

EFFECTIVE INTERVENTIONS:

**A GUIDE FOR FACULTY AND STAFF
TO RECOGNIZE AND AID
PERSONS IN DISTRESS**

WESLEYAN
UNIVERSITY



Office of Behavioral Health for Students

327 High Street

www.wesleyan.edu/obhs

Office of Vice President for Student Affairs

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EFFECTIVE INTERVENTIONS: A Guide for Faculty and Staff to Recognize and Aid Persons in Distress

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To Wesleyan Faculty and Staff:

The services of the Office of Behavioral Health for Students (OBHS) at Wesleyan are available to all students at no charge. The majority of students who come to OBHS do so on their own. However, sometimes they are referred by others who might be close friends, roommates, or fellow team members. But faculty, staff and administrators see students frequently and they are positioned advantageously to note if a student is experiencing distress.

College students today are under extreme stressors, for example they struggle with anxiety, depression, stress-related disorders, eating disorders, physical illnesses, family and relational problems, financial crises, learning disabilities, and other significant challenges. All of these have the potential to significantly affect their academic performance. Students will sometimes refer to these specific issues but often only show external signs of stress. In the last several years campuses across the country have experienced first hand violence that has set the academic world spinning. Perhaps the most encouraging result has been the realization that these institutions/campuses are communities and as such they are in a unique position to recognize a student's emotional need and to respond before it erupts into a full-blown crisis.

Also, since Wesleyan, like all colleges and universities, complies with the 1973 Americans with Disabilities Act (ADA), many faculty members have had questions about how the ADA accommodations affect their classes and what are their responsibilities with regard to student with special needs.

While we at OBHS frequently consult with faculty, staff, and administrators on these related matters, we believe it would be helpful to collect information in an accessible document that can question, as well as provide information on how to effectively help students who are dealing with emotional trials and tribulations. Referring a student to OBHS is something many of you do now and have in the past—for which we are always appreciative. Your work with students involves honest and compassionate conversation that ultimately helps a student in trouble find understanding, support, and the appropriate

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services they need. We wish to acknowledge the work done by professionals on the topic of students in distress by the mental health and counseling staff of the University of Connecticut, The University of Maryland—College Park, and Trinity College. We have drawn liberally from their efforts and are grateful for their generosity and collegiality.

This guide is the first edition of what we hope will be a frequently revised and updated publication. It will also be available online. If you have questions, concerns, suggestions about topics that should be included in the next revision, we encourage you to be in touch with us. We hope to provide the information in as succinct but complete a manner as possible and we invite your feedback.

**OFFICE OF BEHAVIORAL HEALTH FOR STUDENTS
GENERAL INFORMATION**

The Office of Behavioral Health for Students (OBHS) offers a full range of mental health services to students at no cost. The service is an interdisciplinary unit made up of persons who are well-qualified psychotherapists (with the degree—M.D. or Ph.D.—being of less importance than the quality of training.). Professional staff come from recognized programs throughout the country. OBHS therapists command a variety of therapeutic interventions and are qualified for and interested in research, whether as active investigators or astute readers of research. An ability to engage in research has benefits for a college mental health service. As a critical reader of psychotherapy research reports/articles, etc., one evolves into a more sophisticated and discriminating consumer of proposed interventions. The clinician trained in research will be more apt to be aware of and able to incorporate new and useful findings into his/her therapy practice.

The model of psychotherapy used at Wesleyan’s OBHS is time-limited and structured within an 8 to 10-session framework. Time-limited psychotherapy requires skill and energy in that it imposes a more rigorous set of expectations and a tighter timetable on the therapist for completing the evaluation and for generating and implementing treatment goals.

Realizing that “peace of mind” is a crucial element in general emotional wellbeing and knowing also that most crises tend to occur in periods of loneliness and reduced activity (e.g., evenings and weekends), Wesleyan has a 7-day a week, 24-hour a day coverage or availability. This enhances both preventive and interventive programming—simply “knowing” someone is “out there” able to help can often reduce the intensity of an emotional experience to manageable proportions. Conversely, the feeling of being “all alone” may lead to an escalation of the situation to a crisis pitch.

RESPONDING TO STUDENT EMERGENCIES

Immediate and decisive intervention is needed when student behavior poses a threat to self or others, including:

- Suicidal gestures, intentions, or attempts
- Other behavior posing a threat to the student (e.g., hallucinations, drug abuse)
- Threats or aggressive actions directed toward others
- Demonstrated inability to care for oneself

Campus resources for responding to mental health emergencies are:

- OBHS at Davison Health Center (DHC) (X-2910)
- Office of Public Safety (X2345 or X3333)

For consultation with a mental health professional, call X2910. If necessary, you or Public Safety can escort to the student to OBHS.

