

UNCSA

Faculty & Staff Guidebook

A resource for recognizing students who may be expressing emotional, physical or developmental challenges and difficulties

Acknowledgements

We wish to thank the many universities and their teams of clinical professionals whose combined efforts made their information, and thus ours, accessible and easy to use. Material in this guide have been gratefully adapted from the following institutions of higher education:

University of California at Berkley's Counseling and Psychological Services on 3/1/16

Cornell University Gannett Health Services on 3/1/16

University of Maryland's Counseling Center on 3/1/16

University of South Florida Dean Student of Concern Assistance Team on 3/1/16

Dear Faculty and Staff:

Has this ever happened to you?

- A student comes to your office and is obviously intoxicated or disruptive.
- A student reveals to you that he/she is having thoughts of suicide.
- A student, obviously upset, tells you that they are thinking about a different course of study.
- A student, who is usually well-prepared for class, begins to miss class, rehearsals, crew, and lessons. He/she fails to complete assignments and prepare for class, becoming inattentive to hygiene and personal appearance.

This guide has been developed to provide you with a useful resource for recognizing students who may be expressing emotional, physical or developmental challenges and difficulties. The material in this guide will provide some basic guidelines for addressing a wide range of student behaviors. It also serves as a guide to assist you in getting students connected to resources. We are not expecting that you would act as a professional counselor, but hope this information will help you work with students in your role as a faculty or staff member.

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

As faculty or staff member interacting with students, you are in a unique position to identify and help students who are in distress. You are likely to be the first person a student reaches out to for help. Your ability to recognize the signs of emotional distress and potential health issues and to make initial intervention can have significant impact on a student's future well-being.

The purpose of this guide is to help you to recognize some of the signs of students in distress, be supportive of their needs and facilitate appropriate referrals to the Counseling Center, Health Center, Disabilities and Learning Resources, and other campus resources; as well as increasing awareness of the Students of Concern Team. These resources are available to assist and provide consultation to you regarding problems or situations that you encounter with students.

We are grateful for all the ways you invest in students and we hope this guidebook provides information you find helpful as you continue your work.

Best Regards,

Laurel Banks

Case Manager

Students Support Team

The Student Support Team is here to work with students who may be distressed or whose behavior is of concern to others. The Student Support Team was started as way to provide preventative support and assistance to students before more significant problems arise. The Student Support Team offers supportive intervention and guidance to any UNCOSA student who is struggling. The goal is to help the student focus on success, avert more serious difficulties, and ensure the safety of both the student and UNCOSA community.

Student Support Team Department Representation:

Clinical Case Management

Health Center

Residence Life

Student Conduct

Disability and Learning Support

Campus Police

The Student Support Team coordinates with the university community to provide individualized student support through a multidisciplinary approach. The following guide is provided as a first step intervention for the community. However, UNCOSA also invites the community to consult with the team at any point in the intervention journey. More information and resources can be found on our website, including the “student of concern” [incident form](#).

STUDENT SUPPORT RESOURCES

- Campus Police (336) 770-3321
- Case Management (336) 631-1223
- Counseling Center (336) 770-3288
- Dean of Students (336) 770-3283
- Disability Resources (336) 726-6963
- Health Center (336) 770-3288
- Healthlink 888-267-3675
- Residence Life (336) 770-3280

HELPING STUDENTS IN DISTRESS

RESPONDING TO STUDENT CRISIS

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

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

Campus resources for responding to medical emergencies:

- Campus Police (336) 770-3321 or 911
- Health Services (336) 770-3288

Campus resources for responding to mental health emergencies:

- Campus Police (336) 770-3321 or 911
- Counseling Center (336) 770-3288
- HealthLink 888-267-3675

For consultation with a counseling center staff member, call (336) 770-3288 or escort the student to the Wellness Center on 3rd floor Hanes Student Commons. Counseling center staff is available Monday-Friday 7:30 am-5:00 pm with crisis walk-in times at 10:30am and 2:30pm.

If the student requires immediate medical attention or hospitalization, call Campus Police at (336) 770-3321 or 911.

If the student is unmanageable (i.e. aggressive, hostile, refusing care) call Campus Police at 911 or (336) 770-3288.

If you are directly threatened by a student or feel at risk, call Campus Police at (336) 770-3321.

What to do

Move the student to a quiet and secure place.

Listen attentively and respond in a straightforward, considerate way.

Enlist the help of a co-worker so that the student isn't left alone and you aren't left alone with the student.

Make arrangements for appropriate University intervention.

When contacting a campus resource, have available as much information as possible, including your name, the student's name and location, a description of the circumstance, the type of

assistance needed, the exact location of the student in the building and an accurate description of the student.

