

# Sabbatical Proposal for Spring 2020

## Wendy Berg, Counseling Faculty

It is with great enthusiasm and anticipation that I apply for sabbatical for the spring 2020 semester. I am pleased to share with the sabbatical committee that I am proposing to use this time to pursue my mental health license, the LPCC (Licensed Professional Clinical Counselor). The LPCC license is similar to an MFT license (Marriage and Family Therapy license), but instead of working with marriages and families, the LPCC would be geared toward helping *individuals* with mental health challenges. This mental health license is comprised of two areas: 1) 150 clinical hours and 2) Two mental health exams (a Law and Ethics exam and a Mental Health exam). This is a goal I have wanted to reach for some time and I have tried valiantly to fit into my service hours, but it has not been possible with the competing demands that are so critical to the success of Moorpark College. This sabbatical would give me the opportunity to complete my license and bring the value of that license back to the college, the district, and our students.

### Value (personal, district and school)

Personal counseling is a critical part of my current assignment. Note this line from the current counselor job description: "Provide comprehensive academic, personal and vocational counseling to students." I have over 15 years of academic and vocational counseling experience, but I do not have comprehensive personal counseling experience and this is a key expectation of my primary assignment. In my current assignment I specialize in helping international and general counseling students. Our international students have much to adapt to as they come to the United States. Many of them are homesick and have great personal difficulties due to culture shock. Recently, one of the international students shared with me how difficult it is to find friends and that Americans are reticent to engage in conversation. This kind of isolation can lead to depression which will undoubtedly affect every aspect of his academic life. While I may not be conducting therapy with these students, I believe that my knowledge of mental health issues will help me to better and more quickly understand what's going on behind students' behaviors. I would still often refer to the Health Center since I'm not technically practicing under my license as I would in private practice (counselors at Moorpark College counsel under FERPA guidelines). However, I would be well-prepared to know when I can handle the issues that come up and when I can refer. Then, when I do make a referral, I can advise the mental health professional regarding what I'm seeing and what I suspect may be an underlying cause (diagnosis).

There are other important applications of the LPCC license including campus incidents, Health Center assistance, and campus professionalism. First, if there were to be an incident on our campus or another campus in our district that would require mental health counseling, I could easily step into that role to help during a time of crisis. Secondly, in general, if the Health Center needed a few extra hours of help, I would be positioned to do that. Finally, I believe that multiple licensed professionals on our campus elevate the professional environment both on campus and district-wide. The reality is that credentials help our college look capable and accomplished. In nearly all cases I've seen, our faculty have much more than surface-level knowledge and in fact, demonstrate a deep commitment to our "students first" philosophy. Our mission states: "Ventura County Community College District provides students, in its diverse community, with access to comprehensive quality educational opportunities that support student learning and student success". I believe wholeheartedly that my training as an LPCC will allow me to serve our diverse community more effectively. In the end, it will give a greater number of students the opportunity to learn because their underlying issues will be discerned professionally and referred as necessary to the appropriate service provider on campus. Without addressing underlying causes to behavior, our campus is not supporting students in the best way we could. I am eager to be part of a team of professionals here on campus who addresses these

important root causes. In addition to our licensed professionals in the Health Center, my colleague Jodi Dickey also has her license (hers is an LPCC). And while she is not practicing under her license at Moorpark College, she is better equipped to deal with all sorts of behavioral issues that interfere with student learning. She has inspired me in this pursuit of my license and I believe she stands out as one of our most well-rounded counselors because of her knowledge of mental health issues.

### **Sabbatical leave logistics**

This is my first sabbatical proposal and I am aware that my Department Chair, Traci Allen, is applying for sabbatical the same year. We have discussed the issue and she said she is happy to go in the fall if I go in the spring semester. I have also spoken to Dean Howard Davis to let him know of my interest so that he is in the loop. My sabbatical will be carried out in a behavioral health setting outside of Moorpark College so I can get a better understanding of the broad needs of the community and because my license requires that I earn my hours in a community mental health setting. I have my eye on “Give an Hour” which is an organization that largely serves our veteran community. I spoke with the Coordinator of the program, Kirsti Thompson, and she said I can volunteer there under another counselor’s license. I have a commitment from an experienced psychotherapist, Robert Scholz, to supervise my hours (a requirement of the LPCC license). He works at his own private practice and is someone I worked with when I was employed by Pepperdine University and Engage Therapy. He also has a relationship with our Health Center (they refer to some of the programs at Engage) and has an understanding of the challenges of our student population (please see attached letter from Robert demonstrating his commitment to supervise my hours). I plan to work 11-15 hours per week for 14 weeks to reach and exceed my required clinical hours of practice. I will be studying 15-20 hours each week for the two separate exams: The Mental Health exam and the Law and Ethics exam. To perform well on both exams, a significant amount of study time is required. To give you an idea of the scope of the study needed, the Mental Health exam prep book is 600 pages and the Law and Ethics exam is 106 pages. In addition to the exam prep booklets, I will also have access to online workshops and exam prep question sessions. As for the exams themselves, they are both offered on a rolling basis, so I can sign up to take them as soon as I’ve completed the study and take them either during this sabbatical period or just afterward. The Law and Ethics Exam is 105 pages. I have also offered to help our Health Center with a couple of projects during this time. The first is a directory of legal and crisis intervention hotlines (see attached sample from one of our local community colleges). The second is refining a resource we have in place already but needs to be completed and updated. It is a faculty, staff and administrator guide for helping the distressed student (see attached).

