



Wake Technical Community College
Student Development Division

*Department of Counseling Services...
Promoting student success and pro-
gress toward attainment of educational
goals*

Wake Tech Community College
9101 Fayetteville Rd
Raleigh, NC 27603
919-866-5000
www.waketech.edu



Helping Students in Distress

A Faculty and Staff Handbook



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need for referral creates the best climate for helping the student, unless he or she is seriously disturbed and unable to accept the responsibility for such a decision.

NOTES

- 3. The purpose of the referral should be made clear to the student: to see a professional counselor on campus who can offer immediate assistance and assess the need for ongoing counseling.
- 4. Timing is critical. When the student is receptive to help, call to alert the counselor that you are bringing a student to his or her office (see "Resources on Campus," p. 6).
- 5. Walk the student to the counselor's office and remain with the student until the counselor is available to speak with him or her. Introduce the student to the counselor and give a brief introduction to the issue(s) at hand. Note that it can be very traumatic for a student to retell his or her story to a relative stranger. Any assistance you can provide to "normalize" the situation can be very helpful to both student and counselor.

If you cannot accompany the student to the Counselor's office, you may – provided the issue is not urgent – make the student aware of the services available and refer him or her to the counseling unit (with the student's permission). An online referral form is available on our website as well as on Eagles' Nest. The student will be contacted and invited to schedule a time to see a counselor.

- 6. **It is not your responsibility** to make a diagnosis or psychological assessment of the student's state of mind, nor is it your obligation to refer students for counseling. However, any assistance you can provide to students is greatly encouraged.
- 7. **Confidentiality:** Remember to adhere to the legal and ethical standards of student confidentiality as outlined in FERPA (Family Educational Rights and Privacy Act of 1974).

IV. WHO TO CALL ON CAMPUS

Wake Tech’s Counseling Services Department should be contacted when a student is experiencing emotional or personal difficulties that impede his or her ability to function in the classroom. Counselors are available on campus to assist students. These counselors hold Master’s degrees (or higher) in Counseling from accredited educational institutions and are trained in counseling theory and technique. Since Wake Tech does not offer mental health or social services, it is inappropriate for counselors to deliver intensive psychotherapy or provide social services interventions. Counselors may refer students to private practitioners or community agencies for additional services as appropriate.

NOTE: Classroom management and discipline issues are **NOT** within the scope of practice for Wake Tech counselors. Instructors should address these issues, with the assistance of their department chair and dean and with support from the counselors. Serious disciplinary issues should be referred to the Dean of Students’ office for action.

Counseling Services

Office: Main Campus,

Student Services Building, Room 143

Hours: Monday-Thursday, 8 a.m.-5 p.m.;

Friday, 8 a.m.-4 p.m.

Evening hours by appointment.

919-866-5460

<http://counseling.waketech.edu>

Staff:

Dr. Paul Norman, Dean of Students, 866-5404

Edith Arrington, Associate Dean of Students,

532-5576, North Campus, AB 209A

Laura Bethea, Counselor, 866-5424

Carolyn Hicks, Counselor, 866-5459

Nicole Thompson, Counselor, 866-5471

Thu Washington, Counselor, 866-5458

V. STUDENTS IN DISTRESS

The Anxious Student

Unknown and unfamiliar situations increase anxiety for students, as do the sometimes unreasonable expectations placed upon them by themselves and others. Exaggerated anxiety is not just a case of “nerves.” It is often related to an individual’s biological makeup and life experiences, and it can stop a person cold, disrupting his or her life. When working with an anxious student:

Do ...

- Be clear and directive.
- Provide reassurance.
- Allow the student to discuss feelings and thoughts; this activity alone will often relieve considerable pressure.
- Recommend that the student seek counseling assistance.

Don’t ...

- Overwhelm the student with information or ideas about how to “fix” the situation.
- Discount the student’s anxiety by saying “It’s not really that bad,” or “You’ve really got nothing to worry about.”
- Take personal responsibility for the student’s emotional state.