REFERRING A STUDENT TO THE STUDENT SUPPORT TEAM

WHEN TO REFER:

- If your efforts to manage a significant classroom behavioral issue has not resolved the problem.
- If you are concerned about the welfare of a student, yourself and/or other students.
- If a student asks for help in dealing with personal issues that are outside your role as faculty or staff member.
- If you have referred the student for assistance in the past and there seems to be no improvement or things seem to be worsening.

WHAT ABOUT CONFIDENTIALITY?

The Family Educational Rights and Privacy Act (FERPA) does not prohibit the sharing of personal observations and knowledge about a student among campus officials when there is a legitimate concern related to campus safety.

If you are concerned about a student, do not hesitate to notify the Case Manager.

DOES THE REFERRAL NEED THE STUDENT'S PARTICIPATION?

No. There may be many times when the student is not receptive to help or support, or when the student has long left your class or office and your concern warrants a referral.

What to do:

Case Management Referrals can be made by:

- Submitting an electronic referral form at www.uncsa.edu/incidentreport

Information for effective referral:

- Student's name, and EZ arts ID number (if known)
- Best phone number (if known)
- Dates, times and location of events
- What was observed
- What was said by whom
- What has been done so far to address the concern and the student's response to those efforts.

If you are not sure if you should refer:

Remember that in any given situation, there are probably several "right ways" to address your concern for a student. Please contact the Case Manager to discuss your concerns and your options (336) 631-1223.

SIGNS OF DISTRESS

Academic Problems

- Career and course indecision
- Excessive procrastination
- Uncharacteristically poor preparation or performance
- Repeated requests for extensions or special considerations
- Disruptive classroom behavior
- Excessive absence/tardiness
- Avoiding or dominating discussions
- References to suicide or harm to others in verbal statements or in writing

Interpersonal Problems

- Always asking for help with personal problems
- Dependency
- Hanging around office
- Withdrawing
- Disruptive behavior
- Inability to get along with others
- Complaints from other students

Behavioral Problems

- Change in personal hygiene
- Dramatic weight gain or loss
- Frequently falling asleep in class
- Irritability
- Unruly behavior
- Impaired speech
- Disjointed thoughts
- Tearfulness
- Intense emotion
- Inappropriate responses
- Difficulty concentrating
- Physically harming self
- Destruction of property
- Anxiety or panic
- Inability to communicate clearly
- Loss of reality contact (e.g. hallucinations, poor thought connections)

POSSIBLE SOURCES OF DISTRESS

- | | |
|---|--|
| ▪ Relationship problems/break-ups | ▪ Sexual/physical abuse and/or assault |
| ▪ Family Problems | ▪ Identity confusion |
| ▪ Grief and loss | ▪ Depression |
| ▪ Divorce of parents | ▪ Drug/alcohol abuse |
| ▪ Loneliness | ▪ Career indecision |
| ▪ Academic pressure or failure | ▪ Loss of goal or dream |
| ▪ Serious illness or injury | ▪ Low self-esteem |
| ▪ Difficulty adjusting to university life | ▪ Anxiety |
| ▪ Language barriers | ▪ Eating disorders |
| ▪ Financial problems | |

WHAT CAN YOU DO

A faculty or staff member is often the first person to recognize when a student is in distress and to reach out to that student. Faculty and staff are not expected to provide any personal counseling to students. Rather, faculty and staff plays an important role in encouraging students to use campus resources, including facilitating referrals to Case Manager, Health Center, Counseling Center, Disability Support Services, and/or other valuable campus resources.

We encourage you to speak directly to students when you sense they are in academic or personal distress. Openly acknowledge you are aware of their distress, that you are sincerely concerned about their welfare and that you are willing to help them explore their options. Not all students will be receptive to your help. In some cases, and in order to ensure students of concern do not fall through the gaps between observers and interveners, a referral to the Case Manager would be warranted.

On the following pages are some specific student issues you may encounter and tips on how you can respond to them.

TIPS FOR SUPPORTING AND ENCOURAGING OUR STUDENTS:

- Request to see the student in private.
- Briefly acknowledge your observations and perceptions of the student's situation and express your concerns directly and honestly.
- Listen carefully to what the student is troubled about and try to see that issue from their point of view without agreeing or disagreeing.
- Follow up with the student to see how they are doing.
- Strange and inappropriate behavior should not be ignored. The student can be informed that such behavior is distracting and inappropriate.
- Your ability to connect with an alienated student will allow them to respond more effectively to your concerns.
- Help the student identify options for action and explore possible consequences. If possible offer to phone or accompany the student to the appropriate resources.
- Avoid labeling the student's behavior or the issues presented.
- Inform the student about what can be gained by meeting with a counselor or other professional to talk about their problems.
- Be open about the limits on your ability to help the student.
- If the student appears to be in imminent danger of hurting self or others contact Campus Police immediately by calling (336) 770-3321 or 911.
- Do not promise to keep abuse, threats to self or others, or other illegal activities as a secret.

