



A faculty and staff guide to

HELPING STUDENTS IN DISTRESS

**Published and distributed by the PLU Counseling Center
2018, Rev. 2020**

Dear PLU Faculty and Staff partners:

This tool is to help you make decisions in those critical times facing a student in distress. It is grouped by type of incident, then offers FACTS, what to DO, and what to AVOID in order to minimize confrontation or risk of negligence.

* We have adopted the use of gender inclusive language, using “they/their” to refer to individual students out of respect for the full diversity of our students’ experiences.

Thank you for being on the front lines in keeping our students safe.

HELPING STUDENTS IN DISTRESS

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STUDENT EMERGENCIES

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., delusions or hallucinations)
- ✓ Threats or aggression directed toward others
- ✓ Demonstrated inability to care for oneself

Campus **resources for responding** to mental health emergencies are:

Campus Safety - x7911

PLU Crisis Line - 253-535-7075

For immediate **consultation** with a licensed counselor, call the PLU Crisis Line (253- 535-7075).

If the student requires **immediate** medical attention or hospitalization, call 911.

If the student is **aggressive and/or threatening** to self or others, call Campus Safety x7911 for assistance.

WHAT TO DO

1. **Remain calm**; it demonstrates that you are in control.
2. **Move the student** to a quiet and secure place (if you are physically co-located, if not invite the student to move to a location where they feel secure and it is quiet).
3. **Listen attentively** and respond in a straightforward and considerate way.
4. **Enlist help** of a co-worker so that the student isn't left alone, and you aren't left alone with the student.
5. **Decide** which university resource to contact.
6. When contacting a campus resource, have available as much **information** as possible:
 - a. your name and current location
 - b. the student's name and description
 - c. description of incident and type of assistance needed
 - d. the exact location of the student in the building or where the student is currently located

REFERRING A STUDENT FOR PROFESSIONAL HELP

WHEN TO REFER

In many instances of student distress, faculty and staff provide adequate help through empathic listening, facilitating open discussion of problems, instilling hope, conveying acceptance, and offering basic advice.

In some cases, however, students need professional help to overcome problems and to resume effective coping. The following signs indicate that 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 on-going counseling rather than consultation or advising.

A NOTE ON CONFIDENTIALITY

We are required by law and by professional ethics to protect the confidentiality of all communication between counselors and clients (except in cases where harm to self or harm to others is involved). Consequently, we cannot discuss the details of a student's situation with others or even indicate whether the student is, in fact, in counseling, without having written permission from the student. Ideally, the student would share important information with you directly based on your need and your relationship.

HOW TO REFER

1. Speak to the student in a direct, concerned, straightforward manner.
2. Be caring but firm in your judgment that counseling would be helpful; explain why you are concerned, and that staff counselors are licensed professionals who can help them.
3. Be knowledgeable in advance about the services and procedures of the Counseling Center and other campus help-giving agencies.
4. For students located presently in Washington, suggest that the student call the Counseling Center to make an appointment: 253-535-7206. Services are **FREE AND CONFIDENTIAL**.
5. Alternatively, any student currently located in the U.S. may access **Lute Telehealth** (www.plu.edu/lute-telehealth) for 1.) appointments scheduled for the future (up to 12 free) or 2.) immediate appointments via "Talk Now" (unlimited access).
6. Please urge students to use the **PLU Crisis Line**, available 24/7, for urgent concerns: 253-535-7075
7. Always report your concerns and the actions you have taken to the **Student Care Network**: [Student Care Network Reporting Form \(www.plu.edu/care-form\)](http://www.plu.edu/care-form)



AWARENESS OF CULTURAL DIFFERENCE

Race, ethnicity, cultural background, political affiliation, religious views, 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, different world views, etc., can affect the way in which emotional distress is manifested and can impact help-seeking behavior.

General barriers to seeking help (denial, stigma, fear of being labeled in a negative way, lack of information about campus resources) may be even more troublesome for students from underrepresented groups, especially if traditional counseling is not culturally accepted.

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, LGBTQ students, students of color, students with disabilities, non-traditional-aged college students, military students, and other underrepresented groups can be important in helping students from different backgrounds to get assistance. Furthermore, being knowledgeable about campus resources that address the unique needs of culturally diverse and underrepresented students is also important.