Web Resources

Anxiety Disorders Association of America

www.adaa.org

Dealing with Text Anxiety

www.studygs.net/tstprp8.htm

The Depressed Student

Depression manifests itself in a variety of ways. Feelings of depression are part of a natural response to life’s ups and downs. The depressed student may frequently go unnoticed, yet this illness is very common among college students.

EMPLOYMENT

- Wake Tech Job Placement919-866-5696
- Employment Security Commission
919-212-5700 www.esc.state.nc.us
- Vocational Rehabilitation919-733-7807
- Economic Services, Employment & Training
Program919-733-2873

LAW ENFORCEMENT/LEGAL SERVICES

(PROTECTION ORDERS, ETC.)

- Federal Bureau of Investigation..919-233-7701
- Justice, NC, Attorney General's
Office.....919-716-6400
- NC Lawyer Referral Service... 1-800-662-7660
- Wake County Sheriff919-856-6900
- Supreme Court, NC, Wake
County919-733-3723

MENTAL HEALTH

- Wake County Mental Health.....919-250-3133
- Community Mental Health
Clinic919-779-3979
- Triangle Family
Services919-821-0790, ext.333
- Wake Teen (up to age 23)919-828-0035
- Catholic Social Ministries919-832-0225
- NC Veterans’ Center919-856-4616

VIII. ACKNOWLEDGEMENTS

We wish to thank our colleagues at Caldwell Community College, Cape Fear Community College, the University of Maryland, and California State University of Monterey Bay for their generous assistance with this handbook. Many thanks also to our own staff at Wake Technical Community College for their important contributions.

If you have questions, comments, or concerns about the contents of this handbook, please contact:

Thu Washington, Counselor

Main Campus, SSB 143

919-866-5458

ttwashington@waketech.edu

or

Edith Arrington, Associate Dean of Students

Northern Wake Campus, AB 209A

919-532-5576

emarring@waketech.edu

**EMERGENCY ASSISTANCE –
SHELTER/FOOD/CLOTHING/FUEL**

- American Red Cross 919-231-1602
- Caring Place, Inc 919-462-1800
- Helen Wright Center for
Women 919-833-1748
- Community Development Corporation –
Passage Home 919-834-0611
- Community Services 919-831-6100
- Department of Health and Human Services
(DHHS), Department of Social Services (DSS),
Food Stamps, Eligibility
and Policy 919-733-4570
- DHHS, Economic Opportunity .. 919-715-5850
- Social Services (DSS),
Wake/Raleigh 919-212-7000
- Food Bank of North Carolina,
Wake..... 919-875-0707
- Food Pantry, Emergency,
Fuquay-Varina 919-552-7720
- Homeless Mental Health –
Cornerstone Clinic..... 919-508-0777
- Urban Ministries of
Wake County Inc..... 919-836-1642
- Rescue Mission, Durham 919-688-9641
- Rescue Mission, Raleigh..... 919-828-9014
- PLM-Families Together 919-212-8607
- Salvation Army, Raleigh..... 919-834-6733
- Shelter, AME Church (M) 919-834-3734
- Homeless Shelter, Matthew's
House (FA)..... 919-834-0666
- Soup Kitchen, The Shepherd's
Table..... 919-831-2010
- Women's Center, Raleigh..... 919-829-3711

**BATTERED WOMEN –
SHELTER & LEGAL ASSISTANCE**

- Carolina Legal Assistance..... 919-856-2195
- NC Justice & Community Development
Center 919-856-2570
- Interact 919-828-8304

CHILDREN'S SERVICES

- Prevent Child Abuse NC..... 1-800-244-5736
- DHHS, DSS, Children's Services
Section..... 919-733-9467
- Child Advocacy of Durham..... 919-682-1129

In its less serious form, depression is a temporary reaction to loss, stress, or life challenges. It can be alleviated through the support of friends and family members, daily routines, and coping strategies like good nutrition and exercise.

More severe or chronic depression usually requires professional help. Major depression is not a passing case of “the blues.” It is not a sign of personal weakness or a condition that can be wished or willed away. Students with severe depression cannot merely “pull themselves together” and get better. Depression can interfere with a student’s ability to function in school, social settings, or any other environment.