IDENTIFYING TROUBLING BEHAVIOR

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

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

Examples of troubling behavior may include, but not be limited to:

- A student who jokes about killing themselves.
- A student who perspires profusely when giving a presentation in front of the class.
- A student who discloses they have a loved one or family member has a terminal or serious illness.
- A student who seems to work harder than most students but cannot pass an exam.
- A student who appears to be losing significant weight, yet speaks with pride about how little they eat.
- A student whose writing appears disjointed and fragmented as though they cannot maintain a logical sequence of thought, or contains themes of violence, which are out of context with the assignment.
- A student who reports that FBI agents are following them around.

Interventions for Troubling Behavior

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

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

- Seek advice and counsel from Case Manager and/or Counseling Center.
- Initiate a discussion with the student about the behavior that is of concern.
- Refer the student to campus departments or officers that have the necessary expertise and personnel to help them.
- To ensure proper follow up initiate a student of concern referral through the Case Manager by completing the [Incident Report](#) or by phone (336) 631-1223

- Student Support Resources:

Disability Services and Learning Resources (336) 726-6963

Counseling Center (336) 770-3288

Case Management (336) 631-1223

IDENTIFYING DISRUPTIVE BEHAVIOR

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

As disruptive student typically resists interventions or corrective action. Specific examples of disruptive behavior include:

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

Interventions for Disruptive Behavior

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

- Verbally request that the student stop the disruptive behavior.
- If the problem persists, ask the student to leave the class or area.
- Initiate a discussion with the student about the behavior that is of concern.
- Inform the student of the behavior that needs to change, define a timeline for when the change needs to be made, and explain the consequences if the change does not occur.
- After meeting with the student, document the content of the meeting in writing. It is sometimes helpful and/or necessary to provide the student with a written copy of the requirements and consequences discussed, and provide this information to the student by email.
- Contact your dean for advice and support.
- Follow-up with a referral to the Case Manager, even if you believe the situation has been resolved.
- Consult with Office of Student Conduct about possible next steps.
- Consult with Counseling Center, if desired, to debrief and assist you, staff members and other students.

If the situation is serious and requires immediate assistance, call UNCSA Police at 911 from campus phone or (336) 770-3321 from cell phone.

IDENTIFYING THREATENING BEHAVIOR

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

If you have concerns about immediate safety call Campus Police at 911 or (336) 770-3321.

Examples of threatening behavior include, but are not limited to:

- A student who implies or makes a direct threat to harm themselves or others
- A student who displays a firearm or weapon
- A student who physically confronts or attacks another person
- A student who stalks or harasses another person
- A student who sends threatening emails, letters or other correspondence to another person
- A student whose writing contains themes and threats of violence.

Interventions for Threatening Behavior

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

Specific interventions include:

- Immediately contact Campus Police at 911 if the situation is serious and requires immediate attention (non-imminent (336) 770-3321)
- Contact dean for advice and support.
- Inform the Office of Student Conduct and file a complaint.
- Contact Case Manager and provide details of the incident.
- Consult with Counseling Center, if desired, to debrief and assist you, staff members and other students.

ADJUSTMENT/TRANSITION ISSUES

Transitions are times of change that usually involve both loss and opportunity. Entering college is one of life's most demanding transitions and is arguably the most significant time of adjustment since starting kindergarten. College students face many challenging transitions, including graduating and entering the work force. The changes inherent in a transition produce stress and challenge a student's coping resources. Students commonly experience a decline in functioning (academic, social, emotional) during transitions. Adjustments can be worsened by counterproductive coping mechanisms such as avoidance of stress-producing situations and people, excessive partying and alcohol/drug abuse. Transitions can pose greater problems to students who have existing psychological problems or difficult life circumstances. Students going through a period of life adjustment may benefit from counseling to enhance their coping efforts or to prevent the onset of more serious problems.

Do	Don't
<ul style="list-style-type: none"> ▪ Convey to the student that adjustment or transition stress is normal and often brings a temporary decline in performance. 	<ul style="list-style-type: none"> ▪ Don't assume that the student understands the impact of life transitions and/or is aware of the source of stress.
<ul style="list-style-type: none"> ▪ Encourage the student to use positive coping methods to manage transition stress, including regular exercise, social support, a reasonable eating and sleeping regimen and pleasurable activities. 	<ul style="list-style-type: none"> ▪ Don't minimize or trivialize the student's feelings or reactions.
<ul style="list-style-type: none"> ▪ Refer the student to the Counseling Center at (336) 770-3288, especially if performance problems persist beyond a reasonable amount of time. 	<ul style="list-style-type: none"> ▪ Don't discount or overlook factors that put the student at risk for more problems.

