



Counseling Center

**Assisting
The Emotionally
Distressed
Student**

A GUIDE FOR FACULTY AND STAFF



Counseling Center

Veitch Student Center, North Wing
Riverside, CA 92521-0302

Phone: (951) 827-5531

Fax: (951) 827-2015

Web: counseling.ucr.edu



counseling.ucr.edu

counseling.ucr.edu

Mental Health and Other Helpful Resources

UC Riverside has many resources to help you with whatever you're going through. We're here for you.

IN CASE OF EMERGENCY

UCR Campus Police (951) 827-5222

ON CAMPUS RESOURCES

Counseling Center

Veitch Student Center, North Wing • (951) 827-5531 • counseling.ucr.edu

Campus Health Center (951) 827-3031 • campushealth.ucr.edu

Dean of Students Office – Student Affairs Case Manager

(951) 827-4595 • deanofstudents.ucr.edu

The Well (951) 827-9355 • well.ucr.edu

Student Conduct & Academic Integrity Programs

(951) 827-4208 • conduct.ucr.edu

Employee Assistance Program (EAP) (951) 781-0510

Title IX/Sexual Harassment Office (951) 827-7070 • titleix.ucr.edu

Student Special Services

(951) 827-4538 • specialservices.ucr.edu

Office of the Ombudsperson (951) 827-3213 • ombudsperson.ucr.edu

HELPLINES

Riverside Helpline (24 hours) (951) 686-HELP or (951) 686-4357

Riverside Area Rape Crisis Center (24 hours) (951) 686-7273

National Suicide Hotline 1-800-SUICIDE or 1-800-784-2433

HOSPITALS

Riverside Community Hospital

4445 Magnolia Ave., Riverside CA • (951) 788-3000

Riverside County Regional Medical Center

26520 Cactus Ave., Moreno Valley CA • Emergency Services: (951) 486-5650

Parkview Hospital 3865 Jackson Ave., Riverside CA • (951) 688-8312

Riverside Center for Behavioral Medicine

5900 Brockton Ave., Riverside CA • (951) 275-8400



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Introduction

As a member of the University of California, Riverside (UCR) campus community, you often interact with students. At times, you may have contact with students whose behaviors may cause you concern or discomfort, or may interfere with your work or the education of other students. On the university campus, distressed students may go unnoticed for a variety of reasons. However, even when noticed by faculty and staff, they can be very difficult to cope with.

When interacting with a student experiencing emotional stress, you may feel you are “in over your head,” or you may face competing concerns, such as other students waiting to see you. However, it is important to know that it is likely that a situation involving a distressed student will not just go away unless there is an intervention. Without an intervention of some kind, you may well be faced with a persistent and recurring problem. An effective intervention requires knowing how to respond to these incidents and knowing what resources to call upon.

This “tool kit” was created to help you when these difficult occasions arise. It offers straightforward advice, techniques, and suggestions on how to cope with, intervene, and assist troubled and/or distressed students. It is our hope that this publication and our professional staff at the Counseling Center will be helpful to you as you continue your valued service to UCR students and the larger academic community.

The Counseling Center at UCR Clinical Staff





Intervention, Consultation and Referral

UCR Counseling Center

Veitch Student Center, North Wing
Monday – Friday (8 a.m. – 5 p.m.)
(951) 827-5531

Intervention: Suggested Guidelines When Talking With Distressed Students

Openly acknowledging to students that you are aware of their distress, sincerely concerned about their welfare, and willing to help them explore alternative responses, can have a profound and positive effect. We encourage you, whenever possible, to speak directly and honestly with a student when you sense that he/she is in emotional distress. When you are directly involved with a student experiencing distress we recommend the following:

- **Request to see the student in private.** This may help minimize embarrassment and defensiveness.
- **Briefly** acknowledge your observations and perceptions of their situation. Express your concerns directly and honestly.
- **Listen** carefully and try to see the issues from the student's point of view without necessarily agreeing or disagreeing.
- **Attempt** to identify the problem. You can help by exploring with the student alternative responses to their present distress.
- **Inappropriate** and strange behavior should not be ignored. Comment on what you have observed, but not in a judgmental way.
- **Being flexible** with strict procedures may allow a distressed student to respond more effectively.
- **Involve yourself** only as far as you feel comfortable and competent. The Counseling Center staff and other professionals on the campus are available to assist you.