Symptoms of Depression

- Feelings of emptiness, hopelessness, helplessness, and worthlessness.
- A deep sense of sadness.
- An inability to experience pleasure.
- Irregular eating and sleeping habits.
- Difficulties with concentration and decision-making.
- Thoughts of death or suicide.
- Fatigue and social withdrawal.

Verbal Descriptions of Depression

- “Everything is such an effort.”
- “I don’t have anything to look forward to.”
- “I cry easily.”
- “I don’t seem to feel rested even after sleeping.”
- “I don’t feel like doing much of anything lately.”
- “Nothing matters.”

Students experiencing depression often respond well to a small amount of attention for a short period of time. Early intervention increases the chances that the student will get better.

Do ...

- Communicate your sincere concern.
- Recommend that the student seek counseling assistance.
- If possible, escort the student to a counselor’s office.

Don't ...

- Say “don't worry,” “crying won't help,” “everything will be better tomorrow,” or other statements that might discount the personal significance or intensity of the student's feelings.
- Expect the student to stop feeling depressed without intervention.
- Be afraid to ask whether the student is suicidal if you think he or she may be.

Web Resources

Everything about Depression
www.depression.com.

The Potentially Suicidal Student

Although suicide is a rare event, it is the second leading cause of death among college students. Suicide can often be prevented. While some suicides occur without any outward warning, most do not. Most people who feel suicidal give definite warning signs, but those close to them are often unaware of the significance of the signs or unsure about how to respond to them. Most suicidal people also desperately want to live but are unable to find ways to cope with their thoughts and feelings.

There are many reasons for suicidal behaviors. Some factors associated with the appearance or increase in suicidal behaviors among college students include:

- New, unfamiliar environment
- Difficulties adjusting to new demands and different work loads
- Lack of adequate social and coping skills
- Academic and social pressures
- Feelings of failure or poor performance
- Sense of alienation and lack of social support
- Family history of mental illness

Warning Signs

The most effective way to prevent suicide is to know the following warning signs:

- An individual expresses the desire to kill himself or herself or to be dead.

MENTAL HEALTH

- American Psychological Association
PsychNET www.apa.org
- Anxiety Disorders Association of
America www.adaa.org
- Crisis Line/Open House 1-800-672-2903
- Helpline for Mental Health
Issues www.helpguide.org
- Mental Health..... www.athealth.com
- Mental health resources for college
students www.campusblues.com
- National Alliance for the Mentally Ill (NAMI)
..... www.nami.org
- National Hopeline Network
..... 1-800-SUICIDE (1-800-784-2433)
- National Institute of Mental Health
..... www.nimh.nih.gov
- National Mental Health Association
..... www.nmha.org
- National Mental Health Information Center
..... www.mentalhealth.org
- Psychology Information Online
..... www.psychologyinfo.com
- School Psychology Resources Online
..... www.schoolpsychology.net
- Suicide Prevention www.hopeline.com

STRESS AND TIME MANAGEMENT

- Stress and Time
Management www.mindtools.com
- Study Guide and Strategies www.studygs.net
- Time Management Skills:
www.dartmouth.edu/~acskills/success/time.html
- Unbearable Stress..... www.teachhealth.com

VII. SELECTED COMMUNITY RESOURCES

- United Way 211
..... 211 or 919-460-1811 or 1-800-831-1754
- Department of Health and Human Services
(DHHS) CareLine..... 1-800-662-7030
- NC CareLine Online www.nccareline.org
- Wake County Human Services ... 919-250-3133

EATING DISORDERS

- Anorexia Nervosa & Associated Disorders, ANAD, Wake919-828-3205
- Anorexia nervosa and relating eating disorders www.anred.com
- Interactive discussion site with Q&A www.eating-disorders.com
- Interactive site on signs and symptoms: www.something-fishy.org
- Interactive site with definitions, recovery strategies, and additional resources:..... www.mirror-mirror.org
- National Eating Disorders Organization . www.nationaleatingdisorders.org
- National Association of Anorexia Nervosa and Associated Disorders www.anad.org

