



COLLEGE  
*of the* DESERT

**A GUIDE FOR  
ASSISTING STUDENTS  
IN NEED**

**ASSESSMENT AND CARE TEAM (ACT)**

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## ***Acknowledgments***

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The Assessment and Care Team would like to thank the following universities and community colleges and their teams of professionals whose combined efforts made their information, and thus ours, accessible and easy to use. Material in this manual has been gratefully adapted from the following institutions:

- The University of South Florida 1/25/16
- Piedmont Virginia Community College 09/2013
- Columbus State University 2015-2016
- Brian Van Brunt, Executive Director, National Behavior Intervention Team Association (NaBITA)
- College of the Desert BAIT Manual June 2013

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## ***Introduction***

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Dear Faculty and Staff:

Has this ever happened to you?

- A student comes to your office and is obviously intoxicated or disruptive.
- A student reveals to you that he or she is having thoughts of suicide.
- A student, who is usually well-prepared for class begins to miss class, fails to complete assignments, and becomes inattentive to hygiene and personal appearance.

This Guide has been developed to provide you with a useful resource for recognizing students who may be experiencing emotional, physical, or development challenges and difficulties. This Guide will provide some basic guidelines for addressing a wide range of student behaviors. It will also serve as a guide to assist you in making voluntary referrals to campus resources. We are not expecting that you would act as a professional counselor, but hope this information is helpful as you work with students in your role as a faculty or staff member.

College students typically encounter a great deal of stress during their academic experience. Although many students cope successfully with the demands of college life, for some the pressures can become overwhelming and unmanageable. Students may experience stress as they attempt to perform well academically, begin their career path, navigate interpersonal relationships, and as they balance academic, social, work, and family obligations. Some may feel isolated, sad, helpless, and hopeless. The emotional and behavioral consequences are often played out on campus in classrooms, offices, or other college facilities.

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

The purpose of this Guide is to help you recognize some of the signs of students in distress, be supportive of their needs and facilitate appropriate referrals to the Counseling Center, Student Health & Wellness Center, Students with Disabilities Services, and other campus resources, as well as increasing your awareness of the Assessment and Care Team (ACT). These resources are available to assist and provide consultation to you regarding problems or situations that you encounter with students.

Best regards,

The Assessment and Care Team (ACT)

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# ***Assessment and Care Team (ACT)***

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## **Mission Statement**

The Mission of the College of the Desert Assessment & Care Team (ACT) is to provide proactive assistance to students who are exhibiting concerning behaviors, both to support students and assist faculty/staff.

## **Overview**

The purpose of the College of the Desert Assessment & Care Team is to assess circumstances, enhance communication, and initiate appropriate responses to specific behavioral problems that may involve threats to the safety and security of the campus community. The team coordinates a network of existing resources, focused on prevention and early intervention.

ACT seeks to work in tandem with the college community in assisting students with emotional distress. The following Guide is provided as a first-step intervention for the community. However, ACT also invites the community to consult with the Team at any point in the intervention journey. More information and resources can be found on the ACT website, including the “Incident of Concern” Referral Form, at:

[https://collegeofthedesert-advocate.symlicity.com/care\\_report/index.php/pid612768?](https://collegeofthedesert-advocate.symlicity.com/care_report/index.php/pid612768?)

## **Membership**

### **Co-chairs:**

- Ana M. Stockwell, PsyD: Counselor, Nursing & Health Science
- Carlos A. Maldonado: Interim Associate Dean of Student Services

### **Members:**

- Cindy Alvarez: Student Support Resolutions Manager
- Elizabeth Goold, RN, PHN, Assistant Director of Clinical Services
- Chris Jones-Cage, Ph.D.: Professor, Psychology
- Cynthia Llewellyn Price, LMFT: Adjunct Counselor, Student Health & Wellness Center
- Tim Nakamura, Psy.D.: Director of Public Safety and Emergency Preparedness
- Leslie Quinones: Director of Disabled Students Program and Services
- Christine Schaefer: Counselor, General Counseling
- Terri Wilson: Interim Director of Human Resources

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# ***Public Safety Authority and Responsible Employees***

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## **Public Safety Authority**

- Public Safety Department
- Public Safety Department staff is non-police security staff responsible for monitoring campus property
- Individuals and offices designated by the Public Safety Department policies as those to whom crimes should be reported
- Officials of the institution with significant responsibility for student and campus activities

## **Responsible Employee**

- Confidential
  - Licensed Professional Counselors
  - Pastoral Counselors
- May be deemed Confidential
  - Student Health & Wellness Center and Staff
  - Mental Health Professionals and Staff
  - Victims Advocate/Sexual Assault Center Staff

**Note: To be confidential, these individuals must be acting in the capacity both for which they are employed by the institution and receive the disclosure during the scope of the employment.**

## **Responsible Employee**

- Not “Confidential”
  - General Counseling
  - Faculty – All Levels
  - Faculty Advisors
  - Student Organization Advisors
  - Mediators & Ombudsperson
  - Student Affairs Staff
  - Academic Affairs
  - Public Safety Department
  - Intercollegiate Athletics Staff
  - Everyone else...

