

# Helping Students in Distress

A Faculty & Staff Guide for Assisting Students in Need





**SIUE Counseling Services**  
**Student Success Center**  
618-650-2842  
[siue.edu/counseling](http://siue.edu/counseling)

# Helping Students in Distress

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We would like to thank Eastern Illinois University for allowing us to utilize their similar handbook during the creation of the *SIUE Helping Students In Distress Handbook*.

# Responding to Student Emergencies

The University encourages and supports faculty and staff who respond to students in distress. Students in distress often display behavior that may pose a threat to self or others. Such behaviors may include:

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

Campus resources for responding to mental health emergencies are:

For consultation with a mental health clinician, call Counseling Services at 618-650-2842. Counseling Services is open Monday through Friday, 8:00 a.m. to 4:30 p.m. During weekends and after-hours, please contact the SIUE Police Department at 618-650-3324.

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**If the student requires immediate medical attention, hospitalization, is unmanageable (e.g., aggressive, hostile, refusing care), or if you feel directly threatened by a student or feel others are at risk, do not hesitate to call the police at 911.**

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## *What You Can Do*

- Move the student to a quiet and secure place, if possible.
- Enlist the help of someone else so the student isn't left alone and you aren't left alone with the student.
- Listen attentively and respond in a straightforward and considerate way.
- When contacting a campus resource, have as much information available as possible, including your name, the student's name and location, an accurate description of the student, a description of the circumstances and the types of assistance needed.
- When appropriate, contact the Dean of Students' office as soon as possible at 618-650-2020.



# Referring a Student for Professional Help

## *When to refer*

In many cases of student distress, faculty and staff can provide adequate help through: empathic listening, facilitating open discussion of problems, instilling hope, validating and normalizing concerns, conveying acceptance, giving reassurance and offering basic advice.

In some cases, however, students need professional help to overcome problems and to resume effective functioning. The following signs indicate a student may need counseling:

- The student remains distressed following repeated attempts by you and others to be helpful
- The student becomes increasingly isolated, unkempt, irritable, or disconnected
- The student's academic or social performance deteriorates
- The student's behavior reflects increased hopelessness or helplessness
- You find yourself doing ongoing counseling rather than consultation or advising and feeling yourself pulled in directions with which you are uncomfortable
- The student shows significant and marked changes in behavior and mood

## *How to refer*

- Speak to the student in a direct, concerned and caring manner.
- Because students may initially resist the idea of counseling, be caring but firm in your judgment that counseling would be helpful. Also, be clear about the reasons that you are concerned ("I am worried about you doing okay in school and I am bringing this up because I care about how you are doing."). It is often best to focus on the behavior of concern.

- Be knowledgeable in advance about the services and procedures of Counseling Services. Check our website [siue.edu/counseling](http://siue.edu/counseling) or call 618-650-2842.
- Suggest that the student call to make an appointment with Counseling Services by visiting [cougarcare.siu.edu](http://cougarcare.siu.edu) or by calling (618-650-2842). Inform them of the location (Student Success Center, 0222). Offer to help them set up their initial appointment.
- If you need help in deciding whether or not it is appropriate to make a referral, call Counseling Services (618-650-2842) for consultation.
- Counseling Services staff will also come to your department to speak further regarding referrals and procedures/services. Please call 618-650-2842 to schedule.

## *A Note on Confidentiality*

All clinical contact with Counseling Services is privileged and confidential. While the staff is responsive to the needs and concerns of the SIUE community in regard to individual students, no information regarding a student's treatment will be divulged to anyone including parents, faculty or staff of Southern Illinois University Edwardsville without the student's written consent. However, by law, a clinician must report any knowledge of suspected child, elder or other dependent abuse, or of any risk to an individual's physical safety. In addition, a clinician must disclose records if ordered by a court to do so. In these situations, the clinician will only reveal information as specifically required.

# The Student who is Depressed

## *Facts about depression*

- Depression is a common mental health problem that varies in severity and duration.
- In its less serious form, depression is a temporary reaction to loss, stress, or life challenges. It can be alleviated through the passage of time and/or the natural healing effects of social supports, daily routines, and simple coping strategies like distraction, a structured daily schedule, and exercise.
- Severe or chronic depression requires professional help.

## *Symptoms of depression can include:*

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

**Sometimes depression includes** irritation, anxiety, and anger (particularly with men).

**In its most serious form,** depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain.

**Research shows** that depression can be highly responsive to both psychotherapy and/or medication.

## *What you can do*

- Talk to the student in private.
- Listen carefully and validate the student's feelings and experiences ("It is very difficult, tiring, and distressing to feel this sad so often.").
- Be supportive and express your concern about the situation ("You feeling this badly concerns me greatly and I am glad you told me about it.").
- Discuss clearly and concisely an action plan such as having the student immediately call for a counseling appointment ("I know depression can't get better as long as it is a secret and is not actively responded to. Counseling can really make a difference here.").
- Refer the student to Counseling Services at (618-650-2842).
- 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.
- Ask student if they have thoughts of suicide (See suicide section). If so, do not leave the student alone. Call Counseling Services immediately, and when possible, walk the student over to Counseling Services. If it is after 4:30 p.m., or on the weekend, contact the SIUE Police Department at 618-650-3324.