Consultation

If you are unsure of how to work with a specific distressed student, we encourage you to consult with one of the counselors on our staff. The Counseling Center has a “Counselor on Duty” that is available for in person or phone consultations during our office hours. **Office hours are 8 a.m. to 5 p.m. Monday through Friday. Call us at (951) 827-5531**, inform the receptionist who you are, and ask to speak with the counselor on duty. A brief consultation may help you sort out the relevant issues and explore alternative approaches.

Referral

When you discuss a referral to the Counseling Center with a student, it would be helpful for that student to hear your concerns in a clear and concise manner and why you think counseling would be helpful. The following questions and answers may be of help in your decision to refer a student to the Counseling Center:

When should I refer a student to the Counseling Center?

The decision to refer a student to the Counseling Center is first based upon your own observations; i.e., does the student show signs and symptoms of emotional distress?

While each student experiences *emotional distress* in a different way, some *common* indicators you might observe include:

- Expressed suicidal thoughts or attempts
- High levels of irritability including undue aggressive or abrasive behavior expressed towards you or others
- Lack of energy
- Marked change in personal hygiene
- Bizarre or strange behavior
- Sadness, tearfulness
- Sleeplessness
- Frequent binge eating episodes or extreme loss of appetite
- Dependency, e.g., the student who hangs around your office or makes excessive appointments to see you
- Infrequent class attendance and inadequate effort put into the assignments
- Falling asleep in class
- Lack of enthusiasm about various aspects of student life
- Unusual bruises on face and/or body

How should I refer a student to the Counseling Center?

You can make a referral to the Center in any of these ways:

- Simply suggest that the student **call (951) 827-5531** or go to the Counseling Center to make an appointment.
- Volunteer to call the Center while the student is with you in order to ensure that contact is made.
- Offer to walk the student over to the Center.



Counseling is **confidential** except when the student presents a danger to himself or herself or others, or when abuse of a child or elder is involved. Our counseling services include time-limited individual counseling, group counseling, and biofeedback training. The initial 8 individual sessions, all group sessions, and biofeedback are offered at no cost to students. If longer-term therapy is indicated, the student may be referred to an appropriate off-campus resource. Additional sessions beyond the initial 8 sessions may require USHIP/GSHIP or a fee for service and are considered on a case by case basis.

How should I act if a student appears to be acting in a bizarre manner, dangerous, or losing control?

If a student is acting in a bizarre manner, dangerous, or seems to be losing control, there are several points to keep in mind:

- **Remain calm.** This may help the student to control his or her emotions.
- **Be simple and direct.** Try to convey your understanding of the problem, and respond honestly about whether you can help.
- **Be firm.** Sometimes there is a manipulative quality to unusual behavior and it is important to set clear limits.
- **Refer** the student to the Counseling Center if you feel it is appropriate. Same day appointments are available in urgent situations.
- **Consult** with the Counseling Center if you need assistance.

If you feel the student presents a **direct or immediate danger** to self or others, do not hesitate to contact **Campus Police (911, or (951) 827-5222 to reach dispatch)**.

Who else can I talk to if I have concerns about a student?

What is most important to remember is that trained colleagues are standing by to help. The Critical Student Incident Team is comprised of representatives from the Counseling Center, the Dean of Students, Campus Health Center, the campus police department, Residence Life, and Student Conduct & Academic Integrity Programs. The campus police will respond to threats of violence or any other violations of law. The Dean of Students office is available for consultation to faculty and staff. Student Conduct & Academic Integrity Programs is responsible for student conduct and can work with the Vice Chancellor for Student Affairs to impose an interim suspension (pending a hearing) if a student engages in threatening or grossly disruptive behavior. Therapists at the Counseling Center are available for faculty and staff consultation regarding students of concern. In addition, Counseling Center therapists can work with campus police to assess the need for a mandatory evaluation if there appears to be an imminent threat to self or others.

Students must be treated fairly and responsibly – just as administrators and faculty members would expect if they were the subject of comparable inquiry – but the campus is not powerless or reluctant to act decisively when threats arise. Our overall process in this regard is coordinated through the Critical Student Incident Team. You may reach the team by contacting the **Dean of Students at (951) 827-4595**, or the **Assistant Dean of Students at (951) 827-7215**. In emergencies call the campus police first at **911 (from campus phones)** or **(951) 827-5222 (from cell phones)**.

The Anxious Student

Anxiety is a normal response to a perceived danger or threat to one's well-being or self-esteem. For some students, the cause of the anxiety will be clear, but for others it may be difficult to determine. It is our experience that anxiety is very often a result of the intense academic competition among students, a fear of inadequacy regarding some academic challenge, or personal relationships.

