



# **Helping Students in Distress**

*A Guide for Faculty & Staff*

## California Community College Student Mental Health Program

This document is made possible through the California Community College Student Mental Health Program (CCC SMHP). In 2011, the CCC SMHP selected 23 California community college campuses or consortia of campuses (representing a total of 30 campuses) to expand and enhance their capacity on campus and through community linkages to address the mental health prevention and early intervention needs of their students, faculty, and staff. Rio Hondo College is one of 23 campuses to receive a campus based grant. It is expected that this effort, along with the other CCC SMHP components, will result in examples of model programs, services, strategies and tools that can be shared and disseminated to the entire system as well as to campuses in the California State University (CSU) and University of California (UC) systems. Further support for the Student Mental Health Program at Rio Hondo College comes from the California Community Colleges Chancellor's Office (CCCCO), the California Mental Health Service Authority (CalMHSA), and the Foundation for California Community Colleges (FCCC).

### You Matter: Student Health & Wellness Program



The goals for the Student Mental Health Program at Rio Hondo College include:

- Focusing on prevention and early intervention strategies which address the mental health needs of students, faculty, and staff
- Reducing the stigma of mental health and encourage help seeking behavior among our students
- Developing formal partnerships and protocols with community partners and local mental health agencies
- Providing training to faculty and staff on how to identify, approach, and refer students in distress
- Providing support to students displaying varying levels of disruptive, disturbed, and/or distressed behaviors before they rise to the level of a crisis
- Providing peer to peer groups to support students and promote academic and social integration within a welcoming campus environment
- Increasing awareness of existing resources and services available to support students' overall health and well-being



FOUNDATION for CALIFORNIA  
COMMUNITY COLLEGES



#### **Acknowledgements**

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## **Your Role in Helping Students in Distress**

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

For our students, the best approach is to be attentive and to be concerned. By taking the initiative to recognize a concern, to make the appropriate referral, and to connect students directly to someone else who can further assist them, you are doing your part. To feel prepared for such situations, get to know your surroundings, identify available resources (on- and off campus), and familiarize yourself with this guide.

## **Guidelines for Intervention and Referral**

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

1. Request to see the student in private. This may help minimize embarrassment and defensiveness. "Private" might be your office, a quiet corner after class or an empty classroom. However, be mindful not to isolate yourself with a student who may be hostile or volatile.
2. Briefly describe your observations and perceptions of the student's situation and express your concerns directly and honestly (e.g., "I'm concerned about the changes I've seen in your work." "Your attendance is inconsistent and you seem down and tired when you're in class." "During lab last week, your speech was slurred and rambled without making sense – you looked intoxicated.").
3. Listen carefully to what the student is troubled about and try to see the issues from his/her point of view without necessarily agreeing or disagreeing.
4. Attempt to identify the student's problem or concern as well as your own concerns or uneasiness. You can help by exploring alternatives to deal with the problem.
5. Strange and inappropriate behavior should not be ignored. Comment directly on what you have observed.

6. Some reasonable flexibility with strict procedures may allow an alienated student to respond more effectively to your concerns. However, if a student is being manipulative, sticking to the guidelines is preferable. It is also recommended that you maintain a reasonable timeframe when intervening.
7. Involve yourself only as far as you want to go. At times, in an attempt to reach or help a troubled student, you may become more involved than time or skill permits. If you have not been trained in providing psychotherapy or counseling services, it is of a great disservice to the student when such attempts are made by untrained professionals.
8. When in doubt, consult and refer. "I would like you to talk with some folks who know more about this than I do. Let's call the Student Health Center and see when a health care provider is available. It's completely private and nothing shows up on your academic record."
9. Whenever possible, have the student make the call to the Student Health Center at (562) 908-3438 and schedule an appointment for psychological counseling 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 psychological services, it would be helpful for the student to hear in a clear, concise manner your concerns and why you think counseling would be helpful. Also, having the student call for an appointment increases his/her responsibility and commitment to come in for counseling. There may be some times, however, when it is more advantageous for you to call and make an appointment for him/her or accompany the student to the Student Health Center (e.g. the student is in crisis), located in the Student Services Building, 2<sup>nd</sup> Floor, Room SS-230.
10. You might tell the student these facts about Psychological Services: a) all services are free to currently enrolled students who have paid their student health fee; b) it is best to call in advance for an appointment; c) all discussions are held confidential except when the student presents a danger to self or others or when child/elder abuse is involved; d) The Student Health Center does not share information about a student with other campus departments without the student's consent – nothing shows up on the academic record.
11. 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.

