



Community Colleges of Spokane
Institute for Extended Learning

Helping Students in Distress: A Faculty/Staff Resource Guide



Could one of these students be in distress?

TABLE OF CONTENTS

<u>Chapter</u>	<u>Page</u>
Faculty/Staff as Helping Resource for Students	3
Signs of Distress	3
Common Causes of Emotional Distress	4
What You Can Do.....	4
Suggestions for Supporting Students	5
Specific Issues You May Encounter	5-10
Troubling Behavior	5
Disruptive Behavior	6
Threatening Behavior	7
The Suicidal Student.....	7
The Depressed Student	8
The Anxious Student	8
The Substance-Abusing Student	8
The Student with an Eating Disorder	9
The Sexually Assaulted Student.....	9
The Academically Underachieving Student	10
Campus Resources	11
How to Make a Referral	
Counseling.....	11
Disability Support Services	11
Behavioral Intervention Team.....	12
Medical Emergencies	13
Student Concerns	14
Other Resources.....	15

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Helping Students in Distress: A Faculty/Staff Resource Guide has been developed to provide you with a useful resource for recognizing students who may be experiencing emotional, physical or developmental challenges and difficulties. This brochure will provide some basic guidelines for a wide range of student behaviors. It also serves as a guide to assist you in making voluntary referrals to campus resources. We are not expecting that you would act as a professional counselor but hope this information is helpful as you work with students in your role as a faculty or staff member.

College students typically encounter a great deal of stress during their academic experience. Although many students cope successfully with the demands of college life, for some the pressures can become overwhelming and unmanageable. Students may experience stress as they attempt to perform well academically, begin their career path, navigate interpersonal relationships, and as they balance academic, social, work and family obligations. Some may feel isolated, sad, helpless and hopeless. The emotional and behavioral consequences are often played out on campus in classrooms, residence halls or offices.

As a faculty or staff member interacting with students, you are in a unique position to identify and help students who are in distress. You are likely to be the first person a student reaches out to for help. Your ability to recognize the signs of emotional distress and potential health issues and to make an initial intervention can have a significant impact on a student's future well-being. The purpose of this brochure is to help you to recognize some of the symptoms of students in distress, be supportive of their needs and facilitate appropriate referrals to the IEL counselors, Behavioral Intervention Team, and Disability Support Services. These resources are available to assist and provide consultation to you regarding problems or situations that you encounter with students.

Signs of Distress

Academic Problems

- career and course indecision
- excessive procrastination
- uncharacteristically poor preparation or performance
- repeated requests for extensions or special considerations
- disruptive classroom behavior
- excessive absence/tardiness
- references to suicide or harm to others in verbal statements or writing

Behavioral Problems

- change in personal hygiene
- dramatic weight gain or loss
- frequently falling asleep in class
- irritability
- unruly behavior
- impaired speech
- disjointed thoughts
- tearfulness
- intense emotion

Interpersonal Problems

- always asking for help with personal problems
- dependency
- hanging around office
- disruptive behavior
- inability to get along with others
- complaints from other students
- avoiding or dominating discussions
- withdrawing

- difficulty concentrating
- physically harming self
- destruction of property
- anxiety and panic
- inability to communicate clearly
- loss of reality contact
(e.g., hallucinations, poor thought connections)
- inappropriate responses

Common Causes of Emotional Distress

- relationship problems/break-ups
- family problems
- grief and loss
- divorce of parents
- loneliness
- academic pressure or failure
- serious illness or injury
- difficulty adjusting to college life
- anxiety
- eating disorders
- difficulty adjusting to American culture
- sexual or physical abuse or assault
- identity confusion
- depression
- drug/alcohol abuse
- career indecision
- loss of goal or dream
- low self-esteem
- unplanned or undesired pregnancy
- language barriers
- financial issues

What You Can Do

A faculty or staff member is often the first person to recognize when a student is in distress and to reach out to that student. Faculty and staff are not expected to provide personal counseling to students. Rather, faculty and staff play an important role in encouraging students to use campus resources, including facilitating a referral to the IEL counselors, Behavioral Intervention Team, and Disability Support Services. We encourage you to speak directly to students when you sense that they are in academic or personal distress. Openly acknowledge that you are aware of their distress, that you are sincerely concerned about their welfare, and that you are willing to help them explore their options.