### **Campus Dissemination**

When I return from sabbatical, in addition to the formal reporting back session, I would also like to share some of my “take-aways” and how they can benefit our department as a whole. I could easily share this during one of our weekly counseling meetings upon my return. For example, I could share how might we identify someone who is suicidal or what are the signs of Aspergers and how can we best help these students (many with Aspergers are drawn to our STEM majors—with what issues might they present)? In speaking with our instructional faculty, I can share our newly developed “Distressed Student” guide and how they might use that effectively in the classroom environment (maybe present at one of our professional flex events). These are some ideas of how I might disseminate the information gleaned from my sabbatical experience.

### **Closing**

In closing, I want to thank the committee for its time and consideration. I am genuinely passionate about the work I do. It would be a sincere privilege to complete my licensure hours and the two mental health exams in service of our first-rate students.

# **Crisis & Legal Assistance Helplines**

**800-339-6993**

## **ABUSE AND NEGLECT**

1. Children Protection 800-540-4000
2. Elderly Abuse 800-992-1660

## **ADULT REHABILITATION CENTER**

1. Salvation Army Rehab Center 818-883-6321

## **BASIC NEEDS: FOOD, CLOTHING, SHELTER**

1. Los Angeles Housing Referral 866-557-7368
2. LA Transitional Housing 818-982-4091
3. LA Homeless Service 213-683-3333
4. Sova-Food Pantry 818-988-7682
5. N. Valley Services, food, etc 818-891-0481

## **CHEMICAL DEPENDENCY**

1. AA Alcoholics Anonymous 818-988-3001
2. Cocaine Anonymous 818-760-8402
3. Marijuana Anonymous 800-766-6779
4. Narcotics Anonymous 818-773-9999
5. Nat'l Council and Alcohol/Drug Dependency 818-997-0414

## **DOMESTIC & FAMILY VIOLENCE**

1. Domestic Violence Hotline 800-978-3600
2. National Domestic Violence Hotline 800-799-7233
3. Haven Hills 818-887-6589
4. Family Violence – crisis line 818-505-0900
5. Valley Trauma Counseling & Referrals 818-886-0453

## **HEALTH**

1. AIDS/HIV Hotline 800-367-2437
2. Health/Medical Referrals 800-427-8700
3. National Eating Disorders Association Hotline 800-931-2237
4. Medicare 800-633-4227

## **LEGAL ASSISTANCE**

1. Attorney Referral 213-243-1525
2. Consumer Credit Counseling 800-750-2227
3. CA Dept. of Fair Employment & Housing 800-884-1684
4. Legal Aid Foundation of Los Angeles 800-399-4529
5. San Fernando Neighborhood Legal Aid 818-896-5211

## **RAPE & SEXUAL ASSAULT**

1. Rape Hotline 800-585-6231
2. Valley Trauma Center 818-886-0453

## **SUICIDE & MENTAL HEALTH**

1. Suicide Prevention Crisis Line 877-727-4747
2. National Suicide Prevention Hotline & Veterans 800-273-8255  
800-784-2433
3. Mental Health Services (PMRT) 818-832-2410
4. PMRT access through sheriffs if on campus 818-710-4311
5. Pierce Health Center 818-710-4270

## **SUPPORT GROUPS (SELF HELP GROUPS)**

1. Emotions Anonymous 818-377-4341
2. Gamblers Anonymous 213-386-8789
3. SHARE-other self help groups 310-305-8878  
310-846-5270

## **YOUTH CRISIS HOTLINE**

1. Youth Crisis Hotline (up to 24) 800-843-5200

## **WEB SOURCES**

1. <http://www.homelessshelterdirectory.org/>
2. <http://dmh.lacounty.gov/>
3. <http://www.4collegewomen.org/>
4. <http://preventsuicide.lacoe.edu>

## **Therapy & Medication Resources**

<b>Name of Site</b>	<b>Address</b>	<b>Phone</b>	<b>Services Offered</b>	<b>Insurance Required</b>	<b>Additional Languages</b>
Counseling West www.counselingwest.com	4419 Van Nuys Blvd #310, Sherman Oaks, CA 91403	(818) 990-9898	Therapy	No insurance accepted, sliding scale	Armenian, Farsi, German, Serbian, French & Spanish
Edelman Westside Mental Health Center	11080 West Olympic Boulevard, Los Angeles, CA 90064	(310) 966-6500	Therapy & medication	No; accepts Medi-Cal, Medi-Care, sliding scale	Farsi, Mandarin, Spanish
Hillview Mental Health Center www.hillviewmhc.org	12450 Van Nuys Blvd., Suite #200, Pacoima, CA 91331	(818) 896-1161	Therapy & medication	No; accepts Medi-Cal, Medi-Care, sliding scale	Armenian, Farsi, Russian & Spanish
LA LGBT Center https://lalgbtcenter.org	1625 N. Schrader Blvd., Los Angeles, CA 90028	(323) 993-7400	Therapy & medication	No; accepts Medi-Cal, Medi-Care, PPO's, sliding scale	Phone translator for all languages
Maple Counseling Center www.tmc.org	9107 Wilshire Boulevard, Beverly Hills, CA 90210	(310) 271-9999	Therapy & medication	No; does not accept insurance, sliding scale	Farsi, Russian & Spanish
Olive View Community Mental Health Urgent Care	14659 Olive View Drive, Sylmar, CA 91342	(818) 485-0888	Therapy & medication	No; accepts Medi-Cal, Medi-Care, sliding scale	Phone translator for all languages
San Fernando Mental Health Center	10605 Balboa Blvd., Suite #100 Granada Hills, CA 91344	(818) 832-2400	Therapy & medication	Yes; accepts Medi-Cal, Indigent	Armenian, Russian & Spanish
San Fernando Valley Community Mental Health Center	14545 Sherman Circle Van Nuys, CA 91405 www.sfvcmhc.org	(818) 901-4854	Therapy & medication	Yes; accepts Medi-Cal, Medi-Care	Spanish
San Fernando Valley Counseling Center www.sfvcc.org	16461 Sherman Way, Suite #275 Van Nuys, CA 91406	(818) 341-1111	Therapy	No; does not accept insurance, sliding scale	Farsi & Spanish
Saturday Center for Psychotherapy saturdaycenter.org	3201 Wilshire Blvd., Suite #201 Santa Monica, CA 90403	(310) 829-7997	Therapy	No; accepts Medi-Care, sliding scale	None
SFVCMHC, Incorporated Prevention and Early Intervention Services	Victory Wellness Center 14515 Hamlin St., Suite #102, Van Nuys, CA 91405	Gila Lucero, MFT* (818) 989-7475 ext. 1732	Therapy & medication	Medi-Cal only	English & Spanish
Tarzana Treatment Centers https://www.tarzanatc.org	18646 Oxnard Street Tarzana, CA 91356	(818) 996-1051	Therapy & medication	No; accepts Medi-Cal, Molina, LA Care, sliding scale	Farsi
West Valley Mental Health Center	20151 Nordhoff St., Chatsworth 91311	(818)-407-3200	Therapy & Medication	No; accepts Medi-Cal, sliding scale	Armenian, Farsi, Hindi, Russian, Spanish