## *Avoid*

- Downplaying the situation ("But you normally seem so happy.").
- Arguing with the student or disputing that the student is feeling depressed ("Your grades are so good, are you sure you're really depressed?").
- Providing too much information for the student to process.
- Expecting the student to stop feeling depressed without intervention ("Sad feelings pass and maybe they will for you, too.").
- Assuming the family knows about the student's depression.

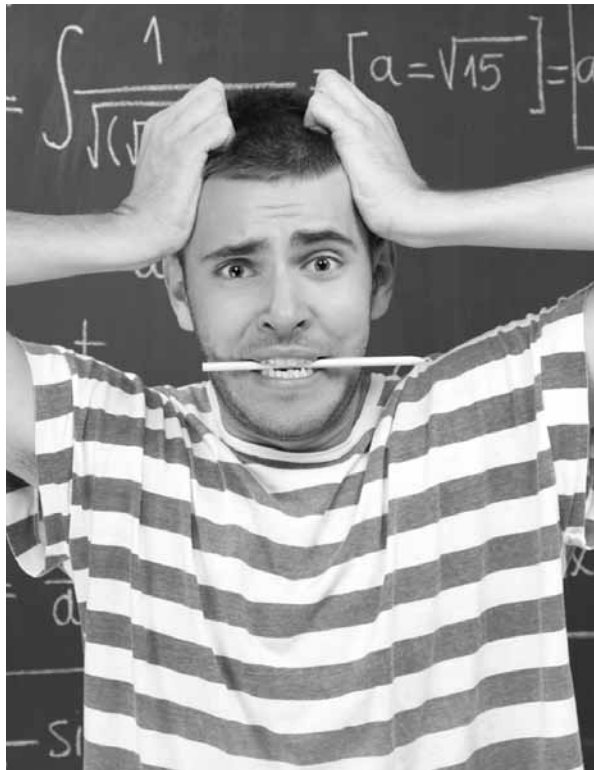
# The Student who is Anxious

## *Facts about anxiety*

Anxiety can be generalized across a range of situations, or it may be situation-specific (e.g., test anxiety, social anxiety, public speaking anxiety).

Symptoms of anxiety include:

- stress
- panic
- avoidance
- irrational fears (losing control, phobias, dying, falling apart)
- excessive worry (ruminations and obsessions)
- problems with sleeping or eating
- depression
- substance use



## *What you can do*

- Talk to the student in private.
- Remain calm and take the lead in a soothing manner (“I am quite interested to hear what’s bothering you. Can you tell me about it?”).
- Focus on relevant information, speaking concretely and concisely.
- Help the student develop an action plan that addresses their main concerns, breaking larger problems into smaller parts so they are less overwhelming to the student.
- Refer the student to Counseling Services (618-650-2842).

## *Avoid*

- Overwhelming the student with information or complicated solutions.
- Arguing with the student’s irrational thoughts (“you have nothing really to worry about, your grades are good.”).
- Devaluing the information presented (“It’s not as bad as you think.” or “Don’t worry; you have everything going for you.”)
- Assuming the student will get over the anxiety without treatment.

# The Student who is Demanding

## *Facts about students who are demanding*

Students who are demanding can be intrusive and persistent and may require much time and attention.

Demanding traits can be associated with anxiety, panic, depression, personality problems, and/or thought disorders, mania, drug use/abuse.

Characteristics of students who are demanding include:

- a sense of entitlement
- an inability to empathize
- a need for control
- difficulty in dealing with ambiguity
- perfectionism
- difficulty with structure and limits
- dependency
- fears about handling life
- elevated mood
- drug use or abuse
- inability to accept any limits



## *What you can do*

- Talk to the student in a place that is safe and comfortable.
- Remain calm and take the lead (“Tell me what is bothering you and then let’s decide what solutions there might be.”)
- Set clear limits up front and hold the student to the allotted time for the discussion (“I have 10 minutes today and so within that time frame, what concerns can I try to help with?”)
- Emphasize behaviors that are and aren’t acceptable (“If you want me to continue with this, I will need you to be respectful of me when you are talking as you would want me to be respectful of you.”)
- Respond quickly and with clear limits to behavior that disrupts class, study sessions, or consultations.
- Be prepared for manipulative requests and behaviors (“You came asking for my help and I have offered you several ideas, but they do not seem okay with you. What ideas do you have?”).
- Call Counseling Services (618-650-2842) for help with identifying strategies for dealing with disruptive behaviors.
- Refer the student to Counseling Services (618-650-2842) for counseling.

## *Avoid*

- Arguing with the student (“No, you are not correct and I do not agree”).
- Giving in to inappropriate requests.
- Adjusting your schedule or policies to accommodate the student.
- Ignoring inappropriate behavior that has a negative impact on you or other students.
- Feeling obligated to take care of the student or feeling guilty for not doing more.
- Allowing the student to intimidate or manipulate you to not deal with the problematic behavior.



# The Student who may be Suicidal

## *Facts about suicide*

- Although suicide is a rare event, it is the second leading cause of death among college students.
- Suicidal states are often associated with major depression, a combination of acute anxiety and depression, post traumatic stress disorder, drug and alcohol abuse, bipolar disorder and relationship issues.
- People who are suicidal often tell people about their thoughts or give clues to others about their feelings.