On the following pages are some specific issues you may encounter and how you can deal with them.

Suggestions for Supporting Students

- Request to see the student in private.
- Briefly acknowledge your observations and perceptions of the student's situation and express your concerns directly and honestly.
- Listen carefully to what the student is troubled about and try to see the issue from his or her point of view without agreeing or disagreeing.
- Follow up with the student to see how he or she is doing.
- Strange and inappropriate behavior should not be ignored. The student can be informed that such behavior is distracting and inappropriate.
- Your ability to connect with an alienated student will allow him or her to respond more effectively to your concerns.
- Help the student identify options for action and explore possible consequences; if possible offer to phone or accompany the student to the counselors or other resources.
- Avoid labeling the student's behavior or the issues presented.
- Inform the student about what can be gained by meeting with a counselor to talk about his or her problems.
- Be open about the limits on your ability to help the student.
- If the student appears to be in imminent danger of hurting self or others, consult the counselors or the SFCC Security Department immediately. You may also call 911 if the danger is immediate. Do not promise to keep threats to self or others secret.

Identifying Troubling Behavior

Troubling behavior from a student usually causes us to feel alarmed, upset, or worried.

When faculty or staff members encounter troubling behavior, they feel concerned about the student's well-being. Students exhibiting troubling behavior may have difficulties in and out of the classroom.

Examples of troubling behavior may include:

- A student who jokes about killing himself or herself.
- A student who perspires profusely when giving a presentation in front of the class.
- A student who discloses that his or her loved one was diagnosed with a terminal or serious illness.
- A student who seems to work harder than most students but can't pass an exam.
- A student who appears to be losing significant weight yet speaks with pride about how little he or she eats.
- A student whose writing appears disjointed and fragmented as though he or she cannot maintain a logical sequence of thought.
- A student who reports that FBI agents are following him or her around.

Interventions for Troubling Behavior

Faculty and staff have options for responding to student behavior that they find troubling.

If a college professional is unsure how to respond to a troubled student, here are some suggestions:

- Seek advice and counsel from the department chair or supervisor, the Acting Assistant Dean for Student Success and Outreach, or a counselor.

- Initiate a discussion with the student about the behavior that is of concern.
- Refer the student to campus departments or offices that have the necessary expertise and personnel to help him or her.
- If you believe the situation deserves college attention or follow-up, contact your local BIT members or call the Acting Assistant Dean for Student Success and Outreach.

Identifying Disruptive Behavior

Disruptive behavior is student behavior that interferes with or interrupts the educational process of other students or the normal operations of the college.

A disruptive student typically resists interventions or corrective action.

Specific examples of disruptive behavior include:

- A student who verbally abuses or intimidates another
- A student who is overly demanding of faculty or staff
- A student who interrupts the educational process in the class by:
 - Making hostile remarks out of turn
 - Aggressively taking over the lecture
- A student who notably disrupts the environment outside the classroom

Interventions for Disruptive Behavior

The college professional may find the following procedures helpful when dealing with disruptive behavior:

- Verbally request that the student stop the disruptive behavior.
- If the problem persists, ask the student to leave the class or the area.
- Initiate a discussion with the student about the behavior that is of concern.
- Inform the student of the behavior that needs to change, define a timeline for when the change needs to be made, and explain the consequences if the change does not occur.
- After meeting with the student, document the content of the meeting in writing. It is sometimes helpful and/or necessary to provide the student with a written copy of the requirements and the consequences discussed.
- File a BIT report.
- Contact the department chair for advice and support.
- Consult with the Acting Assistant Dean for Student Success and Outreach to debrief and assist you, staff members, and other students.