MOORPARK COLLEGE Student Health Center

# ASSISTING THE DISTRESSED STUDENT

**FACULTY / STAFF/ADMINISTRATOR GUIDE**

**2018**

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Dear Colleague,

Usually daily contact with our students is pleasant and productive. However, you may experience student behavior which causes you concern for their well being, and interferes with learning. When these situations occur, we encourage you to know and use the services available.

This guide provides concrete advice on how to aid emotionally distressed students and offers steps on how to refer them for help. Students learn much more than academics in college; they learn about life and about themselves. Inevitably, some students will face difficulties and may struggle during this process. We have the opportunity to contribute to their self-development through our willingness to notice and respond to their difficulties in a supportive and helpful fashion. By offering assistance, we teach that problems are best resolved by directly addressing them, and that hiding our distress unnecessarily reduces the quality of life.

Sincerely,

Sharon Manakas, RN, MSN  
Coordinator Student Health

Clarissa Green-Anicich, PsyD  
Lead College Psychologist

### **Acknowledgments**

*Our sincere thanks for technical assistance and the provision of material used in this document is given to Santa Ana College Psychological Services, Counseling and Career Services at the University of California at Santa Barbara, Humboldt State University, Pasadena City College Psychological Services, the Center for Counseling & Student Development of the University of Delaware, the University Counseling Services at the Virginia Polytechnic Institute, University of California State University, Fullerton, California State University, Sacramento, Santa Barbara City College Health and Wellness Services, the California Community Colleges Psychological Services Consortium, the California Organization of Counseling Centers, and the Directors in Higher Education, CCCstudentmentalhealth.org – “Responding to difficult or distressed online student’s mental health assessment and referrals ppt., Ken Einhaus, Alamo College, Behavioral Intervention Team.*

## Your Role

As a faculty or staff member interacting daily with students, you are in an excellent position to recognize behavior changes that characterize the emotionally troubled student. A student's behavior, especially if it is inconsistent with your previous observations, could well constitute an inarticulate attempt to draw attention to her/his plight... "a cry for help." While asking about a student's emotional well being or confronting problematic behavior can be risky or seem intrusive, better to risk offending the student through a thoughtful intervention than fail to respond to distressed (and distressing) behavior. Moreover, students often perceive faculty and student services staff as the first point of contact in obtaining advice and support.

### ***Important Phone numbers***

Student Health Center	805.378.1413
Campus Police/Dispatch	805.378.1455

## ***Consultation***

Consultation with the Lead College Psychologist and the Coordinator of the Student Health Center is available on an as-needed basis. We invite you to call or email when you are troubled by a student's behavior, but are unsure of how to proceed or whether to consider the behavior a discipline or a mental health problem. If appropriate, a plan can be developed to intervene with the student; academic counselors, deans, or others can be involved as needed.

Student Health Center	805.378.1413
Sharon Manakas, SHC Coordinator	<a href="mailto:smanakas@vccd.edu">smanakas@vccd.edu</a>
Clarissa Green, Lead College Psychologist	<a href="mailto:cgreen1@vccd.edu">cgreen1@vccd.edu</a>

## ***When might Personal Counseling be beneficial?***

We know from our own experience that distress manifests itself with multiple signs and symptoms. To avoid over-interpretation of a single or isolated behavior, it is advisable to look for clusters of signs that appear around the same time.

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

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

### **2. References to Suicide**

It is often necessary to distinguish between a theoretical or hypothetical discussion of suicide and a statement indicating true personal anguish. However, if an individual talks about or alludes to details of how, when, or where he or she may be contemplating suicide, then an immediate referral is necessary. Regardless of the circumstances or context, any reference to committing suicide should be considered serious. To conclude that a student's suicidal talk is simply a bid for attention



is extremely risky. A judgment about the seriousness and possible lethality of the suicidal thought or gesture should not be made without consultation with a mental health professional.

**3. Changes in Mood or Behavior**

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

**4. Anxiety and Depression**

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

**5. Psycho Physiologic Symptoms**

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

**6. Traumatic Changes in Personal Relationships**

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

**7. Drug and Alcohol Abuse**

Indications of excessive drinking or other substance abuses are almost always indicative of psychological problems. Frequent absences, tardiness, missed assignments, sleepiness, poor concentration, and spotty performance may point to substance abuse.

