION ASSISTING STUDENTS IN SPECIFIC TYPES OF DISTRESS

- ❖ **INTERVENTIONS ARE TO BE DONE ONLY WHEN APPROPRIATE AND SAFETY CAN BE MAINTAINED**

THE AGGRESSIVE, VIOLENT OR DESTRUCTIVE STUDENT

Aggression may manifest from frustration and feeling out of control. Violence that may occur due to acute emotional distress, is very rare and typically occurs only when the student is completely frustrated and feels unable to do anything about it. Students who are verbally or physically aggressive often feel inadequate and use hostile behavior to bolster their self-esteem. They fear rejection so they reject first in order to avoid being hurt. They may perceive you as trying to control them and lash out to gain a sense of control. The adage, "An ounce of prevention is worth a pound of cure," best applies here.

DO:

- Project calmness and reduce stimulation.
- Acknowledge the intensity of the situation ("I can see you are extremely upset and have some critical concerns on your mind.").
- Emphasize interest in the student ("I want to hear what's on your mind.").
- Allow the student to ventilate and tell you what is wrong.
- Maintain a relaxed yet attentive posture, and position yourself at right angle rather than directly in front of the other person.
- Be empathetic, encourage the student to talk, and listen patiently.
- Validate the student's feelings ("I understand how this would cause you to feel angry.").
- Set clear physical boundaries ("Please step back you are too close.").
- Establish ground rules ("You have a right to be angry but hitting me or breaking things is not O.K.").
- Focus on diffusing the situation rather than immediate resolution.
- Assist the students to problem solve and identify options.
- Get help as soon as possible (Campus Police, Student Health Center, Counseling Center).

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**Student Health Center
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DO NOT:

- Challenge, criticize, threaten, minimize, argue, become hostile, demand, command, ignore.
- Expect customary emotional responses.
- Over commit, or ignore your limitations.
- Take responsibility for their emotional state.
- Agree with illogical beliefs.
- Be ambiguous.
- Ignore warning signs (yelling, screaming, clenched fists, pacing, threats, and glaring).

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THE VERBALLY AGGRESSIVE INDIVIDUAL

Students usually become verbally aggressive when in frustrating situations which they see as being beyond their control; anger and frustration become displaced from those situations to you. Typically the anger is not directed at you.

DO:

- Project calmness.
- Acknowledge the intensity of the situation (“I can see you are extremely upset and have some critical concerns on your mind.”).
- Emphasize interest in the student (“I want to hear what’s on your mind.”).
- Maintain a relaxed yet attentive posture, and position yourself at a right angle rather than directly in front of the other person.
- Be empathetic, encourage the student to talk, and listen patiently.
- Validate the student’s feelings (“I understand how this would cause you to feel angry.”).
- Set clear physical boundaries (“Please step back, you are too close.”).
- Establish ground rules (“You have a right to be angry, but hitting me or breaking things is not alright.”).
- Assist the student to problem solve and identify options.
- Get help as soon as possible (Campus Police, Student Health Center, Counseling Center).

DO NOT:

- Challenge, criticize, threaten, minimize, argue, become hostile, demand, command, ignore.
- Expect customary emotional responses.
- Over commit, or ignore your limitations.
- Take responsibility for their emotional state.
- Agree with illogical beliefs.
- Be ambiguous.
- Ignore warning signs (yelling, screaming, clenched fists, pacing, threats, and glaring).

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THE STUDENT IN POOR CONTACT WITH REALITY

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

DO:

- Project calmness, empathy, kindness, warmth and patience.
- Minimize external stimulation (If possible, find a quiet place to talk, and be aware of your comfort level).
- Validate their feelings or fears without supporting their misconceptions, (“I know you think someone is trying to hurt you, but I don’t hear the voices or see the devil”).
- Focus on the “here and now.” Divert to reality from irrationality.
- Acknowledge your concerns and offer assistance (“It seems as though you are having a hard time making sense of all that is happening right now, and I am concerned and want to help you.”).
- Encourage the student to talk, redirecting from the irrational to the rational.
- Speak to the student’s healthy side.
- Get assistance as soon as possible (Campus Police, Student Health Center, Counseling Center).

DO NOT:

- Argue or try to convince them they are being irrational. This causes them to defend their position more strongly.
- Encourage further revelations of craziness.
- Expect customary emotional responses.
- Take responsibility for their emotional state.
- Agree with illogical beliefs (“I can hear the voices too.”).

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THE SUSPICIOUS OR PARANOID STUDENT

Typically, these students complain about something other than their psychological difficulties. They may be tense, anxious, mistrustful, loners, and have few friends. They tend to interpret minor oversights as significant personal rejection and often overreact to insignificant occurrences. They see themselves as the focal point of everybody'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.