## *Some factors associated with suicide risk are:*

- suicidal thoughts
- pessimistic view of the future
- intense feelings of helplessness, especially when combined with anxiety and hopelessness
- feelings of alienation and isolation
- viewing death as a means of escape from distress
- previous suicide attempts
- personal or family history of depression and/or suicide, personal or family history of suicide attempts
- substance abuse
- history of self-mutilation

Be confident to ask directly about suicide. Asking a student if they are suicidal will not put the idea in their head if it isn't there already. Rather, it will bring a secret out into the open, which is the first step to a solution.

**A student who is suicidal** and confides in someone is often highly ambivalent about suicide and open to discussion.

**Students who are at high risk** usually have a specific plan, a means that is lethal (e.g., medication, knife, gun), a time frame in which they will kill themselves and tend to be or feel isolated.

## *What you can do*

- Call 911 if the student is in immediate danger to him/herself.
- Talk to the student in private.
- Remain calm and take the lead.
- Take a student's disclosure as a serious plea for help ("I hear clearly that you are really considering killing yourself to just end the pain you are feeling").
- Ask the student directly about feelings and plans ("Are you thinking of killing yourself?" "How have you thought about doing it?").
- Express care and concern, and assure the student that you will help him or her reach a professional ("I believe and trust everything you are saying and that you have not gotten to this point easily. I am highly concerned for you and want you to believe and trust me now that seeking help can make a difference, even if it doesn't feel this way right now.").
- If the incident occurs during business hours, call Counseling Services and then escort the student to the Counseling Center located in the Student Success Center, 0222.
- After hours, contact the SIUE Police Department at 618-650-3324.
- ***All threats must be considered potentially lethal.***

## *Avoid*

- Assuring confidentiality. It is vital to seek professional support for the student as soon as possible.
- Minimizing the situation ("It is not okay to kill yourself.").
- Arguing with the student about the merits of living ("You have good grades and everyone loves you, how could you think of killing yourself.").
- Allowing friends to assume responsibility for the student without getting input from a professional.
- Assuming the family knows that the student has suicidal thoughts, or that the family would be a source of support.

# The Student who is Aggressive or Potentially Violent

## *Facts about aggression*

- Aggression varies from threats to verbal abuse to physical abuse and violence.
- It is very difficult to predict aggression and violence.

### *Some indicators of potential violence may include:*

- expressed paranoia/mistrust
- a highly unstable school or vocational history
- a history of juvenile violence or substance abuse
- prior history of violence or abuse, including history of arrests
- fascination with weapons
- history of cruelty to animals as a child or adolescent
- impulse control problems
- fire-starting behaviors

## *If a student threatens you by email, mail or phone:*

Threatening mail, phone calls and emails received at your home should be referred to your local police department, SIUE Police Department and the Dean of Students.

Mail, phone calls and emails received on campus should be referred to the SIUE Police Department (618-650-3324).

## *What you can do*

- Assess your level of safety. Call 911 if you feel in danger.
- If you feel it is appropriate to stay with the student, remain in an open area with a visible means of escape (sit closest to the door and do not let the student get between you and the door).
- Enlist the help of a co-worker.
- Explain to the student the behaviors that are unacceptable (“I am glad to talk with you if you are willing to speak with me without yelling.”).
- Stay calm and set limits (“So, let’s talk about what is upsetting you, but I want to be very clear that we have to both do this without getting angry. Otherwise, we shouldn’t continue this today.”).
- Use a time-out strategy (that is, ask the student to reschedule a meeting with you once the student has calmed down) if the student refuses to cooperate and remains aggressive or agitated (“I think it is best that we stop for today, but I do not want to drop this, so let’s set a time to come back together and then we can both have the chance to settle down.”).
- Consult with professionals at the SIUE Police Department (618-650-3324), the Dean of Students’ office (618-650-2020), or Counseling Services (618-650-2842).

## *Avoid*

- Staying in a situation in which you feel unsafe.
- Meeting alone with the student.
- Engaging in a screaming match or behaving in other ways that escalate anxiety and aggression.
- Ignoring signs that the student’s anger is escalating.
- Touching the student or crowding their sense of personal space.
- Ignoring a gut reaction that you are in danger.

# The Student who is Severely Disoriented or Psychotic

## *Facts about psychotic thinking*

- The main feature of psychotic thinking is “being disconnected from reality”.

### *Symptoms include:*

- Speech that makes no sense
- Extremely odd or eccentric behavior.
  - significantly inappropriate or an utter lack of emotion
  - bizarre behavior that indicates hallucinations
  - strange beliefs that involve a serious misinterpretation of reality
- Social withdrawal
  - inability to connect with or track normal interpersonal communication
  - extreme and unwarranted suspicion

**Bipolar disorder** involves periods of serious depression which can be combined with periods of extreme euphoria and frenzied thinking and behavior, the latter of which can reflect a poor connection with reality. A person with bipolar disorder can appear psychotic.

**Psychological illnesses that involve psychotic** features often have an onset between the late teens and early 30s.



## *What you can do*

- Consult with a clinician at Counseling Services (618-650-2842).
- Speak to the student in a direct and concrete manner regarding your plan for getting them to a safe environment (“I am worried you are having trouble following things right now and I think it would be best for you to speak with someone about this so you can feel safe again.”).
- Call 911 and then Counseling Services if the student is highly impaired.
- Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia.
- Recognize that a student in this state may be dangerous to self or others.