ANXIETY

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

Do	Don't
<ul style="list-style-type: none">▪ Let them discuss their feelings. Often, this alone relieves pressure.	<ul style="list-style-type: none">▪ Don't take responsibility for the student's emotional state.
<ul style="list-style-type: none">▪ Remain calm and reassure students when appropriate.	<ul style="list-style-type: none">▪ Don't make things more complicated.
<ul style="list-style-type: none">▪ Be clear and explicit.	<ul style="list-style-type: none">▪ Don't overwhelm the individual with information or ideas.
<ul style="list-style-type: none">▪ If anxiety persists and begins to impair the student's function, refer to resources including the Counseling Center (336) 770-3288, Learning Resources (336) 726-6963 and/or Case Management (336) 631-1223.	

ABUSIVE RELATIONSHIPS

Abusive relationships often involve a repeating pattern of verbal, sexual, emotional and physical abuse that increases over time. The offender could be an intimate partner, parent/guardian, or care attendant.

Indicators of abuse may include:

- Verbal abuse
- Isolation from friends and family
- Fear of other/partner's temper
- Feeling trapped
- Acceptance of highly controlling behavior
- Assuming responsibility for other's abusive behavior
- Physical indicators, such as bruises in different stages of healing..

Do	Don't
<ul style="list-style-type: none"> ▪ See the student in private. 	<ul style="list-style-type: none"> ▪ Don't pressure the student to leave the abusive relationship without careful safety planning with a professional. Without such, this could place the individual in great danger.
<ul style="list-style-type: none"> ▪ Recognize the individual may be fearful and vulnerable. 	<ul style="list-style-type: none"> ▪ Don't blame the individual for not leaving the relationship.
<ul style="list-style-type: none"> ▪ Remember that abusive relationships involve complex dynamics, including high levels of denial and, thus are difficult to change. 	<ul style="list-style-type: none"> ▪
<ul style="list-style-type: none"> ▪ Be aware that interventions from a variety of sources increase the chances for change. 	<ul style="list-style-type: none"> ▪
<ul style="list-style-type: none"> ▪ Contact Title IX Coordinator (336) 414-7529 and/or Case Manager (336) 631-1223 	<ul style="list-style-type: none"> ▪
<ul style="list-style-type: none"> ▪ Contact Campus Police (336) 770-3321. 	<ul style="list-style-type: none"> ▪

ACADEMIC UNDERACHIEVEMENT

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

Do	Don't
<ul style="list-style-type: none"> ▪ Inquire compassionately as to what the problems are. 	<ul style="list-style-type: none"> ▪ Don't take the student's problems personally or be insulted that they do not find the class engaging.
<ul style="list-style-type: none"> ▪ Provide enough time for the student to open up. His or her initial defensiveness might be off-putting to an instructor who values involvement and dedication in students. 	<ul style="list-style-type: none"> ▪ Don't assume too quickly the problem is mere laziness.
<ul style="list-style-type: none"> ▪ Help the student assess the source of underachievement e.g., distractions, preoccupations, emotional problems, depression, difficulties with underlying academic and study skills and time management. 	<ul style="list-style-type: none"> ▪ Don't punish the student for lack of involvement.
<ul style="list-style-type: none"> ▪ Sensitively address the difficulty of dealing with a “failure mentality.” 	<ul style="list-style-type: none"> ▪ Don't dismiss the student and problem as unworkable.
<ul style="list-style-type: none"> ▪ Refer to Case Management (336) 631-1223, Learning Support (336) 726-6963 and/or Counseling (336) 770-3288 based on the specific student's needs/concerns. 	<ul style="list-style-type: none"> ▪

DEMANDING BEHAVIORS

Typically, the utmost time and energy given to demanding/entitled students will not seem like enough from the student's perspective. They often seek to control your time and unconsciously believe the amount of time received is a reflection of their worth.

Do	Don't
<ul style="list-style-type: none">▪ Let them know the limits of what is reasonable for you to provide.	<ul style="list-style-type: none">▪ Don't let them use you as their only source of support.
<ul style="list-style-type: none">▪ Let them make their own decisions as much as possible.	<ul style="list-style-type: none">▪ Don't get trapped into advice giving, "why don't you...?"
<ul style="list-style-type: none">▪ When you have given appropriate time to them, let them know, "excuse me I need to attend to other things right now."	<ul style="list-style-type: none">▪ Don't get angry.

DEPRESSION

These students show a multitude of symptoms, which may include guilt, low self-esteem, and feelings of worthlessness and inadequacy. Physical symptoms include decreased or increased appetite, difficulty sleeping and reduced interest in daily activities. Depressed students often show low activity levels and have little energy. Sometimes depression includes irritation, anxiety and anger. In most serious form, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain (refer to the suicidal student).