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## ***Table of Contents***

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|   |     |
|---|-----|
| Acknowledgments.....  | i   |
| Introduction.....   | ii  |
| Assessment and Care Team (ACT) .....                                    | iii |
| Public Safety Authority and Responsible Employees.....                  | iv  |
| Table of Contents .....   | v   |
| Helping Students in Distress .....                                      | 1   |
| Referring a Student to ACT .....  | 2   |
| Medical Emergency / Personal Injury .....                               | 4   |
| Non-Emergency Illness or Injury.....                                    | 5   |
| Awareness of Diversity .....  | 6   |
| Signs and Sources of Distress .....                                     | 7   |
| Distressed Behavior Continuum.....                                      | 9   |
| A Word about Medications .....  | 10  |
| Tips for Supporting and Encouraging Students.....                       | 11  |
| Identifying Behaviors of Concern .....                                  | 12  |
| Identifying Disruptive Behavior .....                                   | 13  |
| Identifying Threatening Behavior.....                                   | 14  |
| The Suicidal Student.....   | 15  |
| The Depressed Student.....  | 16  |
| The Grieving Student.....   | 17  |
| The Anxious Student.....  | 18  |
| The Substance Abusing Student.....                                      | 19  |
| The Student with Adjustment Issues .....                                | 20  |
| The Eating Disordered Student.....                                      | 21  |
| The Student Who Reports a Sexual Assault .....                          | 22  |
| The Student in an Abusive Relationship .....                            | 23  |
| The Student Who Reports Being Stalked.....                              | 24  |
| The Student Who Reports Having a Disability .....                       | 25  |
| The Academically Underachieving Student .....                           | 26  |
| The Demanding Student.....  | 27  |
| The Verbally Aggressive Student.....                                    | 28  |
| The Violent or Physically Destructive Student.....                      | 29  |
| The Student in Poor Contact with Reality .....                          | 30  |
| Departmental Safety Plan .....  | 31  |
| Questions to Consider as You Develop Your Departmental Safety Plan..... | 32  |
| A Quick Reference Guide for Helping Troubled Students.....              | 33  |
| Contact Directory .....   | 34  |

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## ***Helping Students in Distress***

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### **Responding to Student Emergencies**

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

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

The campus resource for responding to mental health emergencies is:

- Public Safety Department – 760-341-2111

#### **Do:**

- If the student requires immediate medical attention or hospitalization, call 911 and/or the Public Safety Department at 2111 or 760-341-2111.
- If the student is unmanageable (e.g., aggressive, hostile, refusing care), call the Public Safety Department at 2111 or 760-341-2111 for assistance.
- If you are directly threatened by a student or feel at risk, call 911.
- Listen attentively and respond in a straightforward and considerate way.
- Enlist the help of a co-worker so the student isn't left alone and you aren't left alone with the student.
- You may escort the student to the Student Health & Wellness Center or the Counseling Center.
- Make an ACT report as soon as possible.
- When contacting security, have available as much information as possible, including your name, the student's name and location, a description of the circumstances and the type of assistance needed, the exact location of the student in the building, and an accurate description of the student.

|   |             |                                  |
|---|-------------|----------------------------------|
| <b>Life-threatening, needs immediate response</b> | <b>CALL</b> | <b>9-1-1</b>                     |
| <b>Non-life-threatening</b>                       | <b>CALL</b> | <b>Ext. 2111 or 760-341-2111</b> |

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## ***Referring a Student to ACT***

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**Any referrals of Title IX violations, including gender discrimination, sexual harassment, sexual assault, stalking, intimate partner/relationship violence, bullying and cyberbullying, and retaliation, among others, should be reported to Antonio S. Montaña, Diversity, EEO, and Title IX Officer, as soon as possible.**

### **When to Refer**

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

### **What about Confidentiality?**

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

If you are concerned about a student whom you have observed exhibiting one or more of the warning signs, do not hesitate to notify ACT.

### **Does the Referral Need the Student's Participation?**

Simply put, no it does not. There may be times when the student is not receptive to help or support, or when the student has long left your class or office and the link between your concern and making a referral occurs.

|   |             |                                  |
|---|-------------|----------------------------------|
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## Do:

### ACT Referrals can be made by:

Going to the **Report Incident of Concern** link on the Student Services and Faculty & Staff pages of the COD website. OR by emailing ACT at [ACT@collegeofthedesert.edu](mailto:ACT@collegeofthedesert.edu).

### When making a referral, be ready to provide the following information:

- Student's name and SID #
- Dates, times, and location of events
- What was observed
- What was said and by whom
- What has been done so far to address the concern and the student's response to those efforts

### If you are not sure if you should refer:

Remember that in any given situation, there are probably several "right ways" to address your concern for a student's distress. Contact Ana Stockwell at 760-776-7380 or Carlos A. Maldonado at 760-773-2566 to discuss your concerns and your options. If Ana and Carlos are not available, contact any ACT member to discuss your concerns.

|   |             |                                  |
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## ***Medical Emergency / Personal Injury***

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**Call 9-1-1 for all medical emergencies** such as:

- Any life or death situation (i.e. lack of pulse or absence of breathing)
- Lapse in consciousness
- Chest pain
- Uncontrolled bleeding
- Seizures
- Head injury
- Bone fractures
- Any dislocated or deformed looking limb or extremity
- Allergic reactions with shortness of breath, excessive swelling
- Ingestion or inhalation of a toxic substance
- Lacerations of the eyeball
- Choking
- Threats of suicide or harm to others

**It is best to call from a landline** if available, so security can guide emergency personnel to the location of the emergency.

### **If you encounter an emergency situation:**

Follow basic first aid procedures, such as:

- Do not move the victim unless absolutely necessary.
- Use pressure to stop bleeding.
- Use CPR/AED if no pulse or not breathing.

Be prepared to tell the 9-1-1 dispatcher the following information:

- Location of the victim (e.g., building, room, number, etc.).
- Type of injury or problem.
- The victim's present condition and events leading to the emergency.
- The phone number where you are.

Follow the directions of the dispatcher.

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|---|-------------|----------------------------------|
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## ***Non-Emergency Illness or Injury***

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### **Non-Emergency Injury or Illness to Students**

During the regular academic sessions, students with non-emergency illness or injury should be referred to the Student Health and Wellness Center located on the ground floor of the Craven's Center, telephone (760) 776-7211. **Call 9-1-1** from a campus phone for serious illness or injury which requires immediate medical attention.

### **Injury or Illness to Faculty/Staff**

Treatment for **job-related work injuries** is provided by an agency called **Company Nurse**. Call **1-877-518-6702** and state you are calling from College of the Desert. **They will ask for a code which is RSR17**. Do not go to the Student Health and Wellness Center. Call 9-1-1 from a campus phone for serious illness or injury requiring immediate medical attention.

A report must be completed for all incidents of work-related illness or injury. Contact Human Resources to begin the reporting process.

For illness, faculty and staff should call their doctor or go to their preferred urgent care facility. Do not go to the Student Health and Wellness Center.