***If the situation is serious and requires
Immediate assistance, call 911.***

Identifying Threatening Behavior

Threatening behavior from a student typically leaves us feeling frightened and in fear for our personal safety. These behaviors should be taken very seriously.

Examples of threatening behavior include:

- A student who implies or makes a direct threat to harm him or herself or others.
- A student who displays a firearm or weapon.
- A student who physically confronts or attacks another person.
- A student who stalks or harasses another person.
- A student who sends threatening e-mails, letters or other correspondence to another person.

Interventions for Threatening Behavior

The safety and well-being of the campus community is the top priority when a student exhibits threatening or potentially violent behavior.

Specific interventions include:

- Immediately contact the police at 911. Contact SFCC security at 475-7040 or 533-3446.
- Contact the department chair for advice and support.
- Inform the Acting Assistant Dean for Student Success and Outreach and file a complaint.

If the situation is serious and requires immediate assistance, call police at 911

The Suicidal Student

Suicide is the second-leading cause of death among college students. Suicidal persons are intensely ambivalent about killing themselves and typically respond 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 suicide 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; any opportunity to do so should be encouraged.

Do:

- Be available to listen, to talk, to be concerned.
- Acknowledge that a threat or attempt at suicide is a plea for help.
- Take the student seriously. Eighty percent of those attempting suicide give warning of their intent.
- Refer the student to:
 - First Call for Help, 509-838-4428 or toll-free 877-678-4428
 - National Suicide Prevention Lifeline – 800-273-TALK (8255)
- Care for yourself. Helping someone who is suicidal is hard, demanding and draining work.

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 ("You seem so upset and discouraged that I'm wondering if you are considering suicide.").
- Don't overcommit yourself and, therefore, not be able to deliver on what you promise.
- Don't ignore your limitations.

The Depressed Student

These students show a multitude of symptoms, which may include guilt, low self-esteem, and feelings of worthlessness and inadequacy. Physical symptoms include decreased or increased appetite, difficulty sleeping and low interest in daily activities. Depressed students often show low activity levels and have little energy.

Do:

- Let the student know you're aware he or she is feeling down and you would like to help.
- Reach out and encourage the student to express how he or she is feeling. The student is often reluctant to talk initially, yet attention from others helps the student feel more worthwhile and comfortable opening up.
- Tell the student of your concern for him or her.

Don't:

- Don't say, "Don't worry," "Crying won't help," or "Everything will be better tomorrow."
- Don't be afraid to ask whether the student is suicidal if you think he or she may be.

The Anxious Student

Dealing with unexpected events and conflicts are primary causes of anxiety. Unknown and unfamiliar situations raise anxiety; high and unreasonable self-expectations also increase anxiety. These students often have trouble making decisions.

Do:

- Let them discuss their feelings. Often, this alone relieves pressure.
- Remain calm and reassure students when appropriate.
- Be clear and explicit.

Don't:

- Don't take responsibility for the student's emotional state.
- Don't make things more complicated.
- Don't overwhelm him or her with information or ideas.

The Substance-Abusing Student

A variety of substances are available that provide escape from pressing demands. The most abused substance is alcohol. Alcohol and other drug related accidents remain the single-greatest cause of preventable death among college students.

Do:

- Share your honest concern and encourage the student to seek help.
- Be alert for signs of alcohol and drug abuse: preoccupation with drugs, periods of memory loss, deteriorating performance in class.
- Get necessary help from SFCC Campus Security staff or your center security in instances of intoxication.

Don't:

- Don't ignore the problem.
- Don't chastise or lecture.
- Don't in any manner encourage the behavior.