Regardless of the cause, one or more of the following symptoms may be experienced:

- Rapid heart beat
- Chest pain or discomfort
- Dizziness
- Sweating
- Trembling or shaking
- Cold clammy hands
- Hyperventilation

The student may also complain of:

- Difficulty concentrating
- Always being “on edge”
- Having difficulty making decisions
- Sleeping problems
- Being too fearful to take action



In rare cases, a student may experience a **panic attack** in which physical symptoms occur spontaneously and intensely in such a way that the student may fear she/he is dying.

The following guidelines are appropriate actions in most cases involving anxiety or panic symptoms:

It is helpful to

- Let the student discuss his/her feelings and thoughts. Often this alone relieves some of the pressure
- Provide reassurance
- Remain calm and talk slowly
- Be clear and direct
- If possible, provide a safe and quiet environment until symptoms subside

It is not helpful to

- Minimize the perceived threat to which the student is reacting
- Take responsibility for his/her emotional state
- Overwhelm him/her with information or ideas to “fix” their condition
- Become anxious or overwhelmed



The Suspicious Student

Usually suspicious students complain about something other than their psychological difficulties. They may present themselves to you as:

- Tense
- Cautious
- Mistrustful
- Having few friends

Suspicious students tend to interpret a minor oversight as significant personal rejection and often overreact to insignificant occurrences. They see themselves as the focal point of everyone's behavior, and everything that happens has special meaning. Usually they are overly concerned with fairness and being treated equally. They may blame others and express anger. Many times they will feel worthless and inadequate.

When you are working with a suspicious student, the following guidelines may be appropriate:

It is helpful to

- Send clear, consistent messages regarding what you are willing to do and what you expect
- Express compassion without being overly friendly or familiar
- Be aware of personal boundaries and space when interacting and keep a comfortable distance
- Assure him/her that you will be fair
- Encourage them to seek help, possibly suggesting the Counseling Center

It is not helpful to

- Be overly warm or sympathetically close to the student
- Flatter the student, laugh with them or be humorous
- Assure the student that you are their friend or advocate



The Depressed Student

Depression, and the variety of ways in which it manifests itself, is part of a natural emotional and physical response to life's ups and downs. With the busy and demanding life of a college student, it is safe to assume that most students will experience periods of reactive (or situational) depression in their college careers.

Major depression, however, is a “whole-body” concern, involving a person’s body, mood, thoughts, and behavior. People with depression cannot merely “pull themselves together” and get better. It will interfere with a student’s ability to function in school and/or in their social environment. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help over 80% of those who suffer from depression.

Due to the opportunities for faculty and staff to observe and interact with students, they often are the first to recognize that a student is depressed. Look for a pattern of the following indicators, but understand that not everyone who is depressed experiences every symptom. Some people experience a few symptoms, some many. Also, severity of symptoms varies with individuals.

Depression Symptoms

- Persistent sad, anxious or “empty” mood
- Feelings of hopelessness, pessimism
- Loss of interest or pleasure in hobbies that a person once enjoyed, including sex and school
- Insomnia, early morning awakening or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Decline in personal hygiene
- Decreased energy, fatigue, being “slowed down”
- Thoughts of death or suicide, suicide attempts
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- Inconsistent class attendance

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 getting better sooner.

It is helpful to

- Let the student know you are aware that 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/manage the symptoms of depression
- Encourage them to seek help, possibly suggesting the Counseling Center

It is not helpful to

- Minimize the student’s feelings (i.e., every-thing will be better tomorrow)
- Bombard the student with “fix it” solutions or advice
- Be afraid to ask whether the student is suicidal, if you think she/he may be
- Ignore remarks about suicide (Always report them to a Counseling Center therapist)



The Suicidal Student

It is not uncommon for students to engage in some degree of suicidal thinking. As a member of the faculty or staff, you may be in contact with students who have expressed these thoughts to you. It is important that you do not simply overlook these comments, because the student may be reaching out to you.

Suicidal risk is based on a constellation of clues, not just observing any one clue. These clues seem to fall into the following categories:

Situational Clues – One or more significant losses may have occurred

- Overwhelming loss(es): death of a loved one, break-up with a partner etc.
- Loss of highly valued entities: support systems, social institutions, etc.
- Loss of status or opportunity: rejection from graduate school, not being accepted into major of choice, loss of status on the job.