### **Injury or Illness to Visitors or Guests**

Call 9-1-1 from a campus phone. Do not send them to the Student Health and Welfare Center.

|   |             |                                  |
|---|-------------|----------------------------------|
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## ***Awareness of Diversity***

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Race, ethnicity, cultural background, sexual orientation, and other dimensions of difference are important to keep in mind as you help a distressed student. Reactions to racism, sexism, homophobia, disability status, etc., can affect the way in which emotional distress is manifested and also can impact help-seeking behavior. General barriers to seeking help, e.g., denial, fear of being labeled in a negative way, lack of information about campus resources, may be even more troublesome for students from under-represented groups. Communicating support, concern, and understanding is critical in reaching students who may feel isolated and marginalized.

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

### **Resources**

- **International Students**
  - International Education Program – International Services – (760) 776-7238
  - Student Health & Wellness Center – Diversity Issues – (760) 776-7211
- **Students with Disabilities**
  - Disabled Student Program and Services – (760) 773-2534
- **LGBTQ – Students**
  - Gender and Sexual Diversity Pride Center (760) 776-7238
  - Student Health & Wellness Center – (760) 776-7211

|   |             |                                  |
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## ***Signs and Sources of Distress***

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Faculty and staff are not expected to provide personal counseling to students but they are often the first to recognize when a student is in distress and are in a unique position to reach out to that student. Faculty and staff play an important role in encouraging students to utilize campus resources, including facilitating a referral to the Counseling Center, the Student Health & Wellness Center, Students with Disabilities Support Service, or in accessing ACT to link students to the appropriate resource. In your role, we encourage you to speak directly to students when you sense they are in academic or personal distress, openly acknowledge that you are aware of their distress, that you are sincerely concerned about their welfare and that you are willing to help them explore their options.

**Not all students will be receptive to your help.** In some cases, and in order to ensure students of concern do not fall in the gaps, a referral to ACT may be warranted.

### **Academic Problems**

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

### **Interpersonal Problems**

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

### **Behavioral Problems**

- Change in personal hygiene
- Dramatic weight gain or loss
- Frequently falling asleep in class
- Irritability
- Unruly behavior
- Impaired speech
- Disjointed thoughts
- Tearfulness
- Intense emotion
- Inappropriate responses
- Difficulty concentrating
- Physically harming self
- Destruction of property
- Anxiety and panic
- Inability to communicate clearly
- Loss of contact with reality

|   |             |                                  |
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## Sources of Distress

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

The following pages of this manual will provide you with some tips and guidelines on managing students in distress.

|   |             |                                  |
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## ***Distressed Behavior Continuum***

| <b>Students of Concern: Behavior Continuum</b> |  |                                  |   |                                   |
|--|--|----------------------------------|---|-----------------------------------|
| <b>Mild</b>                                    | <b>Moderate</b>                          | <b>Distressed</b>                | <b>Crisis</b>                                   | <b>Severe</b>                     |
| Disruptive                                     | Failing in school                        | Alcohol/Drug use                 | Irrational fears                                | Highly disruptive                 |
| Failing grades                                 | Defiance to rules                        | Self-destructive behavior        | Excessive risk taking                           | Disjointed thoughts and/or speech |
| Poor performance                               | Lethargic                                | Depression/Anxiety signs         | Heightened emotional reactivity                 | Loss of contact with reality      |
| Absences                                       | Feelings of depression                   | Unusual behavior                 | Hostility                                       | Hallucinations/Paranoia           |
| Difficulty managing stress                     | Falling asleep (at odd times/situations) | Pushing limits on social decorum | Aggression/Violence                             | Stalking                          |
|  | Changing hygiene                         | Suspiciousness                   | Self-harm/harm to others (thoughts, not action) | Threats                           |
|  | Alcohol Use                              | Criminal tendencies              | Irritability/Agitation                          | Suicidal/Homicidal intent         |
|  | Drug experimentation                     |                                  | Memory loss or disorientation                   |                                   |
|  |  |                                  | Serious crimes                                  |                                   |

| <b>Interventions</b>   |  |   |   |   |
|--|--|---|---|---|
| <b>Mild</b>  | <b>Moderate</b>  | <b>Distressed</b>   | <b>Crisis</b>   | <b>Severe</b>   |
| <ul style="list-style-type: none"> <li>Faculty/Staff consultation with appropriate office and/or department</li> <li>General Counseling</li> </ul> | <ul style="list-style-type: none"> <li>Faculty/Staff consultation or referral with appropriate office and/or department</li> <li>General Counseling</li> </ul> | <ul style="list-style-type: none"> <li>Office of Student Life</li> <li>Public Safety Department</li> <li>Student Health &amp; Wellness Center</li> <li>ACT</li> </ul> | <ul style="list-style-type: none"> <li>Office of Student Life</li> <li>Public Safety Department</li> <li>Student Health &amp; Wellness Center</li> <li>ACT</li> </ul> | <ul style="list-style-type: none"> <li>Hospitalization</li> <li>Arrest</li> <li>Involuntary Withdrawal</li> <li>No trespass order</li> <li>ACT</li> </ul> |

The different levels of distress can be represented through the above continuum. The list included here is not comprehensive, nor does each behavior need to be present before making a referral. In addition, the list of interventions provides some of the options available.

**When referring a student in distress to a COD campus resource, make a parallel report to ACT so follow-up and feedback loops are complete.**

|   |             |                                  |
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## ***A Word about Medications***

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An impressive amount of research over the last 40 years has been devoted to the discovery, development, and research of medication that can help with mood, behavior, and other emotional difficulties. Medications often are most helpful in combination with therapy and other efforts at self-help.

The vast majority of psychotropic medications are not habit-forming, and students can always decide, with consultation, to stop taking them. It might be unwise not to consider medications that can make an enormous contribution to well-being, just as it would be unwise to consider medication the only or best option for everyone. The meaning of taking medication, and of taking a particular medication, is an important aspect to keep in mind.

