

# RECOGNIZING AND SUPPORTING STUDENTS IN DISTRESS

To assist our students in maintaining their safety, health, and well-being, it is important to identify difficulties as soon as possible. When a student is in distress there are often indicators long before a situation escalates to a crisis. As faculty and staff members, you may be the first to notice signs of distress.

The University has many resources available for you to consult with including the Health & Counseling Center (HCC) and Student Outreach & Support (SOS). It is important that once you notice these signs of distress that you communicate these through the SOS Referral system which activates outreach and support services. In addition to making a referral to the SOS Referral system, we also encourage you to have a direct conversation with the student to gather information, express your concern, and share the resources available to the student to support them in navigating this challenging time. It is also helpful to share if the behavior your are observing is a change in the student's baseline behavior.

Whether you are able to have a conversation with the student or not, it is critical to always submit a report of your concern through the SOS Referral system. Please understand that referring not only helps support students but also serves as documentation that the University activated appropriate protocol to address concerning behavior that may have safety implications for individuals and the campus community. This type of documentation is very important given liability issues.

The presence of one of the following indicators alone does not necessarily mean that the student is experiencing severe distress. However, the more indicators you notice, the more likely it is that the student needs support.

When in doubt, consult with Student Outreach & Support (303-871-2400) or www.du.edu/studentlife/studentsupport/pioneers\_care

Faculty members may have concerns about sharing information about students to others. Please see FERPA guidelines: www.du.edu/registrar/privacy

## **INDICATORS**

#### **Academics**

- Repeated absences from class, section, or lab
- Missed assignments, exams, or appointments
- Deterioration in quality or quantity of work
- Extreme disorganization or erratic performance
- Written or artistic expression of unusual violence, morbidity, social isolation, despair, or confusion; essays or papers that focus on suicide or death
- Continual seeking of informal arrangements (extensions on papers, make-up exams)

- Patterns of perfectionism: e.g., can't accept themselves if they don't get an A+
- Overblown or disproportionate response to grades or other evaluations

#### Behavioral and Emotional

- Direct statements indicating distress, family problems, or loss
- Angry or hostile outbursts, yelling, or aggressive comments
- More withdrawn or more animated than usual
- Expressions of hopelessness or worthlessness; crying or tearfulness
- · Expressions of severe anxiety or irritability

nuary <sup>2021)</sup> Behavioral and Emotional (cont'd)

- Excessively demanding or dependent behavior
- Lack of response to outreach from course staff
- · Shakiness, tremors, fidgeting, or pacing

#### **Physical**

- Deterioration in physical appearance or personal hygiene
- Excessive fatigue, exhaustion; falling asleep in class repeatedly
- Visible changes in weight; statements about change in appetite or sleep

- Noticeable cuts, bruises, or burns
- Frequent or chronic illness
- Disorganized speech, rapid or slurred speech, confusion
- Coming to class bleary-eyed or smelling of alcohol

## Safety Risk

- Written or verbal statements that mention despair, suicide, or death
- Severe hopelessness, feelings of sadness, isolation, and withdrawal
- Statements to the effect that the student is "going away for a long time"

### THE SITUATION IS AN EMERGENCY IF:

- · Physical or verbal aggression is directed at self, others, animals, or property
- The student is unresponsive to the external environment
- The student is —incoherent or passed out —disconnected from reality/exhibiting psychosis displaying unmitigated disruptive behavior
- · The situation feels threatening or dangerous to you
- If you are concerned about immediate threats to safety, call the Police: 911, or Campus Safety at 303-871-3000.

#### HOW DO YOU KNOW WHEN TO ACT?

You may notice one indicator and decide that something is clearly wrong. Or you may have a "gut-level feeling" that something is amiss. A simple check-in with the student may help you get a better sense of the situation. It's possible that any one indicator, by itself, may simply mean that a student is having an "off" day. However, any one serious sign (e.g., a student writes a paper expressing hopelessness and thoughts of suicide) or a cluster of smaller signs (e.g., emotional outbursts, repeated absences, and noticeable cuts on the arm) indicates a need to take action on behalf of the student.

