

OXNARD COLLEGE

# Assisting the Distressed Student.

**A Faculty &  
Staff Guide**

OXNARD  
COLLEGE

**2017**

## Table of Contents

<b>INTRODUCTION</b> .....	3
<b>YOUR ROLE</b> .....	4
<b>GUIDELINES FOR INTERVENTION</b> .....	6
<b>CONFIDENTIALITY</b> .....	7
<b>OXNARD COLLEGE BEHAVIORAL INTERVENTION TEAM(BIT)</b> .....	8
<b>HOW TO FILE A BIT REPORT</b> .....	9
<b>IDENTIFYING STUDENTS IN DISTRESS</b> .....	10
ANXIOUS STUDENT .....	10
DEPENDENT/PASSIVE STUDENT.....	11
DEPRESSED STUDENT.....	12
DISRUPTIVE STUDENT .....	13
DISTURBING CONTENT IN STUDENT WORK.....	14
EATING DISORDER.....	15
HARRASSMENT, GENERAL .....	17
HARRASSMENT, SEXUAL OR RAPE .....	17
POOR CONTACT WITH REALITY.....	19
SELF-HARM.....	21
SUICIDAL STUDENT .....	22
UNDER THE INFLUENCE .....	24
VERBALLY AGGRESSIVE STUDENT .....	25
VIOLENT STUDENT .....	26
<b>RESOURCES</b> .....	27
<b>MENTAL HEALTH COUNSELING</b> .....	<b>Error! Bookmark not defined.</b>
<b>INFORMATION FOR STUDENTS</b> .....	29



Dr. Oscar Cobian and the OC Student Health Center Staff

## **Important Phone Numbers**

**For Emergencies**

**911**

**OR**

**Campus Police**

**(805)678-5805**

**Dr. Oscar Cobian**

**(805)678-5937**

(Vice President of Student Development, Title IX Coordinator, and Student Conduct Officer)

**Student Health Center**

**(805)678-5832**

(Mental and physical health issues)

## **INTRODUCTION**

Dear Faculty and Staff,

I am excited about our first “Assisting the Distressed Student” handbook for faculty and staff. This handbook is a useful resource as we embark on a new academic year.

It is estimated that approximately 1 in 5 adults in the United States will experience a mental illness this year. In numbers this means 43.8 million or 18.5% of adults. Another 1 in 25 adults – 9.8 million or 4.0% -- experiences a serious mental illness that negatively impacts their daily life and activities. (For more information see [www.nami.org](http://www.nami.org)).

As a member of the campus community, you may experience working with a student in distress or dealing with mental health challenges. Without help, many of these students will not be able to experience the joy of completing a degree/certificate or find hope that things will get better.

We are fortunate to have skilled and compassionate mental health specialists and counselors at Oxnard College. We provide a safe and caring space where students receive the support and encouragement they need to make positive changes in their lives. When you notice a student in distress, please use this resource as a guide for referral to support services on campus and community resources.

I want to thank our amazing Student Health Center for taking the lead in developing this resource for our campus community. Please refer questions or referrals to our Student Health Center and Behavioral Intervention Team (BIT). We will follow up with the students in distress to ensure they are receiving the support they need. We need your help in linking our students to our services.

Thank you,

**Oscar Cobian, Ed.D.**

Vice President of Student Development

Phone: (805) 678-5937

[ocobian@vccd.edu](mailto:ocobian@vccd.edu)



## **ACKNOWLEDGEMENTS**

This guide is a result of the collaborative efforts of many California Community College educators throughout the state dedicated to providing an optimal learning environment for all students. Thank you to Jacob Vazquez for the cover design.

## **YOUR ROLE**

As faculty, staff, or administrators at Oxnard College, you interact with students daily. You are in an excellent position to recognize changes in a student's behavior that may be a sign of distress. You may experience a student behavior that causes you concern for their well-being, or that may be disruptive of the educational process or delivery of student services. Your ability to recognize signs of distress and acknowledge your concern to the student, can be the one of the most significant factors in a successful problem resolution.