RESOURCES FOR CULTURALLY DIVERSE STUDENTS

Academic Assistance - x7459, aac@plu.edu

Center for Gender Equity - x8759, cge@plu.edu

Center for Military Support - Affiliated / Veterans - x7412 (Mike Farnum)
plu.libcal.com/appointments/mike

Commuter & Transfer Student Connections (including Students who are Parents) - x8763
(Luke Ruiz), ctsc@plu.edu

Office of Accessibility & Accommodation - x6392 (Simone Smith), dss@plu.edu

Diversity Center - x8750, dcenter@plu.edu

Gold Group / Undocumented Student Task Force – X8750 (Nicole Juliano), undocu@plu.edu

International Student Services - x7122 (Heather Jacobson), iss@plu.edu

Student Rights and Responsibilities - x7462, srr@plu.edu

RESPONDING TO EMOTIONAL DISTRESS

The ANXIOUS student

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 may include one or more of the following:

- ✓ Agitation, being keyed up, on edge
- ✓ Panic, heart racing, difficulty breathing
- ✓ Avoidance of specific stressors
- ✓ Irrational fears or fear of losing control
- ✓ Ruminations/excessive worry
- ✓ Sleep or eating problems

WHAT TO DO

1. Talk to the student in private.
2. Remain calm and assume control in a soothing manner.
3. Focus on relevant information, speaking concretely and concisely.
4. Help the student develop an action plan that addresses the main concern.
5. Refer the student to the Counseling Center (x7206) or Lute Telehealth (www.plu.edu/lute-telehealth) for counseling.

AVOID

- ✗ Overwhelming the student with information or complicated solutions.
- ✗ Arguing with irrational thoughts.
- ✗ Devaluing or diminishing 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 chronic anxiety without treatment.



RESPONDING TO EMOTIONAL DISTRESS

The DEPRESSED student

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 support, daily routines, and simple coping strategies like distraction and exercise. **Severe or chronic** depression usually requires professional help.

Symptoms of depression 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
- ✓ suicidal thinking

Sometimes depression includes irritation, anxiety, and anger. In some cases, depression can be accompanied by suicidal thoughts and intentions as a way to escape from the emotional pain.

WHAT TO DO

1. Talk to the student in private.
2. Listen carefully and validate the student's feelings and experiences.
3. Be supportive and express genuine concern about the situation.
4. Ask the student if they* have had thoughts of suicide.
5. Discuss clearly and concisely an action plan, such as having the student immediately call the PLU Crisis Line (253-535-7075) if there are thoughts of suicide.
6. Refer the student to the Counseling Center (x7206), Lute Telehealth (www.plu.edu/lute-telehealth) or the Health Center (x7337).
7. Be willing to consider or offer accommodations (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope.

THE DEPRESSED STUDENT - CONTINUED

AVOID

- ✘ Ignoring the student or downplaying the situation. (“it could be worse”)
- ✘ Arguing or disputing that the student is feeling depressed. (“it’s not that bad”)
- ✘ Expecting the student to stop feeling depressed without intervention. (“just be happy”)
- ✘ Assuming the family knows about the student’s depression.
- ✘ Disregarding your limits in terms of time, energy and psychological expertise.

RESPONDING TO EMOTIONAL DISTRESS

The SUICIDAL student

FACTS ABOUT SUICIDE

- ✓ Although rare, suicide is the second leading cause of death among college students.
- ✓ Suicide is often associated with depression, anxiety and depression, post-traumatic stress disorder, traumatic brain injuries, and bipolar disorder.
- ✓ Suicidal people **often tell people** about their thoughts or give clues about their feelings.

WHAT TO LISTEN/WATCH FOR:

- ✓ pessimistic view of the future (“it will *always* be like this” or “things will *never* change”)
- ✓ intense feelings of hopelessness, especially when combined with anxiety
- ✓ feelings of alienation and isolation
- ✓ viewing death as a means of escape from distress (“it’s the only way to end the pain...”)
- ✓ personal or family history of depression, psychosis, or suicide attempts
- ✓ substance abuse, sometimes a history of self-mutilation

A student who confides in someone is often ambivalent about suicide and open to discussion. Listen for thoughts, ideas, plans, intent, means, and rehearsals. Students who are at high risk usually have a specific plan, have a means that is lethal (e.g., medication, knife, gun), and tend to be or feel isolated.

Suicide Prevention Hotline: 1-800-273-TALK / PLU Crisis Line: 253-535-7075

WHAT TO DO

1. Remain calm and take the lead by talking to the student immediately (in private).
2. Ask the student directly about suicidal feelings and plans. (“Are thinking of ending your life as a way of ending the pain?”)
3. Asking about suicide will not put the idea in someone’s head. (“Are you thinking of killing yourself? What have you thought about doing?”)
4. Express genuine concern as the student’s disclosure is a plea for help. Assure the student that you will help them reach a professional.
5. Consider staying with the student (in person or over zoom) while calling the PLU Crisis Line together.
6. If you feel overwhelmed or unprepared to help a suicidal student, call the PLU Crisis Line (253-535-7075) or Campus Safety (x7911) for support.
7. If a student is an immediate risk to self or others (e.g., pills have been swallowed or weapon is accessible), call Campus Safety immediately (x7911).
8. All threats need to be considered potentially lethal.