FINANCIAL AID AND FINANCIAL MANAGEMENT

- Wake Tech Financial Aid919-866-5417
<http://financialaid.waketech.edu/>
- Free resources on preparing and paying for Collegewww.studentaid.ed.gov
- Budget Planning and Budgeting Lessons www.moneyinstructor.com/budgeting.asp
- College Foundation of North Carolina www.CFNC.org
- EDFUND Video Clips: Streaming video to build money management skills www.edfund.org

GAY, LESBIAN, BISEXUAL, TRANSGENDER (GLBT)

- Gay & Lesbian Alliance Against Defamation (GLAAD)www.glaad.org
- Parents, Families, & Friends of Lesbians & Gays (PFLAG) www.pflag.org

GRIEF AND LOSS

- Association for Death Education and Counseling www.adec.org
- Caring Connection www.caringinfo.org
- Hospice www.hospicefoundation.org
- Tragedy Assistance Program for Survivors (TAPS)www.TAPS.org

LEGAL AID

- Legal Aid NC..... www.legalaidnc.org
- Free legal information www.freeadvice.com/domestic_violence

- There is a suicide plan with specifics as to time and place, and notes have been written.
- Symptoms of depression, such as dramatic changes in sleep patterns or appetite; feelings of severe hopelessness, agitation, exhaustion, guilt, or shame; loss of interest in school, work, or sexual activities; deterioration in hygiene.
- A previous suicide attempt by the individual, a friend, or a family member.
- Isolation, loneliness, or lack of support.
- Preparation to leave, giving away belongings, saying unusual “good-byes.”
- Indirect comments implying death is an option that the student is considering (e.g., student implies that he or she may not be around in the future).

If you suspect that a student may be suicidal, it is very important that you contact a professional counselor, even if there is no actual intent for self-harm.

Do ...

- Take all suicide threats seriously.
- Take the student’s disclosure as a serious plea for help.
- Ask the student directly about feelings and plans: “You seem so upset and discouraged that I’m wondering if you are thinking of harming yourself? In what way?”
- Escort the student to a counselor and wait with the student until the counselor is available. Do not leave the student alone!
- Call 911 on weekends or after hours.

Don’t ...

- Ignore or make light of suicide threats.
- Discount the significance of the student’s feeling of depression and hopelessness.
- Ignore your limitations (e.g., not consulting with available resources).
- Put yourself in a compromising position of “promising” not to consult with others.

Web Resources

Yellow Ribbon International
www.yellowribbon.org

Suicide Prevention, Awareness & Support

www.suicide.org

Suicide Awareness Voices of Education (SAVE)

www.save.org

The Demanding, Passive, or Dependent Student

This student seeks to monopolize your time and may believe that the amount of time and attention you give is a direct reflection of his or her value or worth. Typically, no amount of time or energy given to this student is enough.

Do ...

- Set clear limits for your discussions and interactions with the student and hold the student to them. Let the student know what topics are appropriate for the two of you to discuss.
- Be firm and consistent when talking with the student. For example, “You should discuss that issue with a counselor. I’ll be glad to help arrange an appointment for you right now.”
- Allow the student to make his or her own decisions.
- Recommend that the student seek counseling assistance.

Don’t ...

- Let students use you as their only source of support.
- Get trapped into giving advice; e.g., “Why don’t you ...”
- Feel obligated to take care of the student or guilty for not doing more.

The Verbally Aggressive Student

Students may become verbally aggressive or abusive when frustrated and in situations which they perceive to be beyond their control. Anger and frustration may be directed toward others. Fear of rejection and expressions of righteous indignation are frequently associated with this pattern.