The Student with an Eating Disorder

Eating disorders are believed to impact 20 percent of college students. Eating disorders include anorexia and bulimia. Anorexia involves restricting one's eating, often leading to malnourishment. Bulimia usually entails binge eating followed by excessive exercise, vomiting or the use of the medication such as diet pills. Eating disorders are widely considered to be the most dangerous mental health issues due to a high mortality rate.

The presence of an eating disorder in a student's life not only impacts his or her body image and food intake but can also affect a student's social and academic functioning. Students may struggle with attention and concentration issues, depressive symptoms, physical pain, low energy, social isolation and low self-esteem.

Do:

- Recognize the danger associated with eating disorder behaviors rather than viewing them as a choice, lifestyle or an attempt to obtain attention.
- Encourage the student to seek out formal help including counseling and a thorough medical assessment.
- Support the student even if she or he is not currently motivated to obtain help.

Don't

- Don't assume that all thin students have an eating disorder by remembering that these issues impact students of all shapes and sizes.
- Don't confront a student by stating "I think that you have an eating disorder." Instead share your concerns with the student by naming the behaviors you've witnessed.
- Don't encourage the client to "just eat" or "stop throwing up." Recovery from an eating disorder often requires mental health treatment to alter behaviors.

The Student who has been Sexually Assaulted

Conservative estimates put the rate of attempted and/or completed sexual assaults for college students at 1 in 6. Moreover, these assaults are overwhelmingly committed by someone the student knows. These incidents of sexual assault are very traumatic. The nature of sexual assault makes it an inherently humiliating crime, which often makes it very difficult for students to talk about. These students may have difficulties with concentration or motivation, suffer sleep disturbances, have trouble trusting others, and may feel highly anxious and/or afraid.

Do:

- Listen to what they are telling you and believe them.
- Help students to understand and consider their options regarding medical and psychological care, as well as legal or judicial proceedings.
- Encourage them to seek support. Provide the students with information for local resources:
Lutheran Community Services crisis lines:
24-Hour Sexual Assault Crisis Line: 509-624-7273
24-Hour Crime Victim Crisis Line: 866-751-7119
Washington State Domestic Violence Hotline: 800-562-6025 (voice/TTY)
YWCA 24-Hour Alternative to Domestic Violence Hotline: 509-326-2255
Family Support Center (Colville): 509-684-6139

Don't:

- Don't ask a lot of prying questions, as you may inadvertently send the message that you don't believe them or that you are questioning how they handled themselves in that situation.
- Don't blame them for what happened and let them know it was not their fault.
- Don't be skeptical or show that you don't believe them. The vast majority of students do **NOT** make up stories about being assaulted.
- Don't try to be this person's only support, recovery takes a long time and often involves the need for professional services.

The Academically Underachieving Student

While it is easy to conclude that the academically underachieving student is simply unmotivated, the real situation is often more complicated. Students may be preoccupied with situational and family problems, or have emotional problems that are distracting and disabling. They may have learning disabilities, Attention Deficit Disorder or substance abuse problems. Previous failures for any reason can engender a hopeless outlook and a defensive attitude of “I don’t care.”

Do:

- Inquire compassionately as to what the problems are.
- Provide enough time for the student to open up. His or her initial defensiveness might be off-putting to an instructor who values involvement and dedication in students.
- Help the student assess the source of underachievement, e.g., distractions, preoccupations, emotional problems, depression, difficulties with underlying academic and study skills.
- Empathically address the difficulty of dealing with a failure mentality.

Don’t:

- Don’t take the student’s problem personally or be insulted that they do not find the class engaging.
- Don’t assume too quickly the problem is mere laziness.
- Don’t punish the student for lack of involvement.
- Don’t dismiss the student and problem as unworkable in one meeting.