Emotional Clues – Several depressive symptoms often are present

- Sleeping too little or too much
- Difficulty concentrating
- Eating much more or much less than usual
- Low energy
- No longer interested in previously pleasurable activities
- Apathy
- Poor self care (not showering/dirty clothing)
- Crying spells
- Feelings of worthlessness
- Increased social isolation
- Low self-esteem
- Preoccupation with death
- Hopelessness about the future
- Irritability and mood swings

Verbal Clues – Something a person says, overtly or covertly, may communicate suicidal ideation and intent

- “I’m going to kill myself.”
- “I wish I were dead.”
- “How do I donate my body to science?”
- “I’m not the man I used to be.”
- “I don’t see any way out.”
- “My family or everyone would be better off without me.”
- “I just can’t go on or I can’t take it any longer.”
- “I just feel like I am in the way all the time.”
- “Life has lost its meaning for me.”
- “Nobody needs me anymore.”
- “If (such and such) happens I am going to kill myself.”
- “If (such and such) doesn’t happen I’ll kill myself.”
- “I am getting out.”

Behavioral Clues - Something the person does may communicate a self-destructive motive

- A previous suicide attempt, particularly a recent or highly lethal attempt
- Giving away valued possessions
- Procuring means: buying a gun, asking for sedatives, etc.
- Composing a suicide note
- Putting personal affairs in order
- Poor adjustment to recent loss of loved one
- Sudden, unexplained recovery from a severe depression
- Resigning from social groups, extracurricular activities, not attending classes
- Bizarre or inappropriate behaviors
- Crying spells without external triggers
- Becoming disorganized, loss of contact with reality
- Any unexplained change in typical behavior (change in grades, increased aggression, drug use, mood changes, social withdrawal, acting out sexually)
- Visiting a physician for unexplained or vague symptoms (75% of successful suicides were preceded by just such a visit within one month of suicide)
- Substance abuse: alcohol, and/or other drugs
- Change in eating behaviors; e.g., overeating or loss of appetite

When working with a student who you think may be suicidal, the following guidelines should be kept in mind:

It is helpful to

- Talk about suicide openly and directly
- Try to sound calm and understanding
- Be confident and caring, and know the resources available
- Take charge and call or walk the student to the Counseling Center

It is not helpful to

- Sound shocked by anything the person tells you
- Emphasize the shock and embarrassment that the suicide would be to the person's family, before you're certain that's not what he/she hopes to accomplish
- Ignore comments such as "The world would be better off without me."
- Engage in a philosophical debate on the moral aspects of suicide. You may not only lose the debate, but also the suicidal person
- Get too personally involved with the student



The Student in Poor Contact With Reality

Students in poor contact with reality have difficulty distinguishing “fantasy” from real life. Their thinking is typically illogical, confused, or irrational (e.g. speech patterns that jump from one topic to another with no meaningful connection); their emotional responses may be incongruent or inappropriate; and their behavior may be bizarre and disturbing.

A student with poor contact with reality may experience hallucinations, often auditory, and may report hearing voices (e.g. someone is/will harm or control them). **While this student may elicit alarm or fear from others they are generally no more violent than anybody else.** However, there are some situations in which they can become violent, especially when experiencing “command hallucinations.” These hallucinations are telling them what to do, such as “you must destroy that evil person.”

When working with students who are experiencing poor contact with reality:

It is helpful to

- Acknowledge their feelings or fears without supporting the misperceptions (e.g., “I understand you think someone is following you, right now I don’t see anyone and I believe you are safe”)
- Remove extra stimulation from environment (turn off radio outside a noisy classroom)
- Talk in a calm and soft voice while stating your concern and verbalizing that they need some help
- Acknowledge your difficulty understanding them and ask for clarification
- Respond with warmth and kindness. Use firm reasoning
- Focus on what you observe in the “here and now”
- Consult with or refer them to the Counseling Center as soon as possible if you cannot make sense of their conversation or if you are concerned about their behavior

It is not helpful to

- Argue or try and convince them of the irrationality of their thinking, as this commonly produces a stronger defense of the false perception
- Play along, “Oh, yes, I hear the voices.”
- Encourage further discussion of the delusional process
- Demand or order them to do something to change their perceptions
- Expect customary emotional responses



The Student Under the Influence

We are all aware of the toll that abuse of alcohol and other drugs can take on individuals, families, friends, and colleagues. In a recent survey, college presidents identified alcohol abuse as the campus life issue of greatest concern. The costs are staggering – in terms of academic failure, vandalism, sexual assault, and other consequences.