- Learning Disabilities Association of America www.ldanatl.org
- Learning Disabilities and ADHD resources..... www.ldonline.org

DOMESTIC VIOLENCE

- Interact www.interactofwake.org
Domestic Violence 919-828-7740
Rape/Sexual Assault 919-828-3005
- Child Abuse, Domestic Violence, Internet Crimes against Children, and Sexual Abuse Research:
www.prevent-abuse-now.com/sitemap.htm
- Husband Battering..... www.safe4all.org
- NC Domestic Violence and Legal Resources..... www.womenslaw.org
- National Domestic Violence Hotline..... 1-800-799-SAFE (7233)
- RAINN Hotline (Rape, Abuse, Incest National Network) 1-800-656-HOPE (4673)

DIVORCE

- DivorceNet – Internet divorce resource www.divorcenet.com
- North Carolina Divorce Law..... www.rosen.com

DRUGS/ALCOHOL/TOBACCO ABUSE

- Al-Anon and Alateen .. www.al-anon.alateen.org
- Alcohol/Drug Council of NC 1-800-688-4232
- Alcoholics Anonymous www.alcoholics-anonymous.org
- American Council on Alcoholism 1-800-527-5344
- Co-Dependents Anonymous www.codependents.org
- Narcotics Anonymous www.na.org
- National Clearinghouse for Alcohol and Drug Information..... 1-800-729-6686
- National Council on Alcoholism and Drug Dependency Inc..... 1-800-622-2255
- Nicotine Anonymous www.nicotine-anonymous.org
- Quitline NC www.quitlinenc.com
1-800-Quit-Now
- US Department of Health & Human Services, Substance Abuse and Mental Health Services Administration..... www.samhsa.gov

- Acknowledge the difficulties that the student is having.
- Refer the student to Disability Support Services (DSS).
- Be open to follow-up consultation with DSS regarding accommodations for the student.

Don't ...

- Use patronizing language with the student.
- Underestimate or question the student's stated disability.
- Assume that the student understands the academic limitations imposed by the disability.
- Assume that the student qualifies for accommodations without DSS verification.

VI. HOTLINES AND WEB RESOURCES

ACADEMIC ASSISTANCE AND STUDY SKILLS

- Online Writing Assistant..... www.powa.org
- Professor Freedman's Math Help..... www.mathpower.com
- Study Skills:
www.utexas.edu/student/utlc/lrnres/handouts.html
- Study Skills Self-Help Information..... www.ucc.vt.edu/stdyhelp.html
- Study Guides and Strategies .. www.studygs.net

DISABILITIES

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD)

- Children/Adults with AD/ HD:
CHADD 1-800-233-4050; www.chadd.org
- The National ADD Association ... www.add.org
- MyADHD www.myadhd.com
- Virginia Tech Attention Deficit Disorder Student Handbook:
www.ucc.vt.edu/stdysk/addhandbook.html

LEARNING DISABILITIES

- Autism Society of America..... www.autism-society.org
- The International Dyslexia Association..... www.interdys.org

Do ...

- Allow the student to “vent” and tell you what is upsetting him or her as much as you can without significant disruption to the rest of the class.
- Indicate clearly to the student that the aggressive/ abusive behavior is not acceptable; e.g., “The way you are talking to me is unacceptable; I’m willing to listen to your complaint as soon as you’re willing to speak to me calmly and with respect.”
- If the student gets physically close to you, explain that that is a violation of your personal space and ask the student to please move back.
- If you are comfortable doing so, reduce stimulation from the environment by walking the student to a quiet but public area.
- Tell the student that you will put him or her in touch with someone who may be better able to help resolve the issue. Walk the student to the office of a counselor or other appropriate administrator.
- Keep your own emotions in check and your voice calm and steady to help ease tension. Raising your voice serves only to escalate the situation.

Don't ...

- Get into an argument or engage in name-calling.
- Press for an explanation or reasons for the student's behavior.
- Become hostile or punitive yourself; e.g., “You can't talk to me that way!”
- Allow yourself to become physically cornered.
- Touch the student at any time.
- Ignore the situation.

Web Resources

Professional Reference For Teachers

“Understanding Aggressive Communication”
http://go.hrw.com/resources/go_sc/gen/HSTPR050.PDF

Violence or verbally aggressive student

<http://pgcc.csumb.edu/violent.html>

The Suspicious Student

The suspicious student typically complains about something other than psychological difficulties and tends to be tense, anxious, and distrustful. He or she may be a loner or have few friends. This student often overreacts and may interpret a minor oversight as significant personal rejection. The student has a tendency to misinterpret much of what is said as well as others' reactions to what is said, both in and out of the classroom. The suspicious student perceives himself or herself to be the focal point of everybody's behavior and believes that everything that happens has special meaning for him or her. This student may seem and may actually be very capable and bright.