DO:

- Express compassion without conveying closeness. Suspicious individuals have difficulty with warmth and closeness.
- Acknowledge you are an unfamiliar person or an acquaintance but even an unfamiliar person can be concerned.
- Be firm, steady, consistent and "matter of fact."
- Emphasize interest in the student ("I want to hear what's on your mind.").
- Be specific and clear regarding the standards of behavior you expect.
- Get assistance as soon as possible (Campus Police, Student Health Center, Counseling Center).

DO NOT:

- Assure the student you are his/her friend; acknowledge you are an unfamiliar person but even an unfamiliar person can be concerned.
- Be overly warm or nurturing.
- Expect customary emotional responses.
- Flatter or participate in their games; you don't know the rules.
- Be cute or humorous.
- Agree with mistaken or illogical beliefs.
- Be ambiguous.

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THE ANXIOUS STUDENT

What makes students anxious is often unknown: not knowing what is expected and conflict are primary causes of anxiety. Unknown and unfamiliar situations raise their anxiety: high and unreasonable self-expectations increase anxiety also. These students often have trouble making decisions.

DO:

- Remain calm and focused.
- Allow them to discuss and process their thoughts and feelings. This alone relieves a great deal of pressure.
- Acknowledge the intensity of the situation (“I can see you are extremely anxious and have a lot on your mind.”).
- Emphasize interest in the student (“I want to hear what’s on your mind.”).
- Be clear and explicit.
- Be empathetic, encourage the student to talk, and listen patiently.
- Validate the student’s feelings (“I understand how this would cause you to feel distress.”).
- Assist the student to problem solve and identify option.
- Get help as soon as possible (Campus Police, Student Health Center, Counseling Center).

DO NOT:

- Minimize, argue with or ignore their concerns.
- Expect customary emotional responses.
- Take responsibility for their emotional state.
- Over commit, or ignore your limitations.
- Overwhelm with additional information.

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THE DEMANDING MANIPULATIVE STUDENT

Typically, the utmost time and energy given to these students is not enough. They often seek to control your time and unconsciously believe the amount of time received is a reflection of their worth.

DO:

- Set clear boundaries and limitations.
- Require they make an appointment if they continue to be intrusive.
- Emphasize interest in the student, but make clear time limitations (“I have 15 minutes available at 10:00 A.M.”).
- Encourage student to make their own decisions, problem solve and identify options.
- Refer the student to other resources (Student Health Center).

DO NOT:

- Allow them to use you as their only source of support.
- Give advice; instead encourage independent thinking (“What do you think your options are.”).
- Over commit, or ignore your limitations.
- Take responsibility for their emotional state or issues.

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THE SUBSTANCE ABUSING STUDENT

Given the stresses of college life, students are especially susceptible to drug abuse. A variety of substances are available that provide escape from pressing demands. The only problem is that these drugs soon create their own set of problems in the form of addiction, accident proneness and poor health. The most abused substance (so commonplace we often forget that it is a drug) is alcohol. Alcohol and other drug-related accidents remain the greatest single cause of preventive death among college students.

DO:

- Be aware of the signs of drug abuse:
 - Preoccupation with drugs.
 - Inability to participate in class interactions.
 - Deteriorating performance in the class.
 - Periods of memory loss (blackouts).
- Emphasize interest in the student and share your honest concern.
- Be specific about your observations of the student's behavior ("I noticed your grades have fallen and you are not regularly attending class.").
- Be empathetic, encourage the student to talk, and listen patiently.
- Be aware of your own personal biases.
- Encourage the student to seek help.
- Get assistance in instances of alcohol or drug intoxication (Campus Police, Student Health Center, Counseling Center).

DO NOT:

- Criticize, minimize, argue, or ignore the problem.
- Expect customary emotional responses.
- Over commit, or ignore your limitations.
- Chastise or lecture.
- Encourage the behavior.

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THE DEPRESSED STUDENT

Typically, these students get the most sympathy. They show a multitude of symptoms: isolation, sadness, guilt, low self-esteem, feelings of worthlessness, and inadequacy. They also experience physical symptoms such as decreased or increased appetite, difficulty with too much or too little sleep, early awakening and a decreased interest in daily activities. They show low activity levels because everything is an effort and they have little energy.

DO:

- Acknowledge your awareness of the student appearing to be feeling down and emphasize your concern.
- Emphasize interest in the student and express your desire to be of assistance.
- Maintain a relaxed yet attentive posture.
- Be empathetic, encourage the student to talk, and listen patiently (this promotes feelings of self-worth).
- Validate the student's feelings.
- Assist the student to problem solve and identify options.
- Make appropriate referral (Campus Police, Student Health Center, Counseling Center.).
- Accompany the student to Student Health Center if needed.
- Get assistance as soon as possible (Campus Police, Student Health Center, Counseling Center).