This guide provides suggestions on how you may be able to help a student in distress, but most importantly, how to get the correct assistance for yourself and the student when you have concerns. Addressing the needs of the whole student requires the collaboration between you, our colleagues in student services, campus police, and our students in need. Below is a list of possible signs and symptoms you may see:

- Distinguishing between distressed, disruptive, and dangerous student behavior
- Distressed: Behavior that causes us to feel alarmed, upset, or worried (most common).
- Disruptive: Behavior that interferes with or interrupts the education process of other students or the normal business functions of the college.
- Dangerous: Behavior that leaves us feeling frightened and in fear for our personal safety or the safety of others.
- Signs of distress/behaviors of concern
- Missed classes/assignments
- Inability to concentrate
- Confusion
- Persistent worrying
- Social isolation
- Increased irritability
- Restlessness
- Bizarre behavior
- Disheveled appearance, change in personal hygiene
- Mood swings
- Indecisiveness
- Disruptive behavior

- Disturbing writings
- Viewing concerning videos, gory or graphic images
- Disclosure of depression or suicidal thoughts, past or current abuse or trauma
- Appearing under the influence
- Fixation or fantasies about death or violence

## **GUIDELINES FOR INTERVENTION**

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

1. Request to see the student in private, if it is safe. This may help minimize embarrassment and defensiveness. Be careful not to isolate yourself with a student who may be hostile or volatile.
2. Briefly describe your observations and perceptions of the student's situation and express your concerns directly and honestly (e.g., "I'm concerned about the changes I've seen in your work". "Your attendance is inconsistent and you seem down and tired when you're in class").
3. Listen carefully to what the student is troubled about and try to see the issues from his/her point of view without necessarily agreeing or disagreeing.
4. Attempt to identify the student's problem or concern as well as your own concerns or uneasiness. You can help by exploring alternatives to deal with the problem. Do not diagnose!
5. Strange and inappropriate behavior should not be ignored. Comment directly on what you have observed.
6. Involve yourself only as far as you want to go. At times, in an attempt to reach or help a troubled student you may become more involved than time or skill permits. If you have not been trained in providing psychotherapy or counseling services, it is of a great disservice to the student when such attempts are made by untrained professionals. When in doubt, consult and refer student. "I would like you to talk with someone who knows more about this than I do. Let's call the Student Health Center and see when a health care provider is available. It's completely private and nothing shows up on your academic record."
7. You are legally responsible in terms of mandated reporting of child or elder abuse and sexual assault

### **8. DO NOT AGREE TO CONFIDENTIALY**

## **CONFIDENTIALITY**

We realize that after referring a student to the Behavioral Intervention Team or health services, out of care and concern you may inquire as to how the student is doing. It is important to note that once a student is seen at the health center for services, they are our client. Health Center staff are required by law and professional ethics to keep all communications with clients private with the exception of issues involving imminent suicide, harm to others, inability to care for oneself, and/or child or elder abuse. Consequently, we cannot discuss information about a client or even disclose if the student has been seen in the health center. For information about the student to be released to you or others, we must first obtain permission from the student.

It is also important to note that when a student shares information with you, you are not bound by the same laws of confidentiality as we are as health care providers. Therefore, when you have significant concerns about a student it is important that you report this information to the BIT team, your Dean, or Campus Police. This information is vital in making suggestions with regards to how to deal with the student, and in providing optimal care for them. A guideline to consider when sharing information about a student is to only share information with those that need to know.



## **OXNARD COLLEGE BEHAVIORAL INTERVENTION TEAM (BIT)**

The Oxnard College Behavioral Intervention Team (BIT) exists to promote a safe and secure learning and work environment for all members of the Oxnard College community.

### **Purpose:**

The Oxnard College BIT, under the supervision of the Vice President of Student Development, will function as a central clearinghouse for all student conduct and behavioral issues that occur on campus or that directly affect the campus. The BIT team is here to assist you with your concerns about a student's behavior. A major factor in campus safety is "connecting the dots", being able to identify patterns of behavior that may be worrisome.

### **Actions:**

- Promote standardized reporting by faculty and staff through the use of Maxient Systems (BIT reporting located on the portal)
- Facilitate and expedite the dispensation of all incidents and matters related to student conduct
- Utilize standardized assessment tools and professional expertise to assess behaviors of concern
- Provide students who have been referred to the BIT team with support, resources, and referrals
- Provide campus safety education and training to staff, faculty, and students

### **Membership:**

Dr. Oscar Cobian	Vice President of Student Development
Lt. Cesar Romero	Oxnard College Police
Dr. Deanna McFadden	Student Health Center Coordinator
Dr. Daniel Goicoechea	Academic Counseling
Linda Martinez -Truax	Mental Health, LMFT
Leo Orange	EAC Coordinator
Dr. Michael Webb	ADS Coordinator/faculty
Dr. Luis A. Gonzalez	Dean of Library, Transitional Studies, Athletics & P.E.