Warning Signals of Alcohol and Other Drug Abuse

There are many signs of alcohol and/or other drug use, abuse, and addiction. None of these signs alone are conclusive proof of an alcohol or other drug problem. Other conditions could be responsible for unusual behavior, such as an illness or a reaction to a legally prescribed drug. Any one sign, or a combination of them, could be cause for alarm and could signal problems in general as well as a substance abuse problem.

Impairment, Alcohol and Drug Abuse

Alcohol and/or drug abuse can impair a student in several different ways:

Impairment of Mental Alertness

- Depression
- Extreme mood swings
- Flat or unresponsive behavior
- Hyperactivity
- Loss of interest in one's work/school results
- Nervousness

Impairment of Motor Behavior

- Hand tremors
- Loss of balance
- Loss of coordination
- Excessive movement (fidgets all the time)

Impairment of Interpersonal Relationships

- Detachment from or drastic changes in social relationships
- Becoming a loner or becoming secretive
- Loss of interest in appearance
- Change of friends
- Extreme change in interests
- Tendency to lose temper
- Being argumentative
- Borrowing money and not repaying



Impairment of Academic and Work Performance

- Inability to perform work assignments at usual level of competence
- Missed deadlines, classes or meetings
- Increased absenteeism or lateness
- Accidents in the lab
- Complaining or feeling ill as an excuse for poor performance
- Coming to class, practice, or work intoxicated/high
- Legal problems associated with alcohol use

It is helpful to

- Accept and acknowledge feelings of student
- Focus on the behavior: what specifically occurred to cause concern
- Permit the student to say how they regard the problem
- Find out source of emotional support that the student trusts. Encourage involvement from friends, family doctor, minister or employer
- Be willing to admit limitation of your assistance and refer to specialists and/or the Counseling Center

It is not helpful to

- Convey judgment or be critical of student's substance use
- Make allowances for the student's irresponsible behavior
- Ignore signs of intoxication



The Student Who May Have an Eating Disorder

Those with eating disorders share a sense of fear and a terror of food and weight gain. They often experience a sense of loss of control. They feel self critical or obsessive and have a conditional or negative sense of self. Behaviorally they use food in unhealthy ways (starving, restricting, and/or bingeing). Because of the secretive nature and shame associated with eating disorders, many cases go unreported. (From Penn State University Counseling & Psychological Services)

Some warning signs associated with an eating disorder include:

- marked decrease/increase in weight
- development of abnormal or secretive eating habits
- restrictive eating or purging behaviors (vomiting, fasting, laxatives, diet pills, or diuretics)
- frequent trips to the bathroom after eating
- preoccupations or obsessive thoughts about weight and body shape, food, and dieting
- distorted body image
- compulsive or excessive exercising, such as exercising at inappropriate times or inappropriate settings
- frequent complaints of hunger, tiredness, and cold
- moodiness or irritability
- social withdrawal because of weight/body image concerns
- roommates or friends who are concerned about the student’s eating and/or purging behaviors

It is helpful to

- Set aside a time to talk privately and respectfully about your concerns in a caring and straightforward way
- Communicate your concerns with behavioral examples and in a non-judgmental way. Avoid placing shame, blame, or guilt for the student's actions or attitudes. This will only make the student become defensive
- Explain that you think these concerns may indicate a need for professional help. Offer to find out about services on campus (Campus Health Center, Counseling Center) and support your student by helping them to make an appointment. Offer to accompany them if it seems like this will help them get started in treatment

It is not helpful to

- Focus on weight rather than health and effective functioning
- Judge or label the student’s behaviors
- Comment or give advice about the student’s weight loss or appearance (even complimentary comments about appearance)
- Attempt to force or encourage the student to eat
- Monitor the student’s eating habits

Campus Resources:	
Campus Health Center	(951) 827-3031
Counseling Center	(951) 827-5531



The Student Who Has Been Sexually Assaulted

Sexual assault can be any sexual activity that a person does not consent to and includes inappropriate touch, nonconsensual sexual intercourse, and forcible or attempted rape. Sexual assault can be visual, verbal, or anything that forces a person to join in unwanted sexual contact or attention. It can happen across settings and can be perpetrated by people known or unknown to the victim/survivor.

People who have experienced sexual assault have experienced a profound violation. Their sense of safety and predictability has been shattered. Survivors' reactions may vary profoundly depending on their life circumstances and amount of social support.