Do ...

- Be firm, steady, punctual, and consistent.
- Express compassion without overstating your friendship. Remember, suspicious students may have trouble relating to others.
- Be specific and clear regarding the standards of behavior you expect.
- Recommend that the student seek counseling assistance.

Don't ...

- Assure the student that you are a friend.
- Be overly warm and nurturing.
- Flatter the student to gain trust or participate in his or her games; you don't know the rules.
- Be cute or humorous.
- Challenge or agree with any misconception.

The Potentially Violent Student

Violence typically occurs when a student is intensely frustrated and feels unable to do anything about it. Sustained frustration can erode the student's behavioral control. It may have very little to do with you or your class; more likely, the student is on the verge of losing control, and something tips the scale in that direction.

The Student with Disabilities

Students with documented physical, learning, or psychiatric disabilities are eligible for accommodations through Disability Support Services (DSS) on Main Campus, 108S Holding Hall, 919-866-5670 or **TTY: 919-779-0668**.

Students with **physical disabilities** present special classroom access needs associated with limitations in mobility, speaking, hearing, or vision.

Students with a **medical disorder** may experience difficulties participating in academic programs because of the condition itself or because of its treatment protocol.

Students with **learning disabilities** have neurological impairments that interfere with and slow down information processing, memory and retrieval, and output. These disabilities can have a detrimental effect on reading, writing, math, attention, concentration, and overall organization.

Students with **psychiatric disabilities** have a chronic and debilitating psychological condition that interferes with their ability to participate in the standard educational program. Conditions that fall into this category include Bipolar Disorder, Major Depression, Anxiety Disorders, and Post Traumatic Stress Disorder.

Students with Attention **Deficit/Hyperactivity Disorder (AD/HD)** may experience inattentive, hyperactive, and/or impulsive behaviors due to a dysfunction of their central nervous system. These behaviors may compromise an individual's social, vocational, and academic performance.

Students with disabilities may not realize that they have them and may not know that treatment or accommodations are available.

Do ...

- Speak to the student in private about your concerns.
- Treat each student with sensitivity and respect.

- Focus on the specific behaviors that are cause for concern; specifics are more difficult for the student to deny.
- Refer the student to Counseling Services.
- Reassure the student that help is available and that change is possible.

Don't ...

- Confront the student in front of others.
- Judge or label the student's behaviors.
- Recommend solutions such as "accept yourself" or "just eat healthy."
- Attempt to force the student to eat.
- Support or agree with the student's denial.

Web Resources

National Eating Disorder Association
www.nationaleatingdisorders.org/

The Victim of a Hate Incident or Crime

A hate crime is a criminal act committed against a person or his or her property because of that person's actual or perceived race, color, religion, nationality, disability, gender, or sexual orientation. A hate incident is an act that, while not legally defined as criminal, involves the same behavior toward and targeting of underrepresented groups. On college campuses, hate incidents are more common than hate crimes.

Do ...

- Talk to the victimized student in private.
- Recognize that the student is probably experiencing a range of intense feelings, including shame, anger, fear, and denial.
- Refer the student to Counseling Services.

Don't ...

- Downplay the situation.
- Express personal biases.

Web Resources

www.securityoncampus.org/schools/hatecrimes.html

Do ...

- Assess your level of safety. Call Campus Security (866-5911) if you feel you are in danger and tell the student you are doing so.
- Speak quietly and calmly.
- Listen to the student and allow him or her to talk.
- Explain clearly what behaviors are acceptable.
- Have other students leave the classroom to give the student space to "vent."
- Send a student from your class to solicit help from a staff member.
- Remain in an open area in which you can move about easily. Do not allow yourself to be physically cornered by the aggressive student.
- Keep at least 5 feet away from the student (out of kicking range).
- Report all violent behavior and threats of violence to the Dean of Students for disciplinary action.