THE SUICIDAL STUDENT - CONTINUED

AVOID

- ✘ Minimizing the situation. (“Everyone goes through hard times”)
- ✘ Arguing with the student about the merits of living. (“Everyone loves you, how could you think of killing yourself?”)
- ✘ Assuming the student is hopeless because of grades. (“You have good grades...”) It may be the exhaustion of a performance standard that is triggering hopelessness.
- ✘ Expecting friends or roommates to assume responsibility for the student without getting input from a professional.
- ✘ Assuming the family knows that the student has suicidal thoughts.



RESPONDING TO EMOTIONAL DISTRESS

The EATING DISORDERED student

Eating disorders arise from a combination of psychological, interpersonal, and socio-cultural factors and have serious emotional, mental, and medical consequences.

FACTS ABOUT EATING DISORDERS

Anorexia nervosa includes:

- ✓ severe restriction of food intake
- ✓ refusal to maintain minimally normal weight; intense fear of weight and fat
- ✓ obsessive focus on weight as a basis of self-worth

Bulimia include:

- ✓ excessive concern with body weight/shape
- ✓ recurrent episodes of binge eating and “purging behaviors,” such as self-induced vomiting; misuse of laxatives, diuretics, and diet pills; fasting; or excessive exercise

Binge-eating/compulsive overeating involves:

- ✓ eating a very large amount of food during a short period of time
- ✓ eating occurs independent of appetite, without purging behaviors
- ✓ behavior may reflect some deeper emotional issues
- ✓ may be a way of trying to manage uncomfortable emotions or stress
- ✓ often is accompanied by shame

Students with eating disorders may also experience depression and anxiety.

Symptoms associated with eating disorders include:

- ✓ marked decrease/increase in weight
- ✓ preoccupation with weight and body shape
- ✓ moodiness or irritability
- ✓ social withdrawal
- ✓ development of abnormal or secretive eating behaviors
- ✓ food restriction or purging behaviors
- ✓ fatigue and increased susceptibility to illness
- ✓ perfectionism



EATING DISORDERS - CONTINUED

Treatment of eating disorders combines psychological, medical and nutritional procedures. In extreme cases, a student may need to leave campus to obtain more intensive or inpatient care.

WHAT TO DO

1. Speak to the student in private.
2. Be supportive and express concern for the student's health and wellbeing.
3. Identify specific behaviors or symptoms that are of concern.
4. Refer the student to the Health Center (x7337), the Counseling Center (x7206), or Lute Telehealth (www.plu.edu/lute-telehealth) for assessment, medical and nutritional evaluations, and psychotherapy. Some students may be more open to a referral to one center or the other. Students have access to nutrition counseling via Lute Telehealth as well.

AVOID

- ✗ Focusing on weight rather than health and effective functioning.
- ✗ Offering solutions involving food (eat less/eat more). This is not really about food.
- ✗ Judging the student's behaviors or labeling them ("self-destructive").
- ✗ Recommending solutions such as "accept yourself" or "just eat healthy."
- ✗ Commenting on student's weight loss, as you may be inadvertently encouraging unhealthy behaviors.
- ✗ Getting into a power struggle. If the student is resisting your efforts, restate your concerns and leave the door open for further contact. If you think the situation is urgent, consult a professional at the Counseling Center or Health Center for further advice.
- ✗ Assuming the family knows about the disorder.



RESPONDING TO EMOTIONAL DISTRESS

The DEMANDING student

FACTS ABOUT DEMANDING STUDENTS

Demanding students can be intrusive and persistent and may require much time and attention. Their behavior can be associated with anxiety, depression, mania, drug abuse, and/or personality problems coming out in disruptive or distracting boundary pushing.

Characteristics of demanding students may include:

- ✓ a sense of entitlement
- ✓ an inability to empathize or be flexible with others
- ✓ excessive need for control
- ✓ difficulty in dealing with ambiguity
- ✓ perfectionism
- ✓ difficulty with accepting structure and limits
- ✓ unconscious dependency
- ✓ fears about handling life
- ✓ a sense of inadequacy and excessive need for support

WHAT TO DO

1. Remain calm and in control.
2. Consider whether cultural differences in expectations may be playing a role.
3. Set clear limits and hold the student to the allotted time for the discussion.
4. Emphasize behaviors that are and are not acceptable.
5. Respond quickly and with clear limits to behavior that disrupts class and other students.
6. Be prepared for manipulative requests and behaviors.
7. Consult with your supervisor or department head.
8. Call the Counseling Center (x7206) for consultation.
9. Refer the student to the Counseling Center (x7206) for counseling.
10. Submit a Care Form to the Student Care Network (www.plu.edu/care-form)

AVOID

- ✗ Arguing with the student.
- ✗ Giving in to inappropriate requests.
- ✗ Adjusting your schedule or policies to accommodate the student.
- ✗ Ignoring inappropriate behavior that has an 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 you.



RESPONDING TO EMOTIONAL DISTRESS

The DISORIENTED or PSYCHOTIC student

FACTS ABOUT PSYCHOTIC THINKING

The main feature of psychotic thinking is poor reality testing or “being out of touch with reality.”