**8. Career Choice Problems**

It is rather common for college students to go through periods of career indecision and uncertainty. Such experiences are often characterized by dissatisfaction with an academic major, unrealistic career aspirations, or confusion with regard to interests, abilities, or values. However, chronic indecisiveness can be debilitating experience and many students need assistance in developing alternative goals when previous decisions prove to be in need of revision.

**9. Learning Problems**

Many students find the demands of college-level academic work to be greater than they anticipated. While it is expected that all students will go through some adjustment period in this regard, those who demonstrate a consistent discrepancy between their performance and their potential may be in need of assistance. Poor study habits, incapacitating test anxiety, or repeated absences from class are all situations which might benefit from psychological services. Referral to both Student Health Center and ACCESS would be appropriate.

#### 10. **Retention Issues**

Mental health counseling services can be effective in combating student attrition. Students who are considering dropping out of school or worrying about possible academic failure may find counseling to be a useful resource during their decision-making.

### ***When to Refer***

Aside from the signs or symptoms that may suggest the need for counseling, there are other guidelines which may help the faculty or staff member define the limits of his or her involvement with a particular student's problem. A referral is usually indicated in the following situations:

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

### ***Guidelines for Intervention & Referral***

Openly acknowledge to student that they appear to be distressed, that you are sincerely concerned about their welfare, and that you are willing to help them. Exploring their 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 she or he is in academic and/or personal distress.

1. Request to see the student in private. This may help minimize embarrassment and defensiveness. "Private" might be your office, a quiet corner after class or an empty classroom. However, be mindful to not isolate yourself with a student who may be hostile or volatile.
2. Briefly describe your observations and perceptions of their situation and express your concerns directly and honestly. "I'm concerned about the changes I've seen in your work." "Your attendance is inconsistent and you seem down and tired when you're in class." "During lab last week, your speech was slurred and rambled without making sense – you looked intoxicated."
3. Listen carefully to what the student is troubled about and try to see the issues from her/his point of view without necessarily agreeing or disagreeing.
4. Attempt to identify the student's problem or concern as well as your own concerns or uneasiness. You can help by exploring alternatives to deal with the problem.
5. Strange and inappropriate behavior should not be ignored. Comment directly on what you have observed. You may reach out to your dean or the health center for consultation if you would first like to discuss the behavior observed.
6. Some reasonable flexibility with strict procedures may allow an alienated student to respond more effectively to your concerns. However, if a student is being manipulative, matter-of-factly sticking to the guidelines is preferable.

7. Involve yourself only as far as you want to go. At times, in an attempt to reach or help a troubled student, you may become more involved than time or skill permits. When in doubt, consult and refer. There are three ways to refer a student to the health center.
  - i. Walk the student in. This is often the best way to ensure that the student receives services from the health center. Walking in a student is especially important if the student is in crisis.
  - ii. Make a call to the health center with the student. Have the student make the call to the Health Center and schedule an appointment before ending your conversation. If appropriate, you can suggest to the student that, with their permission, you will talk to the psychologist or mental health counselor about the nature of the problem. When you do discuss a referral to the Student Health Center for Psychological Services, it would be helpful for the student to hear in a clear, concise manner your concerns and why you think counseling would be helpful. Also, having the student call for an appointment increases her/his responsibility and commitment to come in for counseling. The health center will instruct the student to come in to pick up paperwork prior to making the appointment.
  - iii. Make an email introduction. If you become concerned about a student based on an email that they sent and are unable to speak with them in person, send an email back to the student saying you are concerned about them, introducing the health center as a place to receive additional support, and cc' Dr. Clarissa Green-Anicich or Sharon Manakas.
8. You might tell them a few facts about our services. For instance, all services are free to currently enrolled students if their needs match the short-term service model that we provide. There is a Psychologist, two Marriage and Family Counselors, and post-doctoral or pre-doctoral intern staff available M-F. Students are able to call or walk in to make an appointment. . All discussions are held confidential except when the student presents a danger to self or others or when child/elder abuse is involved. The Health Center does not share information about a student with other campus departments without the student's consent – to do so would be illegal; nothing shows up on the academic record.
9. Except in emergencies, if the student adamantly refuses, the option to pursue counseling is always up to them. Respecting the student and preserving your relationship with them is of greater benefit than pressuring the student and jeopardizing your rapport. Suggest that they may want to have some time to think it over, and then follow up with them at a later date.

Extending yourself to others always involves some risk-taking but it can be a gratifying experience when kept within realistic limits.

## **CONFIDENTIALITY**

We realize that after referring a student to the CARE Team or Student Health Center, 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 CARE/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.

## **Moorpark College CARE Team**

The **CARE** (Consultation, Assessment, Response, and Education) **Team**, previously known as BIT, is a multidisciplinary team that works toward the safety and well-being of our students and college community. The CARE team consists of medical, mental health, accommodations, academic, administrator, and law enforcement staff.

Moorpark College CARE Team is a central clearinghouse for student behaviors of concern and conduct issues (listed in the College Catalog). Please continue to use the CARE (Formerly BIT Form) form *located on the portal* for submitting a report designed for students who exhibit behaviors of concern for themselves or our community, or are in violation of the Student Code of Conduct:

### [CARE/BIT Reporting Form](#)

When completing this form please keep the details factual and explain what measures, if any, have already been taken in this situation. Our team will work together to make the best decisions for the student and our campus community based on what you submit, further consultation, and assessment in order to provide support, education, resources to obtain mental health support, and sometimes disciplinary action.

In an emergency situation with **immediate** threat to self or others, call Campus Police/Dispatch 805.378.1455 OR 911.