Do	Don't
<ul style="list-style-type: none"> ▪ Talk to the student in private. 	<ul style="list-style-type: none"> ▪ Don't be afraid to ask whether the student is suicidal if you think they maybe.
<ul style="list-style-type: none"> ▪ Listen carefully and validate the student's feelings and experiences. 	<ul style="list-style-type: none"> ▪ Don't downplay the situation.
<ul style="list-style-type: none"> ▪ Be supportive and express your concern about the situation. 	<ul style="list-style-type: none"> ▪ Don't argue with the student or dispute that the student is feeling depressed.
<ul style="list-style-type: none"> ▪ Discuss a clear action plan, such as making an appointment with the Counseling Center (336) 770-3288. 	<ul style="list-style-type: none"> ▪ Don't provide too much information or help for the student to process.
<ul style="list-style-type: none"> ▪ Be willing to consider or offer flexible arrangements (e.g. extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope. 	<ul style="list-style-type: none"> ▪ Don't expect the student to stop feeling depressed without intervention.
<ul style="list-style-type: none"> ▪ If you feel overwhelmed or unprepared to help the student, call the Case Manager (336) 631-1223. 	<ul style="list-style-type: none"> ▪ Don't assume the family knows about the student's depression.

DISABILITIES

Facts about Disability

- Students with documentation of a physical, medical, learning or psychiatric disability are eligible to access accommodations through *Disability Resources* (336) 726-6963 or [Students with Disabilities webpage](#)
- Students may not realize they may be eligible for disability-related services offered on campus, and that accommodations are available.

Students with:

- **Physical disabilities** present special classroom access needs associated with limitations in mobility, speaking, hearing, and/or vision.
- **Medical disabilities** may experience difficulties participating in their academic programs due to the condition itself or the ongoing treatment protocol.
- **Learning disabilities** have impairments that may interfere with and slow down information processing, memory, retrieval, and output. These disabilities can have a detrimental impact on reading, writing, math, attention, concentration, and/or overall organization.
- **Attention deficit/hyperactivity disorder (AD/HD)** may experience inattentive, hyperactive, and/or impulsive behaviors due to a dysfunction of the central nervous system. These behaviors may compromise an individual's social, vocational and academic performance.
- **Psychiatric disabilities** have an ongoing psychological condition that may interfere with their ability to participate in a routine educational program.

Do	Don't
<ul style="list-style-type: none"> • Speak to the student in private about your concerns. 	<ul style="list-style-type: none"> • Don't use patronizing language with the student.
<ul style="list-style-type: none"> • Treat each student with sensitivity and respect. 	<ul style="list-style-type: none"> • Don't underestimate or question the stated disability.
<ul style="list-style-type: none"> • Maintain confidentiality about their disability. 	<ul style="list-style-type: none"> • Don't assume the student understands the academic limitations imposed by the disability.
<ul style="list-style-type: none"> • Acknowledge the difficulties the student is having. 	<ul style="list-style-type: none"> • Don't assume the student qualifies for accommodations without <i>Disability Resources'</i> verification.
<ul style="list-style-type: none"> • Refer to Disability Resources and be open to a follow-up consultation. 	<ul style="list-style-type: none"> • Don't adjust the academic standards of the course without prior consultation with <i>Disability Resources</i>.
<ul style="list-style-type: none"> • Remember that any student requesting accommodations must present a letter from <i>Disability Resources</i>, which will include recommended actions. 	
<ul style="list-style-type: none"> • Set rules and parameters for all students in your classes; accommodation does not mean absence of academic expectations. 	
<ul style="list-style-type: none"> • Consult the Faculty/Staff Guide on the website, or contact the office by phone (336) 726-6963. 	

DISORDERED EATING

Eating disorders are believed to impact 20-25% of college students. Eating disorders include anorexia, bulimia and binge eating disorder. Anorexia involves restricting one's eating, often leading to malnourishment. Bulimia usually entails a cycle of binge eating followed by excessive exercise, vomiting, laxative use or the use of medication such as diet pills with periods of restriction. Individuals with binge eating disorder often eat excessive amounts with little control over their intake. Eating disorders are widely considered to be the most dangerous mental health issues due to a high mortality rate.