## **HOW TO FILE A BIT REPORT**

Oxnard College uses Maxient software for collection and dispersal of BIT reports. The following are the steps to making a report:

1. Open the VCCCD portal
2. Under “College Quick Links” open Oxnard College
3. Open “BIT Reporting Form”
4. Fill out the form to the best of your ability
5. Click submit
6. The form will be dispersed to all BIT members.
7. After a report is filed, the BIT investigates the allegations and/ or concerns.
8. Examples of potential outcomes are as follows: referral of student to community and/ or college resources. i.e. mental health counseling, provide student with a written warning of behavior of concern, administrative hearing to determine outcome, suspension and/ or expulsion.

## **IDENTIFYING STUDENTS IN DISTRESS**

### **ANXIOUS STUDENT**

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

#### **Do**

- Let the student discuss her/his feelings and thoughts, often this alone relieves a great deal of pressure
- Provide reassurance
- Be clear and directive
- Provide a safe and quiet environment until the symptoms subside.
- Refer to OC Student Health Center

#### **Don't:**

- Minimize the perceived threat to what the student is reacting to
- Take responsibility for the student's emotional state
- Overwhelm the student with information or ideas to "fix" his/ her condition

## **DEPENDENT/PASSIVE STUDENT**

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

### **Do:**

- Let students make their own decisions
- Set firm and clear limits on your personal time and involvement
- Offer referral to OC Student Health Center or other resources

### **Don't:**

- Get trapped into giving advice, special conditions, etc.
- Avoid the student as an alternative to setting and enforcing limits

## **DEPRESSED STUDENT**

Depression, and the variety of ways it manifests itself, is part of a natural emotional and physical response to life's ups and downs. With the busy and demanding life of a college student, it is safe to assume that most students will experience periods of reactive depression in their college careers. It is when the depressive symptoms become so extreme, or are so enduring, that they begin to interfere with the student's ability to function in school, work, or social environments, that the student will come to your attention and be in need of assistance. Due to the opportunities that faculty and staff have to observe and interact with students, they are often the first to recognize that a student is in distress. Look for a pattern of those indicators.

*Tearfulness/general emotionality*

*Dependency (a student who makes excessive requests for your time)*

*Markedly diminished performance*

*Lack of energy/motivation*

*Infrequent class attendance*

*Increased anxiety/test anxiety/performance anxiety*

*Irritability*

*Deterioration in personal hygiene*

*Alcohol or drug use*

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

### **Do:**

- Let the student know you've noticed that she/he appears to be feeling down and you would like to help
- Reach out and encourage the student to discuss how she/he is feeling with someone they trust
- Refer to OC Student Health Center

### **Don't**

- Minimize the student's feelings, e.g., "Don't worry. Everything will be better tomorrow."
- Bombard the student with "fix it" solutions or advice
- Chastise the student for poor or incomplete work
- Be afraid to ask whether the student is suicidal

## **DISRUPTIVE STUDENT**

Examples of disruptive behavior in the classroom are: cussing or talking loudly, arguing instead of discussing; challenging everything that is presented as wrong, or out of control yelling in anger.

Take precautions to take care of yourself and others in the situation if the person is behaving menacingly. Ask the student to talk privately away from the group and try to calm her/him down. If the behavior continues out of control, call the Campus Police to assist you and report the matter to the Vice President of Student Development.