If the student requires immediate medical attention or hospitalization, call OBHS (X2910).

If the student is unmanageable (e.g., aggressive, hostile, refusing care), call the Office of Public Safety for assistance in transporting the student to the appropriate facility.

If you are directly threatened by a student or feel at risk, call the Office of Public of Public Safety (X2345 or X3333).

WHAT YOU CAN DO

- Move the student to a quiet and secure place.
- Listen attentively, and respond in a straightforward and considerate way.
- Enlist the help of a colleague so that the student isn't left alone and you aren't left alone with the student.
- Make arrangements for appropriate university intervention.
- When contacting a campus resource, have available as much information as possible, including your name; the student's name and location; a description of the circumstances and the type of assistance needed; the exact location of the student in the building; and an accurate description of the student.

Alert the Dean's Office (X3160) and/or OBHS (X2910) as soon as possible.

WHEN TO REFER

In many cases of student distress, faculty and staff provide adequate help through empathic listening, facilitating open discussion of problems, instilling hope, conveying acceptance, and offering basic advice.

In some cases, however, students need professional help to overcome problems and to resume effective coping. The following signs indicate that a student may need professional help.

- The student remains distressed following repeated attempts by you and others to be helpful.
- The student becomes increasingly isolated, unkempt, irritable, or disconnected.
- The student's academic or social performance deteriorates.
- The student's behavior reflects increased hopelessness or helplessness.
- You find yourself doing on-going counseling rather than consultation or advising.

A NOTE ON CONFIDENTIALITY

We are required by law and by professional ethics to protect the confidentiality of all communication between psychologist and client (except in cases where harm to self or harm to others is involved). Consequently, we cannot discuss the details of a student's situation with others or even indicate whether the student is, in fact, in treatment. For information about the student to be released to you or others, we must first get the permission from the student.

HOW TO REFER

- Speak to the student in a direct, concerned, straightforward manner.
- Because many students initially resist the idea of professional mental health help, be caring but firm in your judgment that counseling would be helpful. Also be clear about the reasons that you are concerned.
- Be knowledgeable in advance about the procedures of OBHS and other help-giving agencies (Office of Public Safety, Dean's Office, Chaplain's Office, etc.). The best referrals are made to specific people or services.
- Suggest that the student call to make an appointment, and provide the OBHS number (X2910) and location (Davison Health Center).

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- Remind the student that services are **FREE AND CONFIDENTIAL**.
- Sometimes it is useful to more actively assist students in distress in scheduling an initial counseling appointment. You can offer the use of your phone or call the receptionist yourself while the student waits in your office. In *some* situations you may find it wise to walk the student over to the OBHS.
- If you need help in deciding on whether or not it is appropriate to make a referral, call OBHS at X2910 for consultation with a professional.

AWARENESS OF CULTURAL AND OTHER DIFFERENCES

Race, ethnicity, cultural background, sexual orientation, and other dimensions of difference are important to keep in mind as you help a distressed student. Reactions to racism, sexism, homophobia, disability status, etc. can affect the way in which emotional distress is manifested and also can impact help-seeking behavior. Many cultures shun psychotherapy or counseling and see it as a weakness or even a mark of disrespect to the family. General barriers to seeking help—e.g., denial, fear of being labeled in a negative way, lack of information about campus resources—may be even more troublesome for students from underrepresented groups. Communicating support, concern, and understanding is critical in reaching students who may feel isolated and marginalized. Another aspect of the teaching portion of your response is to coach help-seeking through counseling/psychotherapy is to endorse the process as effective and with staff you feel comfortable endorsing.

Your sensitivity to the unique needs of international students, GLBQT students, students, of color, student with disabilities, and other underrepresented groups can be important I helping culturally different students get assistance. It is also important to be knowledgeable about campus resources that address the unique needs of culturally different and underrepresented students.

AVAILABE RESOURCES:

Office of Behavioral Health for Students

X2910

Office of the Class Deans

Louise Brown—Senior Class: X2762

Marina Melendez—Junior Class: X2764

Noel Garrett—Sophomore Class: X2774

David Phillips—Freshman Class: X2757

Student Academic Resources

Sarah Lazare—Associate Dean of Student Academic Resources: X2332

International Student Affairs

Alice Hadler, Associate Dean for International Student Affairs: X2832

THE PERSON WHO IS AGGRESSIVE OR POTENTIALLY VIOLENT

Facts About Aggression

- Aggression varies from threats to verbal abuse to physical abuse and violence.
- It is very difficult to predict aggression and violence.