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

Do	Don't
<ul style="list-style-type: none"> ▪ Recognize the danger associated with eating disorder behaviors rather than viewing them as a choice, lifestyle or an attempt to obtain attention. 	<ul style="list-style-type: none"> ▪ Don't assume that all thin students have an eating disorder. Don't assume that someone with a "normal" body form is healthy. Remember that these issues impact students of all shapes and sizes.
<ul style="list-style-type: none"> ▪ Encourage the student to seek out formal help including counseling, nutrition and thorough medical assessment. 	<ul style="list-style-type: none"> ▪ Don't confront a student by stating "I think that you have an eating disorder." Instead share your concerns with the student by naming the behaviors you have witnessed.
<ul style="list-style-type: none"> ▪ Support the student even if they are not currently motivated to obtain help. 	<ul style="list-style-type: none"> ▪ Don't encourage the student to "just eat" or "stop throwing up." Recovery from an eating disorder often requires medical and mental health treatment to alter behaviors.
<ul style="list-style-type: none"> ▪ Refer the student to the nutritionist through the Wellness Center (336) 770-3288. If the student is unwilling to see a nutritionist but open to Medical and/or counseling, please provide those referrals. 	
<ul style="list-style-type: none"> ▪ Consult with Case Manager as needed (336) 631-1223. 	
<ul style="list-style-type: none"> ▪ If student's performance or health seems to be compromised (lethargic, spacy, weak, black outs, chronic pain or other health complaints), refer immediately to Medical for an evaluation. 	

GRIEF AND LOSS

During the course of their university careers, many students are likely to experience the loss of someone close to them, whether it be a family member, friend, pet or peer. Sometimes students are dealing with their own life threatening issues or traumatic experience as well.

Do	Don't
<ul style="list-style-type: none"> ▪ Listen carefully and compassionately. 	<ul style="list-style-type: none"> ▪ Don't be afraid of tears. Tears are natural, healthy way of releasing emotions.
<ul style="list-style-type: none"> ▪ Consider the option of allowing the student to postpone turning in assignments or taking exams. 	<ul style="list-style-type: none"> ▪ Don't avoid discussing the deceased with the student. They are often grateful to find someone who will listen.
<ul style="list-style-type: none"> ▪ When appropriate, if you are comfortable, you can share similar experiences you have had so the student doesn't feel alone. 	<ul style="list-style-type: none"> ▪ Don't say well-intentioned things to the student that might imply the grief is not valid..."It can't be that bad." Or "They are in a better place." Or "Give it time."
<ul style="list-style-type: none"> ▪ Be on the alert for signs that the student is feeling a need to harm themselves as a way to cope with their pain. 	
<ul style="list-style-type: none"> ▪ Talk to the student about getting professional help to deal with the loss through the Counseling Center and/or Forsyth Hospice and Palliative Care Center (336) 768-3972 	

POOR CONTACT WITH REALITY

These students have difficulty distinguishing fantasy from reality, the dream from the waking state. Their thinking is typically illogical, confused, disturbed; they may coin new words, see or hear things which no one else can, have irrational beliefs, and exhibits bizarre or inappropriate behavior. Generally, these students are not dangerous and are very scared and overwhelmed. They tend to be much more frightened of you than you are of them.

Do	Don't
<ul style="list-style-type: none"> ▪ Respond with warmth and kindness, but with firm reasoning. 	<ul style="list-style-type: none"> ▪ Don't argue or try to convince them of their irrational thinking, as it only makes them defend their position more.
<ul style="list-style-type: none"> ▪ Remove extra stimulation in the environment and see them in a quiet atmosphere (if you are comfortable doing so). 	<ul style="list-style-type: none"> ▪ Don't play along.
<ul style="list-style-type: none"> ▪ Acknowledge your concerns and state that you can see they need help. 	<ul style="list-style-type: none"> ▪ Don't demand, command or order the student.
<ul style="list-style-type: none"> ▪ Reveal your difficulty understanding them (when appropriate). 	<ul style="list-style-type: none"> ▪ Don't expect customary or usual emotional responses.
<ul style="list-style-type: none"> ▪ Focus on the "here and now." Switch topics and divert the focus from the irrational to the rational or the real. 	<ul style="list-style-type: none"> ▪
<ul style="list-style-type: none"> ▪ Speak to the healthy side, which they have. 	<ul style="list-style-type: none"> ▪
<ul style="list-style-type: none"> ▪ Contact Campus Police if it appears the student is a danger to themselves or others 911 or (336) 770-3321. 	<ul style="list-style-type: none"> ▪
<ul style="list-style-type: none"> ▪ Discuss a clear action plan, such as making an appointment with the Counseling Center or attending a crisis walk-in appointment (336) 770-3288. 	<ul style="list-style-type: none"> ▪
<ul style="list-style-type: none"> ▪ Contact Case Manager (336) 631-1223. 	<ul style="list-style-type: none"> ▪

SELF HARM

Students engage in self-harm for a myriad of reasons, most of them non-life threatening. Often, self-harming behaviors accompany depression, anxiety and/or trauma experiences (see Depression and Anxiety). Common forms of self-harm include cutting, scratching and burning, typically in areas hidden by clothing like the upper arm, inner thigh, belly and back. Self-harm is often a form of expression, a way to release tension, a distraction from overwhelming emotions/experiences and/or a way to feel something when emotionally numb.