Symptoms include:

- ✓ speech that makes little sense
- ✓ extremely odd or eccentric behavior
- ✓ significantly inappropriate or complete lack of emotion
- ✓ bizarre behavior that could indicate hallucinations
- ✓ strange, idiosyncratic beliefs that involve a serious misinterpretation of reality
- ✓ social withdrawal
- ✓ inability to connect with or track normal communication
- ✓ extreme and unwarranted suspicion or distrust

Be aware that acute drug use can mimic **mania or psychosis**. Mania is related to bipolar disorder where periods of extreme depression are followed by periods of extreme euphoria and frenzied thinking and behavior. A person in a manic episode can appear psychotic. Consult with the PLU Crisis Line (253-535-7075) to help assess student’s condition and course of action.

WHAT TO DO

1. **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 tracking things right now and I think it would be best for you to come with me to speak with someone about this, so you can feel safe again.”)
2. **Stay** with the student and contact the PLU Crisis Line for Consultation and evaluation.
3. **Recognize** that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia.
4. **Be on guard**, such a student in this state may be dangerous to self or others.
5. **Call Campus Safety** (x7911) if you feel unsafe or if the student is so disoriented that they appear immediately unsafe.



THE DISORIENTED OR PSYCHOTIC STUDENT - CONTINUED

AVOID

- ✘ Assuming the student will be able to care for themselves.
- ✘ Agitating the student with questions or pressure.
- ✘ Arguing with unrealistic thoughts. What they think and feel may seem very real to them.
- ✘ Assuming the student understands you.
- ✘ Expecting friends to care for the 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.



RESPONDING TO EMOTIONAL DISTRESS

The AGGRESSIVE or POTENTIALLY VIOLENT student

FACTS ABOUT AGGRESSION AND POTENTIALLY VIOLENT PEOPLE

Aggression varies from threats to verbal abuse to physical abuse and violence. It can be very difficult to predict. Some indicators of potential violence include:

- ✓ **paranoia**/mistrust, the student feels threatened
- ✓ seems **agitated**, visibly acting keyed up or on edge, unusual movements
- ✓ **impulse** control problems (shouts or punches doors)
- ✓ highly **unstable** school or vocational history
- ✓ fascination with weapons
- ✓ history of **cruelty** to animals as a child or adolescent
- ✓ history of **juvenile violence**, substance abuse, arrests, or abuse

WHAT TO DO

1. Assess your level of **safety**. Call Campus Safety (x7911) immediately if you feel in danger.
2. If you feel it is appropriate to be with the student, remain in an **open area** with easy access to leave. Have someone nearby in case you need assistance. Keep phone close.
3. Explain to the student the behaviors that are unacceptable.
4. Stay calm and set limits. (“I’d like to understand you. But to do so, you will need to calm down and lower your voice.”)
5. Use a time-out strategy if the student refuses to cooperate and remains aggressive and/or agitated. (“I think it’s best that we stop today. Let’s set up a time to meet after we’ve both had a chance to settle down.”)
6. Seek support from colleagues and your supervisor.
7. Consult with professionals at the PLU Crisis Line (253-535-7075)

AVOID

- ✗ Staying in a situation in which you feel unsafe.
- ✗ Engaging in a screaming match or otherwise provoking the situation.
- ✗ 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.
- ✗ DO NOT meet alone with the student



RESPONDING TO SUBSTANCE ABUSE

FACTS ABOUT SUBSTANCE ABUSE

Alcohol and drug abuse among college students interferes with academic performance, puts them at risk for serious accidents and even suicide and death. It can lead to addiction problems for a subset of individuals.

Substance use and abuse among college students is often viewed by students as the necessary means to a social life. It is often also a misguided way to cope with anxiety, depression, and college stress. The most abused substance is alcohol and many college students engage in binge drinking. The legalization of marijuana has opened access to this drug also, with negative results.

Signs that a student may have a substance problem include:

- ✓ Repeated failure to handle academics, work or personal responsibilities.
- ✓ A pattern of unexplained underachievement.
- ✓ Substance-related disciplinary or legal problems such as assault, driving under the influence, and date rape.
- ✓ Denial of the negative and harmful consequences of substance use, even in the face of serious problems (e.g., blackouts, flashbacks, injuries).
- ✓ Mood changes such as temper flare ups, irritability, defensiveness, or academic indifference.
- ✓ Abandoning previously enjoyed activities in order to use drugs.
- ✓ Physical or mental problems, such as memory lapses, poor concentration, lack of coordination, slurred speech.
- ✓ Withdrawal symptoms such as restlessness, insomnia, tremors, diminished concentration, nausea, sweating.
- ✓ Psychological symptoms such as depression, anxiety or paranoia.

WHAT TO DO

1. Treat the situation as serious.
2. Share your concern and encourage the student to seek help.
3. Recognize that denial is a powerful aspect of substance problems and that it can involve conscious or unconscious lying and distorting of the truth.
4. Refer the student to the Counseling Center (x7206) or Lute Telehealth (www.plu.edu/lute-telehealth) to talk with a counselor.