Some indicators of potential violence may include:

- Expressed paranoia/mistrust
- A prior history of violence and abuse, including arrests
- History of substance abuse
- Fascination with weapons
- History of cruelty to animals as a child or adolescent
- Revenge comments or talk of violence
- Impulse control problems
- Fire-starting behaviors

IF A PERSON THREATENS YOU BY EMAIL, MAIL OR PHONE:

Threatening mail, phone calls or emails received at your home should be referred to your local police department.

Mail, phone calls and emails received on campus should be referred to Public Safety (860/685-2345 or 3333).

If you know the identity of the student making threats, please contact the Office of the Vice President for Student Affairs (685-3160).

WHAT YOU CAN DO

- Assess your level of safety. Call Public Safety (X2345 or X3333) if you feel any immediate danger.
- If you feel comfortable and that it's appropriate to stay with the person, remain in an open area with a visible means of escape.
- Enlist the help of a colleague or other available person.
- In a calm but firm manner explain to the person the behaviors that are unacceptable and offer them the opportunity to talk it through with a third party.
- Stay calm and set limits. It will convey that you are in control.

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- Use a time-out strategy if the person remains agitated or uncooperative.
- Make sure a rescheduled meeting is done with the assistance of someone or in an open setting.
- Consult with OBHS, the Vice President for Student Affairs staff, and Public Safety.

WHAT TO AVOID

- Remaining in a situation in which you feel unsafe.
- Meeting alone or in a crowded space with a person who is threatening or aggressive.
- A dismissive demeanor. (It is best to convey that you recognize they are upset.)
- Engaging in a discussion or behaviors that may escalate anxiety or aggression.
- Ignoring signs that a person's anger is escalating.
- Touching the person or crowding their sense of personal space.
- Ignoring a gut feeling that you are in danger.

THE ANXIOUS STUDENT

WHAT YOU CAN DO

- Talk to the student in private.
- Remain calm and assume control in a soothing manner.
- Focus on relevant information, speaking concretely and concisely.
- Help the student develop an action plan that addresses the main concern.
- Refer the student to the OBHS (X2910) for treatment.

AVOID

- Overwhelming the student with information or complicated solutions.
- Arguing with irrational thoughts.
- Devaluing the information presented.
- Assuming the student will get over the anxiety without treatment.

Facts about Anxiety

Some mild anxiety is appropriate regarding certain events like an exam, an important or new event like an interview or speaking in front of an audience. It usually causes one to become more alert and to be prepared. However, when the worry or anxiety becomes overwhelming and interferes with one's

daily living and ability to cope effectively, then it is unhealthy and may require the intervention of a mental health professional. Panic attacks may be one way in which these overwhelming feelings of anxiety are expressed. Panic attacks are usually brief episodes of intense fear that present with physiological symptoms, such as heart palpitations, dizziness, stomach discomfort, etc., that occur unexpectedly in the absence of any external threat.

Symptoms of anxiety include:

- Agitation
- Panic
- Avoidance
- Irrational fears
- Fear of losing control
- Ruminations
- Excessive worry
- Sleep or eating problems

Research suggests that in cases of extreme anxiety, the most effective treatment is often a combination of psychotherapy and medication. In less extreme cases stress reduction and relaxation as well as psychotherapy and medication have proven effective.

THE STUDENT WHO HAS EATING DISORDER

WHAT YOU CAN DO

- Select a time to talk to the student when you are not rushed and won't be interrupted.
- In a direct and non-punitive manner, indicate to the student all the specific observations that have aroused your concern, trying not to focus on body weight or food.
- Your responsibilities are not to diagnose or provide therapy; it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble find understanding, support, and the proper therapeutic resources.
- If the information you receive is compelling, communicate to the student your tentative sense that he or she might have an eating disorder as well as your conviction that the matter clearly needs to be evaluated by a mental health professional.
- If you have any questions regarding the resources available or approaching a student, call OBHS at X2910.

AVOID

- Avoid conflicts or a battle of the wills with your student.
- Avoid placing shame, blame, or guilt on your student regarding their actions or attitudes.
- Avoid giving simple solutions. For example, "If you'd just stop, then everything would be fine!"
- Focusing on weight rather than health and effective functioning.
- Assuming the family knows about the disorder.
- Do not intentionally or unintentionally become the student's therapist, savior, or victim.

Facts About Eating Disorders

Eating disorders are not necessarily about food, but food is the substance that people with eating disorders abuse. Eating disorders have both physical and psychological symptoms. They are characterized by problematic attitudes and feelings about food, weight and body shape, a disruption in eating behaviors and weight management, and intense anxiety about body weight and size.

Eating disorders usually refers to Anorexia Nervosa, Bulimia Nervosa, and/or Binge Eating Behavior.

Anorexia Nervosa is characterized by restricted eating, self-starvation and excessive weight loss.