Some of the reactions of individuals who have experienced some type of sexual assault may include:

- **Shock.** Many survivors go through periods of numbness or disbelief.
- **Disturbing memories.** These memories may occur at very unexpected and unpredictable times, and may interfere with concentration in class, while studying, etc.
- **Being overwhelmed with feelings.** These may vary from survivor to survivor, but typically include sadness, anger, fear, and powerlessness.
- **Physical symptoms.** In addition to injuries from the sexual assault, they may experience headaches, loss of appetite, difficulty sleeping, and other symptoms.
- **Impact on other relationships:** difficulty trusting, isolating self.
- **Self blame.** It is common for the survivor to question what he/she did wrong to cause the assault or rape.



Issues to consider when a person has just been sexually assaulted

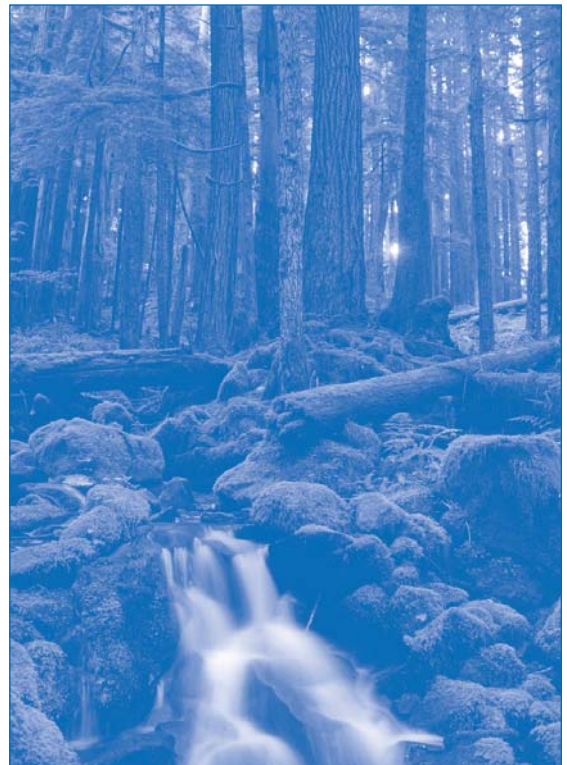
It is important to understand that the nature of sexual assault is a violent and aggressive act. Often the victim/survivor experiences a sense of violation and powerlessness over their own body. In order to prevent further injury to the victim/survivor, consider the following:

It is helpful to

- Be sure the individual is in a safe place and not still in danger of further assault.
- Be aware of your tone of voice. Victims/survivors may be sensitive to loud noises or voices.
- Be mindful of how you interact physically. Leave personal space between you and the victim/survivor and always ask before you touch them. Allow the victim/survivor to begin to regain a sense of control over their own bodies and respect their wishes with regard to physical contact.
- Ask about the person’s physical condition (i.e. physical injury, exposure to disease or pregnancy) and whether or not they may need medical treatment*.
- Communicate what is going on. Keep the victim/survivor informed and involved in decision making (to the extent possible) as you seek support (i.e. family/friends, law enforcement, advocate services) for them following an assault.

It is not helpful to

- Make assumptions. Avoid language that is presumptive (i.e. sexual orientation, religion, family or origin, ethnicity, identity, etc.). It can be very difficult for victims/survivors to trust anyone after an assault, and they need to feel safe.
- Judge choices or make decisions for the victim/survivor without their knowledge.
- Press for specific details, except to clarify what you are hearing.



*If the survivor decides to report the assault to the police, a medical examination must take place within 72 hours of the assault in order to collect evidence. This must be done through a special response team at designated hospitals.



Often people will not talk about the assault or choose to disclose the incident until some time has passed. They will likely experience some common reactions to assault outlined on previous page.

It is helpful to

- Listen. Be there. Be supportive.
- Be patient. You may listen to the same story repeated several times. Telling the story helps the survivor process the experience, and can be very healing.
- Be supportive of the survivor’s right to make his/her own decisions regarding the assault.
- Encourage the survivor to seek professional help. Many resources are available in our community, both on- and off-campus. Assist in identifying and mobilizing sources of social and emotional support (family, friends, significant others, etc.).

It is not helpful to

- Imply that the rape or sexual assault was the victim’s fault.
- Push the survivor to talk more, or sooner – only he/she can truly know what timing is right.
- Relate your personal experiences or story in detail.