AVOID

- ✗ Ignoring or making light of the problem - use impacts future success.
- ✗ Judging or condoning the behavior.
- ✗ Assuming the drug or alcohol use is harmless.
- ✗ Encouraging substance use by saying that it's a "normal" part of college life.

RESPONDING TO VICTIMS OF VIOLENCE

RESOURCES FOR VICTIMS OF VIOLENCE

Pacific Lutheran University is dedicated to assisting survivors of sexual assault, stalking, sexual harassment and dating or domestic violence. Assistance may include counseling, advocacy, medical care, academic interventions, and referrals to police, campus safety, or other off campus resources.

Campus Safety - x7911

Center for Gender Equity - x8759

PLU Crisis Line - 253-535-7075

Counseling Center - x7206

Health Center - x7337

Student Life - x7191

Student Rights and Responsibilities - x7462



RESPONDING TO VICTIMS OF VIOLENCE

THE VICTIM OF AN ABUSIVE DATING RELATIONSHIP

FACTS ABOUT ABUSIVE RELATIONSHIPS

Abusive relationships are marked by strategies used by one person to maintain power and control over the other. 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, sexual, and/or verbal.

Indicators of abusive relationships include:

- ✓ verbal abuse or physical scars or bruises
- ✓ isolation from friends and family
- ✓ fear of abandonment
- ✓ fear of partner's temper
- ✓ fear of intimidation
- ✓ acceptance of highly controlling behavior
- ✓ assuming responsibility for partner's abusive behavior
- ✓ feeling trapped
- ✓ fear of leaving the relationship

WHAT TO DO

1. Ask to speak to the student in private.
2. Recognize that the student may be fearful and vulnerable.
3. Remember that abusive relationships involve complex dynamics, including high levels of dependency and denial and therefore may be difficult to change.
4. Be aware that interventions from a variety of sources increase the chances for change.
5. Refer the student to the Counseling Center (x7206), Lute Telehealth (www.plu.edu/lute-telehealth), or the Center for Gender Equity (x8759) for help
6. Encourage the student to call Campus Safety when rape or violence is involved.
7. Encourage the student to connect with family and friends.

AVOID

- ✗ Downplaying the situation.
- ✗ Lecturing the student about poor judgment.
- ✗ Expecting the student to make quick changes.

RESPONDING TO VICTIMS OF VIOLENCE

THE VICTIM OF SEXUAL ASSAULT

FACTS ABOUT SEXUAL ASSAULT

Sexual assault is sexual contact initiated against a person without consent. Consent can't be inferred from passivity or silence; nor can a current or previous relationship constitute consent.

Examples of sexual assault include:

- ✓ completed or attempted rape
- ✓ threats of rape
- ✓ sexual coercion
- ✓ unwanted sexual contact without consciousness
- ✓ unwanted sexual contact with force or threat of force
- ✓ stalking
- ✓ filming, photographing, posting, or sexually exploiting someone on social media

Although most assaults are committed by men against women, men can be assaulted by women, and same-sex assaults also occur. Refer to the PLU Student Rights and Responsibilities Sexual Misconduct Policy for more information at www.plu.edu/srr/sexual-misconduct-policy/sexual-misconduct-policy.

WHAT TO DO

1. Listen without conveying judgment and be aware that victims can feel shame and anger.
2. Refer the student to the Counseling Center (x7206) for counseling and referral or to the PLU Crisis Line (253-535-7075) for immediate counseling and referral.
3. Refer to the Health Center (x7337) if the student needs immediate medical attention.
4. Refer the student to the Center for Gender Equity (x6303), confidential advocacy services.
5. Explain to the student that you must share the student's disclosure of assault with the university Title IX Coordinator. Refer to these PLU web pages for additional information:
 - a. www.plu.edu/title-ix/resources
 - b. www.plu.edu/title-ix/mandatory-reporting

AVOID

- ✗ Expressing judgment even when high-risk behaviors on the part of the victim (e.g., intoxication) were involved.
- ✗ Asking for extraneous details that may interrogate. ("Why did you go alone with him?")
- ✗ Pressuring the student to file a police report.



RESPONDING TO VICTIMS OF VIOLENCE

THE VICTIM OF A HATE INCIDENT

FACTS ABOUT HATE INCIDENTS

A hate crime is a criminal act against a person or their property because of that person's actual or perceived race, color, religion, nationality, disability, gender, 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 TO DO

1. Talk to the victimized student in private.
2. Recognize that the student is probably experiencing a range of intense feelings, including shame, anger, fear, and denial.
3. Explain the importance of notifying Campus Safety (x7911 or x7441).
4. Refer the student to the Counseling Center (x7206) or Lute Telehealth (www.plu.edu/lute-telehealth) for supportive counseling.