## *Avoid*

- Assuming the student will be able to care for him or herself.
- Agitating the student with questions, pressure, etc. (“You have to do something about yourself as you are really upsetting others.”).
- Arguing with unrealistic thoughts (“Don’t think that; it makes no sense and you know it’s not real.”).
- Assuming the student understands you.
- Allowing friends to care for that student without getting professional advice.
- Getting locked into one way of dealing with the student. Be flexible.
- Assuming the family knows about the student’s condition, or that the family would be a source of support.

# The Student who has Disordered Eating

## *Facts about eating disorders*

Eating disorders are not necessarily about food, but food is the substance that people with eating disorders abuse. Students who have an eating disorder have both physical and psychological symptoms. They are characterized by problematic attitudes and feelings about food, weight and body shape, a disruption in eating behaviors and weight management, and intense anxiety about body weight and size.

The term Disordered Eating usually refers to Anorexia Nervosa, Bulimia Nervosa, and/or Binge Eating Behavior.

**Anorexia Nervosa** is characterized by restricted eating, self-starvation and excessive weight loss.

**Bulimia Nervosa** is characterized by recurrent episodes of overeating large amounts of food in a short period of time (the binge) followed by some form of purging.

**Binge Eating Behavior** is characterized by recurrent episodes of binge eating that are not followed by inappropriate compensatory behaviors (purging) to prevent weight gain.



## *What you can do*

- Select a time to talk to the student when you are not rushed and won't be interrupted.
- In a direct and non-punitive manner, indicate to the student all the specific observations that have aroused your concern, trying not to focus on body weight or food.
- Your responsibilities are not to diagnose or provide therapy; it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble find understanding, support, and the proper therapeutic resources.
- If the information you receive is compelling, communicate to the student your tentative sense that he or she might have an eating disorder as well as your conviction that the matter clearly needs to be evaluated.
- If you have any questions regarding the resources available or approaching a student, call Counseling Services (618-650-2842).

## *Avoid*

- Avoid conflicts or a battle of wills with the student.
- Avoid placing shame, blame, or guilt on the student regarding their actions or attitudes.
- Avoid giving simple solutions. For example, "If you'd just stop, then everything would be fine!"
- Do not intentionally or unintentionally become the student's therapist, savior, or victim.

# Responding to Substance Abuse

## *Signs that a student may have an alcohol problem*

- Failure to fulfill major work, school, or home responsibilities
- Specific school problems such as poor attendance, low grades, and/or recent disciplinary action
- Drinking in situations that are physically dangerous, such as driving a car
- Having recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk
- Continued drinking despite having ongoing relationship problems that are caused or worsened by drinking
- Mood changes such as temper flare-ups, irritability, and defensiveness
- Physical or mental problems such as memory lapses, poor concentration, bloodshot eyes, lack of coordination, or slurred speech

## *What you can do*

- Treat the situation as serious.
- Share your concern and encourage the student to seek help.
- Recognize that denial is a powerful aspect of substance use problems and that it can involve conscious or unconscious lying and distorting the truth.
- Refer the student to Counseling Services (618-650-2842).
- Contact the Dean of Students (618-650-2020) if they exhibit substance induced behaviors in the classroom.

## *Signs that a student may have a drug problem*

- Experiencing withdrawal symptoms (e.g., nausea, restlessness, insomnia, concentration problems, sweating, tremors and anxiety)
- Taking a drug in order to avoid withdrawal symptoms, after reducing or stopping prior chronic drug use
- Spending a lot of time getting, using, and recovering from the effects of a drug
- Abandoning previously-enjoyed activities, such as hobbies, sports, and socializing, in order to use drugs
- Neglecting school, work, or family responsibilities
- Taking risks while high, such as starting a fight or engaging in unprotected sex
- Continuing to use despite physical problems (e.g., blackouts, flashbacks, infections, injuries) or psychological problems (e.g., mood swings, depression, anxiety, delusions, paranoia) the drug has caused
- Legal troubles because of drug use, such as arrests for disorderly conduct, driving under the influence, or stealing to support drug habit



# Responding to Students Involved in Abusive Relationships

## *Facts about abusive relationships*

Abusive relationships are marked by strategies used by one person to maintain power and control over another. Because of the cycle of abuse, power and control, victims may feel trapped and fearful of their partner's anger, violence and/or abandonment, and thus may be reticent to disclose information about their relationship, even when abuse is suspected. Abuse can be physical, emotional or verbal.

### *Indicators of abusive relationships can include:*

**Intimidation:** Use of looks, actions, or violent gestures, such as smashing things, destroying property, abusing pets or displaying weapons so as to cause fear

**Emotional Abuse:** Use of put-downs, name-calling, "mind-games," humiliation or guilt in an effort to erode self-esteem of partner

**Isolation:** Controlling social interaction, movement, and involvements with friends and activities or use of jealousy to justify actions

**Minimizing, Denying and Blaming:** Making light of the abuse or not taking it seriously. Shifting blame for the abuse onto the victim – saying the victim "caused the abuse"

**Violation of Privacy:** Abusive partners may read notes, emails or text messages from others, or go through personal belongings

**Using Privilege:** For women who are abused by men: partners may use male privilege to make decisions on behalf of the other person. Those may include attempts to control aspects of academic life, requiring permission for big decisions, etc.