### **Do:**

- Remember: Safety First. Maintain access to the nearest exit, being the closest to the exit and not allowing the student to block your exit
- Acknowledge their anger and frustration, e.g., "I hear how angry you are."
- Rephrase what they are saying and identify their emotion, e.g., "I can see how upset you are because you feel your rights are being violated and nobody will listen."
- Reduce stimulation
- Invite the person to a quiet place if this is comfortable and safe
- Allow them to ventilate, get the feelings out, and tell you what is upsetting them; listen
- Be directive and firm about the behaviors you will accept, e.g., "Please stand back, you're too close. "I cannot listen to you when you yell and scream at me that way." "Let's step outside to discuss this further."
- Contact Campus Police
- Prohibit the student from entering your work area/classroom/office if behavior is repeated
- File a BIT report

### **Don't:**

- Get into an argument or shouting match
- Become hostile or punitive, e.g., "You can't talk to me that way!"
- Press for explanations for their behavior
- Ignore the situation
- Touch the student

## **DISTURBING CONTENT IN STUDENT WORK**

As a faculty member you may encounter material in student's academic work that raises concerns. This may be in the form of written or artistic work. The following are possible examples:

*Writings or artwork that depict extreme rage, aggression, or violence*

*Writings or artwork that indicate extreme hopelessness or focuses on death or suicide*

*Essays in which a student discloses an abuse history or trauma*

*References to suicidal thoughts or severe depression*

*Statement indicating a desire to harm self or others*

*Sexual material that is very graphic, violent, or disturbing*

*Excessive use of profanity*

*Writings or language that is bizarre and difficult to comprehend*

This type of unsettling content in academic work may raise concerns about the students' psychological state and/or safety risks to the individual or others. Oftentimes, troubling material in their work may be indicative of emotional or personal struggles, and can be a manner by which a student is reaching out for help. It may also be important to reflect on the student's behavior in the classroom, in terms of whether this further supports or lessens concerns.

It can be hard to know how to react to students who exhibit disturbing content in their academic work. However, it is important to respond to this, rather than ignore or avoid the issue.

### **Do:**

- Consult with your Dean
- Refer to OC Student Health Center
- File a BIT form, if possible attach a sample of the art or writing

### **Don't:**

- Do nothing
- Wait to consult or refer
- Talk with other students about the assignment

## **DISORDERED EATING**

Students struggling with eating disorders or disordered eating can have serious, even deadly, consequences (e.g., academically, emotionally, psychologically, and medically). In the college setting, eating disorders or disordered eating often interfere with a student's academic and work functioning, interpersonal, and familial relationships, extracurricular activities, and co-exist with depression and/or anxiety.

Signs or Symptoms of Students with an Eating Disorder or Disordered Eating

*Significant decrease or increase in weight*

*Dressing in layers or wearing bulky clothing to hide weight loss*

*Distorted body image*

*Preoccupation with food and weight loss*

*Regimented/unusual eating habits or secretive eating*

*Food restriction, bingeing, or purging behaviors*

*Excessive exercise*

*Social withdrawal (e.g., friends, family)*

*Low self-esteem*

*Perfectionism*

*Difficulty concentrating*

*Fatigue*

*Moodiness and/or irritability*

*Anxiety and/or compulsive behavior*

As stated above, eating disorders or disordered eating can interfere in multiple aspects of a student's life; early intervention is crucial.

### **Do:**

- Be aware of and alert to common signs of eating disorders or disordered eating
- Request to speak with the student in private
- Express your genuine concern for the student; focus on the student's health and well-being rather than their weight or appearance
- Focus on specific behaviors and/or changes you've observed
- Listen and allow the student to respond to your concerns and observations
- Be prepared for the student to deny any problem and to reject your help



- Offer support and communicate your willingness to help the student seek assistance
- Refer the student to the OC Student Health Center, you can even have the student call to make an appointment from your office or walk them over
- If you are concerned that the student's condition is urgent or may be life-threatening, call Campus Police
- Follow up with the student. If the student was not receptive to the referral initially, he/she may be upon further reflection and/or follow-up

**Don't:**

- Approach the student when you do not have privacy
- Avoid expressing your concern to the student
- Communicate your concern in a critical and/or blaming manner
- Focus on the student's weight or appearance; instead, direct your comments to the student's health and well-being
- Give the student advice about food, eating, weight loss, or exercise
- Argue with the student about whether or not they have an eating disorder

## **HARRASSMENT, GENERAL**

General harassment is when a student has been making demeaning remarks, taking unwanted photographs, or treating another student in an unacceptable, uncomfortable manner.

Listen to the student and refer the matter to the Vice President of Student Development, Dr. Oscar Cobian.

## **HARRASSMENT, SEXUAL OR RAPE**

Sexual harassment involves unwelcome sexual advances, requests for sexual favors, verbal or physical contact, or electronic communications of a sexual nature. It does not matter that the person's intention was not to harass. It is the effect it has on others that counts. As long as the conduct interferes with a student's academic performance or creates an intimidating, hostile or offensive learning environment, it is considered sexual harassment.