AVOID

- ✘ Downplaying the situation.
- ✘ Expressing personal biases.
- ✘ Getting caught up in political or news-driven views.
- ✘ Getting caught up in the technicalities or legalities of the situation.

RESPONDING TO VICTIMS OF VIOLENCE

THE VICTIM OF HAZING

FACTS ABOUT HAZING

Hazing involves persecution and harassment with difficult, meaningless, or humiliating tasks; it is used as a rite of passage or initiation into a campus organization.

Hazing is not required for membership in any campus organization. Students who have been hazed are often fearful of coming forward for fear of retribution or being outcast by the group. Hazing can be physical and/or psychological. It can result in severe trauma, even death.

Some students feel it is a rite of passage or honor to go through an initiation for a club or group and want to be hazed, however may or may not realize how extreme hazing can become during an initiation process. This can complicate their reaction. Also, students may not always realize they are being hazed because the hazing seems minor, but still has a psychological impact, and may become an unhealthy tradition.

Signs of Hazing

- ✓ Sleepiness
- ✓ Severe drop in academic performance
- ✓ Diminished involvement in class
- ✓ Visible injuries

WHAT TO DO

1. Talk to the victimized student in private.
2. Recognize that the student may be feeling vulnerable and experiencing a range of emotions.
3. Advise the student to report the incident to Campus Safety (x7441).
4. Refer the student for follow-up counseling at the Counseling Center (x7206) or Lute Telehealth (www.plu.edu/lute-telehealth), if appropriate.

AVOID

- ✗ Minimizing the situation.
- ✗ Expressing opinions about the organization as the student may have different feelings.
- ✗ Agreeing to being bound to confidentiality.



RESPONDING TO VICTIMS OF VIOLENCE

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:

- ✓ following, waiting, or watching the victim
- ✓ harassment via phone, email, social media
- ✓ unwanted gifts
- ✓ unwanted, persistent attentiveness
- ✓ disregard for boundaries either verbal or physical

Stalkers can be of any gender, and targets can be of the same or different gender.

WHAT TO DO

1. Encourage the targeted student to trust their instincts.
2. Remind the student to avoid walking alone on secluded pathways.
3. Advise the student to contact the Campus Safety (x7441) for escorts on campus.
4. Advise the student to document unwanted contacts and maintain evidence of harassment.
5. Advise the student to take precautions to ensure safety, including a change in routine travel routes and schedules.
6. Refer the student to the Center for Gender Equity Victim Advocate (x6303)
7. Refer the student to the Counseling Center (x7206) or Lute Telehealth (www.plu.edu/lute-telehealth) for supportive counseling, and possible referral to Student Rights and Responsibilities office (x7462).

AVOID

- ✗ Ignoring or minimizing the situation.
- ✗ Suggesting the targeted student is responsible for the unwanted attention.
- ✗ Taking responsibility for protecting the student.



RESPONDING TO ACADEMIC PROBLEMS

THE STUDENT STRUGGLING WITH DISABILITIES

FACTS ABOUT DISABILITY

Students with documentation of a physical, learning or psychiatric disability need to be aware of support that is available through the Office of Accessibility & Accommodation (x6392).

- ✓ Students with physical disabilities may experience classroom access challenges associated with limitations in mobility, speaking, hearing, and/or vision.
- ✓ Students with medical conditions 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, or output.
- ✓ Students with psychiatric disabilities have a chronic and debilitating psychological condition that interferes with their ability to participate in the routine educational program, such as Bipolar Disorder, Major Depression, Anxiety Disorders, and Post Traumatic Stress Disorder.
- ✓ Students with Attention Deficit/Hyperactivity Disorder (ADHD) may experience inattentive, hyperactive, and/or impulsive behaviors due to a dysfunction of the central nervous system.

These disabilities can have a detrimental impact on reading, writing, math, attention, concentration, and/or overall organizational abilities and may compromise social, vocational, and academic performance.

Students with disabilities may not realize accommodations may be available.

WHAT TO DO

1. Speak to the student in private about your questions or concerns.
2. Treat each student with sensitivity and respect.
3. Acknowledge the difficulties that the student may be having given possible course design or environmental barriers.
4. Refer the student to the Office of Accessibility & Accommodation (x6392).
5. Be open to follow-up consultation with the Office of Accessibility & Accommodation regarding accommodations for the student.
6. Refer student to Counseling Center (x7206) to discuss difficulties if that seems helpful.

THE STUDENT STRUGGLING WITH DISABILITIES - CONTINUED

AVOID

- ✘ Using patronizing language with the student.
- ✘ Underestimating or questioning the stated disability.
- ✘ Assuming the student understands the academic limitations imposed by the disability.



RESPONDING TO ACADEMIC PROBLEMS

THE STUDENT WHO IS STRUGGLING ACADEMICALLY

Students, faculty, and staff with questions about academic support can call (x7459), email (success@plu.edu) or make a virtual appointment (plu.libcal.com/appointments) with The Center for Student Success.