**Coercion and Threats:** Making or carrying out threats to do something to hurt the partner, including leaving, threatening suicide, reporting the partner to authorities regarding some behavioral or academic violation, making the partner engage in illegal activity

## *What you can do*

- See the student in private.
- Recognize that the student may be fearful and vulnerable.
- Remember that abusive relationships involve complex dynamics, including high levels of controlling behavior on the part of the perpetrator and/or denial or fear on the part of the survivor. Therefore, the situation may be difficult to change.
- Be aware that interventions from a variety of sources increase the chances for change.
- Refer the student to Counseling Services (618-650-2842) and/or the Dean of Students (618-650-2020).
- Encourage the student to connect with family and friends.

## *Avoid*

- Downplaying the situation.
- Lecturing the student about poor judgment.
- Expecting the student to make changes.
- Pressuring students to follow any particular course of action.



# The Victim/Survivor of Sexual Assault

## *Facts about sexual assault*

- Sexual assault is any sexual contact that is committed by force, threats of force, or when an individual is unable to give consent. Consent is defined as follows:
  - Consent must be informed, freely and actively given, and an understandable exchange of affirmative words or actions, which indicate a willingness to participate in mutually agreed upon sexual activity.
  - It is the responsibility of the initiator to obtain clear and affirmative responses at each stage of sexual involvement.
  - The lack of a negative response is not consent.
  - Consent may not be given by any individual who is intoxicated or incapacitated by drugs and/or alcohol both voluntarily or involuntarily consumed.
  - Past consent of sexual activities does not imply ongoing future consent.

## *Examples of sexual assault include:*

- completed or attempted rape
- threats of rape



- sexual coercion
- unwanted sexual contact with force or threat of force
- unwanted sexual contact without consent

**Although most assaults** are committed by men against women, men can be assaulted by women, and same-sex assaults also occur. Advise without conveying judgment.

## *What you can do*

- Listen without conveying judgment and be aware that victims can feel shame and anger.
- Health Service and Counseling Services on campus provide advocacy to assist survivors with negotiating post-assault decisions and resources.
- If the student needs immediate medical attention, refer to Anderson Hospital, 6800 State Rt. 162, Maryville, IL (618-288-5711)
- Refer the student to Counseling Services (618-650-2842) for counseling options.
- If the student wants to report the assault to police, they should not bathe, shower, brush their teeth, drink, or even use the restroom. All these things destroy physical evidence that may be helpful in a criminal investigation.
- Inform the student that they are able to file an anonymous report with the SIUE Police Department (618-650-3324). They may also file a report with the Office of Institutional Compliance (618-650-2333) and/or the Dean of Students (618-650-2020).
- If the student needs help dealing with academic issues as a result of the sexual assault and/or if they would like to learn about their options, contact the Dean of Students (618-650-2020).

## *Avoid*

- Expressing judgment, even when high-risk behaviors on the part of the victim (e.g., intoxication) were involved.
- Pressuring the student to file a police report.

# The Victim of 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: trailing the victim, 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.



## *What you can do*

- Encourage the victimized student to trust their instincts.
- Advise the student to contact the SIUE Police Department (618-650-3324).
- Advise the student to document unwanted contacts and maintain evidence of harassment.
- Refer the student to Counseling Services (618-650-2842) for support.
- Advise the student to take precautions to ensure safety, including a change in routine travel routes and schedules.

## *Avoid*

- Ignoring or minimizing the situation.
- Suggesting that the victim is responsible for the unwanted attention.
- Taking responsibility for protecting the student.
- Failing to alert the proper authorities.

### *If a student threatens you by email, mail or phone:*

Threatening mail, phone calls and emails received at your home should be referred to your local police department.

Mail, phone calls and emails received on campus should be referred to the Southern Illinois University Edwardsville Police Department (618-650-3324).

If you know the identity of the student making these threats, please contact the Dean of Students (618-650-2020) for additional assistance.



# The Victim of a Hazing

## *Facts about hazing*

- Hazing, in any form, is prohibited at Southern Illinois University Edwardsville.
- Hazing is defined as any action taken or situation created on or off campus, which recklessly or intentionally produces mental or physical discomfort, embarrassment, harassment or ridicule.
- Hazing is sometimes used as a rite of passage or initiation into a campus organization.
- Hazing can be psychologically damaging and present serious physical risks (including death) to students.
- A student may or may not know that hazing will be a part of an initiation process.
- A student may or may not know how extreme hazing might become during an initiation process.
- Hazing is illegal in the State of Illinois.

## *What you can do*

- Talk to the victimized student in private
- Recognize that the student may be feeling vulnerable and experiencing a range of emotions.
- Advise the student to report the incident to the Dean of Students (618-650-2020).
- Advise the student to report the incident to the SIUE Police Department (618-650-3324).
- Refer the student to the office that oversees the organization in question.
- Refer the student for follow-up counseling at Counseling Services (618-650-2842), if appropriate.
- Refer to resources at [hazingprevention.org](http://hazingprevention.org)

## *Avoid*

- Minimizing the situation.
- Agreeing to maintain confidentiality (see confidentiality on page 2).