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Bulimia Nervosa is characterized by recurrent episodes of overeating large amounts of food in a short period of time (the binge) followed by some form of purging.

Binge Eating Behavior is characterized by recurrent episodes of binge eating that are not followed by inappropriate compensatory behaviors (purging) to prevent weight gain.

The Eating Disorders Support Team

Wesleyan's Student Health Services and OBHS have established an Eating Disorders Support Team. Students with eating disorders may participate through self-referral, by referral from a friend, or by referral from another health care professional. Students who participate may receive coordinated support that includes medical evaluation, psychological evaluation and services, nutritional counseling and women's clinic services. The Eating Disorders Support Team gives support to these specialized outside services and serves as an adjunct to the student's care versus their primary provider.

Eating disorders can be confusing and misunderstood by parents, faculty, peers, and even the student her or himself. (While more women than men struggle with eating disorders, 15% are male.)

Here are some general facts about eating disorders:

- The causes of the eating disorder usually are present years before there are symptoms.
- Individuals with significant eating disorders are not being stubborn or controlling—they are really cannot easily stop the behaviors even though they often want desperately to do so.
- Talking with a student about what you notice will not make them worse.
- Even if a student denies that there is a problem, expressing concern in a supportive, non-judgmental way can often lead later to them getting some help.
- Students struggling with eating disorders often have a secondary problem with depression, obsessive-compulsive disorder, or other emotional disorder.
- Students who you believe have lost a significant amount of weight or who may be purging (with vomiting, laxative abuse, etc.) excessively (often multiple times each day) should be brought to the attention of the OBIHS (X2910), the Health Center (X2470), or the Dean of Student Affairs (X3160), since these conditions can be very serious physically and can ultimately lead to serious medical complications (e.g., sterility, heart disease, kidney or liver disease, or death).

THE SUICIDAL STUDENT

WHAT YOU CAN DO

- Call the Office of Public Safety if the student is in immediate danger to himself or others.
- Talk to the student in private.
- Take the student's disclosure as a serious plea for help ("I hear clearly that you are really considering killing yourself to just end the pain of how badly you are feeling").
- Ask the student directly about feelings and plans ("Are you thinking of killing yourself?" "How have you thought about doing it?").
- Generally speaking, those who engage in self-harming behaviors like cutting, burning, etc., are not actively suicidal but are in need of treatment.
- Asking them about suicide will not put the idea in their head if it is not there already.
- Express care and concern, and assure the student that you will help him/her reach a professional.
- Keep your own limits in mind; don't get more involved in the student's life than is comfortable or appropriate.
- Escort the student to OBHS in the Davison Health Center.

AVOID

- Minimizing the situation. All threats of suicide need to be taken very seriously.
- Arguing with the student about the merits of living.
- Allowing friends to assume responsibility for the student without getting input from a professional.
- Assuming the family knows that the student has suicidal thoughts.

Facts About Suicide

- Although suicide is a rare event, it is the second leading cause of death among college students.
- Suicidal states are often associated with major depression, a combination of acute anxiety and depression, post-traumatic stress disorder, and bipolar disorder.
- Suicidal people often tell people about their thoughts or give clues to others about their feelings.

Some factors associated with suicide risk

are:

- Suicidal thoughts
- Intense feelings of hopelessness, especially when combined with anxiety
- Viewing death as a means of escape from distress
- Pessimistic view of the future
- Feelings of alienation and isolation
- Substance abuse
- *History* of self-mutilation
- Personal or family history of suicide attempts
- Personal or family history of depression or psychosis

A student who is suicidal and who confides in someone is often ambivalent about suicide and open to discussion.

Students who are at high risk usually have a specific plan, have a means that is lethal (e.g., medication, knife, gun), a time frame within which they will kill themselves, and tend to be or feel isolated.

RESPONDING TO SUBSTANCE ABUSE: ALCOHOL AND OTHER DRUGS

Signs That A Student May Have An Alcohol Problem:

- Failure to fulfill major work, school, or home responsibilities
- Specific school problems such as poor attendance, low grades, and/or recent disciplinary action
- Drinking in situations that are physically dangerous, such as driving a car
- Recurrent use of alcohol despite concerns by friends or family
- Having recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk.
- Continued drinking despite having ongoing relationship problems that are caused or worsened by drinking.
- Mood changes such as temper flare-ups, irritability, and defensiveness.
- Physical or mental problems such as memory lapses, poor concentration, bloodshot eyes, lack of coordination, or slurred speech.

WHAT YOU CAN DO

- Treat the situation as serious.
- Share your concern and encourage the student to seek help.
- Recognize that denial is a powerful aspect of substance-abuse problems and that it can involve conscious or unconscious lying and distorting the truth
- Refer the student to Health Education (X2466) or OBHS (X2910).