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.

Some students struggle in class because of psychological problems that interfere with concentration and motivation (insomnia, depression, anxiety, and substance addiction). Some may also have disorders that interfere with concentration, planning and organization, such as Asperger's syndrome or Attention Deficit Disorder (ADD).

Most students do not struggle academically because they are not 'smart' enough. In fact, many have intelligence and memory capabilities that allowed them to succeed in the past without systematic learning strategies.

1. The most common remark heard from students struggling academically is that they did not have to study much before coming to the University. Many of our students believe that if they were smarter, they would not need to use structured approaches to studying.
2. The second most common remark is that they are studying more now than ever. Translation: Many of our students are working hard, but not effectively.

There are two large categories of students who struggle academically:

1. Those who lack motivation
2. Those who have the requisite motivation but do not know how to study effectively.

From the outside, the results look very much the same.

The first group needs to be challenged to discover the personal benefits of achieving in the university environment.

The second group responds well to coaching in study habits and efficiencies that help them understand and remember the course material.



THE STUDENT WHO IS STRUGGLING ACADEMICALLY - CONTINUED

WHAT TO DO

1. Meet with the student early enough in the term to make a difference.
2. Review the student's performance and make suggestions for improvement.
3. Refer the student to the Center for Student Success (x7518) for tutoring and study skills support.
4. If anxiety or other psychological factors are getting in the way, refer the student to the Counseling Center (x7206) or Lute Telehealth (www.plu.edu/lute-telehealth).

AVOID

- ✘ Concluding that the student is just lazy.
- ✘ Presuming the student lacks the ability to be successful.
- ✘ Discouraging the student who really does have the time to improve.
- ✘ Making continual concessions for the student by moving deadlines.



RESPONDING TO ACADEMIC PROBLEMS

THE ACADEMICALLY DISMISSED STUDENT

FACTS ABOUT ACADEMICALLY DISMISSED STUDENTS

Problems leading to academic dismissal often include wrong major, financial difficulties, many outside work hours, an accident, illness of student or family members, the need for improved study skills and time management, and/or a failure to use campus resources.

WHAT TO DO

1. Talk with the student in private and listen to the student's concerns.
2. Remind the student that current academic requirements and policies are listed in the PLU Catalog, which is available online: www.plu.edu/catalog
3. Have the student explain the main reasons for the dismissal.
4. Ask the student if they have seen an academic advisor. If not, refer the student to The Center for Student Success (x7459, www.plu.libcal.com/appointments) for Academic Advising.
5. Let the student know that they have the right to appeal the decision and to refer to the PLU Catalog for information about appeal and reinstatement.
6. If the student has not yet been dismissed, refer the student to the Counseling Center (x7206) for support, coping strategies, and help with future planning.

AVOID

- ✗ Overwhelming the student with too much information.
- ✗ Assuming the student can work through the problems without developing a network of support on campus.
- ✗ Discouraging the student from applying for reinstatement.
- ✗ Reaching the conclusion that the student will not be reinstated.



RESPONDING TO ACADEMIC PROBLEMS

THE STUDENT WHO NEEDS LEARNING SKILLS

FACTS ABOUT LEARNING SKILLS

A student may not have been taught specific learning skills prior to coming to college (e.g., making marginal notes, giving visual emphasis to material, scheduling frequent reviews, etc.)

Tips to encourage students:

- ✓ Good time management can promote academic success.
- ✓ Paper based and electronic tools (e.g., “to do” lists, schedules, and calendars) can help students prioritize and organize their time.
- ✓ A student can plan effective study strategies, based on their learning style.
- ✓ Sometimes a student’s learning style does not match the instructor’s teaching style.
- ✓ Learning skills and strategies vary according to the specific content and objectives of the course.

WHAT TO DO

1. Ask the student about their personal study time and study strategies.
2. Determine if the student understands the course content.
3. Provide clarification of course content, if needed.
4. Build into your class a session on how to study for the course at the beginning of the term.
5. Take time to review past exams to analyze the student’s strengths and weaknesses.
6. Make suggestions and encourage the student to adjust learning strategies before the next test.
7. Ask if the student is utilizing any other campus resources.
8. Stress the value of group study.
9. Refer the student to The Center for Student Success (x7459, www.plu.libcal.com/appointments) for additional academic support.

AVOID

- ✗ Assuming the student does not understand the course material.
- ✗ Assuming students have the same learning styles.
- ✗ Believing the student should know how to learn course content.
- ✗ Thinking the student knows about available campus resources.

RESPONDING TO ACADEMIC PROBLEMS

THE STUDENT WITH TEST ANXIETY

FACTS ABOUT TEST ANXIETY

Some anxiety often helps a student perform at their best. However, too much anxiety can affect both academic and psychological well-being. Test anxiety can be caused by many factors, such as the pressure to succeed, past experiences, self-doubt, and/or fear of failure.