Note:

It is incumbent upon every staff member to be alert to other staff members who may be having an altercation with a violent student.

Don't ...

- Ignore signs that the student's anger is escalating.
- Encourage the student's behavior in any way (e.g., taunting, belittling, or speaking in a patronizing manner). Engaging with the student could exacerbate the problem substantially.
- Get into an argument or engage in name-calling.
- Press for an explanation or reasons for the student's behavior.
- Confront or threaten the student.
- Allow yourself to become physically cornered.
- Touch the student or move toward him or her in an aggressive way.

The Student in Poor Contact with Reality

The student in poor contact with reality has difficulty distinguishing between what is real and what is fantasy. The student's thinking is often illogical, confused, or disturbed; for example, the student may coin new words or jump from one topic to another with no apparent connection. The student may be experiencing hallucinations or delusions and may exhibit bizarre behavior. Generally these students are not dangerous to others; however, they may be frightened and overwhelmed and need help.

Do ...

- Inform Counseling Services when you become aware of a student in this state.
- Acknowledge the student's feelings and fears without supporting the misperceptions; e.g., "I understand that you think someone is following you, and it must seem real to you, but I don't see anyone, and I believe you are safe."
- Respond to the student with concern and kindness, and with firm reasoning.
- Maintain eye contact, even if the student does not.
- Articulate your concern and state that you can see that he or she needs help.
- Explain that you are having difficulty understanding; e.g., "I'm sorry, but I do not understand you. Could you explain what you are experiencing in a different way?"
- Switch topics; divert focus from delusions to reality.

Don't ...

- Argue or try to convince the student of the irrationality of his or her thinking, which has a tendency to make the student defend false perceptions more ardently.
- Play along with the student by pretending that you hear the voices too (or whatever he or she is experiencing). Engaging with the student may exacerbate the problem.

The Student Who May Have an Eating Disorder

People with eating disorders think about food, weight, and body shape in distorted ways. This thinking leads to ways of eating and managing weight that:

- are harmful to body and mind – and can even be life-threatening;
- make it hard for the person to do things he or she wants to do in school, in sports, and with friends and family;
- make the person feel anxious and miserable most of the time; and
- are often upsetting to others.

Eating disorders can last for months or even years. If left untreated, they disrupt social relationships, school, and work. They cause psychological and medical problems that can be permanent and can even cause death. Eating disorders are damaging to a person's self-esteem. If the problem lasts long enough, the person may feel trapped and hopeless and become afraid he or she will never recover.

Warning signs of an eating disorder include:

- Marked increase or decrease in weight that is not related to a medical condition.
- Intense preoccupation with weight and body image, as evidenced by frequent weighing and constant self-criticism.
- Compulsive or excessive exercising, as evidenced by expressions of extreme guilt about not exercising; rigid routines unrelated to athletic training; exercising when injured; or letting exercise affect other parts of life negatively (e.g., missing class to exercise).
- Restrictive eating or purging with vomiting, fasting, laxatives, diet pills, or diuretics.
- Emotional instability, moodiness, depression, loneliness, and/or irritability.

Do ...

- Support the student and express concern for him or her in a caring, supportive, and non-judgmental manner.

victims of rape and sexual assault. It is important to respond with sensitivity to students who report sexual assault or attempted assault.

What is sexual abuse and/or assault?

Sexual abuse and/or assault is any type of sexual activity that a person does not agree to, including:

- inappropriate touching
- vaginal, anal, or oral penetration
- sexual intercourse the person has said no to
- rape
- attempted rape
- child molestation

If you are the person that a student has trusted with information about sexual abuse or assault, what should you do?

Do ...

- Listen without conveying judgment and be aware that victims can feel shame and anger.
- Let the student know that you care about his or her well-being.
- Ask about the student's physical condition – the possibility of physical injury, exposure to disease, or (for women) pregnancy.
- Refer the student to Counseling Services and assist the student in obtaining additional help and support.

Don't...