Signs That A Student May Have A Drug Problem

- Experiencing withdrawal symptoms (e.g., nausea, restlessness, insomnia, concentration problems, sweating tremors, extreme anxiety).
- After reducing or stopping chronic drug use taking that or another drug in order to avoid withdrawal symptoms.
- Spending a lot of time getting, using, and recovering from the effects of a drug.
- Abandoning previously-enjoyed activities in order to use drugs, such activities as hobbies, sports, and socializing.
- Neglecting school, work, or family responsibilities.
- Taking risks while high, such as starting a fight or engaging in unprotected sex.

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- Continuing to use despite the physical problems (e.g., blackouts, flashbacks, infections, injuries) and/or psychological problems: (e.g., mood swings, depression, anxiety, delusions, paranoia) and/or the social problems caused by the drug.
- Legal troubles because of drug use, such as arrest for disorderly conduct or driving under the influence, or stealing to support a drug habit.

Facts About Substance Abuse:

- Alcohol and drug abuse among college students interferes with academic performance, puts them at risk for serious accidents and even death, and can lead to addiction problems for a subset of individuals.
- Substance use and abuse among college students is often a misguided way to cope with anxiety, depression, and the stressors of college life (including achieving popularity and being considered “cool”).
- Research shows that the most abused substance is alcohol and that a large number of college students engage in binge drinking.

Signs That A Student May Have A Substance Problem Include:

- Repeated failure to handle academics, work or personal responsibilities
- A pattern of unexplained underachievement
- Substance-related disciplinary or legal problems such as assault, driving under the influence, and date rape
- Denial of the negative and harmful consequences of substance use, even in the face of serious problems.

WHAT YOU CAN DO

- Treat the situation as serious.
- Share your concern and encourage the student to seek help.
- Recognize that denial is a powerful aspect of substance problems and that it can involve conscious or unconscious lying and distorting of the truth.
- Refer the student to Health Education (X2466) or OBHS (X2910) for assessment and possibly treatment

AVOID

- Ignoring or making light of the problem
- Chastising or condoning the behavior.
- Assuming that experimenting with drugs or alcohol is harmless.

THE DEPRESSED STUDENT

Facts About Depression

- Depression is often misunderstood, but it is more than just feeling blue or the usual ups and downs of everyday living. It is a major problem in our society, on college campuses and elsewhere. It is a treatable condition, but if left untreated, the symptoms may worsen and ultimately be more resistant to treatment. Most depressions are not something that you can simply “snap out of.” It is often this very notion of feeling “down or blue” and unable to get yourself out of the slump that alerts people to the possibility that there is more going on that requires intervention.
- Depression is a common mental health problem that varies in severity and duration.
- In its less serious form, depression is a temporary reaction to loss, stress, or life challenges. It can be alleviated through the passage of time and/or the natural healing effects of social support, daily routines, and simple coping strategies like distraction and exercise.
- Severe or chronic depression usually requires professional help.

Symptoms of Depression Include:

- A prolonged sense of sadness or moodiness
- Irritability or anger
- Anxiety
- Difficulty sleeping which may include sleeping too much, having difficulty falling asleep, early morning awakening, etc.
- Loss of appetite or an increase in appetite
- Difficulty concentrating, forgetfulness
- Lack of desire or motivation to engage in usually pleasurable activities
- Social withdrawal
- Chronic worry

In its most serious form, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain. If someone is experiencing feelings of hopelessness and thoughts of suicide he or she needs immediate attention. If any of the other symptoms have persisted for more than two weeks on a fairly consistent basis, then professional help is strongly recommended.

Research shows that depression is highly responsive to both psychotherapy and medication.

WHAT YOU CAN DO

- Talk to the student in private.
- Listen carefully and validate the student's feelings and experiences ("It is very difficult, tiring, and distressing to feel this sad so often).
- Be supportive and express your concern about the situation ("That you are feeling this badly concern me greatly and I am glad you told me about it").
- Discuss clearly and concisely an action plan such as having the student immediately call for an OBHS appointment ("I know depression can't get better as long as it is a secret and is not actively responded to. Therapy can really make a difference here").
- Refer the student OBHS (X2910).
- Be willing to consider or offer flexible arrangements (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope.
- Ask the student if they have thoughts of suicide. If so, do not leave the student alone. Walk the student over to OBHS. If it is after

4:30, or on the weekend, access the OBHS on-call therapist by calling 685-2910 and follow the prompts for the therapist to call you back.

- If you feel overwhelmed or unprepared to help a depressed student, call OBHS who will maintain your confidentiality and arrange a meeting for that student.