Know that it is important for the provider to be selective when deciding who is an appropriate candidate for medication, as well as which medication and at which dosage. Sometimes medications take some days or weeks to start working. Many of the newer medications offer significant advances in effectiveness, often combined with fewer side effects. The balance between desired effects and possible undesired effects (“side effects”) should be assessed by the student, in consultation with the prescribing clinician. Fortunately, many choices exist and can be discussed.

Medications are not “quick fixes” for longer-standing problems. They do not offer the opportunity to feel better without regard to the underlying psychological and social factors. They are not, for instance, a treatment for bad days or problems with intimacy. They do not change who someone is as a person. While there may be some disappointment as a result, this can often be reassuring for a student to know. A concern may be that if medications are helpful, they must be correcting some biochemical abnormality that is the sole cause of the problems.

As human beings, the interaction of our physical selves with our emotional and spiritual selves, along with our interactions with the environments, makes our reaction to medication much more complex. Thus, it is important for us to take into account the major aspects of our lives that contribute to our state of being.

|   |             |                                  |
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## ***Tips for Supporting and Encouraging Students***

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- Request to see the student in private.
- Briefly acknowledge your observations and perceptions of the student's situation and express your concerns directly and honestly.
- Listen carefully to what the student is troubled about and try to see the issue from his or her point of view without agreeing or disagreeing.
- Follow up with the student to see how he or she is doing.
- Strange and inappropriate behavior should not be ignored. The student can be informed that such behavior is distracting and inappropriate. Avoid labeling the student's behavior or the issues presented.
- Your ability to connect with an alienated student will allow him or her to respond more effectively to your concerns.
- Help the student identify options for action and explore possible consequences. If possible offer to phone or accompany the student to the appropriate resources.
- Inform the student about what can be gained by meeting with a counselor or other professional to talk about his or her problems.
- Be open about the limits on your ability to help the student.
- **If the student appears to be in crisis, call 911.**
- Do not promise to keep threats to self or others a secret.

|   |             |                                  |
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## ***Identifying Behaviors of Concern***

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**Behaviors of concern from a student usually cause us to feel alarmed, upset, or worried.**

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

Examples of behaviors of concern may include:

- A student who jokes about killing himself or herself.
- A student who perspires profusely when giving a presentation in front of the class.
- A student who discloses that his or her loved one was diagnosed with a terminal or serious illness.
- A student who seems to work harder than most students but can't pass an exam.
- A student who appears to be losing significant weight yet speaks with pride about how little he or she eats.
- A student whose writing appears disjointed and fragmented as though he or she cannot maintain a logical sequence of thought, or contains themes of violence which are out of context with the assignment.
- A student who reports that FBI agents are following him or her around campus.

### **Interventions for Behaviors of Concern**

**Faculty and staff have options for responding to student behavior that they find concerning.**

If a college professional is unsure how to respond to a distressed student, here are some suggestions:

- Refer to College of the Desert's Assessment and Care Team website.
- Seek advice and counsel from the department chair, supervisor or dean, the Counseling Center, or ACT.
- Initiate a discussion with the student about the behavior that is of concern.
- Refer the student to campus departments or offices that have the necessary expertise and personnel to help the student.
- Initiate an online Incident of Concern Report to ACT at [https://collegeofthedesert-advocate.symlicity.com/care\\_report/index.php/pid023430?](https://collegeofthedesert-advocate.symlicity.com/care_report/index.php/pid023430?)

|   |             |                                  |
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## ***Identifying Disruptive Behavior***

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

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

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

### **Interventions for Disruptive Behavior**

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

- Verbally request that the student stop the disruptive behavior.
- If the problem persists, ask the student to leave the class or the area.
- Initiate a discussion with the student about the behavior that is of concern.
- Inform the student of the behavior that needs to change, define a timeline for when the change needs to be made, and explain the consequences if the change does not occur.
- After meeting with the student, document the content of the meeting in writing. It is sometimes helpful and/or necessary to provide the student with a written copy of the requirements and the consequences discussed.
- Contact the department chair, supervisor, or dean for advice and support.

### **Reporting Disruptive Behavior**

Even if you believe the situation has been resolved, initiate an online Incident of Concern Report to ACT at [https://collegeofthedesert-advocate.symplicity.com/care\\_report/index.php/pid023430?](https://collegeofthedesert-advocate.symplicity.com/care_report/index.php/pid023430?)

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| <b>Life-threatening, needs immediate response</b> | <b>CALL</b> | <b>9-1-1</b>                     |
| <b>Non-life-threatening</b>                       | <b>CALL</b> | <b>Ext. 2111 or 760-341-2111</b> |

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## ***Identifying Threatening Behavior***

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

If you have concerns about immediate safety, call 911.

Examples of threatening behavior include:

- A student who implies or makes a direct threat to harm him or herself or others.
- A student who displays a firearm or weapon.
- A student who physically confronts or attacks another person.
- A student who stalks or harasses another person.
- A student who sends threatening emails, letters, or other correspondence to another person.
- A student whose writing contains themes and threats of violence.
- A student who raises their voice or yells at another student.
- A student who is clearly intoxicated or appears to be under the influence of drugs.
- A student who engages in odd, strange, delusional, or psychotic rants or actions.
- A student who exposes himself or herself in class.
- A student who has a medical emergency such as fainting, seizure, or vomiting.
- A student who is displaying obscene or inappropriate artwork.

### **Interventions for Threatening Behavior**

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

Specific interventions include:

- Immediately contact 911.
- Contact the Public Safety Department from a campus phone at 2111 or 760-341-2111.
- Contact the department chair, supervisor, or dean for advice and support.
- File an online Incident of Concern Report to ACT at [https://collegeofthedesert-advocate.symlicity.com/care\\_report/index.php/pid023430?](https://collegeofthedesert-advocate.symlicity.com/care_report/index.php/pid023430?).

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## ***The Suicidal Student***

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Suicide is the third leading cause of death among college students. Suicidal persons may be ambivalent about killing themselves and typically respond to help. Suicidal states are definitely time-sensitive and so early intervention is important. Most individuals who follow through with suicide were neither crazy nor psychotic, and may have appeared calm. It is important to note that most people considering suicide give warning of their intent so it is important to take any report of suicide seriously.

