

At times you may have concerns about students' behaviors and signs of psychological distress that could affect academic and personal functioning and success. This folder provides information that could assist you in early problem recognition and effective referral. Contact information is also available regarding relevant resources on and off campus.

CHARACTERISTICS OF TROUBLED OR DISTRESSED STUDENTS

Where you may see them:

- in the classroom
- in advising sessions
- in living areas
- during informal interactions
- in assignments students submit

What they look like:

- Extremely poor academic performance or a change from high to low grades
- Excessive absences, especially if prior class attendance was good
- Unusual or noticeably changed interaction patterns in the classroom
- Depressed or apathetic mood, excessive activity or talkativeness, evidence of crying
- Noticeable change in appearance and hygiene
- Alcohol on the breath/problem drinking patterns
- Inability to remain awake in class
- Repeated attempts to obtain deadline extensions or postpone tests
- Dependency
- New or continuous behavior which disrupts your class or student interactions
- Inappropriate or exaggerated emotional reactions to situations, including a lack of emotional response to stressful events
- Seeking help from multiple other parties instead of counseling professionals
- Violent or other extremely disruptive behavior
- Obvious loss of contact with reality
- Disturbed speech or communication content
- Suicidal or other self-destructive thoughts or actions
- Homicidal threats

RESOURCES

Important Campus Phone Numbers

| | |
|---|--------------|
| Emergency - Life-threatening situations | 911 |
| University Police | 410-543-6222 |

Counseling Center

410-543-6070

Guerrieri University Center, Room 265 • www.salisbury.edu/counseling

| | |
|---|--------------|
| Fair Practices Officer | 410-548-3508 |
| Housing and Residence Life | 410-543-6040 |
| International Student Services | 410-677-5027 |
| Office of Graduate Studies and Research | 410-677-0047 |
| Office of Student Disability Support Services | 410-543-6070 |
| Student Activities, Organizations, and Leadership | 410-543-6125 |
| Student Affairs Administration | 410-543-6080 |
| Student Health Services | 410-543-6262 |

Important Off-Campus Phone Numbers

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|--------------------------------------|-----------------------|
| Eastern Shore Mobile Crisis Team | 888-407-8018 |
| Life Crisis Center | 410-749-4357 |
| National Suicide Prevention Lifeline | 1-800-273-TALK (8255) |
| Peninsula Regional Medical Center | 410-546-6400 |
| Trevor Lifeline | 866-488-7386 |

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OTHER REPORTING MANDATES

Child Abuse and Neglect

www.salisbury.edu/president/bor_policies/section_VI/Child_Abuse_and_Neglect_Policy_SU_FINAL.pdf

Sexual Misconduct and Other Sex and Gender-Based Discrimination:

www.salisbury.edu/equity/library/docs/SUProhibitedSexDiscriminationPolicy.pdf

WHAT ABOUT PRIVACY?

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. It is a misperception that you cannot communicate with others about students of concern.

There are a couple of relevant conditions under FERPA that allow you to disclose records, without consent:

- School officials with legitimate educational interest, i.e. a need to know
- Appropriate officials in cases of health and safety emergencies

Student behaviors that you observe that may be disruptive or concerning, are not part of an educational record, and therefore are not governed by FERPA. You can communicate with appropriate professionals and enlist the help of resources regarding the student of concern. Sensitivity for privacy and relevance of the information shared when doing so is also good practice.

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SU is an Equal Opportunity/AA/Title IX university and provides reasonable accommodation given sufficient notice to the University office or staff sponsoring the event or program. For more information regarding SU's policies and procedures, please visit www.salisbury.edu/equity.



COORDINATED RESPONSE TEAM (CRT)

Mission

To promote the health and safety of members of the Salisbury University community through the review of information related to students who demonstrate behavior or characteristics related to distress, disruptive, threatening or potentially dangerous behaviors to themselves or others and through the coordination of a response plan for those individuals.

Purpose

- to provide a forum for relevant University personnel to review incidents and information related to students who appear severely distressed, disruptive, threatening or potentially dangerous
- to gather additional information, as needed, to assess the situation
- to consult with concerned others on a need-to-know basis
- to make recommendations related to intervening with that student
- to protect the individual student and the University community
- to adhere to University policies and procedures
- to offer an added layer of consultation and response and not to replace timely use of established campus services and community resources in dealing with mental health and emergency situations

Members

Director, Counseling Center, Chair; Associate Vice President, Student Affairs; Assistant Vice President, Academic Affairs; Coordinator, Office of Student Disability Support Services; Assistant Director, Housing and Residence Life; Assistant Dean of Students; Lieutenant, University Police

Referral

The CRT meets weekly and other times, as needed. Incident reports generated by the University Police that are related to severely distressed, disruptive, threatening or potentially dangerous students are sources of referrals to the CRT for review. Other students for review may be referred by members of CRT and/or faculty and staff. Contact the director of the Counseling Center 410 543-6070 to discuss a student of concern.

(updated January 2016)

DISRUPTIVE BEHAVIORS

Disruptive behaviors are words or actions that may be inappropriate, aggressive, disrespectful, disorderly, rebellious and/or emotional, they can occur in and out of the classroom.