Campus Resources

Presenting yourself as knowledgeable about campus resources can ease a student's discomfort about seeking help. Let the student know you are concerned about them and their well-being. Assist the student in understanding that a referral is not a rejection of them. Here are some suggestions:

Emergency Referrals (when the student is in imminent danger of hurting self or others),

- Take the student seriously; show concern.
- Acknowledge the student's call for help.
- Ask the student if he or she is so depressed or sad that he or she wants to hurt self or others.
- Refer the student to:
 - First Call for Help, 509-838-4428 or toll-free 877-678-4428
 - National Suicide Prevention Lifeline – 800-273-TALK (8255)
- If a student has already left the center and you are concerned, you may call 911 and ask for a mental health check to be done for the student.

Non-Emergency Referrals:

- Encourage the student to contact the appropriate department directly to schedule an initial interview.
- Offer to let the student call from your office if you believe your extra support and encouragement will help the student make the contact.
- Discuss confidentiality of services that are outlined on the next pages of this brochure.
- Provide information on other appropriate campus resources using the phone numbers in this brochure.

IEL Counseling

Our staff provides comprehensive counseling services for IEL students and assist students in overcoming barriers to their personal and educational success. We also offer career exploration and counseling, transfer advising, assistance with financial aid information and general educational counseling.

The phone numbers and center locations are as follows:

Jo D Anderson	Colville/Northern Counties	533-6737
Brian Brothers	Hillyard/Newport Centers	533-8507
Della Blahak	Pullman Center	533-4003
Suzanne McCurdy	Colville/Northern Counties	279-6710
Sami Salvatori	Magnuson/Career Transitions	279-6024
Paul Susac	Magnuson/Disability Support Services	279-6037
	Adult Education Center	533-4616

Disability Support Services

The IEL complies with Section 504 of the 1973 Rehabilitation Act, Title II of the Americans with Disabilities Act, and the Washington Administrative Code (WAC), which prohibit discrimination solely on the basis of an individual's disability from any program or service offered by the IEL. We offer a number of services for students who face physical or developmental challenges related to going to school. If you have a documented disability, contact disability support services (DSS) to request services or accommodations.

Spokane and Newport:	Paul Susac:	509-279-6037 or 800-845-3324, TTY 509-279-6092
Northern County Centers:	Norma Martinek:	509-685-2122 or 800-276-8040
Pullman Center:	Della Blahak:	509-332-2706 or 888-743-4767

Behavioral Intervention Team

Local Center Members

AEC:

Lena Finley 533-4639
Vicki Bafus 533-4610
Barry Moses 279-6720

Colville/Republic/Inone/Inchelium:

Suzanne McCurdy 279-6710
Jo. D. Anderson 279-6737
Donna Jo Smith 279-6704

Hillyard:

Dawn Chavez 533-8517
Kathy George 533-8586
Brian Brothers 533-8507

Lodge/Magnuson:

Denny Glass 279-6207
Paul Susac 279-6037
Sarah Stiffler 279-6203
Sami Salvatori 279-6024
Linda DeFord 279-6258
Ronda Hain 279-6055

Newport:

Pat McGinty 279-6966
Rena Wells 279-6954

Pullman:

Della Blahak 533-4003
Dyan Bledsoe 533-4002

Valley:

Val Finkbeiner 443-5508
Bill Bussard 443-5409
Jaclyn Jacot 443-5508

Core Group

Jim Mohr
Denny Glass
Sami Salvatori
Paul Susac

Medical Emergencies

If you have a true medical emergency while on campus, call 9-911 and call the SFCC 24-hour campus security at 509.475.7040 and they will guide the ambulance to your location.