Early intervention is preferable to crisis intervention, so taking the time to call together will be beneficial to your student. Extending yourself to others always involves some risk-taking, but it can be a gratifying experience when kept within realistic limits.

## Psychological Services

### ***Denna Sanchez, Ph.D., Psychologist***

Student Services Building, 2<sup>nd</sup> Floor, Room SS-230

(562) 908-3438

dsanchez@riohondo.edu

### ***Consultation***

Consultation with the psychologist is available to all faculty and staff. We encourage you to call or email when you are troubled by a student's behavior, but are unsure of how to proceed or whether to consider the behavior a discipline or a mental health problem. To obtain a consultation, feel free to call the Student Health Center and ask to speak with the psychologist or email the psychologist directly with your concerns regarding the student. If appropriate, a plan can be developed to intervene with the student. Deans or others can be involved, as needed.

### ***When might Psychological Services be beneficial for students?***

Distress manifests itself in individuals with multiple signs and symptoms. Some common *signs of student distress* may include:

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

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

Below are examples of when to make a referral to Psychological Services:

#### **1. Stated Need for Help**

The desire for assistance with a problem may be stated directly or indirectly. For this reason, it is important not only to attend to the content of what a student may say, but also to understand the intentions and feelings underlying the message. Listening involves hearing what is being said, noticing the tone used, and observing the accompanying expressions and gestures. In fact, having someone listen attentively to an expression of a problematic feeling or thought is often a cathartic experience for the speaker, which, in and of itself, can result in the individual feeling somewhat better.

## **2. Suicidal Ideation**

It is necessary to distinguish between a theoretical or hypothetical discussion of suicide and a statement indicating true personal anguish. However, if an individual talks about or alludes to details of how, when, or where he or she may be contemplating suicide, then an immediate referral is necessary. Regardless of the circumstances or context, any reference to committing suicide should be considered serious. To conclude that a student's suicidal talk is simply a bid for attention is extremely risky. A judgment about the seriousness and possible lethality of the suicidal thought or gesture should not be made without consultation with a mental health professional.

## **3. Changes in Mood or Behavior**

Actions which are inconsistent with a person's normal behavior may indicate that he or she is experiencing psychological distress. The behavior change may also be due to a medication problem. A student who withdraws from usual social interaction, demonstrates an unwillingness to communicate, commits antisocial acts, has spells of unexplained crying or outbursts of anger, or demonstrates unusual irritability may be suffering from symptoms associated with a psychological problem.

## **4. Anxiety and Depression**

Anxiety and depression are two of the more common psychological disturbances that can present significant problems for students. Both of these rather common emotional states, when they become prolonged or severe, can impair an individual's normal functioning. When a student's ability to function in a normal manner becomes impaired because of anxiety or depression, some kind of professional assistance is recommended.

## **5. Psycho-Physiologic Symptoms**

Students who experience tension-induced headaches, nausea, or other physical pains which have no apparent physical cause may be experiencing psycho-physiologic symptoms. Such symptoms are real for that individual, and so is the pain. Other physical symptoms may include a loss of appetite, excessive sleeping, or gastrointestinal distress.

## **6. Psychosis**

Psychosis refers to an abnormal condition of the mind, and is a generic psychiatric term for a mental state often described as involving a "loss of contact with reality". People suffering from psychosis may experience hallucinations and/or delusions, which can typically include: hearing voices, having false beliefs, or seeing things that are not there.

## **7. Traumatic Changes in Interpersonal Relationships**

Interpersonal problems often result when an individual experiences traumatic changes in personal relationships. The death of a family member or a close friend, the breakup of intimate relationships, parental divorce, changes in family responsibilities, or difficulties with finances can all result in increased stress and psychological problems.

## **8. Drug and Alcohol Abuse**

Indications of excessive drinking or being under the influence of other substances are indicative of psychological problems. Frequent absences, tardiness, missed assignments, sleepiness, slurred speech and poor concentration may point to substance abuse.