Do	Don't
<ul style="list-style-type: none"> ▪ Talk to the student in private. 	<ul style="list-style-type: none"> ▪ Act shocked or disgusted.
<ul style="list-style-type: none"> ▪ Listen carefully and validate the student's feelings and experiences. 	<ul style="list-style-type: none"> ▪ Assume the student is suicidal.
<ul style="list-style-type: none"> ▪ Be supportive and express your concern about the situation. 	<ul style="list-style-type: none"> ▪ Don't argue with the student or dispute what the student is feeling/expressing.
<ul style="list-style-type: none"> ▪ Discuss a clear action plan, such as making an appointment with the Counseling Center (336) 770-3288. 	<ul style="list-style-type: none"> ▪ Don't provide too much information or help for the student to process.
<ul style="list-style-type: none"> ▪ If you feel overwhelmed or unprepared to help the student, call the Case Manager (336) 631-1223. 	<ul style="list-style-type: none"> ▪ Don't be afraid to ask whether the student is suicidal if you think they may be.
<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Don't assume the family knows about the student's behavior.

SEXUAL ASSAULT

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

Do	Don't
<ul style="list-style-type: none"> ▪ Listen to what they are telling you and believe them. 	<ul style="list-style-type: none"> ▪ Don't ask a lot of prying questions, as you may inadvertently send the message that you don't believe them or that you are questioning how they handled themselves.
<ul style="list-style-type: none"> ▪ Help students to understand that they have many options to consider. 	<ul style="list-style-type: none"> ▪ Don't blame them for what happened and let them know it was not their fault; regardless of the circumstances under which the assault occurred.
<ul style="list-style-type: none"> ▪ Encourage the victim to seek support through the Counseling Center at (336) 770-3288. 	<ul style="list-style-type: none"> ▪ Don't be skeptical or show that you don't believe them. The vast majority of students do NOT make up stories about being assaulted.
<ul style="list-style-type: none"> ▪ Encourage the victim to seek support through the Title IX Office by calling (336) 414-7529 	<ul style="list-style-type: none"> ▪ Don't try to be this person's only support. Recovery takes a long time and often involves the need for professional services.
<ul style="list-style-type: none"> ▪ Encourage the victim to seek support with the Case Manager by calling (336) 631-1223. 	

STALKING

Facts about stalking:

- Stalking is repeated following or harassment of an individual that is designed to instill a sense of fear or danger.
- Stalkers often have an irrational obsession with the victim and try to gain power and omnipotence through control and intimidation.
- Stalking behavior includes tailing the victim as well as harassment via phone, email, fax and letters; unwanted gifts; and unwanted attentiveness.
- Stalkers can be male or female and targets can be of the same or opposite sex.

Do	Don't
<ul style="list-style-type: none"> ▪ Encourage the victimized to trust their intentions. 	<ul style="list-style-type: none"> ▪ Don't ignore or minimize the situation.
<ul style="list-style-type: none"> ▪ Advise the student to contact Campus Police (911 or (336) 770-3321) 	<ul style="list-style-type: none"> ▪ Don't suggest that the victim is responsible for the unwanted attention.
<ul style="list-style-type: none"> ▪ Advise the student to document unwanted contacts and maintain evidence of harassment. 	<ul style="list-style-type: none"> ▪ Don't take responsibility for protecting the individual.
<ul style="list-style-type: none"> ▪ Advise the student to take precautions to ensure safety, including change in routine travel routes and schedules. 	
<ul style="list-style-type: none"> ▪ Refer the student to the Case Manager by completing an online incident report or calling (336) 631-1223 	
<ul style="list-style-type: none"> ▪ Refer the student to the Counseling Center for supportive counseling (336) 770-3288. 	

SUBSTANCE ABUSE

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

Do	Don't
<ul style="list-style-type: none">▪ Share your honest concern and encourage the student to seek help.	<ul style="list-style-type: none">▪ Don't ignore the problem.
<ul style="list-style-type: none">▪ Be alert for signs of alcohol and drug abuse:<ul style="list-style-type: none">○ Preoccupation with drugs○ Periods of memory loss○ Deteriorating performance in class	<ul style="list-style-type: none">▪ Don't chastise or lecture
<ul style="list-style-type: none">▪ Get necessary help from Campus Police in instances of intoxication.	<ul style="list-style-type: none">▪ Don't encourage the behavior.
<ul style="list-style-type: none">▪ Encourage the student to seek a confidential evaluation through the Counseling Center at (336) 770-3288.	