- Relate your own experience or story in any detail.
- Pursue specific details, except to clarify what you are hearing.
- Offer judgments about what might have been done differently.
- Make decisions for the student.
- Pressure the student to file a police report.

Web Resources

Women's Health Information

www.4woman.gov/faq/sexualassault.htm

Interact: <http://www.interactofwake.org/>

Interact Hotline: 919-828-3005

- Encourage further revelations of irrational thoughts. Instead, switch topics; divert the focus from delusions to reality and to the present.
- Expect normal emotional responses.
- Panic – doing so may give the message that you expect something catastrophic to occur.

Note: REFER students in poor contact with reality to a counselor immediately for services.

The Student in Need of Emergency Medical or Psychiatric Aid

1. Major Illness/Injury

- Call 911 to report any medical emergency, and remain on the phone to answer questions from the 911 operator. Then report the incident to Security. Security can be reached from any campus telephone utilizing the new phone system at **emergency extension 65911**. From cell phones or off-campus telephones, Security can be reached at **919-866-5911**.
- Give your name, the nature of the emergency, and your exact location. Security officers will come to your location and will also direct responding Emergency Medical Services to the scene. Failing to notify security may cause a delay in the arrival of emergency services.
- Stay with the student and keep him or her still and comfortable until security arrives.
- Render whatever aid you are trained to perform until relieved by security or EMS.

2. Minor Illness/Injury

For minor illness or injury, direct the student to Security to request first aid or suggest that the student see his or her personal physician. If the student is too ill or injured to do so, assist in arranging transportation. For liability reasons, staff and faculty should not transport an ill or injured person under any circumstances.

3. Psychological Crisis

A psychological crisis occurs when a student is threatening to harm self or others. If a psychological crisis occurs:

- Call 911 if the situation poses immediate danger to you or others.
- Never try to handle the situation yourself.
- Call Security to report the incident and tell them you need immediate assistance. Give your location and the nature of the situation. Security can be reached from any campus telephone utilizing the new phone system at **emergency extension 65911**. From cell phones or off-campus telephones, Security can be reached at **919-866-5911**.
- Security will contact the appropriate agency to handle the crisis and will direct them to the scene.

The Substance-Abusing Student

Substance use and abuse among college students is often a misguided attempt to cope with anxiety, depression, and the stresses of college life.

Research shows that the most-abused substance is alcohol. Alcohol and drug abuse among college students interferes with academic performance as well as putting lives at risk.

Signs of Alcohol/Drug Use or Withdrawal:

- Smell of alcohol or marijuana
- Slurred speech
- Dilated pupils
- Bloodshot eyes
- Stumbling/excessive clumsiness
- Sleeping in class
- Defensive/verbally aggressive
- Nausea/vomiting
- Staring/dazed expression

If you have a student exhibiting any of the symptoms above and suspect that alcohol and/or drugs may be involved, follow these steps:

Do ...

- Ask the student to speak with you in a quiet location after class. Explain the behaviors you have observed and inform the student of available services. If the student agrees to accept help, refer him or her to a counselor immediately.
- Follow the referral process as outlined on page 4 of this handbook. When talking to the counselor, be specific about your observations and the student's behavior.
- If the student's symptoms/behaviors, as listed above, become disruptive to the class, send or escort the student to the Dean of Students immediately for disciplinary action.

Don't ...

- Allow the student to continue coming to class impaired without addressing the problem quickly and discreetly.
- Confront the student during class or in front of other students (unless the behavior is disrupting class).
- Tell the student that he or she is a substance abuser or addict. Only a mental health professional should make a diagnosis.
- Talk to the student alone if you think he or she may become verbally or physically aggressive. Have another faculty member, counselor, or security officer present when you talk to the student.

Web Resources

Alcohol and Drug Information

<http://ncadi.samhsa.gov/>

National Institute on Drug Abuse

<http://www.nida.nih.gov/>

The Student Who Has Been Sexually Assaulted

According to the Bureau of Justice Statistics Research Report (Dec. 2000), 5% of college women nationwide experience a rape or attempted rape in a given academic year. Men can also be the