Campus Resources

Counseling Center	(951) 827-5531
Campus Police Department	(951) 827-5222
Campus Health Center	(951) 827-3031
Women’s Resource Center	(951) 827-3337
Title IX/Sexual Harassment Office	(951) 827-7070
Student Conduct & Academic Integrity Programs	(951) 827-4208
Employee Assistance Program (EAP)	(951) 781-0510

Local and National Resources

Riverside Area Rape Crisis Center (24 Hour Crisis Line)	(951) 686-7273
Riverside Helpline (24 Hours)	(951) 686-4357
National Sexual Assault Hotline (RAINN)	(800) 656-HOPE (4673)
Riverside County Regional Medical Center (RCRMC)	
26520 Cactus Avenue	
Moreno Valley, CA 92555	
(Emergency Room)	(951) 486-5650
(Operator)	(951) 486-4000

Violence and the Verbally Aggressive Student

Verbal aggression and violent behaviors have increased on university campuses nationwide. It is very important to recognize, take seriously, and be prepared to act strategically in response to such behaviors. In an attempt to dissuade the occurrence of violence, UCR has established a zero-tolerance violence policy.

Students usually become verbally abusive in frustrating situations they perceive as being beyond their control. Anger and upset become displaced from those situations onto the nearest target (You). Explosive outbursts or ongoing belligerent hostile behavior become the student’s way of gaining power and control. It is important to remember that for the most part the student is not angry with you personally but at his/her world and that you are an object of pent-up frustrations.

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. This behavior is often associated with the use of alcohol and other drugs.

Pre-Incident

It is helpful to

- Be familiar with UCR’s Zero-Tolerance Policy
<http://www.humanresources.ucr.edu/PoliciesAndContracts/PreventViolence.html>
- Be familiar with your Departmental Safety Plan
- Ensure that you have a way to communicate for help (phone, panic alarm, etc.)
- Be observant of student’s behaviors and your surroundings
- Consult, consult, and consult. **Campus Police (951-827-5222)**, **Dean of Students (951-827-4595)**, **Student Conduct & Academic Integrity Programs (951-827-4208)**, **Counseling Center (951-827-5531)**, and the **Employee Assistance Program (951-781-0510)** are available to assist you.

At the Time of the Incident

It is helpful to

- Remain calm, get help if needed; take some deep breaths
- Stay SAFE, have access to a door; keep large furniture such as a desk between you and the student
- Maintain a posture that is posed, ready to move quickly, but not fearful. Be aware of everything in the room

It is not helpful to

- Ignore warning signs (body language, clenched fists)
- 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



It is helpful to

- Acknowledge their anger and frustration (e.g., “I can hear how upset you are and nobody will listen.”)
- Reduce stimulation; invite the person to a quiet place if this is comfortable
- Be directive and firm about behaviors you will accept (e.g., “I need for you to step back,” “I’m having a hard time understanding you when you yell.”)
- Allow them to ventilate, get the feelings out, and tell you what is upsetting them
- If possible, leave an unobstructed exit for the person

It is not helpful to

- Make threats or dares
- Corner or touch the student

Steps to Take in Responding to Threatening or Potentially Violent Behavior

- Do not meet alone with a student that you feel is potentially violent
- Alert a colleague that you will be meeting with the potentially violent person and have that colleague ready to assist. Have a police officer “on call” or with you as the circumstances dictate.

If you experience an immediate and unexpected or actual violent behavior (e.g. in a classroom, building, or office):

- Remove yourself from the situation when the threat is immediate
- If a weapon becomes evident, leave.
- **Call the police** for help (911)
- Report any threats of physical harm or violent incidents to **Campus Police (911)** and your department immediately.

Post Violent or Aggressive Incident

It is helpful to

- Follow Departmental Safety Plan
- Debrief with supervisor
- Debrief with a counselor at the **Counseling Center (951) 827-5531** or **EAP (951) 781-0510**
- You may also contact the **Campus Police (951) 827-5222**, **Dean of Students (951) 827-4595** to alert the **Critical Student Incident Team** or **Student Conduct & Academic Integrity Programs (951) 827-4208**.

Departmental Safety Plan

It is a good idea to set up a departmental safety plan. For example, if you think that a student has been threatening to you in the past and she/he shows up at your office, you may need help in dealing with the student. Quite often it is the people you work with and who are in closest physical proximity who can provide the help you need. The following section will help you to define a security plan for your department.