### ***When to Refer for Psychological Counseling***

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

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

To make a referral to psychological counseling in the Student Health Center, please call Psychological Services at (562) 908-3438. Psychological Services is located within the Student Health Center, Student Services Building, 2<sup>nd</sup> floor, Room SS-230.

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

## **Counseling Services**

### ***When might Counseling Services be beneficial for students?***

Some students may benefit from speaking with a Counselor in Counseling Services. Counseling Services at Rio Hondo College provides opportunities for students to develop and achieve their educational and personal goals. Counselors are available to assist students with: educational planning, academic goals, career exploration, transfer information, and personal issues affecting academic performance, such as:

#### **1. 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, indecisiveness can be a debilitating experience and many students need assistance in developing goals when previous decisions prove to be in need of revision.

#### **2. Retention Issues**

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.

#### **3. Learning Problems**

Many students find the demands of college level academic work to be greater than they anticipated. All students will go through some adjustment period, however those who demonstrate a consistent discrepancy between their performance and their potential may be in need of assistance. Poor study habits, test anxiety, or repeated absences from class are all indicators that the student might benefit from Counseling Services.

***When to Refer for Counseling Services***

In many situations, it is often necessary to refer the student for academic counseling at the Counseling Office. A referral is usually indicated in the following situations:

1. A student has unclear educational goals and/or uncertain or unrealistic career aspirations.
2. You are concerned about a student's poor academic performance; or a student has indicated that he or she may drop out of school.
3. A student has poor study habits, test anxiety or is dealing with a personal issue that is affecting their attendance and/or academic performance.

To make a referral to Counseling Services, please call (562) 908-3410 (ext. 3410). Counseling Services is located in the Student Services Building, 1<sup>st</sup> floor, Room SS-160.

## **Crisis Intervention: Immediate Concern**

A **psychological crisis** situation occurs when the student feels unable to cope with the circumstances of his/her life and that their usual coping mechanisms are no longer sufficient. The more helpless the individual feels, the greater the crisis. Typically, a person may be temporarily overwhelmed and unable to carry on, but is not in immediate physical danger. Crisis intervention helps a person cope with the immediate situation and make a plan to address any ongoing problems. A psychological crisis may be triggered by a traumatic event such as an accident, a loss of a family member or loved one, or some kind of assault, or it may be related to exhaustion and severe stress. In a psychological crisis, please refer the student to Psychological Services by calling x7302 or the Student Health Center at x3438. If the psychologist is not available, contact the Los Angeles County Department of Mental Health ACCESS Center by calling 1-800-854-7771.

A **psychological emergency** exists when the crisis is so severe that the person is potentially in danger and may need to be hospitalized. A psychological emergency occurs when a person is:

- Suicidal
- Homicidal, aggressive and/or violent towards self or others
- Gravely impaired: confused, agitated, disoriented, having hallucinations or delusions

In a psychological emergency, call 9-1-1. Following the call for immediate assistance, call college security x3490 to inform of the situation and to inform them that 9-1-1 was called.

## **Behavioral Intervention: Non-immediate Concern**

The Behavioral Intervention Team (BIT) responds to non-immediate concerns and takes a proactive approach to discuss potential issues, intervene early, and provide support and behavioral response to students displaying varying levels of disruptive, disturbed, and/or distressed behaviors before they rise to the level of a crisis.

### ***Process***

- Receive information about students of concern and discuss concerning behaviors
- Maintain confidentiality and handle all matters discreetly
- Provide consultation, support, response to faculty and staff
- Intervene and connect students with resources; take other necessary measures to address concerns
- Coordinate follow-up. Ensure that services and resources are deployed effectively.

The Behavioral Intervention Team process does not replace faculty classroom management, disciplinary processes, and/or College Security responses to incidents.