## ***Crisis Intervention***

### **FACULTY AND STAFF CRISIS INTERVENTION GUIDELINES**

Both psychological crises and psychological emergencies warrant an immediate call to Campus Police, for crisis intervention assistance. A *psychological crisis* situation occurs when the student feels unable to cope with the circumstances of his or her life. The more helpless the individual feels, the greater the crisis. Typically, a person may be temporarily overwhelmed and unable to carry on, but is not in immediate physical danger. Crisis intervention helps a person cope with the immediate situation and make a plan to address any ongoing problems. A psychological crisis may be triggered by a traumatic event such as an accident, a loss of a family member or loved one, or some kind of assault, or it may be related to exhaustion and severe stress. A *psychological emergency* exists when the crisis is so severe that the person is potentially in danger and may need to be hospitalized. A psychological emergency occurs when a person is:

- Suicidal
- Aggressive towards others
- Gravely impaired: confused, agitated, disoriented, having hallucinations or delusions

MC provides crisis intervention as needed and as available. The Mental Health Counselors or Nursing Staff can make assessments Monday/Thursday 8:00 AM to 5:00 PM, Tuesday/Wednesday 8:30-6 PM, Friday 8:00-12 Noon. Outside of these hours, please call Campus Police/Dispatch 805.378.1455 or 911.

### **PROCEDURE**

The procedure for crisis intervention is as follows:

- 1) **Contact Campus Police, 805.378.1455, they will respond with Student Health Center Staff OR if you are able walk the student to the Student Health Center.**

**If the student is acting aggressively or threatening to harm someone, call Campus Police 805.378.1455.** If you cannot call, enlist the help of another student – don't try to handle a crisis alone.

- 2) Until help arrives:
  - a) **Listen.** Avoid any physical contact and allow the student to talk.
  - b) **Assist.** Provide a quiet atmosphere; minimize environmental stimulation. Give them some space. Ask the student what or who might be helpful.
  - c) **Recognize.** Know your limitations.

Campus Police/Mental Health Counselors or Nursing Staff will make an assessment and contact the student's family or significant other, if it is necessary to protect the health and safety of the student or other persons. If hospitalization appears warranted, staff will either assist the student and their family in getting an assessment for admission, or contact the County Behavioral Health Crisis Team, (805) 652-6727, or law enforcement if an evaluation for involuntary hospitalization as needed.

## *The Depressed Student*

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

Due to the opportunities which faculty and staff have to observe and interact with students, they are often the first to recognize that a student is in distress, even when the student continues to function in class. Depressed behavior includes:

- Tearfulness/general emotionality
- Markedly diminished performance
- Dependency (a student who makes excessive requests for your time)
- Infrequent class attendance
- Lack of energy/motivation, indecisiveness
- Increased anxiety/test anxiety/performance anxiety
- Irritability
- Deterioration in personal hygiene
- Significant weight loss or gain
- Alcohol or drug use
- Agitation, hostility or angry outbursts

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 return to health.

### ***Do:***

- Let the student know you're aware she/he is feeling down and you would like to help.
- Reach out more than halfway and encourage the student to discuss how she/he is feeling.
- Offer options to further investigate and manage the symptoms of the depression. Remind the student that feeling hopeless and helpless are symptoms of depression, not the objective reality – people do get better with treatment.
- Gently and directly ask the student if he or she has had/is having thoughts or impulses to harm or kill him or herself – both impulses for self-harm, e.g., cutting, and suicide can be present in students who don't "look that bad".

### ***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 – you can't cause a suicide just by asking.

## *The Suicidal Student*

Suicide is the second leading cause of death among college students. It is important to view all suicidal comments as serious and make appropriate referrals. Suicidal people are irrational about how bad things are, now and in the future. High-risk indicators include:

1. Feelings of hopelessness, helplessness and futility;
2. A severe loss or threat of loss (death, break up of a relationship, flunking out);
3. Talk of ending things (quitting school, work);
4. A detailed suicide plan with specified means (high risk of lethality);
5. A history of a previous attempt;
6. Tearfulness, agitation, insomnia;
7. Giving away important possessions, taking care of business; saying “thank you for all you’ve done for me”;
8. History of alcohol or drug abuse;
9. Feelings of alienation and isolation.

### *Do:*

- Take the student seriously – 80 percent of suicides give warning of their intent.
- Be direct – ask if the student is suicidal, if she/he has a plan and if she/he has the means to carry out that plan. Exploring this with the student actually decreases the impulse to use it. Access to a gun is highly lethal, refer them ASAP or call 911 if they have a weapon.
- Be available to listen but refer the student to the Student Health Center, extension 1413, Campus Police, extension 1455, or to **Ventura County Behavioral Health Crisis Team (866) 998-2243**, for additional help. The student does not need to agree to this. It is safer to offend than overlook.
- Administer to yourself. Suicide intervention is demanding and draining work.

### *Don’t:*

- Assure the student that you are her/his 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 cute or humorous
- Challenge or agree with any mistaken or illogical beliefs.
- Be ambiguous, cute or humorous.
- Assume their family knows about their suicidal thoughts and feelings.



## ***The Anxious Student***

Anxiety is a normal response to a perceived danger or threat to one's well being. For some students the cause of their anxiety will be clear but for others it is difficult to pinpoint the source of stress. Regardless of the cause, the resulting symptoms are experienced as similar and include: rapid heart palpitations; chest pain or discomfort; 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 rarer 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 them discuss their feelings and thoughts. Often this alone relieves a great deal of pressure. Normalize where appropriate.
- Provide reassurance. Nobody ever died of a panic attack. However, reassurance alone, without further action, is not helpful.
- Remain calm.
- Be clear and directive. "Let's sit down and do some slow breathing."
- Provide a safe and quiet environment until the symptoms subside.
- Remind them that their anxiety will subside, sooner or later.