High-risk indicators for suicide include: a detailed suicide plan; a history of past attempts; feelings of hopelessness and despair or excessive guilt; feelings of alienation and isolation; saying that they have no reason to live or have no purpose in life; giving away important possessions; a severe loss or threat of loss; and a history of drug and alcohol abuse.

### **If you have concerns that a student may be suicidal:**

#### **Do:**

- Take any threat of suicide seriously; you have a responsibility to act immediately.
- Show concern and be available to listen or to talk.
- Ask the person if they are so depressed that they want to hurt themselves (“You seem so upset that I’m wondering if you are considering suicide?”).
- If the student sends you an email stating they want to commit suicide, do not ignore it. Reach out to the student immediately and connect the student to the resources on this page.
- Acknowledge that a threat or attempt at suicide is a plea for help and let them know that help is available.
- Make an ACT referral.
- If the student is on campus recognize your limitations and walk the student to Student Health and Wellness Services (do not leave the student alone).
- Trust your gut in these situations. If you are uncertain, err on the side of caution and report it.

#### **Don’t:**

- Don’t ignore a student’s attempt to reach out. If you are the person they have disclosed to, that is a sign they trust you and you can be very helpful in providing support.
- Don’t minimize the situation or depth of feeling. e.g., “Oh, it will be much better tomorrow.”
- Don’t be afraid to ask directly if the student has considered suicide. You will not be putting the idea in their head, but rather opening up the conversation to get the help they need.
- Don’t try to be everything to the student.
- Don’t ignore your limitations.

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## ***The Depressed Student***

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Nearly half of all college students will feel so depressed at some point that they have trouble functioning. Clinical depression is much more than just feeling down or sad. The depressed student may show a multitude of symptoms including feelings of extreme sadness, worthlessness, guilt, and low self-esteem that can last for weeks, months, or even years. When a person has a depressive disorder it interferes with their daily life and relationships. Depressed students may have physical symptoms such as an increase or decrease in appetite, difficulty sleeping, lack of interest in daily activities, and show low activity and energy. Sometimes depression can take the form of irritation, anxiety, and anger.

In its most serious form, depression can be accompanied by self-destructive or suicidal thoughts which require immediate intervention (refer to the section titled “The Suicidal Student”).

### **If you have concerns that a student may be depressed:**

#### **Do:**

- Talk to the student in private.
- Listen carefully and validate the student’s feelings and experiences.
- Be supportive and express your concern.
- Discuss a clear action plan with the student such as making an appointment at the Student Health & Wellness Center.
- Be willing to consider flexible arrangements (e.g., an extension on a paper), if appropriate, as a way to alleviate stress and instill hope.
- Contact ACT if you feel you need assistance with a depressed student.

#### **Don’t:**

- Don’t be afraid to ask if the student is suicidal.
- Don’t downplay the situation.
- Don’t try to dispute whether the student is depressed or expect them to stop feeling depressed.
- Don’t overwhelm the student with too much information or help.
- Don’t ignore your limitations.

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## ***The Grieving Student***

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During their college career, many students may experience the loss of someone close to them and on occasion, they may be dealing with their own life-threatening illnesses.

There are five stages of normal grief that have been identified:

1. Denial and isolation
2. Anger
3. Bargaining
4. Depression
5. Acceptance

Many people do not experience the stages in order, but it is helpful to look at them as guides in the grieving process.

### **If you have a student who is dealing with grief or loss:**

#### **Do:**

- Listen carefully and compassionately.
- Consider the option of allowing the student to postpone turning in assignments or taking exams.
- When appropriate, if you are comfortable, you can share similar experiences you have had so the student doesn't feel alone or crazy.
- Be on the alert for signs that the student is feeling a need to harm himself or herself as a way to cope with the pain.
- Talk to the student about getting some professional help to deal with the loss.

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

- Don't be afraid of tears. Tears are a natural, healthy way of releasing emotions.
- Don't avoid discussing the deceased person with the student. He or she is often grateful to find someone who will listen.
- Don't say well-intentioned things to the student that might imply the grief is not valid . . . "It can't be that bad."

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## ***The Anxious Student***

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Anxiety is a very common disorder among college students and affects about four million adults in America: about twice as many women as men.

The symptoms of anxiety can be both emotional and physical, including: unrealistic or excessive worry or fears; exaggerated startle reactions; shakiness and/or trembling; sleep disturbance; pounding or racing heart; increase in breathing rate, dizziness, and nausea.

Unknown and unfamiliar situations can raise anxiety levels as well as high and unreasonable self-expectations.

These students may often have trouble making decisions, may procrastinate over assignments, and may have intense reactions over grades.

### **If you think a student may be dealing with anxiety:**

#### **Do:**

- Encourage students to discuss their feelings. Often, this alone relieves pressure.
- Remain calm and reassuring when possible.
- Be clear about academic expectations and boundaries.
- Seek assistance if a student becomes panicked or their reactions are overwhelming to you.
- Refer to ACT

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

- Don't take responsibility for the student's emotional state.
- Don't overcomplicate things.
- Don't overwhelm him or her with too much information or too many ideas.

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## ***The Substance Abusing Student***

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The misuse and abuse of alcohol, over-the-counter medications, illicit drugs, and tobacco affect the health and well-being of millions of Americans. One of the major advancements in addiction science is the realization that stress plays a major role. Alcohol continues to be the most abused substance among college students. Alcohol and other drug-related accidents remain the single greatest cause of preventable death among college students. (See <http://www.samhsa.gov/atod>.)

### **Do:**

- Share your honest concern and encourage the student to seek help.
- Be alert for signs of alcohol and drug abuse: preoccupation with drugs, periods of memory loss, deteriorating performance in class.
- Get necessary help from Public Safety in instances of intoxication.
- Encourage the student to seek support and resources through the Student Health & Wellness Center at 760-776-7211.