Report instances of sexual harassment to Dr. Oscar Cobian.

## **PLEASE SEE "SEXUAL MISCONDUCT" ON THE OC PORTAL FOR MORE DETAILED INFORMATION**

Sexual harassment usually is not an isolated, one-time-only case, but a repeated pattern of behavior that may include:

*Comments about one's body or clothing*

*Questions about one's sexual behavior*

*Demeaning references to one's gender*

*Sexually oriented jokes*

*Conversations filled with innuendoes and double meanings*

*Displaying of sexually suggestive pictures or objects*

*Repeated non-reciprocated requests for dates or sex*

### **Do:**

- Make sure the student is safe
- Listen carefully to the student, validating her/his experience
- If the student has been raped or assaulted, walk them to the student health center or call campus police
- Separate your personal biases from your professional role-maintain objectivity

- Report this situation to the Vice President of Student Services/Title IX Coordinator or Title IX deputies
- If the student wants to maintain confidentiality, only the campus mental health providers are not mandated to report
- Help student seek support from an OC student health center or call the 24 hour, bilingual Rape Crisis Hotline (local) 800-300-2181
- Encourage student to report to Campus Police
- File a BIT report

**Don't:**

- Do nothing. Taking no action invalidates the student's already shaky perception and puts the college in a vulnerable position should this behavior continue
- Overreact
- Investigate

## **POOR CONTACT WITH REALITY**

It can be especially challenging and difficult when dealing with a student who seems to have poor contact with reality. A key characteristic of these students is that they exhibit thoughts or behaviors that are bizarre and seem to be out of touch with reality, such as:

*Odd or peculiar beliefs that involve a misinterpretation of reality*

*Hearing voices, belief that these voices are talking to them*

*Seeing things that are not there*

*Talking to themselves*

*Laughing to self*

*Disorganized speech or behavior: e.g. speech patterns that jump from one topic to another with no apparent connection. This may also include bizarre or incoherent language or writings. This may be especially noticeable when the student speaks in class or in their written assignments*

*Failure to exhibit any emotion or displaying inappropriate emotion (e.g. laughing out loud in class when talking about serious topic)*

*Extreme social isolation and withdrawal*

A student who exhibits these symptoms may elicit much concern and possible fear from those who have interactions with them. However, it is important to remain calm and to understand that in most instances, these students are not dangerous. Rather, it is very likely that they are feeling frightened, lost, and overwhelmed.

### **Do:**

- Respond with warmth and kindness, but with firm reasoning
- Call OC Student Health Center to consult, if the situation is not an immediate threat
- Call Campus Police if warranted (our officers are trained to work with individuals experiencing these symptoms)
- Remove extra stimulation from the environment, (turn off the audio-visuals, and step outside of a noisy classroom)
- Acknowledge your concerns and state that you can see they need help.
- Acknowledge their feelings or fears without supporting the misperceptions, e.g., "I understand you think someone is following you, but I don't see anyone and I believe you're safe."
- Acknowledge your difficulty in understanding them and ask for clarification or restatement
- Focus on the here and now

- Ask for specific information about the student's awareness of time, place and destination

**Don't:**

- Argue or try to convince them of the irrationality of their thinking as this commonly produces a stronger defense of the false perceptions
- Touch the student
- Play along, e.g., “Oh yeah, I hear the voices” or “I see the devil.”
- Encourage further discussion of the delusional processes
- Expect customary emotional responses
- Expect that the student will understand you
- Assume that the student will be able to take care of him/herself when out of touch with reality

## **SELF-HARM**

The most common form of self-harm is cutting. However, self-injurious behaviors can also include burning, picking at skin, hair pulling, biting, and hitting. Extreme cases can involve breaking of one's own bones.

Generally, self-injurious behaviors are not done with the intent to kill oneself. Rather, self-injury is often used as a way to cope with painful or overwhelming emotional feelings or situations. Often times, those who engage in self-harm have difficulty identifying and expressing their emotions in a healthy way. Self-injury can be a way to release emotional pain and physically express what cannot be said through words.