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

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

## ***The Student experiencing Delusions or Confusion***

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

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

When you encounter a student who demonstrates delusions or confusion:

### ***Do:***

- Call Student Health (x1413) to consult first, if the situation is not an immediate crisis.
- Respond with warmth and kindness, but with firm limits.
- Remove extra stimulation from the environment, (turn off the radio, and step outside of a noisy classroom).
- Acknowledge your concerns and state that you can see they need help. “I don’t really understand what you’re trying to tell me, but I see that you’re upset.”
- 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. “Sorry, I’m not understanding you, what I asked was…”
- Focus on the “here and now.” Tell the student the plan for getting him/her to a safe environment, and repeat the plan emphasizing the safe environment. “Ok, let’s get you over to the Health Center to talk with the folks there, it’s a safe place. They’ll help you figure out what to do to be safe.”
- Speak to their healthy side, which they have. It’s OK to laugh and joke when appropriate – but not about any of their beliefs or fears.
- Be aware that the student may show no emotions or intense emotions.
- Be aware that the student may be extremely fearful to the extent of paranoia.
- Be aware that the student may not understand you or understand only parts of what is being said.
- Be aware that, on occasion, a student in this state may pose a danger to self or others.

### ***Don’t:***

- Argue or try to convince them of the irrationality of their thinking, as their brain may be literally incapable of accepting the information.
- Play along, e.g., “Oh yeah, I hear the voices (or see the devil).”
- Encourage further discussion of the delusional processes.

- Demand, command, or order.
- Expect that the student will understand you.
- Assume the student will be able to take care of him/herself when out of touch with reality
- Allow friends to take care of the student without getting a professional opinion.
- Assume the family knows about the student's condition.

## ***The Verbally Aggressive Student***

Students usually become verbally abusive when in frustrating situations that they see as being beyond their control; 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 her/his 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 quieter place if this is comfortable.
- Allow them to ventilate, get the feelings out, and tell you what is upsetting them. However, if the person is escalating and becoming agitated, take care of your own safety first. "You are getting worked up, please control yourself or I will have to call the campus police."
- Be directive and firm about the behaviors you will accept, e.g., "Please step back; you're too close." "I cannot listen to you when you yell at me." "If you want my help, you'll have to speak politely and I will do the same."
- Help the person problem solve and deal with the real issues when they become calmer.
- Keep a safe distance from the student. There should be a minimum of three (3) feet between you and the student.

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

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

## ***The Violent Student***

Violence, because of emotional distress, is rare and typically occurs when the student's level of frustration has been so intense or of such an enduring nature as to erode all of the student's emotional controls. The adage, "An ounce of prevention is worth a pound of cure," best applies here. Potentially violent people almost always exhibit warning signs prior to acting out - no one "just snaps". While no one clue indicates absolute dangerousness, any can be cause for concern and warrant a response. There are four broad categories of behaviors that might indicate a developing problem:

1. Verbal clues: direct and indirect threats; talking about violent plans, fantasies or past behavior; expressing a wish to kill or die, harassing or abusive language.
2. Physical clues: weapons possession, drawings or writing with violent themes; frequent listening to music with violent themes, agitated or threatening behavior, bullying, destruction of property, deteriorating appearance, isolating, inappropriate displays of anger/aggression, rebelling against college rules.
3. Obsessive thinking: preoccupation with resentments or grudges against someone, romantic obsessions, perceived injustice, weapons, past violent events.
4. Bizarre thoughts: persecutory delusions, paranoia, grandiose delusions involving power, control or destruction, deteriorating thought processes.

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

### ***Do:***

- First determine if you feel safe with the student. If not, remove yourself and call Campus Police, extension 1455 or 911.
- For non-crisis situations, consult with both the Student Health Center and your dean.
- Attempt to prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation, e.g., "I can see you're really upset and are ready to lash out."
- Explain simply, clearly and directly what behaviors are acceptable, e.g., "Sit down and lower your voice." Use brief and specific directives and questions. "What do you need?"
- Get necessary help (send a student for campus police, other staff, dean, etc.).
- Stay safe: have easy access to a door (student should not be between you and the door); keep furniture between you and the student.
- Debrief the situation with a colleague.

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

- Assume the student can take in a normal amount of information – keep it simple. Try for five to ten words in a statement, max.
- Ignore warning signs that the person is escalating, e.g., raised voice, flushed face, clenched fists, threats.
- Threaten, tease or corner the student.
- Make promises you can't keep.
- Touch the student.
- Be alone with the student.
- Overlook bizarre or irrational statements.

## ***The Demanding, Passive or Manipulative Student***

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

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

When dealing with a demanding student:

### ***Do:***

- Insist that they make their own decisions. You specify what you can do, then they decide.
- Set firm and clear limits on your time and involvement. End the conversation when it exceeds those limits, even if the student is not satisfied. It’s not helpful to the student to stay engaged, despite their distress. You may feel like you’re being harsh, but you’re not.
- Offer referrals to other resources on and off campus.
- Set and enforce limits to prevent the disruption of a class, lab or study group via acting out or monopolizing the discussion.
- Set limits on where and when you talk with them, e.g., no home numbers (unless everybody gets it), no being cornered while you are having lunch.
- If excessive student demands become disruptive, consult the Student Conduct Code in the Moorpark College Catalogue, which cites the standards of student conduct.
- Remember that your needs to be able to teach or serve other students and the other students’ needs for an environment conducive to learning also need to be met.

### ***Don’t:***

- Avoid the student as an alternative to setting and enforcing limits.
- Argue with the student.
- Accommodate inappropriate requests, or get trapped into giving advice, special conditions, changing your schedule, etc.
- Feel obligated to take care of him/her, or feel guilty about not doing more.
- Allow the student to intimidate you.
- Ignore the problem and the impact that it has on you and the other students.