AVOID

- Ignoring the student.
- Downplaying the situation.
- Arguing with the student or disputing that he or she is feeling depressed.
- Providing too much information for the student to process.
- Expecting the student to stop feeling depressed without intervention.
- Assuming the student's family knows about the student's depression.

THE STUDENT WHO IS SEVERELY DISORIENTED OR PSYCHOTIC

WHAT YOU CAN DO

- Consult with a clinician at OBHS (X2910)
- Speak to the student in a direct and concrete manner regarding your plan for getting them to a safe environment (“I am worried you are having trouble tracking things right now and I think it would be best for you to come with me to speak with someone about this so you can feel safe again”).
- Accompany the student OBHS (X291 or call OPS (X2345 or X3333) if the student is highly impaired.
- Recognize that psychotic states can involve extreme emotional distress or lack of emotion.
- Recognize that a student in this state may be dangerous to self or others.

AVOID

- Assuming the student will be able to care for themselves.
- Agitating the student with questions, pressure, etc. (“You have to do something about yourself as you are really upsetting others”).

- Arguing with unrealistic thoughts (“Don’t think that, it makes no sense and you know it’s not real”).
- Assuming the student understands you.
- Allowing friends to care for that student without getting professional advice.
- Getting locked into one way of dealing with the student. Be flexible.
- Assuming the family knows about the student’s condition.

Symptoms include:

- Speech that makes no sense
- Extremely odd and eccentric behavior
 - Significantly inappropriate or an utter lack of emotion
 - Bizarre behavior that could indicate hallucinations
 - Strange beliefs that involve a serious misinterpretation of reality
- Social withdrawal
 - Inability to connect with or track normal interpersonal communication.

Bipolar disorder involves periods of serious depression, which are or can be followed by periods of extreme euphoria and frenzied thinking and behavior, the latter of which can reflect a poor connection with reality. A person with bipolar disorder can *appear* psychotic.

Psychological illnesses that involve psychotic features often have an onset between the late teens and early 30s.

THE VICTIM/SURVIVOR OF SEXUAL ASSAULT

Facts About Sexual Assault

- Sexual assault is sexual contact initiated against a person without consent.
 - Consent must be informed, freely and actively given, and understandable exchange of affirmative words or actions, which indicate a willingness to participate in mutually agreed upon sexual activity.
 - It is the responsibility of the initiator to obtain clear and affirmative responses at each state of sexual involvement.
 - The lack of a negative response is not consent.
 - Consent may not be given by any individual who is intoxicated or incapacitated by drugs and/or alcohol, both voluntarily or involuntarily consumed.
 - Past consent to sexual activities does not imply ongoing future consent.

Examples of Sexual Assault Include:

- Completed or attempted rape
- Threats of rape
- Sexual coercion

- Unwanted sexual contact with force or threat of force
- Unwanted sexual contact without consent.

Although most assaults are committed by men against women, men can be assaulted by women, and same-sex assaults also occur. Advise without conveying judgment.

Wesleyan's Misconduct and Assault Policy may be accessed through the following link:

www.wesleyan.edu/studenthandbook/3_sexual_misconduct.html

WHAT YOU CAN DO

- Listen without conveying judgment and be aware that victims can feel shame and anger.
- If the student needs immediate medical attention, refer to Davison Health Center (X2470) or Middlesex Memorial Hospital Emergency Services (344-6686) for appropriate medical care and referral services.
- Refer the student on campus to OBHS (X2910) for assessment and consideration of options or off-campus support and counseling through Women & Family Center/Sexual Assault Crisis Services (888/999-5545—English; 888/568-8332—Spanish).

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- If the student wants to report it to the police, the student must go to the hospital so evidence can be collected.
- If the student needs help dealing with academic issues as a result of the sexual assault, refer them to their Class Deans:
 - Louise Brown: X2762
 - Marina Melendez: X2764
 - Noel Garrett: X2774
 - David Phillips: X2757

AVOID

- Expressing judgment even when high-risk behaviors on the part of the victim (e.g., intoxication) were involved.
- Pressuring the student to file a police report.

THE VICTIM OF HAZING

Facts About Hazing

Hazing in any form is prohibited at Wesleyan University.

- Hazing is defined as any action taken or situation created on or off campus which recklessly intentionally produces mental or physical discomfort, embarrassment, harassment or ridicule.
- Alcohol is typically involved.
- Hazing is sometimes used as rite of passage or initiation into a campus organization.
- Hazing can be psychologically damaging and present serious physical risks (including death) to students.
- A student may or may not know that hazing will be a part of an initiation process.
- A student may or may not know how extreme hazing might become during an initiation process.
- Hazing is illegal in the State of Connecticut.