Descriptions of self-injury:

*Cutting involves making scratches or cuts on the body, oftentimes the arms, and legs with any sharp object, such as razor blade, knife, scissors, needles, or fingernails*

*Picking at skin is done to the point that there is bleeding or damage to the skin. This can also include picking at old injuries and opening them up again*

*Burning one's skin can be done with a hot object such as a cigarette*

*Hair pulling involves an irresistible urge to pull one's hair from any part of their body, often from the scalp. This is called Trichotillomania.*

### **Do:**

- Refer a student to OC Student Health Center
- Know that engaging in self-harm, although a maladaptive coping strategy, is still a coping tool for them and has most likely helped them survive difficult circumstances in their life
- Understand that self-harming behavior is an attempt to maintain a certain amount of control
- Be aware of your own feelings and reactions. It is natural to feel frightened, overwhelmed, and helpless
- Let the student know that you are concerned about them and would like to help
- Take care of yourself

### **Don't:**

- Make comments that are judgmental of their self-injury or tell the person to stop the self-harming behavior. This may more likely exacerbate the behavior.
- Avoid or ignore the situation. It is important to bring up your concerns, however, do not push the matter
- Overreact, as it is important to remain calm. It can be very anxiety provoking when you see marks indicative of self-injury or a student tells you they are engaging in this behavior

## **SUICIDAL STUDENT**

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

The following are warning signs:

*Expression of desire to kill him/herself or wishing to be dead*

*Presence of a plan to harm self*

*Methods and means are available to carry out plan to harm self*

*Suicide plan is specific as to time, place; notes already written*

*Severe loss, threat of loss, or high stress (e.g., death, break up of a relationship, flunking out, loss of job, illness, deportation of a close person)*

*Symptoms of depression are present*

*Intoxication or substance abuse*

*Previous suicide attempt by the individual, a friend or family member*

*Isolation, loneliness, or lack of support*

*Withdrawal or agitation*

*Preparation to leave, giving away belongings, saying unusual "good-byes"*

*Secretive behavior*

*Major mood changes (e.g., elation of person who has been depressed)*

*Indirect comments implying death is an option they are considering (e.g., person implies he/she may not be around in the future)*

*Sudden, unexpected switch from being sad to being calm or appearing to be happy*

*Saying things like, "I don't want to be here" or "I want out"*

### **Do:**

- Take the person seriously; 80 percent of suicides give warning of their intent
- Be available to listen

**Don't:**

- Minimize the situation or depth of feeling (e.g., “Oh, it will be much better tomorrow.”).
- Over commit yourself and therefore, be unable to deliver on what you promise
- Ignore your limitations (e.g., please consult with available resources)
- Put yourself in a compromising position of “promising” not to consult with others
- Assure the student that you are his/her best friend; agree you are a stranger, but even strangers can be concerned
- Be overly warm and nurturing
- Flatter or participate in their games; you don't know their rules
- Be ambiguous or humorous
- Challenge or agree with any mistaken or illogical beliefs
- Assume that the student's family knows about the suicidal thoughts or feelings

If you suspect a student may be suicidal, it is very important that a professional counselor is contacted even if there is no intent for actual self-harm. Please contact the OC Student Health Center or Campus Police. If a mental health provider or police are not available and the student is in crisis, contact the **Ventura County Behavioral Health Crisis Team at 866-998-2243.**

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

**National Suicide Prevention Hotline 800-273-8255**

**DIDI HIRSCH Mental Health Services 877-727-4747**

**Crisis Text Line: text: COURAGE to 741741**

**Jed Foundation [www.jedfoundation.org](http://www.jedfoundation.org)**



## **UNDER THE INFLUENCE**

Alcohol is the most widely used psychoactive drug. It is common to find alcohol abusers in college populations also abusing other drugs, both prescription and illegal. Because college students are frequently exposed to opportunities to experiment with, misuse and abuse so many different types of prescriptions drugs—from stimulants and pain relievers to anti-depressants and tranquilizers—it can be difficult to know what signs to watch for. Each medication has different affects, and mixing these drugs with alcohol and other drugs is very dangerous and can lead to permanent organ damage and even death.