Urgent Care Facilities – Spokane:

Firstcare Urgent Care Clinics:

Monday-Sunday 9:00 AM - 8:30 PM

(509) 489-2372

6208 N Colton St,
Spokane, WA 99208

509- 448-6699

3016 E 57th Ave # 24,
Spokane, WA 99223

509 922-9254

2713 N Argonne Rd,
Spokane, WA 99212

509 473-5850

1431 N Liberty Lake Rd # B,
Liberty Lake, WA 99019

Franklin Park Urgent Care Center:

5904 N Division St,
Spokane, WA 99208

509 489-1150

Monday-Friday 9am-8pm

Saturday 9am-6pm

Sunday 9am-4pm

CHAS:

5901 N. Lidgerwood, Suite 126

Spokane, WA 99208

Phone: 509.434.1990

TTY: 509.340.8988

Monday-Friday: 8am-8pm*

Saturday and Sunday: 8am-5pm

Rockwood Urgent Care Center

14408 E Sprague Ave

Spokane Valley WA 99216

509-744-1749

Student Concerns

Dr. Jim Mohr
Magnuson Building, Room 220C
509-279-6081

Student concerns process

Informal process

It is the belief and practice at Community Colleges of Spokane that the best way for students to solve problems is to first meet with the instructor or staff member involved and attempt to resolve the problem. If the concern is not resolved, the student may request a meeting with the department chair or immediate supervisor of the faculty or staff involved. If the concern is still unresolved, the student may request a meeting with the appropriate division dean. This is an informal process requiring no paperwork or forms. Students engage in this form of problem solving every day with a great deal of success.

Formal process

In some instances, resolution is not possible using the informal process. In these cases, students may choose to initiate a more formal process of review. Student Concerns Form and Procedures include the informal process guidelines and formal process procedures and form. The form can be filled out online and printed for signatures and submission. For more information, see CCS Administrative Procedure 3.40.01-D, Student Concerns.

<http://ccs.spokane.edu/getdoc/d4b1df2b-3512-4ceb-9739-22bb84695846/3-40-01D-StudentConcerns.aspx>

Special circumstances

There are some instances when students believe they have been the victims of harassment or discrimination. In these cases, students should follow CCS Administrative Procedure 3.30.01-A, Non-discrimination/Anti-harassment.

<http://ccs.spokane.edu/getdoc/5a3ab428-5e9a-4452-bd82-71f97d134061/3-30-01A-NonDiscrimination.aspx>

Other Resources

Campus Resources	Community Resources
Advising and Counseling http://www.iel.spokane.edu/Students/Student-support/advising-counseling.aspx	Spokane City Police: 911
Career Center Magnuson Building, Room 27-220C 2917 W Ft George Wright Drive, Spokane www.iel.spokane.edu/crc	Inland Northwest Coalition on Eating Disorders www.incedspokane.org
SFCC Campus Security Emergency: 509-475-7040 General Info: 509-533-4605.	Spokane Mental Health 509-838-4651 or 509-838-4428 www.smhca.org
Acting Assistant Dean of Student Success and Outreach 509-279-6081 Magnuson Building, room 27-220C	Substance Abuse Treatment Spokane County Community Services (509) 477-4507
Acting Assistant Dean of Enrollment and Student Financial Assistance 509-279-6004 Magnuson Building, Room 245	Washington State Psychological Association 1-800-275-9772 www.wapsych.org
Student Diversity 509-279-6081	Washington State Youth Suicide Prevention Program 1-800-273-talk www.vspp.org
Student Financial Services 509-279-6048	Washington State Mental Health Organizations www.usrecovery.info/Mental-Health-Organizations/Washington
Student Records and Transcripts 279-6004	National Suicide Prevention Hotline 1-800-273-TALK (8255) 1-800-SUICIDE (784-2433)
Early Alert Referral http://www.iel.spokane.edu/Students/Student-support/Early-Alert.aspx	Deaconess Medical Center 509-473-7690 Spokane Valley 509-458-8500 Spokane
Safe Campus Advocates 509-279-6081 www.iel.spokane.edu/sca	Holy Family Hospital 509-489-5019
	Sacred Heart Medical Center 509-474-3131
	Sexual Assault/Domestic Violence 24-Hour Hotline 24-Hour Sexual Assault Crisis Line: 509-624-7273 24-Hour Crime Victim Crisis Line: 866-751-7119