SUICIDE

Talking to a student about their suicidal thoughts and feelings can be extremely difficult for anyone. If you're unsure whether a student is suicidal, the best way to find out is to ask. You can't make a person suicidal by showing that you care. In fact, giving a suicidal person the opportunity to express his or her feelings can provide relief from loneliness and pent-up negative feelings, and talking may prevent a suicide attempt.

Do	Don't
<ul style="list-style-type: none"> • Be yourself. Let the person know you care, that he/she is not alone. The right words are often unimportant. If you are concerned, your voice and manner will show it. 	<ul style="list-style-type: none"> • Argue with the suicidal person. Avoid saying things like: "You have so much to live for," "Your suicide will hurt your family," or "Look on the bright side."
<ul style="list-style-type: none"> • Offer hope. Reassure the person that help is available and that the suicidal feelings are temporary. Let the person know that his or her life is important to you. 	<ul style="list-style-type: none"> • Act shocked, lecture on the value of life, or say that suicide is wrong.
<ul style="list-style-type: none"> • If the person says things like, "I'm so depressed; I can't go on," ask the question: "Are you having thoughts of suicide?" You are not putting ideas in their head, you are showing that you are concerned, that you take them seriously, and that it's OK for them to share their pain with you. 	<ul style="list-style-type: none"> • Promise confidentiality. Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word.
<ul style="list-style-type: none"> • Discuss a clear action plan, such as making an appointment with the Counseling Center (336) 770-3288. 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • Refer the student to Case Management Incident Report or call (336) 631-1223. 	<ul style="list-style-type: none"> •

VERBAL AGGRESSION

Students become verbally abusive when in frustrating situations which they see as being beyond their control. Anger and frustration become displaced from those situations to you. Typically, the anger is not directed at you personally. These students often feel they will be rejected and therefore, reject you before you reject them. They often realize the drama and intimidation behind their anger and are not aware of their impact.

Do	Don't
<ul style="list-style-type: none"> ▪ Acknowledge their anger. 	<ul style="list-style-type: none"> ▪ Don't meet alone with this student.
<ul style="list-style-type: none"> ▪ Rephrase what they are saying and identify their emotions. 	<ul style="list-style-type: none"> ▪ Don't get into an argument or shouting match.
<ul style="list-style-type: none"> ▪ Allow them to ventilate, get the feelings out, and tell you what is upsetting to them. 	<ul style="list-style-type: none"> ▪ Don't become hostile or punitive yourself.
<ul style="list-style-type: none"> ▪ Tell them you are not willing to accept their verbally abusive behavior. 	<ul style="list-style-type: none"> ▪ Don't press for an explanation or reasons for their behavior.
<ul style="list-style-type: none"> ▪ Help the person problem solve and deal with the real issues when they become calmer. 	<ul style="list-style-type: none"> ▪ Don't ignore the student or the situation.
<ul style="list-style-type: none"> ▪ Defuse and de-escalate the situation by remaining calm, speaking in a calm tone of voice, and modeling appropriate behavior to the student. 	<ul style="list-style-type: none"> ▪ Don't stay in a situation in which you feel unsafe.
<ul style="list-style-type: none"> ▪ Make a referral to the Case Manager. 	<ul style="list-style-type: none"> ▪ Don't ignore a gut reaction that you are in danger

VIOLENCE OR PHYSICAL DESTRUCTION

Violence due to emotional distress is very rare. It typically occurs only when the student is totally frustrated and feels unable to do anything about it. The adage, “an ounce of prevention is worth a pound of cure” best applies here.

Do	Don't
<ul style="list-style-type: none"> ▪ Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation. 	<ul style="list-style-type: none"> ▪ Don't meet alone with the student.
<ul style="list-style-type: none"> ▪ Explain clearly and directly what behaviors are acceptable. 	<ul style="list-style-type: none"> ▪ Don't ignore warning signs that a person is about to explode (for example: yelling, screaming, clenched fists, threatening statements)
<ul style="list-style-type: none"> ▪ Stay in open area 	<ul style="list-style-type: none"> ▪ Don't threaten, dare, taunt, or “push the student into a corner.
<ul style="list-style-type: none"> ▪ When all else fails, divert attention. 	<ul style="list-style-type: none"> ▪ Don't touch the student.
<ul style="list-style-type: none"> ▪ Get necessary help – other staff, Campus Police (336) 770-3321. 	<ul style="list-style-type: none"> ▪ Don't stay in a situation in which you feel unsafe.
<ul style="list-style-type: none"> ▪ Make a referral to Case Manager (336) 631-1223. 	<ul style="list-style-type: none"> ▪ Don't ignore a gut reaction that you are in danger.
<ul style="list-style-type: none"> ▪ Consult with Counseling or refer as needed (336) 770-3288. 	<ul style="list-style-type: none"> ▪