***Who are members of the BIT***

|  |        |
|--|--------|
| Dr. Dyrell Foster, Dean, Student Affairs                 | x 3573 |
| Dr. Denna Sanchez, Psychologist                          | x 7302 |
| Don Mason, Associate Dean, Public Safety                 | x 7749 |
| James Poper, Facilities Services                         | x 3441 |
| Mark Matsui, DSP&S                                       | x 7660 |
| Sylvia Duran-Katnik, Veterans Services                   | x 3362 |
| George Lopez, Operations & Maintenance                   | x 7594 |
| Eliana Apodaca, Security Supervisor                      | x 3490 |
| Cesar Urizar, L.A. County of Department of Mental Health |        |

***What to Report to the BIT***

In general, any behavior that disrupts the mission or learning environment of the college or causes concern for a student’s well-being:

- Concerns about a student’s well-being
- Distressed or disturbed behavior
- Unusual occurrences
- Anything that makes you feel uncomfortable; something doesn’t seem right

***How to Report to the BIT***

- Inform your Dean or immediate supervisor, or
- Contact any member of the BIT directly

***Potential Outcomes***

The BIT may:

- Assist faculty or staff in developing a plan of action
- Refer student to existing on-campus support resources
- Refer student to appropriate community resources
- Recommend no action, pending further observation/monitoring
- Make recommendations consistent with college policies and procedures

# RIO HONDO COLLEGE - GUIDELINES FOR STUDENT BEHAVIOR CONCERNS

## Immediate Concerns

**Violent or Dangerous Behavior:**  
*Immediate Threat to Cause Harm to Self and/or Others*

- Examples:
- Use of a weapon
  - Threat of violence or harm
  - Suicidal
  - Homicidal
  - Hallucinations
  - Delusional
  - Psychological emergency



Call 911 Emergency:

- From a cell phone: **9-1-1**
- From a campus phone: **9-9-1-1**

Call College Security:  
*To inform Security that 9-1-1 was called*

- From cell phone: **(562) 908-3490**
- From a campus phone: **x3490**

Inform:

- Dean or immediate supervisor

**Disruptive Behavior:**  
*Disturbing Operations, Activities, Class, and/or Damage to Property*

- Examples:
- Irrate
  - Frustrated
  - Yelling
  - Use of profanity
  - Intimidating



Call College Security:

- From a cell phone: **(562) 908-3490**
- From a campus phone: **x3490**

If Violent Behavior:

- **Call: 9-1-1**

You may also contact:

- Dean, Student Affairs: **x3498**

Inform:

- Dean or immediate supervisor

**Distressed Behavior:**  
*Unhealthy, Abnormal and/or Impaired Behavior*

- Examples:
- Bizarre behavior
  - Drug/alcohol abuse
  - Under the influence
  - Misuse of medications
  - Disoriented
  - Psychological crisis



Call College Security:

- From a cell phone: **(562) 908-3490**
- From a campus phone: **x3490**

If Medical Emergency or Violent Behavior:

- **Call: 9-1-1**

You may also contact:

- Psychological Services: **x7302**

Inform:

- Dean or immediate supervisor

## Non-Immediate Concerns

**Disruptive Behavior:**  
*Disturbing Operations, Activities, Class, and/or Damage to Property*

- Examples:
- Suspected violation of Standards of Conduct policy
  - Suspected violation of other college policies
  - Any unusual occurrences



Report to:

- Dean or immediate supervisor
- Report to Dean, Student Affairs: **x3498**

**Distressed Behavior:**  
*Unhealthy, Abnormal and/or Impaired Behavior*

- Examples:
- Concern for student's well-being
  - Depression
  - Disheveled appearance
  - Social isolation
  - Mood swings



Report to:

- Dean or immediate supervisor
- Refer to Psychological Services: **x7302**

## **The Aggressive Student**

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

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

### **Do:**

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

### **Don't:**

- Don't get into an argument or shouting match.
- Don't become hostile or punitive yourself, e.g., "You can't talk to me that way!"
- Don't press for explanations about their behavior.
- Don't ignore the situation.
- Don't touch the student.
- Don't be alone with the student.

## **The Anxious Student**

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

### **Do:**

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

### **Don't**

- Don't minimize the perceived threat to which the student is reacting.
- Don't take responsibility for their emotional state.
- Don't overwhelm them with information or ideas to "fix" their condition. Anxious people are unable to take in very much. Make sure they write down appointments and phone numbers.