WHAT YOU CAN DO

- Talk to the victimized student in private.
- Recognize that the student may be feeling vulnerable and experiencing a range of emotions, including reluctance to report what is happening.
- Advise the student to report the incident to the Office of Vice President for Student Affairs (X3160) and Office of Public Safety (X234 or X3333).
- Refer the student to the office that oversees the organization in question. Below are contacts for offices that work with many student organizations.
 - Athletics (X2690)
 - Student Activities and Leadership Development (X2467)
- Refer the student for follow-up counseling at OBHS (X2910), if appropriate.

AVOID

- Minimizing the situation.
- Agreeing to maintain confidentiality.

RESPONDING TO STUDENTS INVOLVED IN AN ABUSIVE RELATIONSHIP

Facts About Abusive Relationships

Abusive relationships are marked by strategies used by one person to maintain power and control over the other. Because of the cycle of abuse, power and control, victims may feel trapped and fearful of their partner's anger, violence and/or abandonment, and thus may be reticent to disclose information about their relationship, even when abuse is suspected.

Abuse can be physical, emotional or verbal.

Indicators of Abusive Relationships Can Include:

Intimidation: use of looks, actions, or gestures, such as smashing things, destroying property, abusing pets or displaying weapons so as to cause fear.

Emotional Abuse: Use of put-downs, name-calling, "mind-games," humiliation or guilt in an effort to erode self-esteem of partner.

Isolation: Controlling social interaction, movement, and involvements with friends and activities. Use of jealousy to justify actions.

Minimizing, Denying and Blaming: Making light of the abuse or not taking it seriously. Shifting blame for the abuse onto the victim—saying the victim "caused the abuse."

Violation of Privacy: Abusive partners may read notes, emails or text messages from others. May go through personal belongings.

Using Privilege: For women who are abused by men: partners may use male privilege to make decisions on behalf of the other person. Those may include attempts to control aspects of academic life, requiring permission for big decisions, etc.

Coercion and Threats: Making or carrying out threats to do something to hurt partner, including leaving, threatening suicide, reporting partner to authorities regarding some behavioral or academic violation, making partner engage in illegal activity.

WHAT YOU CAN DO

- Arrange to meet with the student one-on-one.
- Verbalize concern about the student's well being and safety.
- Understand that the student may not recognize the relationship as abusive.
- Understand that there is often a significant level of denial that is very difficult to change.
- Refer the student to OBHS (X2910).
- Encourage the student to gain support from friends and family.

AVOID

- Downplaying the situation.
- Lecturing the student about poor judgment.
- Expecting the student to make quick or any changes such as termination the relationship.
- Pressuring student to follow any particular course of action.

THE VICTIM OF A HATE INCIDENT

WHAT YOU CAN DO

- Talk to the victimized student in private (“Something terrible has happened and I am very concerned. Please tell me what happened”).
- Recognize that the student is probably experiencing a range of intense feelings, including shame, anger, fear and denial (“I can only imagine that this might be embarrassing and humiliating. And it is important to share it with someone so that it does not become your problem only”).
- Refer the student to the Office of the Vice President for Student Affairs (X3160).
- Explain the importance of notifying the Office of Public Safety (X2345 or X3333). (“Think about the option of telling Public Safety so they can be helpful to you, too”).
- Provide essential support to the student by listening empathetically to their experience.
- Refer the student to the OBHS (X2910), the Chaplains’ Office (X2820) or the office of the Vice President for Diversity and Strategic Partnerships.

AVOID

- Downplaying the situation (“I am sure nothing was meant by it and you have to pick your battles”).

- Expressing personal biases (“Well, what did you expect? You have to be careful about yourself”).
- Getting caught up in the technicalities or legalities of the situation. “This technically is a crime and is a violation of the student code of conduct and so you have to do something about reporting it”).

Facts About Hate Incidents

- A hate crime is a criminal act against a person or her/his property because of that person’s actual or perceived race, ethnicity, color, religion, nationality, disability, gender, gender identity, gender expression, or sexual orientation.
- A hate incident is an act that, while not meeting the legal definition of a crime, involves the same types of behavior and targeting of underrepresented groups. Hate incidents are more common on college campuses than hate crimes.

RESPONDING TO STUDENTS WITH DISABILITIES

Learning Disabilities Information

Wesleyan University is in compliance with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act (ADA). Recognized disabilities that merit accommodation in the academic setting can be related to physical limitations, psychological conditions and learning disorders. OBHS can make referrals to qualified professionals in the central Connecticut area for a complete neuropsychological evaluation, which is required for the granting of official accommodation. We also review previous testing and make appropriate recommendations to the Associate Dean of Student Academic Resources (X2332).