# The Victim of a Hate Incident

## *Facts about hate incidents*

- A hate crime is a criminal act against a person or her/his property because of that person's actual or perceived race, perceived ethnicity, color, religion, nationality, disability, gender, gender identity, gender expression, or sexual orientation.
- A hate incident is an act that, while not meeting the legal definition of a crime, involves the same types of behavior and targeting of underrepresented groups. Hate incidents are more common on college campuses than hate crimes.



## *What you can do*

- Talk to the victimized student in private (“Something terrible has happened and I am very concerned. Please tell me about it.”)
- Recognize that the student is probably experiencing a range of intense feelings, including shame, anger, fear and denial (“I can only imagine that this might be embarrassing and humiliating. And it is important to share it with someone so that it does not become only your problem.”)
- Refer the student to the Dean of Students (618-650-2020) and the Office of Institutional Compliance (618-650-2333).
- Explain the importance of notifying the SIUE Police Department (“Think about the option of telling the police so they can be helpful to you, too.”).
- Refer the student to Counseling Services (618-650-2842) for counseling.

## *Avoid*

- Downplaying the situation (“I am sure nothing was meant by it and you have to pick your battles.”).
- Expressing personal biases (“Well, what did you expect? You have to be careful.”).
- Getting caught up in the technicalities or legalities of the situation. (“This is technically a crime and a violation of the student code of conduct and so you have to report it.”).

# Responding to Students who are Military Veterans

Each semester, students enroll or are readmitted to Southern Illinois University Edwardsville after serving in the armed forces. Some of these students have completed their military obligations, and others are still involved with the military in some way, whether they continue on active duty or are involved with the Reserves or National Guard. Some students are very forthcoming about their veteran status and experiences, and some choose not to reveal their veteran status to faculty, staff, or other students because they believe they may be treated differently or stigmatized by political issues associated with their military service.

## *Things to know:*

- Students with veteran status often have complex issues related to their academic and financial relationships with the University due to federal policies.
- The University works with veteran students to make their transition as seamless as possible, but federal policies often make this quite difficult.
- Students who are still involved with the military may be redeployed at any time (in as little as 72 hours), and so may have difficulty fulfilling their course requirements. The University's policy is to do everything reasonably possible to allow students to complete courses.
- Like any student, veteran students may encounter obstacles to their academic success.

## *These may include:*

- The distraction of potential redeployment
- Money and family demands
- Emotional and psychological traumas that result from combat experiences
- Physical injury, some visible and some invisible, such as a traumatic brain injury
- Interactions with students, faculty and staff that are perceived as being insensitive to the experiences student veterans have had

- Veteran students may be in need of emotional or other health-related support, but some may not be comfortable seeking this support on campus.
- It is also not unusual for student veterans to be reluctant to seek any help due to the need to be strongly self-reliant.

## *Resources:*

If you are concerned about a specific student, you can contact Counseling Services (618-650-2842), the Dean of Students (618-650-2020), or Enrollment Management (618-650-2298).



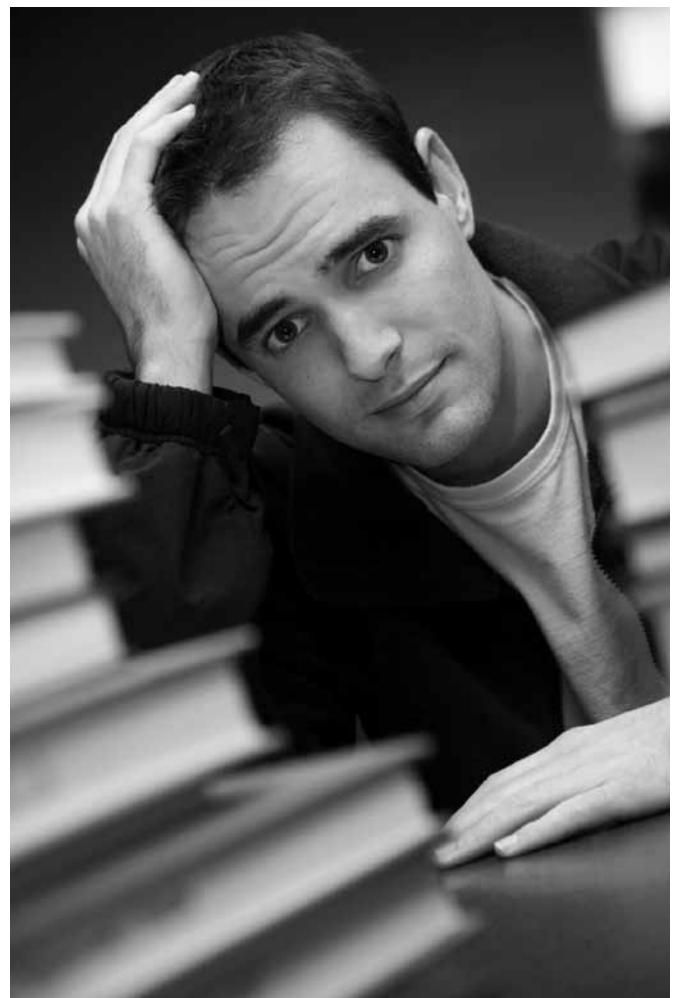
# The Student who is Struggling Academically

- Students, faculty and staff with questions about academic support can call the Student Success Center at 618-650-3701.