DO NOT:

- Minimize the student's feelings.
- Be afraid to ask whether the student is suicidal.
- Expect customary emotional responses.
- Over commit, or ignore your limitations.
- Ignore warning signs (yelling, screaming, clenched fists, pacing, threats, glaring).

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THE SUICIDAL STUDENT

Suicide is the second leading cause of death among college students. The suicidal person is intensely ambivalent about killing himself/herself and typically responds to help; suicidal states are definitely time limited and most who commit suicide are neither crazy nor psychotic. High risk indicators include: feelings of hopelessness and futility, a severe loss or threat of loss, a detailed suicidal plan, history of a previous attempt, history of alcohol or drug abuse, and feelings of alienation and isolation. Suicidal students usually want to communicate their feelings. The opportunity to do so should be encouraged.

DO:

- Take the student seriously – 80% of suicides give warning of their intent.
- Project calmness.
- Acknowledge the intensity of the situation and that a threat of or attempt at suicide is a cry for help.
- Emphasize interest in the student and be available to listen and talk with the student.
- Be empathetic, encourage the student to talk, and listen patiently.
- Validate the student's feelings.
- Accompany the student to the referral source on campus (Campus Police, Student Health Center, Counseling Center).
- Get assistance as soon as possible (Campus Police, Student Health Center, Counseling Center).
- Self-care, process and debrief. Helping a suicidal person is difficult, demanding and draining.

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DO NOT:

- Leave the student alone.
- Minimize the situation or the depth of the feeling (“Oh, everything will be brighter tomorrow.”).
- Be afraid to ask the student if they have thought about or are planning to hurt themselves (“You seem so sad and depressed, I am wondering if you are considering suicide.”).
- Expect customary emotional responses.
- Over commit, or ignore your limitations.
- Take responsibility for their emotional state.

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VETERAN SPECIFIC

When student veterans come to you with issues related to their services...

DO:

- Understand that they may have commitments that aren't under their control-like reservist training, deployments, or appointments at the VA- and may need more flexibility than other students.
- Know what services are available for veterans at your college campus.
 - Best Referral Option: Vets Center/Veteran Liaison
 - Questions about GI Benefits: Vets Center/School Certifying Official
 - Questions about Academic Accommodations: Disabled Student Services, Counseling Services/Academic
 - Support for Emotional Issues: Counseling Services/Student Health Center/Disabled Student Services/Vet Center
 - Meeting Other Veterans: Student Veteran Club
- Make sure you are referring to the right office by calling first.

When talking with student veterans about their service...

DO:

- Ask open-ended questions-like "What did you do in the military?" or, "Where did you serve?"- this allows them to decide how much or how little to share.
- Keep an open mind about what they have learned about the world.

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DO NOT:

- Ask specific questions – like “Did you see any suicide bombers?” – that might pressure them to talk about topics they’re not comfortable with.
- Ask if they’ve lost friends or killed anyone.
- Ask personal questions about their mental health like “Do you have PTSD?”
- Make assumptions about how easy or difficult their deployment was.
- Assume they were in combat.
- Act as if you know more about the military or conflicts overseas than they do.

When talking about military topics in class...

DO:

- Be aware that there could be veterans or service members in class and that this topic may make them uncomfortable.
- Ask student veterans (privately) if they’d like to share their experience with the class.
- Ask, “Are there any veterans here who’d like to talk about their experiences?”
- Help students define what they want to say, sometimes reframing their comments in a more objective tone.

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DO NOT:

- Call on a student veteran or use them as an example in class without their permission.

When you're worried about a student veteran...

DO:

- Recognize warning signs for psychological distress:
 - Often late or absent
 - Restless
 - Easily startled
 - Doesn't appear to be paying attention
 - Turns in assignments late or incomplete
 - Does poorly on exams, even when you know he/she understands the material
 - Agitated: outbursts of anger
 - Overly concerned with structure; asks for excessive clarification
 - Trust your instincts. If a student puts effort into class, but doesn't get corresponding results, then it's good to be worried and talk to him/her to see what's going on.

When talking to a student veteran about your concerns...

DO:

- Let the student know you're worried about him/her.
- Mention specific, observable behaviors and ask what's causing those behaviors.
- Ask questions to better understand the student's need.
- Feel comfortable asking if the student is a veteran.
- Normalize the process of getting help.
- Let someone know right away if you're concerned for the student's safety or the safety of others.