Security Plan

First and foremost, **call the campus police department at (951) 827-5222** to help with setting up a plan. The following are the kinds of behavior you should be concerned with:

- Unwilling to leave the building
- Interrupting the business of the department
- Bizarre statements/actions
- Angry/verbally abusive/yelling
- Behaving suspiciously
- Threatening
- Violent

There are at least three types of responses open to you:

Individual response

- Do what you can to get the person to stop the behavior; try to handle it yourself
- If the person is there and violent or potentially violent, **call the police (911)**

Get assistance from others within your department and elsewhere in the building

- Have someone come and stand near you for support
- Have someone come to help you deal with the person
- Call or speed-dial a designated person for help
- Have someone find a designated person to help

Get assistance from the campus police (in cases of violent or potentially violent behaviors)

- **Push the panic button*** (if available in your office) or **call 911**
- Have another person push the panic button or **call 911**
- Retreat to a locked office or another safe space while waiting for the police

*A panic button is a device located in a critical area(s) of your workspace that, when pressed, will alert a designated person or police that you need help.



Departmental Safety Plan Questions

1. *What specific areas do we need to prepare in our department?*

- Reception
- Individual offices

2. *How can we in the department help each other when faced with difficult situations?*

- What will the procedures be for getting help from others within our area?
- What do we expect of the person when she/he comes to a colleague's assistance?

3. *When we need another level of assistance – more than can be provided from within our department?*

- Who will be our designated “helpers,” and are they readily available?
- How will we reach them?

4. *What should someone do while waiting for help?*

5. *What should the protocol be if someone observes an individual disturbing other people by yelling, acting bizarrely, etc.?*

6. *How will we coordinate planning and support with nearby departments?*

7. *What does our department need to carry out these plans?*

8. *What kinds of training do we need, what do we think would help?*

An Example of a Possible Scenario

You are a department secretary. Yesterday, a student came in demanding to see Dr. X. When you told him that Dr. X was unavailable, he began to shout at you and call Dr. X names. The student then stormed out of the office. Today, the same student walks into your office again.

- How could you have prepared for this?
- What do you do?

This scenario (or one that may be more appropriate for your specific department) discussed in your group setting can help you prepare and implement a safety plan.

Counseling Center Services

Brief Individual or Couples Therapy

Brief individual or couples therapy is available to assist students with their personal, educational, interpersonal, and social concerns. Acute psychological and emotional distress, even when temporary, can seriously impair the academic performance of students and interfere with the realization of their potential. The ultimate goal of counseling is to increase the ability of individuals to resolve their own concerns as they arise. Examples of common student concerns are as follows: anxiety, depression, sexual abuse, relationship difficulties, personality and eating disorders.

Group Therapy

In group therapy, people meet face-to-face with one or more trained group therapists and talk about what's troubling them. Members give feedback to each other by expressing their own feelings about what someone says or does. This interaction gives group members an opportunity to try out new ways of behaving and to learn more about the way they interact with others. Both general and specialized groups are offered.

Crisis Intervention

The Counseling Center staff provide immediate services to individuals in crisis, use knowledge of campus and community resources to make appropriate referrals, and when necessary, facilitate the hospitalization of students. In addition, the Counseling Center has the responsibility of assisting the campus with the psychological needs stemming from any significant disaster or traumatic event. There is a "Counselor on Duty" that can be contacted for this purpose during our office hours.

Biofeedback Training

Biofeedback training is often used as an adjunct to personal counseling for stress-related symptoms such as tension and migraine headaches, test anxiety, and sleep disorders. Biofeedback involves monitoring psycho-physiological processes, which are normally outside of the individual's awareness, then presenting the data to the individual in the form of an auditory or visual signal. The individual's task is to modify the signal, thus changing the physiological function.

Consultation

Counseling Center staff provide telephone and in-person consultation to faculty, staff, students, and parents who are concerned about the welfare of students, who wish information about how to make a referral, or who would like to discuss or learn about psychologically-related situations or material. There is a "Counselor on Duty" that can be contacted for this purpose during our office hours.

Testing

Psychological testing is used as part of the counseling process to assist with the diagnosis and understanding of client concerns. Vocational testing helps to assess what people do well, what they might be interested in doing, and what may lead to long-range career satisfaction. In addition, the Counseling Center provides a service to UCR students and area residents by serving as a national test center, supervising the administration of national and state qualifying examinations such as MCAT, LSAT, PRAXIS, and MAT.

Developmental and Outreach Programs

Programming is offered throughout the year to enhance the personal development of students, to increase knowledge about individual and campus well-being, and to promote a healthy campus environment.

Training of Student Paraprofessionals

Counseling Center psychologists provide training to several student paraprofessional groups. Paraprofessionals receive training on basic helping, communication, and problem-solving skills.