### **Don't:**

- Don't ignore the problem.
- Don't chastise or lecture.
- Don't encourage the behavior.

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## ***The Student with Adjustment Issues***

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

### **Do:**

- Convey to the student that adjustment or transition stress is normal and often brings a temporary decline in performance.
- Encourage the student to use positive coping methods to manage transitions stress, including regular exercise, social support, a reasonable eating and sleeping regimen, and pleasurable activities.
- Refer the student to the Student Health & Wellness Center at 760-776-7211, especially if performance problems persist beyond a reasonable amount of time.

### **Don't:**

- Don't assume that the student understands the impact of life transitions and/or is aware of the source of stress.
- Don't minimize or trivialize the student's feelings or reactions.
- Don't discount or overlook factors that put the student at risk for more problems.

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## ***The Eating Disordered Student***

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Eating disorders are believed to impact 20 percent of college students. An eating disorder is not about dieting, but rather an unhealthy way to try to cope with emotional problems. Eating disorders include anorexia and bulimia. Anorexia involves restricting one's eating, often leading to malnourishment. A student with anorexia often equates thinness with self-worth. Bulimia usually entails binge eating followed by excessive exercise, vomiting, or the use of medication such as diet pills. Eating disorders are widely considered to be the most dangerous mental health issues due to a high mortality rate.

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

### **Do:**

- Recognize the dangers associated with eating disorder behaviors rather than viewing them as a choice, lifestyle, or an attempt to obtain attention.
- Encourage the student to seek out formal help including counseling and a thorough medical assessment.
- Support the student even if he or she is not currently motivated to obtain help.
- Refer the student to the Student Health & Wellness Center (760-776-7211) where they can obtain the appropriate referral.
- Consult with ACT as needed.

### **Don't:**

- Don't assume that all thin students have an eating disorder. These issues impact students of all shapes and sizes.
- Don't confront a student by stating "I think you have an eating disorder." Instead share your concerns with the student by naming the behaviors you've witnessed.
- Don't encourage the student to "just eat" to "stop throwing up." Recovery from an eating disorder often requires mental health treatment to alter behaviors.

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| <b>Non-life-threatening</b>                       | <b>CALL</b> | <b>Ext. 2111 or 760-341-2111</b> |

## ***The Student Who Reports a Sexual Assault***

**Sexual assault falls under the reporting requirements of Title IX and should be reported to Antonio S. Montaña, Diversity, EEO, and Title IX Officer, as soon as possible.**

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

### **Do:**

- Listen to what they are telling you and believe them.
- Contact Public Safety at 760-341-2111 if the sexual assault happened on campus.
- Make a report to ACT. ACT will help the student explore their medical, legal, and judicial options. They will also provide counseling resources for the student and not pressure the student to do anything they don't want to do.
- Encourage them to seek support through the Student Health & Wellness Center at 760-773-7211, Coachella Valley Sexual Assault Services at 760-568-9071, or RAINN at 800-656-HOPE (4673).

### **Don't:**

- Don't ask a lot of prying questions, as you may inadvertently send the message that you don't believe them or that you are questioning how they handled themselves in that situation.
- Don't blame them for what happened and let them know it was not their fault, regardless of the circumstances under which the assault occurred.
- Don't be skeptical or show that you don't believe them. The vast majority of students do **NOT** make up stories about being sexually assaulted.
- Don't try to be this person's only support. Recovery takes a long time and often involves the need for professional services.
- Don't pressure the student to report the crime.
- Don't report the crime against the student's wishes. ACT can assist the student to report if that is what the student wants to do.

**Life-threatening, needs immediate response**

**CALL 9-1-1**

**Non-life-threatening**

**CALL Ext. 2111 or 760-341-2111**

## ***The Student in an Abusive Relationship***

**Intimate Partner/Relationship Violence falls under the reporting requirements of Title IX and should be reported to Antonio S. Montaña, Diversity, EEO, and Title IX Officer, as soon as possible.**

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

### **Indicators of abuse include:**

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

### **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 denial and, thus, are difficult to change.
- Be aware that interventions from a variety of sources increase the chances for change.
- Make a report to ACT.
- Refer or escort the student to the Student Health & Wellness Center or the Counseling Center if the student is in distress.
- Refer the student to Shelter from the Storm at 760-328-7233 for 24/7 assistance.
- Contact Public Safety at 760-341-2111 if it involves another student or if the incident occurred on campus.

### **Don't:**

- Don't pressure the student to leave the abusive relationship without careful safety planning with a professional as this could place the student in greater danger.

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| <b>Non-life-threatening</b>                       | <b>CALL</b> | <b>Ext. 2111 or 760-341-2111</b> |

## ***The Student Who Reports Being Stalked***

**Stalking falls under the reporting requirements of Title IX and should be reported to Antonio S. Montaña, Diversity, EEO, and Title IX Officer, as soon as possible.**

### **Facts about Stalking**

Stalking is repeated following or harassment of an individual that is designed to instill a sense of fear or danger.

Stalkers often have an irrational obsession with the victim and try to gain power and omnipotence through control and intimidation.

Stalking behavior includes tailing the victim, as well as harassment via phone, email, fax, and letters; unwanted gifts; and unwanted attentiveness.

Stalking behavior can escalate and become violent.

Stalkers can be male or female and targets can be of the same or opposite sex.

Studies suggest that domestic partner stalking can be among the most dangerous.

### **Do:**

- Encourage the victimized student to trust his or her instincts.
- Contact Public Safety at 760-341-2111.
- Report to ACT.
- Advise the student to document unwanted contacts and maintain evidence of harassment.
- Advise the student to take precautions to ensure safety, including a change in routine travel routes and schedules, and making use of Public Safety to be escorted to and from their vehicle or class.
- Refer the student to the Student Health & Wellness Center or the Counseling Center for supportive counseling.

### **Don't:**

- Don't ignore or minimize the situation.
- Don't suggest that the victim is responsible for the unwanted attention.
- Don't take responsibility for protecting the student.