Wesleyan works with disabled students to provide reasonable accommodations and to assist them in any way possible. OBHS, the offices of the Class Deans, the Office of the Vice President for Diversity and Strategic Partnerships, the Davison Health Center, and other resources are available to assist students. While Wesleyan encourages its students to develop self-advocacy skills, these offices provide support and assistance through the student's years at Wesleyan.

The ADA requires organizations to make "reasonable accommodations" for individuals who have known physical or mental disabilities and who are "otherwise qualified." Accommodations, when granted, are individually based and vary from student to student. Many students have received informal accommodations previously without being formally diagnosed through neuropsychological testing, which may create some expectations in college that they will automatically be granted in a similar fashion. **The request for accommodations must be documented. Documentation must be current within the past three years (or one year in the case of psychological and psychiatric disabilities), using appropriate test measures.**

What You Can Expect As A Faculty Member

At Wesleyan, guidelines are essentially the same as those at most other colleges and universities and are based on the ADA guidelines. Students submit their request for accommodations together with the appropriate complete documentation to the Associate Dean of Student Academic Resources. The dean then forwards the documentation to OBHS where it is evaluated.

EFFECTIVE INTERVENTIONS: A Guide for Faculty and Staff to Recognize and Aid Persons in Distress

Although each student's accommodations are individual, typical accommodations may include some or all of the following:

- Extra time for in-class examinations (usually 1½ time).
- Use of a laptop for note-taking in class.
- A second set of class lecture notes (usually from another student in the class) by mutual agreement and with instructor permission.
- Copies of faculty notes and handouts, if they are available and agreed upon by the faculty member.
- Use of a computer to write in-class exams.

Facts About Disabilities

- Students with documentation of a physical, learning or psychiatric disability are eligible to access accommodations through the Office of Student Academic Resources (X2332) in North College.

WHAT YOU CAN DO

- Speak to the students privately about their academic difficulties and any requests.
- Understand that academic difficulties can result from any number of life stressors, medical problems, psychological or emotional problems, interpersonal difficulties, drug and alcohol abuse, etc.
- Be sensitive to the fact that some students are embarrassed about their academic difficulties and should not be singled out in class.
- Remind students that it is their individual responsibility to notify the college of the presence of a disability and to obtain written confirmation of the appropriate accommodations. It is also their responsibility to maintain updated documentation and to inform the Associate Dean of Student Academic Resources of their accommodation request each semester.
- Discretely ask that those who have special accommodations for test taking see you in your office or after class for instructions or to make arrangements.

- If a student indicates that he or she has a learning disorder and needs accommodation but no documentation has been sent to the Dean, refer the student to OBSH or the Office of Student Academic Resources.
- If a student has submitted documentation, indicates that it has been approved and is requesting an accommodation, but you have not seen the approval, please call the Office of Student Academic Resources for verification.
- Refer students to OBHS or the Office of Student Academic Resources if they have questions about the accommodation procedure.

AVOID

- Using patronizing language with the student.
- Giving in to inappropriate requests.
- Underestimating or questioning the stated disability.
- Assuming that all academic difficulties are the result of a learning disorder, or that all learning disorders result in academic difficulties.
- Assuming the student understands the academic limitations imposed by the disability.
- Minimizing a student's academic difficulties or strengths.
- Assuming the student qualifies for accommodations without verification.
- Assuming that a student is simply manipulating the situation to gain an unfair advantage over other student

CAMPUS RESOURCES

- **University Switchboard** 685-2000
- **Campus Dining Service** 685-3663
- **Career Resource Center** 685-2180
- **Chaplains** 685-2820
- **Class Deans' Office** 685-2600
 - **Dean for Senior Class (2009)** 685-2762
 - **Dean for Junior Class (2010)** 685-2764
 - **Dean for Sophomore Class (2011)** 685-2774
 - **Dean for Freshman Class (2012)** 685-2774
- **Disability Services** 685-2332
- **Financial Aid Office** 685-2800
- **Health Education/Wes Well** 685-2466
- **Health Services** 685-2470
- **Information Technology Services Help Desk** 685-2400
- **International Student Programs** 685-2793
- **International Studies** 685-2400
- **Office of Behavioral Health for Students** 685-2910
- **Physical Education** 685-2690
- **Public Safety** 685-2345
685-3333 (Emergency Line)
- **Registrar's Office** 685-2810
- **Residential Life** 685-3550
- **Student Accounts** 685-2890
- **Student Activities and Leadership
Development** 685-2460

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in Distress**

- **University Relations** 685-2200
- **Usdan University Center** 685-3566
- **Vice President for Student Affairs** 685-3160
- **Vice President for Diversity and Strategic Partnerships** 685-3927
- **Vice President for Student Services** 685-3160
- **Wesleyan Student Assembly** 685-2410
- **Writing Workshop** 685-2440