## *Facts about the student who is struggling academically*

- Academic difficulties are often combinations of problems with the course **content**, the techniques used to **process** the information, and/or personal **motivation**.
- Most SIUE students do not struggle academically because they are not “smart” enough. Our students have more than enough of the various characteristics encompassing intelligence.
- Many of our students, in fact, are impacted negatively by their natural abilities. Their intelligence and memory capabilities are at such a level that they have not needed to develop systematic, intentional approaches for processing large amounts of detailed information in order to produce high grades.
- The most common remark heard from students struggling academically is that they did not have to study much before coming to SIUE.
- The second most common remark heard from students having difficulty with their grades is that they are studying more now than they ever have. Translation: Many of our students are working hard, but not effectively.
- There are two large categories of students who struggle academically: those with the requisite amount of motivation who do not know how to study effectively, and those who lack the requisite amount of motivation. From the outside, the results look very much the same.
- The first group responds well to coaching and intentional approaches that aid them in both understanding and remembering the course material. With effective coaching, often their results improve from one evaluation to the next.

- Learning how to efficiently process large quantities of information in order to remember what one understands is achievable.
- Many of our students have a belief that if they were smarter, they would not need to use structured approaches to studying.
- The second group needs to be challenged to discover the personal benefit attached to achieving in the university environment.
- Both groups may benefit from learning to manage their time effectively and to prioritize.



# Responding to Students with Disabilities

## *Facts about disability*

- Students with documentation of a physical, learning or psychiatric disability are eligible to receive accommodations at Southern Illinois University Edwardsville.
- Students with **physical disabilities** present special classroom access needs associated with limitations in mobility, speaking, hearing, and/or vision.
- Students with **medical disorders** may experience difficulties participating in their academic programs due to the condition itself or the ongoing treatment protocol.
- Students with **learning disabilities** have neurological impairments that interfere with and slow down information processing, memory and retrieval, and output. These disabilities can have a detrimental impact on reading, writing, math, attention, concentration, and/or overall organization.
- Students with **psychiatric disabilities** have a chronic and debilitating psychological condition that interferes with their ability to participate in the routine educational program. Examples of conditions that fall under this classification include Bipolar Disorder, Major Depression, Anxiety Disorders, and Post Traumatic Stress Disorder.
- Students with **Attention Deficit/Hyperactivity Disorder (AD/HD)** may experience inattentive, hyperactive, and/or impulsive behaviors due to a dysfunction of the central nervous system. These behaviors may compromise an individual's social, vocational and academic performance.
- Students with disabilities may not realize they have a particular problem and that treatment accommodations are available.

## *What you can do*

- Speak to the student in private about **your** concerns.
- Treat each student with sensitivity and respect.
- Refer the student to the Disability Support Services in the Student Success Center (618-650-3726).
- Be open to follow-up consultation with Disability Support Services regarding accommodations for the student.
- Work together with the student to find reasonable access to quizzes, tests, and other class requirements.
- Discuss accommodations, not the disability, with the student.
- Contact Disability Support Services immediately if you are experiencing any doubts or are having difficulty understanding the accommodations that need to be applied.

## *Avoid*

- Using pejorative language with the student.
- Questioning the stated disability.
- Assuming the student understands the academic limitations imposed by the disability.
- Assuming the student qualifies for accommodations without a Disability Support Services Card.



# Awareness of Cultural Differences

As college campuses are becoming increasingly diverse, many students find it difficult to step outside of what is familiar and interact with students of different races, religions, classes, abilities or sexual orientations. Race, ethnicity and cultural background are important to keep in mind as you help a distressed student. Reactions to racism can affect the way in which emotional distress is manifested and also can impact help-seeking behavior. Some examples of barriers to seeking help are: denial, fear of being labeled in a negative way and lack of information about campus resources. Moreover, for students from certain cultures, counseling might not be a culturally relevant choice to make when help is needed. Communications support, concern, and understanding are critical in reaching students who feel isolated and marginalized.

Your sensitivity to the unique needs of international students, students of color, non-traditional-aged college students, and other underrepresented groups, can be important in helping students get assistance. Furthermore, being knowledgeable about campus resources that address the unique needs of underrepresented students is also important.

## ***Resources:***

**Office of International Programs**  
618-650-3785

**Kimmel Leadership Center**  
618-650-2686  
[siue.edu/studentorganizations](http://siue.edu/studentorganizations)

- Society of African Students
- Arabic Club
- Black Student Union
- International Student Council
- Indian Student Association
- Iranian Student Society
- Society of Chinese Students
- Hispanic Student Union
- Muslim Student Association
- Turkish-American Students and Friends

**Office of Institutional Diversity and Inclusion**  
618-650-5382



# The Student who is LGBTQ

## *Facts about LGBTQ*

- **Lesbian** – women whose primary emotional, romantic, sexual, or affectional attractions are to other women
- **Gay** – men whose primary emotional, romantic, sexual, or affectional attractions are to other men
- **Bisexual** – men or women whose primary emotional, romantic, sexual or affectional attractions are to both women and men
- **Transgender** – a broad term that includes cross-dressers, transsexuals, and people who live substantial portions of their lives as other than their birth sex. A transgendered person is someone whose gender identity and/or expression differ from conventional expectations for their physical birth sex
- **Questioning** – someone who is questioning their sexual and/or gender orientation.