## **The Delusional Student**

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

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

When you encounter a student who demonstrates delusions or confusion:

### **Do:**

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

**Don't:**

- Don't argue or try to convince them of the irrationality of their thinking as this commonly produces a stronger defense of the false perceptions.
- Don't play along, e.g., "Oh yeah, I hear the voices" or "I see the devil."
- Don't encourage further discussion of the delusional processes.
- Don't demand, command, or order.
- Don't expect customary emotional responses.
- Don't expect that the student will understand you.
- Don't assume that the family knows the student's condition.
- Don't assume that the student will be able to take care of him/herself when out of touch with reality.

## The Demanding Student

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

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

When dealing with a demanding student:

### **Do:**

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

### **Don’t:**

- Don’t get trapped into giving advice, special conditions, changing your schedule, etc.
- Don’t feel obligated to take care of him/her or feel guilty about not doing more.
- Don’t avoid the student as an alternative to setting and enforcing limits.
- Don’t allow the student to intimidate you.

## The Depressed Student

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

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

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

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

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

**Do:**

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

**Don't:**

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

## **The Suicidal Student**

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

### ***The following are warning signs:***

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

### **Do:**

- Take the person seriously; 80 percent of suicides give warning of their intent.
- Acknowledge that a threat of suicide (or attempt) is a plea for help!
- Ask the individual directly whether he/she is considering suicide (e.g., “*You seem upset and discouraged that I’m wondering if you are thinking of harming yourself?*”).
- Be available to listen, to talk, and to be concerned.
- Refer the student to Psychological Services x7302 or call Campus Security x3490.
- Be direct – ask if the student is suicidal, if he/she has a plan and if he/she has the means to carry out that plan. Exploring this with the student can decrease the impulse to use it. Access to a gun is highly lethal, call 911 if he/she has a weapon.
- Attend to yourself (self-care). Helping someone who is feeling suicidal is hard and demanding work. Don’t do it alone.

**Don't:**

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

**If you suspect a student may be suicidal**, it is very important that a professional counselor is contacted even if there is no intent for actual self-harm. Please contact Psychological Services x7302. If the psychologist is not available and the student is in crisis, contact the Los Angeles County Department of Mental Health:

**ACCESS Center****1-800-854-7771**

ACCESS operates 24 hours/day, 7 days/week as the entry point for mental health services in Los Angeles County. Services include suicide and crisis intervention, deployment of crisis evaluation teams, information and referrals, gatekeeping of acute inpatient psychiatric beds, interpreter services and patient transport.

**Psychiatric Mobile Response Teams (PMRT)****562-467-0209**

Psychiatric Mobile Response Teams (PMRT) consists of DMH licensed clinical staff assigned to a specific Service Area in Los Angeles County. Teams have legal authority per Welfare and Institutions Code 5150 and 5585 to initiate applications for evaluation of involuntary detention of individuals determined to be at risk of harming themselves or others or who are unable to provide food, clothing, or shelter as a result of a mental disorder. The PRMT is open Monday through Friday, 8am-5pm. For assistance after regular business hours, contact the ACCESS Center.

In addition to professional support, encourage the student to utilize the following resources:

- 1) National Suicide Prevention Hotline (800) 273-TALK (Press 1 for Veterans)
- 2) Jed Foundation [www.jedfoundation.org](http://www.jedfoundation.org)
- 3) Ulifeline [www.ulifeline.org](http://www.ulifeline.org)

## **The Suspicious Student**

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

### **Do:**

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

### **Don't:**

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

## **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 (such as marijuana). Patterns of use are affected by fads and peer pressure. Currently, alcohol and marijuana are the preferred drugs on college campuses.

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

### **Do:**

- Contact college security x3490
- 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.

### **Don't:**

- Don't convey judgment or criticism about the student's substance abuse.
- Don't make allowances for the student's irresponsible behavior.
- Don't ignore signs of intoxication in the classroom.
- Don't allow students who are under the influence to remain on campus; ensure they are able to leave campus safely.

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

**Don't:**

- Don't assume the student can take in a normal amount of information – keep it simple.
- Don't ignore warning signs that the person is about to explode, e.g., yelling, screaming, clenched fists, threats. Threaten or corner the student.
- Don't touch the student.
- Don't make promises you cannot keep.
- Don't be alone with the student.
- Don't overlook bizarre or irrational statements.