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DO NOT:

- Generalize (e.g., “You always do X. You never do “Y.”).
- Use negative labels (e.g., “strange”, “weird”, “messed up”, “crazy”).

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SECTION VII

ENHANCING COMMUNICATION

ENHANCING COOPERATIVE COMMUNICATION

1. Know Thyself.
2. Listen and acknowledge more responsively.
3. Explain your role, intent and invite consent.
4. Express yourself clearly and completely.
5. Translate your concerns, complaints, criticisms into requests and explain requests.
6. Ask open-ended questions.
7. Express appreciation.
8. Make improved communication a part of your everyday life.

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SECTION VIII

SURVIVAL SENTENCES FOR THE WEARY STAFF

Below are suggestions for responses to the distressed student:

“I hear how angry you are.”

“When you yell and scream I find it hard to listen.”

“Please step back, you are too close.”

Reflect what they have said, “What I hear you saying is that you are angry.”

“I can see you are really upset and really mean business.”

“You have the right to be angry, but breaking things or hitting is not alright.”

“If you let me I can be of help.”

“I don’t hear voices or see the devil, but understand you think they are trying to hurt you.”

“I’m sorry, but I didn’t understand what you said. Could you repeat it or say it in another way.”

“I can see you are feeling down and would like my help.”

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SECTION IX

ASSERTIVENESS SKILLS OVERVIEW

The following information provides definitions and basic skill suggestions for effective assertiveness behaviors. It is recommended staff and faculty attend training in order to identify and develop personal assertiveness skills and to assist students in their development.

I. DEFINITIONS: ASSERTIVE, SUBMISSIVE, AGGRESSIVE

Assertive: To declare or affirm positively, with persistence and confidence one's own rights. Firmly stands own ground and protects own sense of space.

Submissive: Submitting or surrendering with obedience and resignation. Allows others to violate their personal space.

Aggressive: Hostile and quarrelsome; bold and active. Forcefully intrudes into another's personal space.

II. BASIC ASSERTIVENESS SKILLS

Self-awareness/Self-esteem
Effective Communication
Affirmations
Openness and Honesty
Direct Statements; "I" Statements
Clear Boundaries
Breathe
Actively Listen
Effective Problem Solving
Appreciation and Strokes

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III. HUMAN BILL OF RIGHTS

The right to be treated with respect
The right to have and express your own feelings and opinions
The right to be listened to and taken seriously
The right to set your own priorities
The right to say 'no' without feeling guilty
The right to ask for information
The right to make mistakes
The right to make decisions
The right to ask for what you want
The right to set boundaries

IV. SUGGESTIONS FOR VERBAL COMMUNICATION

Strongest messages are perceived not from what you say but how you say it.
Have a moderated tone and a sense of conviction.
Slightly raising your voice can be perceived as assertive if you do not raise your pitch, keep it level.
Be careful not to end sentences on a rising intonation causing strong statements of need or sounding like questions.
Mixed messages; smiling or giggling when making serious statements; take yourself seriously; don't sabotage the power of your assertive message.

V. VISUAL COMMUNICATION

Eyes communicate messages about confidence, interest and attitude.
Be aware of cultural differences.

Maintaining a calm, steady gaze, sends the message you are paying attention and not susceptible to intimidation. Be aware of a staring match. Looking "to freeze water" is a response to someone invading your boundaries.

Take steps back if necessary.

Don't self sabotage with the eyes, averting your eyes and smiling when uncomfortable or intimidated.

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VI. ASSERTIVE BEHAVIORS

Body language, visual responses, verbal responses

VII. BODY LANGUAGE

Submissive: allows others to violate personal space; has weak or missing boundaries

Assertive: firmly stands own ground protects own space; has clear boundaries

Aggressive: forcefully intrudes other's personal space; invades boundaries

VIII. VISUAL RESPONSES

Submissive: avert eyes, blink a lot

Assertive: calm, steady gaze

Aggressive: stare down

IX. VERBAL RESPONSES

Submissive: 'ums' and 'ahs', overly agreeable, beats around the bush

Assertive: positive direct statements

Aggressive: demands, orders, threats, name calling and blaming

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APPENDIX I

STUDENT INCIDENT RESOLUTION PROCESS

The purpose of this procedure is to provide a prompt and equitable means to address violations of the Student Code of Conduct, which guarantees to the student or students involved the due process rights guaranteed them by state and federal constitutional protections. This procedure will be used in a fair and equitable manner, and not for purposes of retaliation.

Incident Reporting and Procedural Flowchart

Faculty Incident Resource Grid

Staff Incident Resource Grid

Student Complaint Process

Student Incident Report Form

Student Code of Conduct

On-line at: **<http://academic.cuesta.edu/vpss/Incident%20Resolution.html>**

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