## ***The Student Under the Influence***

Alcohol is the most widely used psychoactive drug. It is common to find alcohol abusers in college populations also abusing other drugs, both prescription and illicit. Patterns of use are affected by fads and peer pressure. Currently, alcohol is the preferred drug on college campuses.

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

### ***Do:***

- Confront the student with their behavior that is of concern.
- Address the substance abuse issue if the student is open and willing.
- Offer support and concern for the student's overall well being.
- Maintain contact with the student after a referral is made.
- Consider informing your class at the beginning of the semester that students who appear to be intoxicated will be asked to leave. "This probably won't ever come up, but if anyone even appears to be intoxicated in class..."

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

- Convey judgment or criticism about the student's substance abuse.
- Make allowances for the student's irresponsible behavior.
- Ignore signs of intoxication in the classroom. The Student Conduct Code and the Drug Free Campus Policy clearly outline the student's responsibilities.

## ***The Suspicious Student***

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

### ***Do:***

- Express compassion without intimate friendship. Remember that suspicious students have trouble with closeness and warmth.
- Be firm, steady, punctual, and consistent.
- Be clear about the expected standards of behavior. These include requirements for academic performance, e.g., due dates, grading, expectations for classroom participation.

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

- Assure the student that you are her/his 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 cute or humorous.
- Challenge or agree with any mistaken or illogical beliefs.
- Be ambiguous.



## ***The Sexually Harassed Student***

Sexual harassment involves unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct; it is usually found in the context of a relationship of unequal power, rank or status. It does not matter that the person's intention was not to harass. It is the effect it has that counts. If the conduct interferes with a student's academic performance or creates an intimidating, hostile or offensive learning environment, it is considered sexual harassment.

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 demands for dates or sex

The California Educational Code Section 89535 covers sexual harassment of students.

Common reactions by students who have been harassed is to doubt their perceptions, wondering if it was a joke, did it really happen or if, in some way, they have brought it on themselves. A student may begin to participate less in the classroom, drop or avoid classes, or even change majors.

### ***Do:***

- Separate your personal biases from your professional role.
- Listen carefully to the student, validate her/his experience.
- Encourage the student to approach the person, directly or in writing. "I am uncomfortable when you\_\_\_\_, please stop."
- Encourage the student to keep a log or find a witness.
- Help student seek informal advice through a department chair, supervisor or advisor.
- If unresolved, refer to a Title IX Intake Facilitator:
  - Jennifer Kalfsbeek-Goetz
    - Email: jkgoetz@vccd.edu
    - Phone: 805.553.4121
  - Howard Davis Email: hdavis@vccd.edu
    - Phone: 805.553.4622

Refer the student to the college psychologist for support and assistance.

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

- Fail to act. Taking no action invalidates the student's already shaky perception and puts the college in a vulnerable position should this behavior continue.
- Overreact. Listen, support, and guide the student to appropriate channels.

## *Identifying and Responding to Disturbing Creative Writing*

Faculty can face complicated issues raised by disturbing creative writing. Occasionally, student writing can create an uncomfortable environment and raise questions about the author's mental state. Disturbing writing in combination with disturbing behavior will heighten concern. The instructor may feel the need to address these issues.

It is impossible to predict behavior on the basis of writing alone. When instructors are concerned about a student, their best service is to encourage that student to seek advice and assistance from experts. These guidelines are meant to help assess and respond to questionable situations. They are not absolute and cannot guarantee outcomes.

Instructors should follow their own instincts and common sense when determining what constitutes disturbing writing. A standard definition may include writing that warns of a potential harm; expresses deep desperation; threatens to harm self, others, or property; or portrays violence or gruesome details of actual or imagined events.

In the lessons learned from tragedy, Virginia Tech developed a series of questions instructors might find helpful from distinguishing creative and literary explorations of themes like violence, drugs, and suicide, from a threat or cry for help.

“Is the creative work excessively violent? Do characters respond to everyday events with a level or kind of violence one does not expect, or may even find frightening? If so, does the violence seem more expressive of rage and anger than it does of a literary aesthetic or thematic purpose?”

“Are the characters' thoughts as well as actions violent or threatening? Do characters think about or question their violent actions? In other words, does the text reveal the presence of a literary sensibility mediating and making judgments about the characters' thoughts and actions, or does it suggest unmediated venting of rage and anger? If the literary sensibility is missing, is the student receptive to adding that layer and learning how to do so?”

“Is this the student's first piece of writing? Is violence at the center of everything the student has written, or does other writing suggest that violence is something the student is experimenting with for literary effect?”

“Are the violent actions in the work so disturbing or so extreme as to suggest they go beyond any possible sense of purpose in relation to the larger narrative?”

“Is the writing full of expressions of hostility toward other racial or ethnic groups? Is the writing threateningly misogynistic, homophobic, racist, or in any way expressive of a mindset that may pose a threat to other students?”

Once a concern about a student's writing is identified, the instructor may implement the following steps:

### **Step 1: Talk Informally with the Student**

Try to make the discussion as informal as possible. It may be best to do this before or after class, or in a common area, rather than having the student come by the instructor's office. If the student seems at all threatening, do not meet with the student alone. Alert a supervisor or colleague about the meeting time and place. Arrange a warning system so that help is readily available, if needed. Set up the room or location and maintain a safe environment where the exit is not blocked and the vision in/out of the room is not obstructed. Listen carefully and allow the student to talk as much as he or she wants. Focus on the content of the writing rather than on the student. Ask about the inspiration and evolution of the writing,

what authors may have influenced the student, and how the imagery or action relates to the overall theme of the work.