**Life-threatening, needs immediate response**

**CALL 9-1-1**

**Non-life-threatening**

**CALL Ext. 2111 or 760-341-2111**

# The Student Who Reports Having a Disability

## Facts about Disability

- Students with documentation of a physical, learning, or psychiatric disability are eligible to access accommodations through the Disabled Students Programs & Services (DSPS) at 760-773-2598.
- Students may not realize that accommodations are available.

Students with:

- **Physical disabilities** present special classroom access needs associated with limitations in mobility, speaking, hearing, and/or vision.
- **Medical disabilities** may experience difficulties participating in their academic programs due to the condition itself or the ongoing treatment protocol.
- **Learning disabilities** have impairments that 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.
- **Psychiatric disabilities** have an ongoing psychological condition that may interfere with their ability to participate in the routine educational program.

### Do:

- Speak to the student in private about your concerns.
- Treat each student with sensitivity and respect.
- Maintain confidentiality about their disability.
- Acknowledge the difficulties that the student is having.
- Be open to follow-up consultation with DSPS regarding accommodations for the student.
- Remember that any student requesting accommodations must present a Faculty Notification Letter from DSPS, which will include recommended actions.
- Set rules and parameters for all students in your classes; accommodation is not absence of academic expectations.
- Consult the *DSPS Faculty/Staff Guide* on the DSPS website or contact the DSPS office by phone at 760-773-2534.

### Don't:

- Don't use patronizing language with the student.
- Don't underestimate or question the stated disability.
- Don't assume the student understands the academic limitations imposed by the disability.
- Don't assume the student qualifies for accommodations without DSPS verification.

**Life-threatening, needs immediate response**

**CALL 9-1-1**

**Non-life-threatening**

**CALL Ext. 2111 or 760-341-2111**

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## ***The Academically Underachieving Student***

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While it is easy to conclude that the academically underachieving student is simply unmotivated, the real situation is often more complicated. Students may be preoccupied with situational and family problems, or have emotional problems that are distracting and disabling. They may have learning disabilities, attention deficit disorder, or substance abuse problems.

### **Do:**

- Inquire compassionately as to what the problems are.
- Provide enough time for the student to open up. His or her initial defensiveness may be off-putting to an instructor who values involvement and dedication in students.
- Help the student assess the source of underachievement, e.g., distractions, preoccupations, emotional problems, depression, difficulties with underlying academic and study skills.
- Sensitively address the difficulty of dealing with a “failure mentality.”

### **Don't:**

- Don't take the student's problem personally or be insulted that they do not find the class engaging.
- Don't assume too quickly that the problem is mere laziness.
- Don't punish the student for lack of involvement.
- Don't dismiss the student and problem as unworkable in one meeting.

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## ***The Demanding Student***

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

### **Do:**

- Let them know the limits of what it is reasonable for you to provide.
- Let them make their own decisions as much as possible.
- When you have given appropriate time to them, let them know, "Excuse me, I need to attend to other things right now."

### **Don't:**

- Don't let them use you as their only source of support.
- Don't get trapped into advice giving, "Why don't you . . .?"
- Don't get angry.

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

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

### **Do:**

- Acknowledge their anger.
- Rephrase what they are saying and identify their emotions.
- Allow them to ventilate, get the feelings out, and tell you what is upsetting to them.
- Tell them you are not willing to accept their verbally abusive behavior.
- Help the person problem solve and deal with the real issues when they become calmer.
- Defuse and de-escalate the situation by remaining calm, speaking in a calm tone of voice, and modeling appropriate behavior to the student.
- Make an ACT referral.

### **Don't:**

- Don't meet alone with the student.
- Don't get into an argument or shouting match.
- Don't become hostile or punitive.
- Don't press for an explanation or reasons for their behavior.
- Don't look away in order to not deal with the situation and ignore the student.
- Don't stay in a situation in which you feel unsafe.
- Don't ignore a gut reaction that you are in danger.

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## ***The Violent or Physically Destructive Student***

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

### **Do:**

- Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation and de-escalating it if possible.
- Explain clearly and directly what behaviors are acceptable.
- Stay in an open area.
- When all else fails, divert attention.
- Get necessary help – other staff or security.
- Contact Security Department
- Make an ACT referral.

### **Don't:**

- Don't meet alone with the student.
- Don't ignore warning signs that a person is about to explode (for example: yelling, screaming, clenched fists, threatening statements).
- Don't threaten, dare, taunt, or “push” the student into a corner.
- Don't touch the student.
- Don't stay in a situation in which you feel unsafe.
- Don't ignore a gut reaction that you are in danger.

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## ***The Student in Poor Contact with Reality***

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

### **Do:**

- Respond with warmth and kindness, but with firm reasoning.
- Remove extra stimulation in the environment and see them in a quiet atmosphere (if you are comfortable doing so).
- Acknowledge your concerns and state that you can see they need help.
- Reveal your difficulty understanding them (when appropriate).
- Focus on the “here and now.” Switch topics and divert the focus from the irrational to the rational or the real.
- Speak to their healthy side, which they have.
- Make an ACT referral
- **Call 911 if it appears the student is a danger to themselves or others.**

### **Don't:**

- Don't argue or try to convince them of their irrational thinking, it only makes them defend their position more.
- Don't play along.
- Don't demand, command, or order the student.
- Don't expect customary or usual emotional responses.

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## ***Departmental Safety Plan***

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As a result of certain kinds of behavior from students, it may be necessary to set up a departmental safety plan. For example, if you think that a student has been threatening to you in the past and he or she 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 the 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 on the Public Safety Department 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.**

1. **Individual response:** Do what you can to get the person to stop the behavior; try to handle it yourself (if the person is violent or potentially violent, call the police).
2. **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.
  - Have a code phrase that can be used when contacting the reception desk or a co-worker.
3. **Get assistance from the Public Safety Department** (in cases of violent or potentially violent behaviors).
  - Have another person call 911 or the Public Safety Department from a campus phone at 2111 or 760-341-2111.
  - Retreat to a locked office or another safe space while waiting for the police.