\*\*\*\*When in doubt, ALWAYS submit a referral to the SOS Referral system

#### RESPONDING TO STUDENTS IN DISTRESS

- Once you have identified a student in distress: speak directly with the student and submit a report through the SOS Referral system.
- If you have a relationship or rapport with the student, speaking directly to the student may be the best option. Begin the conversation by expressing your concerns about specific behaviors you have observed.
- If you do not really know the student, you
  may prefer to consult with Student Outreach
  & Support (SOS) 303-871-2400, or if after
  hours, contact a resource listed on the after
  hours resource list on the back page.

- If you choose to speak with the student directly: You will not be taking on the role of counselor. You need only listen, care, and offer resource referral information.
- Meet privately with the student when possible.
- Set a positive tone. Express your concern and caring.
- Point out specific signs you've observed.
   ("I've noticed lately that you...")
- Ask, "How are things going for you?"
- Listen attentively to the student's response and encourage the student to talk. ("Tell me more about that.")

## Responding To Students In Distress (cont'd)

- Allow the student time to tell the story. Allow silences in the conversation. Don't give up if the student is slow to talk.
- Ask open-ended questions that deal directly with the issues without judging.
- If there are signs of safety risk, ask if the student is considering suicide. A student who is considering suicide will likely be relieved that you asked. If the student is not contemplating suicide, asking the question will not "put ideas in their head."
- Restate what you have heard as well as your concern and caring. ("What do you need to do to get back on a healthy path?")

- Ask the students for input on what might help.
- Suggest resources and referrals. Share any information you have about the particular resource you are suggesting and the potential benefit to the student. Let them know about the SOS Referral system which activates student support services.
- Unless the student is suicidal or may be a danger to others, the ultimate decision to access resources is the student's. If the student says, "I'll think about it," when you offer referral information, it is okay. Let the student know that you are interested in hearing how they are doing in a day or two. Submit a SOS Referral report to share information about this conversation. Followup with the student in a day or two.

#### REFERRALS/RESOURCES

- Explain the limitations of your knowledge and experience. Be clear that your referral to someone else does not mean that you think there is something wrong with the student or that you are not interested. Share that through the SOS Referral system that these offices have resources to assist the student in a more appropriate manner.
- Provide name, phone number, and office location of the referral resource or walk the student to
  the SOS offices if you are concerned the student won't follow up. Try to normalize the need to ask
  for help as much as possible. It is helpful if you know the names of staff people and can speak
  highly of them. Convey the spirit of hopefulness and the information that troublesome situations
  can and do get better.
- Realize that your offer of help may be rejected. People in varying levels of distress sometimes
  deny their problems because it is difficult to admit they need help or they think things will get
  better on their own. Take time to listen to the student's fears and concerns about seeking help.
  Let the students know that it is because of your concern for them that you are referring him/her
  to an expert.
- End the conversation in a way that will allow you, or the student, to come back to the subject at another time. Keep the lines of communication open. Invite the student back to follow-up.
- If you have an urgent concern about a student's safety, walk the student to the Health and Counseling Center right away, or stay with the student and notify the Health and Counseling Center (303-871-2205/Press "1") or Campus Safety (campus phone x1-3000; 303-871-3000).

## CRISIS ASSESSMENT & RISK EVALUATION (CARE) BEHAVIORAL INTERVENTION TEAM

The University of Denver's Crisis Assessment Risk Evaluation (CARE) Behavioral Intervention Team is committed to providing care and access to resources to create a safe and secure environment for our campus community to maintain their safety, health, and well-being. The CARE team takes a proactive, objective, supportive, and collaborative approach.

The CARE team is dedicated to the prevention, identification, assessment, intervention, management of, and coordinated response to student situations and behaviors that may be disruptive or pose a risk of harm to the safety, health, and well-being of individuals and the campus community.