## **RIO HONDO COLLEGE RESOURCES**

### **COLLEGE SECURITY**

Room A-117

College Security: (562) 908-3490

Emergency Number: (562) 463-3205

The Rio Hondo College campus is open to the public and is patrolled 24 hours/day, every day. Rio Hondo College applies due diligence with regard to campus safety and security.

George Lopez

Manager, Operations and Maintenance

(562) 463-7594

glopez@riohondo.edu

For Emergencies Call 911, from an on-campus telephone dial 9-911

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### **PSYCHOLOGICAL SERVICES**

Room SS-230

(562) 908-3438

A full-time clinical psychologist and psychology graduate student are available for students who would like help with personal problems.

Denna Sanchez, Ph.D.

Psychologist

dsanchez@riohondo.edu

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### **DEAN OF STUDENT AFFAIRS**

Room SS-204

(562) 908-3498

Faculty or staff members who have concerns about student behavior may call the Dean of Student Affairs

Dr. Dyrell Foster

Dean of Student Affairs

dfoster@riohondo.edu

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### **DISABLED STUDENTS PROGRAMS AND SERVICES (DSP&S)**

Room SS-330

(562) 908-3420 Voice

(562) 364-8433 Local VP

(888) 271-1021

Rio Hondo College offers support services for students with disabilities. Resource rooms and specialized staff are available to students who need disability-related services.

Mark Matsui

Director

mmatsui@riohondo.edu

### **VETERANS SERVICE CENTER**

Room SS-150  
(562) 463-3370

The Veterans Service Center at Rio Hondo College is designed as a liaison between you as a veteran or dependent and the Department of Veterans Affairs.

Sylvia Duran-Katnik  
Coordinator/Educational Counselor  
sduran-katnik@riohondo.edu

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### **COUNSELING SERVICES**

Room SS-160  
(562) 908-3410

Counseling Services provides opportunities for students to learn the life and career planning skills necessary to develop and achieve their educational and personal goals. Counselors are available to assist students with: educational planning ; career exploration ; and counseling courses.

Dr. Mike Muñoz  
Dean, Counseling and Student Development  
mrmunoz@@riohondo.edu

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## **Community Mental Health Resources**

### **LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH SERVICES**

The Los Angeles County Department of Mental Health is committed to serving, improving and making a difference in the lives of

Los Angeles County residents diagnosed with mental illness.

<http://dmh.lacounty.gov/wps/portal/dmh>

### **ACCESS Center**

1-800-854-7771

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**ALMA FAMILY SERVICES**

Alma Family Services provides, along with other purposes, a comprehensive range of multilingual community based services for those with special needs including emotional, physical and/or developmental delay and their families.

Dr. Diego Rodriguez, Program Director for Prevention Services  
323-264-2596

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**DIDI HIRSCH COMMUNITY MENTAL HEALTH SERVICES**

Didi Hirsch Mental Health Services transforms lives by providing quality mental health care and substance abuse services in communities where stigma or poverty limits access

<http://www.didihirsch.org/services/emergency/spc>

24 hours/7 days

Toll-Free in Los Angeles County

1-877-7CRISIS

1- 877-727-4747

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**INTERCOMMUNITY COUNSELING CENTER**

Intercommunity Counseling Center has been meeting personal and community needs for over 30 years. ICC offers growth experiences in many forms: Anger Management; Children of Divorcing Parents; Marriage Enrichment; Couple Communications; Grief Recovery; Step Parenting; Teenage Issues; Women's Issues; Men's Issues; Single Parent Support; and Parenting Without Conflict.

Ms. Marilyn Neece, Executive Director

562-698-1272

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**L.A. CADA**

L.A. Cada's mission is to save lives, unite families, and protect the community by providing addiction counseling and healthy living services.

Ms. Brenda Wiewel, Executive Director

562-906-2686

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**L.A GAY & LESBIAN CENTER**

To provide a broad array of services for lesbian, gay, bisexual and transgender community. Welcoming nearly a quarter million ethnically diverse youth and adults in the L.A. area each year.

323-993-7400

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**SPIRITT FAMILY SERVICES**

SPIRITT is committed to teaching communication skills to families and providing vital social services with an emphasis on prevention and early intervention.

Ms. Elvia Torres, Executive Director

562-693-9436

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