Symptoms of test anxiety can include:

- ✓ rapid heartbeat
- ✓ sweaty palms
- ✓ upset stomach
- ✓ negative self-talk
- ✓ feelings of inadequacy
- ✓ tears
- ✓ inability to retain test information
- ✓ feeling the mind goes blank

The student with anxiety may not perform well on tests, although grades on other course requirements are good.

A student can have anxiety related to certain types of exams. For example, there may be a great discrepancy between a student's grades on multiple-choice vs. essay exams in the same course, paper vs. digitally administered exams, timed vs. untimed exams.

WHAT TO DO

1. See the student privately.
2. Ask about the student's exam preparation and time management skills. Suggest useful study strategies and exam preparation techniques.
3. Go over the exam with the student so that the student understands their performance and what caused the errors.
4. Refer the student to Office of Accessibility & Accommodation (x6392) for testing accommodations.
5. Refer the student to the Counseling Center (x7206) or Lute Telehealth (www.plu.edu/lute-telehealth) for stress management and help with anxiety, if needed.
6. Encourage the student to form a study group for the course to provide academic and psychological support.



THE STUDENT WITH TEST ANXIETY - CONTINUED

AVOID

- ✘ Minimizing the situation.
- ✘ Assuming the student is simply trying to ask for special attention.
- ✘ Thinking the student should be able to handle the material without support.
- ✘ Concluding that the student must have a learning disability.
- ✘ Believing that if the student really understands the material, the student should be able to perform better on exams.



COUNSELING SERVICES: FAQs

What Services are provided?

- ✓ Consultation to faculty and staff: 10:00-11:00am, Mon-Fri (call x7206).
 - For urgent consultation: PLU Crisis Line (253-535-7075)
- ✓ Initial assessment and subsequent referrals for assistance
- ✓ Crisis management via the PLU Crisis Line (253-535-7075)
- ✓ Brief individual psychotherapy for students residing in Washington coping with such issues as anxiety, depression, stress, grief and loss, life transitions, and ADD.
- ✓ Individual therapy for students located anywhere in the U.S. via Lute Telehealth (www.plu.edu/lute-telehealth) (up to 12 scheduled sessions and as needed Talk Now, anytime sessions).
- ✓ Outreach to departments and classes
- ✓ Debriefing after campus tragedies
- ✓ Advocacy for students who need other resources

How do students access services?

- ✓ Students residing in Washington seeking counseling with Counseling Center providers should call (x7206) or email (counseling@plu.edu) to set up first appointments.
- ✓ Urgent professional mental-health assistance after business hours and weekends/holidays is available via the PLU Crisis Line (253-535-7075).
- ✓ Students wishing for broader access to times and providers or residing outside of Washington should access Lute Telehealth (www.plu.edu/lute-telehealth) and click on “To Start a Visit, Click Here.” Students will need to complete a brief initial registration and then may select “Schedule” or “Talk Now”

What happens at the first appointment?

- ✓ Students meet with a counselor for an Initial Treatment Planning Session to provide support, gather information, and conduct an assessment.
- ✓ Depending upon the student’s needs and the current demand on our services, the student may begin treatment with a psycho-educational skills-based workshop, assigned to a counselor for brief therapy, referred to the Health Center for medication, and/or be referred to a community therapist.

What about cost and confidentiality?

- ✓ There is no charge for counseling services, and is available for all currently enrolled students.
- ✓ For trust to develop and counseling to be effective, students must know that what they share will be held in confidence.

- ✓ What students disclose to their counselor is completely confidential and will not be disclosed to others, including the referring faculty, unless the student signs a written release.
- ✓ If you want to know how the referred student's counseling is going, ideally you would ask the student directly. Exceptions to confidentiality may be made if a student discloses abuse of a minor or dependent adult, or if a student is suicidal or homicidal, in which case we would notify those people necessary to help keep the student or others safe.

What about letters requesting accommodation for mental health reasons?

We do not write letters to professors regarding accommodation for mental health treatment. For students who are new to the Counseling Center, we may provide them with a form documenting that they attended an initial session. While we encourage faculty and staff to be sensitive to students' mental health needs, unless there is a documented disability, the professor must decide how and when to extend academic accommodation.

What about documentation for Emotional Support Animals (ESA)?

We do not provide assessments nor provide documentation to establish the need for ESAs. Students who are interested and wish to be evaluated should seek this documentation from a prior licensed medical or mental health provider, current primary care physician, or through local community resources.



ON-CAMPUS RESOURCES

Accessibility & Accommodation	6392
Campus Safety - General / Info	7441
Campus Safety - Emergencies	7911
Center for Gender Equity	8759
Counseling Center	7206
Diversity Center	8750
Health Center	7337
International Student Services	7122
Library	7500
Military / Veteran Support	8317
Residential Life	7200
Student Life	7191
Student Rights and Responsibilities / Student Care Network	7462