The primary modes of intervention to address disruptive or concerning behavior include, but are not limited to, the following:

- Behavioral Expectations Letters to identify concerning patterns of behavior
- Individualized Assessments
- · Temporary Removal
- Voluntary Medical Leaves
- · Mandatory Withdrawals

View full policies at www.du.edu/studentlife/studentsupport/pioneers\_care/assessment-team

## QUICK ACTION GUIDE: STUDENTS IN DISTRESS

A student may share information with you about academic, social or personal issues. When speaking with a student, listen to what they have to say, and respond with empathy, connection and caring. Your goal is to increase resources of connection, hope and support. You are not a fixer or a therapist, you are gatekeeper! If you feel comfortable, ask questions about the student's personal safety and the safety of others to further determine the severity of the issue. If you don't feel comfortable, contact the Counselor On-Call at the Health & Counseling Center (HCC) 303-871-2205, (after-hours press "1") and the HCC will help connect you to the Counselor On-Call who can assess the student over the phone to determine the level of the issue and an appropriate plan to help the student.

Working with an enrolled DU student who is:  Who to contact:	Emergency 911	Campus Safety x1-3000	HCC x1-2205	SOS Referral Submit referral online	Center for Advocacy, Prevention, & Empowerment x1-3853	Title IX x1-7016
	FIRST ACTION = 1 FURTHER ACTION = 2					
URGENT ISSUES/SIGNS						
Threatening to hurt or kill themselves	1	1	2	2		
Looking for ways to kill themselves, such as seeking access to pills, weapons, or other means	1	1	2	2		
Threatening to hurt or kill someone else	1	1	2	2		
A victim (or witness) to sexual assault, domestic violence, dating violence, or stalking		1			1	2
Talking or writing about death, dying, or suicide			1	2		
Exhibiting behavior that seems out of touch with reality or appears psychotic (non-threatening)			1	2		
NON-IMMINENT SIGNS						
Has been a victim (or witness) to general violence, intimidation or threatening behavior		1	2	2		2
Having difficulty because of personal/family issues			1	1		
Exhibiting signs of depression, hopelessness, or withdrawing from friends/family			1	1		
Appears to have an eating disorder or disordered body image			1	1		
Signs of alcohol or drug abuse			1	1		
Acting reckless or engaging in risky activities			1	1		
Exhibiting dramatic changes in mood			1	1		
Rage, anger, seeking revenge (non-threatening)			1	1		
Anxiety, agitation, feeling trapped, or inability to sleep			1	1		
Concerns with food security/housing				1		

DAYTIME RESOURCES (From campus phones dial x1+ last four digits)			AFTER HOURS	AFTER HOURS RESOURCES			
303-871-3000	Cultural Center (Spiritual Services)	303-871-4488	Campus Safety Emeraency	303-871-3000			
303-871-2334	Title IX	303-871-7016	Counselor On-call	303-871-2205			
303-871-2400	<b>Equal Opportunity</b>	303-871-7726	or CAPE Advocacy	(Press "1")			
<b>g</b> 303-871-2205	CAPE Center for Advocacy, Prevention, and Empowerment	303-871-3853	Colorado Crisis Services	<b>844-493-8255</b> (or text "TALK" to 38255)			
	303-871-3000 303-871-2334 303-871-2400	303-871-3000   Cultural Center (Spiritual Services)     303-871-2334   Title IX     303-871-2400   Equal Opportunity     CAPE Center for Advocacy, Prevention,	303-871-3000   Cultural Center (Spiritual Services)   303-871-4488   303-871-2334   Title IX   303-871-7016   303-871-2400   Equal Opportunity   303-871-7726   CAPE Center for Advocacy, Prevention,   303-871-3853   303-871-2205   CAPE Center for Advocacy, Prevention,   303-871-3853   303-871-2205   CAPE Center for Advocacy, Prevention,   303-871-3853   303-871-2205   CAPE Center for Advocacy, Prevention,   303-871-3853	303-871-3000 Cultural Center (Spiritual Services)  303-871-2334 Title IX 303-871-7016 Counselor On-call or CAPE Advocacy  CAPE Center for Advocacy, Prevention, Advocacy, Prevention, Counselor On-call Orisis Services			