What it looks like:

- Disrupting the flow or movement of others on campus or at University-sponsored events.
- Trespassing or unauthorized entry.
- Interfering with the freedom of speech of any member or guest of the University.
- Intentionally disrupting a class session and/or academic activities.
- Engaging in disorderly conduct, including, but not limited to, direct involvement in a verbal and/or physical altercation or acting as a bystander.
- Conducting an activity or acting in such a manner as tends to disturb the peace and order of the campus, the classroom environment, the community or the public generally (i.e., parties, loud music, excessive noise, etc.).
- Behaving obscenely or indecent exposure in public places.
- Pranks that cause or have the potential for causing damage to the University or personal or public property.
- Hosting or attending a party or social event on or off campus that causes a disruption to the community or that violates local, state or federal laws or ordinances.

(See the Salisbury University Student Code of Conduct for full details)

How to intervene:

- If there is a threat to the safety and welfare of the student or others, call 911 or University Police, 410 543-6222.
- Communicate immediately, calmly and directly about the behavior.
- Describe the problematic behavior to the student and explain how it is problematic.
- Set limits and clarify expectations for acceptable behavior and consequences if not followed.
- Document the incident and action taken.
- Contact the Dean of Students Office, 410 543-6080, if the behavior violates the Student Code of Conduct.
- If the behavior seems related to a psychological issue or the response when confronted leads to emotional distress, refer the student to the Counseling Center and/or call the director to consult, 410 543-6070.

SYMPTOMS OF SOME SPECIFIC PSYCHOLOGICAL PROBLEMS

Depression

- Feelings of sadness, helplessness, hopelessness
- Sleeping too much or too little
- Weight gain or loss
- Overeating or loss of appetite
- Loss of interest in sex
- Tearfulness
- Withdrawal from others
- Loss of interest in activities previously enjoyed
- Decreased motivation
- Alcohol or other drug abuse
- Pessimism
- Problems with concentration or memory
- Thoughts of death

Anxiety

- Constantly moving around or being fidgety
- Not being able to relax
- Nervousness
- Physical sensations like heart pounding, feeling dizzy, can't catch breath and/or trembling
- Feeling pressured
- Excessive worry
- Unable to make decisions
- Problems sleeping
- Difficulty concentrating

Thought Disorders

- Delusions (e.g. paranoia, thinking they or others are someone they are not)
- Hallucinations (e.g. hearing or seeing things that others do not)
- Disorganized speech (e.g. incoherent, tangential)
- Disorganized or catatonic behavior

WARNING SIGNS FOR SUICIDE

Some behaviors may indicate that a person is at immediate risk for suicide. The following three should prompt you to immediately call the Counseling Center, another mental health professional, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Other behaviors may also indicate a serious risk – especially if the behavior is new; has increased; and/or seems related to a painful event, loss or change:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Suicide is a complex human behavior, with no single determining cause. The factors that affect the likelihood of a person attempting or dying by are known as risk or protective factors, depending on whether they raise or lower the likelihood of suicidal behavior.

Major risk factors for suicide include:

- Prior suicide attempt(s)
- Mood disorders
- Substance abuse
- Access to lethal means

Major protective factors include:

- Effective mental health care
- Connectedness
- Problem-solving skills

Citation: Suicide Prevention Resource Center

HOW TO INTERVENE

Whenever any of the signs of distress are present and a student is not functioning at optimum level, a referral to the Counseling Center could be warranted. Faculty and staff will hear from students about their personal difficulties. Often an empathic listener or a trusted mentor can provide the support, guidance or perspective to sufficiently help a student through a difficult situation or time in life. There are times, however, when the help of professionals trained to deal with psychological issues and problems is warranted and when your involvement with the student should be redefined in order to be most helpful.

When to Refer

- A student asks for help with a problem outside of your realm of expertise.
- You believe the student has crossed a line in communicating about things that are too personal.
- The student feels uncomfortable talking to you about the problems.
- What you have done so far has not sufficiently helped reduce the problem.
- The student's behavior is disrupting others.
- Helping the student could represent a conflict of interest or dual relationship and compromise your objectivity.
- You are having a strong emotional reaction to the student's situation, e.g. feeling overwhelmed, overly responsible, afraid or tired.
- You are extremely busy or stressed, or unwilling or unable to offer the necessary help.

How to Refer

- Talk to the student in private.
- Express concern, while being specific about particular troubling behaviors.
- Listen empathically.
- Remain neutral.
- Suggest to the student that it would be helpful to talk to someone at the Counseling Center who is trained to address his/her concerns. Have the student call to schedule an appointment from your office, if he/she is willing.
- Instill hope and confidence in treatment
- Demystify and de-stigmatize counseling as necessary.
- Call a counselor yourself to consult about the student's circumstances.
- Obtain emergency help via University Police if there is a threat of danger or harm.
- Follow up with the student to find out if he/she kept the appointment. Don't inquire about details of the session, rather just show an interest in knowing that the student is getting the help he/she needs.