## **Common mental health issues in the LGBTQ community:**

- Depression – Anxiety
- Substance Abuse
- Problems with family
- Relationship issues

## *What you can do*

- Remember that coming out is a life-long process. The student has the right to choose when, where and to whom they come out.
- Refer the student for follow-up counseling at Counseling Services (618-650-2842) for support.
- Encourage the student to seek out a Safe Zone Ally ([siue.edu/lgbt/safezoneallies.shtml](http://siue.edu/lgbt/safezoneallies.shtml)).
- Be an effective listener and empathize.
- Ask what you can do to empower them.

## *Avoid*

- Ignoring or minimizing the situation, “So? A lot of people are gay. It’s not a big deal.”
- Expecting the student to make changes
- Expressing personal biases
- Giving advice



## Care Report

Your Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Person you are concerned about: \_\_\_\_\_

If a student: SIUE Student # \_\_\_\_\_

### Notable Observations of Person's Behavior or Appearance

*Please note if the date of occurrence is different from the date of this report.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Poor Grooming    | <input type="checkbox"/> Mood Swings                             | <input type="checkbox"/> Hostile               |
| <input type="checkbox"/> Tearful/Crying   | <input type="checkbox"/> Inappropriate Touching                  | <input type="checkbox"/> Fidgety               |
| <input type="checkbox"/> Social Isolation | <input type="checkbox"/> Intimidating to Others                  | <input type="checkbox"/> Threatening           |
| <input type="checkbox"/> Bruising         | <input type="checkbox"/> Frequent Absences                       | <input type="checkbox"/> Argumentative         |
| <input type="checkbox"/> Suspicious       | <input type="checkbox"/> Poor Performance                        | <input type="checkbox"/> Stalking              |
| <input type="checkbox"/> Slurring Words   | <input type="checkbox"/> Abusive Language                        | <input type="checkbox"/> Noncompliant          |
| <input type="checkbox"/> Avoiding Others  | <input type="checkbox"/> Seems to be Seeing or<br>Hearing Things | <input type="checkbox"/> Burns or Cuts         |
| <input type="checkbox"/> Odor             | <input type="checkbox"/> Frequent Injuries                       | <input type="checkbox"/> Doesn't Show Emotions |
| <input type="checkbox"/> Fighting         | <input type="checkbox"/> Extremely Thin                          | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Poor Hygiene     |  |  |

### Issues reported to you by the person:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Suicide Plan<br><i>(please note when, where,<br/>and how below)</i> | <input type="checkbox"/> Child Abuse/Neglect         | <input type="checkbox"/> Academic Concerns      |
| <input type="checkbox"/> Suicide Preparation   | <input type="checkbox"/> Impulsivity                 | <input type="checkbox"/> Shame/Guilt            |
| <input type="checkbox"/> Suicide Rehearsal   | <input type="checkbox"/> Substance Abuse             | <input type="checkbox"/> Sexual Assault/Abuse   |
| <input type="checkbox"/> History of Suicidality  | <input type="checkbox"/> Significant Loss            | <input type="checkbox"/> Physical Assault/Abuse |
| <input type="checkbox"/> Homicidal Plan  | <input type="checkbox"/> Interpersonal Isolation     | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Assaultive Plan   | <input type="checkbox"/> Relationship Problems       | _____   |
|  | <input type="checkbox"/> Health Problems             | _____   |
|  | <input type="checkbox"/> Legal/Disciplinary Problems |   |

### Other Significant Information:

Any previous incidents? \_\_\_\_\_

Any action Already taken? \_\_\_\_\_

Is there a path to follow? \_\_\_\_\_

### Reported to:

- |  |                  |                                |                                    |                                    |
|--|------------------|--------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Dean of Students    | Date/Time: _____ | <input type="checkbox"/> Email | <input type="checkbox"/> Telephone | <input type="checkbox"/> In person |
| <input type="checkbox"/> Campus Police       | Date/Time: _____ | <input type="checkbox"/> Email | <input type="checkbox"/> Telephone | <input type="checkbox"/> In person |
| <input type="checkbox"/> Counseling Services | Date/Time: _____ | <input type="checkbox"/> Email | <input type="checkbox"/> Telephone | <input type="checkbox"/> In person |
| <input type="checkbox"/> Housing Director    | Date/Time: _____ | <input type="checkbox"/> Email | <input type="checkbox"/> Telephone | <input type="checkbox"/> In person |
| <input type="checkbox"/> Department Head     | Date/Time: _____ | <input type="checkbox"/> Email | <input type="checkbox"/> Telephone | <input type="checkbox"/> In person |
| <input type="checkbox"/> Other: _____        | Date/Time: _____ | <input type="checkbox"/> Email | <input type="checkbox"/> Telephone | <input type="checkbox"/> In person |

### Completed form was submitted to (check one):

- Dean of Students, Box 1058, or faxed to 618-650-3388 on: \_\_\_\_\_
- Counseling Services, Box 1154 or faxed to 618-650-5839 on: \_\_\_\_\_











**SIUE Counseling Services**  
**Student Success Center**  
618-650-2842  
[siue.edu/counseling](http://siue.edu/counseling)