It may be appropriate to offer counsel and support in helping the student deal with any identified issues. Encourage the student to visit Counseling Services if the student is in need. Provide the student with contact information for Counseling Services. Follow-up later to see if the student has gone to counseling. Document meeting(s) including date, time, and location; advice give; action take and outcomes. Keep the original writing on file.

**Step 2: Consult with the Dean**

If after a conversation with the student, concerns continue or increase, consult with your Dean. Present as thorough a picture as possible of the writing and the cause of concern. Share the writing in question, explain the situation in detail, review notes from the meeting with the student, and seek advice about interacting with the student.

**Step 3: Refer to CARE Team**

In instances where concerns are considered serious, the Dean should seek advice from the Health Center or CARE team, which includes experts in mental health and law enforcement. The CARE, in conjunction with the Dean, will assess whether or not further action or intervention is necessary. All conversations regarding the student should be on a need-to-know basis, focusing on the current issue.

## *Identifying and Responding to Difficult or Distressed Online Students*

Signs of Distress for online classes:

- Not logging into the course regularly.
- Not retaking a low score quiz when offered.
- Difficulty following written directions.
- Missed discussion board postings.
- Emails that bounce back.
- Written assignments indicating mental turmoil.
- Missed assignments.
- Poor quality of postings, rambling or nonsensical.
- Sudden drop in the quality of work submitted.
- Postings indicating a threat to self or others.
- Missed quizzes.

**Do:**

- Refer to general guidelines in this document.
- Mental health referrals or follow-up through the Student Health Center, (805)378-1413.
- *Know on-line resources* for student wellness and mental health  
<http://www.moorparkcollege.edu/departments/student-services/health-center>
- If it is a weekend, after hours, or holidays, and the student presents a clear and immediate threat of harm to self or others – call 911 and ask for assistance.
- Know Campus resources
  - Student Health Center, Veterans Center , LGBTQ-Spectrum club, Foster Youth Program, EOPS, Financial Aid, Campus Police, ACCESS
  - Clubs (National Alliance For Mental Illness (NAMI) on Campus MC)
  - Behavioral Intervention Team – online form
  - **Other available online resources:**
    - ReachOut USA <http://us.reachout.com>

ReachOut USA (DBA of Inspire USA Foundation) is a 501(c)(3) non-profit organization that meets youth where they are to deliver peer support and mental health information in a safe and supportive online space.

- **Trevor Project** [www.thetrevorproject.org](http://www.thetrevorproject.org) -

Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.

- In private communicate your observations, concerns:
  - Convey a willingness to help
  - Setting: private chat session or scheduled phone call, or if this isn't possible, via personal email.
  - Keep the conversation relevant by being mindful of where the student is based and any other background you have for 1<sup>st</sup> week online introductions.
  - Listen carefully and try to view the issue from the student's perspective without agreeing or disagreeing, and identify their concerns as well as your own.

## Important Telephone List

Campus Police	(805) 378-1455
Student Health Center	(805) 378-1413
Ventura County Behavioral Health Crisis Team	(866) 998-2243
Suicide Hotline	(800) 273-8255
Sexual Harassment Intake Facilitator:	
o Jennifer Kalfsbeek-Goetz	(805) 553-4121
o Howard Davis	(805) 553-4622
ACCESS	(805) 378-1461
CARE TEAM Members	
Silva Arzunyan	
Chad Basile	
Howard Davis	
Carol Higashida	
Jennifer Kalfsbeek	
Sharon Manakas	
Nils Slattum	
Campus Police Lt.	

***We have all chosen work that impacts lives. In doing so, we must draw from many sources to acquire the skills needed to be effective.***

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Dr. Karl Menninger devoted his life to working with people whose lives were in trouble. He saw a side of life that many of us will never experience. The following comments were taken from an address he gave at the United Nations in 1981.

*People are unreasonable, illogical, self-centered. Love them, anyway.*

*If you do good, people will accuse you of selfish, ulterior motives. Do good, anyway.*

*If you are successful, you will win false friends and true enemies. Try to be successful, anyway.*

*The good you do today will be forgotten tomorrow. Do it anyway. Honesty and frankness make you vulnerable. Be honest and frank, anyway.*

*People favor underdogs but I notice they follow the top dogs. Fight for some underdogs, anyway.*

*What you spend years building may be destroyed overnight. Build, anyway.*

*People really need help, but they may attack you if you help them. Try to help people, anyway.*

*Give the world the best you have, and you'll get kicked in the teeth. Give the world the best you have, anyway.*

Karl A. Menninger, M.D.



10/29/18

Sabbatical Committee  
Moorpark College  
7075 Campus Rd  
Moorpark, CA 93021

To Whom It May Concern,

It is with great enthusiasm to write this letter of support for Ms. Wendy Berg and her application for sabbatical at Moorpark College. I've known Wendy for over 15 years since the time we worked together at Pepperdine University while I was the Assistant Director of the Counseling Center there. I have also worked with her at Engage, my current employer, and seen the benefits that her skill set have brought to our practice as a career counselor.

As part of Wendy's sabbatical process, I know she has a strong desire to complete the necessary clinical hours to become eligible to become a Licensed Professional Clinical Counselor (LPCC) in California. I know this has been a long-term goal for her, and I believe your community would benefit from having a member of your staff with this license. Part of this process for is for Wendy to have a supervisor during this time period, which I have agreed to serve as until she finishes her requirements.

I'm excited Wendy is taking this next step in her professional career. I know how much she values her work at Moorpark College and I would be honored to help her with this next step in developing her skills and advancing her career.

If you have any questions, please do not hesitate to let me know.

Best,



Robert Scholz, MA, LMFT, LPCC

[www.engagetreatmentprograms.com](http://www.engagetreatmentprograms.com)

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