### **Do:**

- Call Campus Police if the student is disruptive or impaired
- Privately speak to the student about the behavior(s) of concern
- Offer concern for the student's well-being
- Refer to OC Student Health Center for resources
- File a BIT report

### **Don't:**

- Make allowances for the student's behavior
- Ignore signs of intoxication in the classroom
- Convey judgement or criticism
- Search their belongings

## **VERBALLY AGGRESSIVE STUDENT**

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

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

### **Do:**

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

### **Don't:**

- Get into an argument or shouting match
- Don't say "You can't talk to me that way!"
- Press for explanations about their behavior
- Ignore the situation
- Touch or corner the student
- Be alone with the student

## **VIOLENT STUDENT**

Violence, because of emotional distress, is rare and typically occurs when the student's level of frustration has been so intense or of such an enduring nature as to erode all of the student's emotional controls. Potentially violent people almost always exhibit warning signs prior to acting out. While no one clue indicates absolute dangerousness, any can be cause for concern and warrant a response.

Alcohol and other drugs can reduce inhibitions against violence. If it appears the student is intoxicated and agitated, your primary goal then is to keep yourself and any others safe.

### **Do:**

- Call Campus Police immediately
- Stay safe: have easy access to a door; keep furniture between you and the student
- Remove students and yourself to a safe area if possible
- Explain clearly and directly what behaviors are acceptable, e.g., “You certainly have the right to be angry but breaking things is not OK.”
- File a BIT report

### **Don't:**

- Assume the student can take in a normal amount of information – keep it simple
- Ignore warning signs that the person is about to explode, e.g., yelling, screaming, clenched fists, threats
- Threaten or corner the student
- Touch the student

## **Resources**

### **Campus:**

Campus Police:	(805)678-5805
Student Health Center	(805)678-5832
Dr. Oscar Cobian	(805)678-5937
Educational Assistance Center	(805)678-2226
Behavioral Intervention Team	see list of members

### **Off Campus Emergency Services: 24 hour Multilingual**

Emergency	911
Ventura County Behavioral Health Crisis Team	(866)998-2243
Rape Crisis Center	(800)300-2181

### **Hotlines and Self Help**

Ventura County Suicide Hotline	(877)727-4747
National Suicide Prevention Hotline	(800)273-8225
The Trevor Project (LGTBQ youth)	(866)488-7386

### **Apps**

Crisis Text Line	text "COURAGE" 741741
Suicide Prevention	My3App.org

### **Social Services**

211

### **Mental Health Counseling**

Mental health counseling services are designed for students who can benefit from short-term counseling. If the initial assessor determines the student requires longer term counseling or presenting issues are out of Student Health Services scope of practice, the student will likely be referred to a more appropriate off-campus resource. Early intervention is preferable to crisis intervention.

When you do discuss a referral for mental health counseling services with a student, it is helpful for the student to hear in a clear, concise manner your concerns and why you think counseling would be helpful. You might want to share with them that many students seek counseling for stress related issues and that all services are free to enrolled students, discussions are confidential (except when the student presents a danger to self or others or when the counselor has reasonable suspicion that child, dependent adult or elder abuse is occurring), and they will not be part of a students' academic records.

Please see following page for information for students.

## **Information for Students**

Oxnard College Student Health Center

(805)678-5832

Ground floor Student Services Building (across from Financial Aid)

Student Services Room 162

To make a confidential personal counseling appointment, please go to or call the Oxnard College Student Health Center. If your problem is urgent, please come to the health center. If you need immediate assistance when the health center is closed, please use one of the resources listed below.

If you call when the health center telephones are busy, please leave a message and we will call you back. If you call when we are not open, your call will be returned the next school day.

Your mental health records are covered by special confidentiality laws and are not part of your academic record. We cannot share your information with anyone outside the Student Health Center, including your family members, parents, friends, academic counselors, instructors, or employers without your written permission. If we feel a student is a danger to self or others, or there is a child, dependent adult or elderly person in danger, at that time we may need to report your statement to appropriate persons or law enforcement to keep you or other safe.

### **Off Campus Emergency Services: 24 hour Multilingual**

Emergency	911
Ventura County Behavioral Health Crisis Team	(866)998-2243
Rape Crisis Center	(800)300-2181

### **Hotlines and Self Help**

Ventura County Suicide Hotline	(877)727-4747
National Suicide Prevention Hotline	(800)273-8225
The Trevor Project (LGTBQ youth)	(866)488-7386

### **Apps**

Crisis Text Line	text "COURAGE" 741741
Suicide Prevention	My3App.org

**Social Services** (housing, food, substance abuse, etc.) 211



**2017**