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## ***Questions to Consider as You Develop Your Departmental Safety Plan***

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1. What specific areas do you need to prepare in your 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 your area?
  - What do you expect of the person when he or she comes to a colleague's assistance?
3. When you need another level of assistance – above what can be provided from within your department:
  - Who will be your designated “helpers,” and are they readily available?
  - How will you reach them?
4. What should someone do while waiting for help?
5. What should be the protocol if someone observes an individual disturbing other people by yelling, acting bizarrely, etc.?
6. How will you coordinate planning and support with nearby departments?
7. What does your department need to carry out these plans?
  - Specifically, what kinds of training do you think would help?

### **An Example of a Possible Scenario**

You are a receptionist at a window in the financial aid office. One week ago, a student waiting in line began speaking very loudly and abusively about how the financial aid office “screwed up,” and now he has to pay for it. By the time the student reached your window he was quite agitated. As you tried to explain to the student what he needed to do, he said “the next time I’m here, I’m gonna blow up the place.” Today he is at your window 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 the implement a safety plan.

# ***A Quick Reference Guide for Helping Troubled Students***

## **Seeking Guidance or Advice**

### **Student:**

- Communication indicates loss of touch with reality
- Communication reflects suicidal thoughts or action, depression, anxiety, or difficulty dealing with grief



**Student Health & Wellness Center**  
760-776-7211  
or  
**Assessment and Care Team**  
act@collegeofthedesert.edu

### **Student:**

- Communication indicates having been a victim of a stalking, harassment, hazing, or other crime
- Communication reflects sexual assault or relationship violence



**Public Safety Department**  
760-341-2111  
or  
**Assessment and Care Team**  
act@collegeofthedesert.edu

### **Student:**

- Has not attended class for an extended period of time
- Is overwhelmed by a problem with the college
- Is debilitated or overwhelmed by a family emergency



**Assessment and Care Team**  
act@collegeofthedesert.edu  
or  
**Office of Student Life**  
760-773-2566

### **Student behavior that:**

- Substantially impairs, interferes with or obstructs orderly processes and functions of the college
- Deliberately interferes with instruction or office procedures
- Is lewd or indecent
- Breaches the peace



**Assessment and Care Team**  
act@collegeofthedesert.edu  
or  
**Public Safety Department**  
760-341-2111

## **Reporting Concerning Behavior**

### **Student:**

- Does something significantly out of character
- Acts peculiar and this is cause for alarm
- Displays unhealthy or dangerous patterns of behavior
- Appears to be under the influence or coping with the effects of substance abuse
- Continues to seem distressed despite prior referrals made



**Assessment and Care Team**  
act@collegeofthedesert.edu  
or  
**Public Safety Department**  
760-341-2111

## **Immediate Action**

### **Student is:**

- Threatening the safety of self or others
- Acting in a frightening or threatening manner
- Not leaving the classroom after being asked to leave
- Reporting or initiating a threat or bomb scare
- Reporting any Title IX violations



**Call 911**  
or  
**Public Safety Department**  
760-341-2111

**NOTE: Regardless of the situation, contact any of the above offices for support or information.  
For more information on helping distressed students, go to:  
<http://www.collegeofthedesert.edu/students/sl/Pages/Assessment-and-Care-Team.aspx>**

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## **Contact Directory**

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|  |   |
|--|---|
| <b>Emergency .....</b>   | <b>911</b>  |
| <b>Public Safety and Emergency Preparedness .....</b>                    | <b>2111 or 760-341-2111</b>   |
| <b>Assessment and Care Team (ACT)</b>                                    |   |
| • Email.....   | ACT@collegeofthedesert.edu  |
| • Incident of Concern Report.....  | <a href="https://collegeofthedesert-advocate.symlicity.com/care_report/index.php/pid023430?">https://collegeofthedesert-advocate.symlicity.com/care_report/index.php/pid023430?</a> |
| <b>ACT Members</b>   |   |
| • Carlos A. Maldonado.....   | 760-773-2566  |
| • Ana Stockwell.....   | 760-776-7380  |
| • Cindy Alvarez.....   | 760-565-4854  |
| • Tim Nakamura.....  | 760-568-3352  |
| • Christine Schaefer .....   | 760-568-3188  |
| • Elizabeth Goold .....  | Extension 6853  |
| • Cynthia Llewelyn Price .....   | 760-776-7211  |
| • Leslie Quinones.....   | 760-674-7807  |
| • Chris Jones-Cage.....  | 760-568-3264  |
| • Terri Wilson.....  | 760-568-3228  |
| <b>Title IX Coordinator</b>  |   |
| • Antonio S. Montaño.....  | 760-565-4877  |
| <b>Desert Hot Springs Campus (11625 West Drive, DHS, CA 92240) .....</b> | <b>760-341-2111</b>   |
| <b>Indio Campus (45524 Oasis St., Indio, CA 92201) .....</b>             | <b>760-776-7200</b>   |
| • Indio Campus Security (Mobile).....                                    | 442-666-9439 or 442-666-9438  |
| • Indio Campus Security (Direct Landline).....                           | 442-400-5311  |
| <b>Mecca/Thermal Campus (61120 Buchanan, Thermal, CA 92274) .....</b>    | <b>760-396-3010</b>   |
| <b>Palm Springs Campus .....</b>   | <b>760-341-2111</b>   |
| <b>Disabled Students Program &amp; Services .....</b>                    | <b>760-773-2534 or 760-862-1395</b>   |
| <b>International Education Program &amp; Services .....</b>              | <b>760-776-7238</b>   |
| <b>Student Health &amp; Wellness Center .....</b>                        | <b>760-776-7211</b>   |
| <b>Off-Campus Resources</b>  |   |
| • Coachella Valley Sexual Assault Services .....                         | 760-568-9071  |
| • Crisis & Suicide Intervention HELPLine .....                           | 951-686-4357  |
| • Disaster Distress Hotline .....  | 1-800-985-5990  |
| • National Suicide Prevention Hotline.....                               | 1-800-273-8255  |
| • RAINN (Sexual Assault Resource).....                                   | 800-656-4673  |
| • Shelter from the Storm .....   | 760-328-7233  |