HELPING STUDENTS IN DISTRESS

A FACULTY & STAFF GUIDE FOR ASSISTING STUDENTS IN NEED

UNIVERSITY OF OREGON COUNSELING CENTER
Dear Faculty and Staff:

Has this ever happened to you?

- A student comes to your class obviously intoxicated and disruptive.
- A student reveals to you that personal or family problems is interfering with their work.
- A student who used to engage you in conversation after class suddenly seems withdrawn and troubled.
- A student, visibly upset, tells you that despite her third-year standing she is thinking about changing her academic major for the third time.
- 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.

The Problem
College students often experience high levels of stress. Most students successfully cope with university life; however, some become overwhelmed. A significant number of college students have their education and personal lives disrupted by psychological problems. While some of these problems resolve themselves in the course of time, for other students, when these difficulties go untreated, the results can be serious and include academic failure and even withdrawal from the university.

Most psychological problems – even the more serious disorders such as depression, anxiety disorders, bipolar disorder and post traumatic stress – have high rates of recovery if appropriate help is received in time. Unfortunately, many students fail to get the help they need for any number of reasons, including lack of knowledge about or denial of the problem, stigma and the fear of seeking help, and lack of information about helpful campus resources.

Your Role
Faculty and staff can play a key role in identifying distressed students and connecting them to help. As a faculty or staff member, you often get the first glimpse of students in trouble and may be the one they turn to for help. Responding to students in distress, however, can feel confusing and overwhelming. This guide is intended to help you assist students in a variety of distressing situations.

Also, you are encouraged to consult directly with staff at Student Life (6-3216) or the Counseling Center (6-3227) to help you strategize how to act in the best interests of a troubled student.

We appreciate the role you play as a help-giver in the campus community, and hope that this guide will be useful to you in your efforts. It takes all of us to create a supportive environment for students in order to help them achieve success.
# 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., delusions or hallucinations)
- Threats or aggression directed toward others
- Demonstrated inability to care for oneself

Campus resources for responding to mental health emergencies are:

- Counseling Center 6-3227
- Student Life 6-3216
- Campus Emergency 6-6666

For consultation with a counselor, call 6-3227 or walk the student to the Counseling Center in the Health, Counseling & Testing Building at 13th & Agate

If the student requires immediate medical attention or hospitalization, call:

On Campus 6-6666
Off Campus 911

If the student is aggressive and/or threatening to self or others, call Public Safety (6-6666) for assistance.

WHAT TO DO

- If possible, move the student to a quiet and secure place.
- Listen attentively, and respond in a straightforward and considerate way.
- Enlist the help of a co-worker so that the student isn’t left alone and you aren’t left alone with the student.
- Make arrangements for appropriate university intervention.
- When contacting a campus resource, 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.

Need Help? Contact the University Counseling & Testing Center 6-3227  http://counseling.uoregon.edu/dnn/
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

- Speak to the student in a direct, concerned, straightforward manner.
- Because many students initially resist the idea of counseling, be caring but firm in your judgment that counseling would be helpful. Also be clear about the reasons that you are concerned.
- Be knowledgeable in advance about the services and procedures of the Counseling Center and other campus help-giving agencies.
- Suggest that the student call to make an appointment, and provide the Counseling Center number (6-3227) and location Health, Counseling & Testing Building 13th & Agate).
- Remind the student that services are FREE AND CONFIDENTIAL.
- Sometimes it is useful to more actively assist students in scheduling an initial counseling appointment. You can offer the use of your phone or call the receptionist yourself while the student waits in your office. In some situations, you may find it wise to walk the student over to the Counseling Center.
- If you need help in deciding on whether or not it is appropriate to make a referral, call the Counseling Center 6-3227 for consultation with a professional.
Race, ethnicity, cultural background, sexual orientation, and other dimensions of difference are important to keep 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 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, LGBT students, students of color, students with disabilities, non-traditional-aged college 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

STUDENTS OF COLOR
Multicultural Academic Success (164 Oregon Hall) 6-3479
http://www.uoregon.edu/~omas/
Multicultural Center (33 EMU) 6-4207

INTERNATIONAL STUDENTS
International Student and Scholar Services (Oregon Hall) 6-3206
http://international.uoregon.edu/index.php/issss
Mills International Center (EMU) 6-0887

LGBT STUDENTS
Lesbian, Gay, Bisexual, and Transgender Educational Support Services http://www.uoregon.edu/~program/

STUDENTS WITH DISABILITIES
Disability Services (164 Oregon Hall) 6-1155
http://ds.uoregon.edu/
Adaptive Technology Advisor (Knight Library) 6-1076

GENDER RELATED RESOURCES
Women’s Center 6-4095
Men’s Center 6-0743

VETERANS http://registrar.uoregon.edu/veterans/
Office of Veteran’s Affairs 6-3119
Veterans and Family Student Association (Suite 2,EMU) 6-4305
NON-TRADITIONAL STUDENTS
Non-Traditional Student Programs 6-1123
http://studentlife.uoregon.edu/SupportandEducation/NontraditionalStudents/tabid/60/Default.aspx

ONLINE DIVERSITY RESOURCES:  http://diversity.uoregon.edu/main.htm

STUDENT ORGANIZATIONS:  http://diversity.uoregon.edu/organization.htm

BIAS RESPONSE:  http://bias.uoregon.edu/
RESPONDING TO EMOTIONAL DISTRESS

The ANXIOUS student

WHAT TO DO

- Talk to the student in private.
- Remain calm and assume control in a soothing manner.
- Focus on relevant information, speaking concretely and concisely.
- Help the student develop an action plan that addresses the main concern.
- Refer the student to the Counseling Center (6-3227) for counseling.
- Some students may benefit from medication.

AVOID

- Overwhelming the student with information or complicated solutions.
- Arguing with irrational thoughts.
- Devaluing the information presented. (“It’s not as bad as you think” or “Don’t worry, you have everything going for you”).
- Assuming the student will get over chronic anxiety without treatment.

Facts about Anxiety

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

Symptoms of anxiety include:

- agitation
- panic
- avoidance
- irrational fears
- fear of losing control
- ruminations
- excessive worry
- sleep or eating problems
Facts about Demanding Students

- Demanding students can be intrusive and persistent and may require much time and attention.
- Demanding behavior can be associated with anxiety, depression, mania, drug abuse and/or personality problems.

Characteristics of demanding students may include:

- a sense of entitlement
- an inability to empathize
- 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

- Talk to the student in a place that is safe and comfortable.
- Remain calm and in control.
- Consider whether cultural differences in expectations may be playing a role.
- Set clear limits and hold the student to the allotted time for the discussion.
- Emphasize behaviors that are and aren’t acceptable.
- Respond quickly and with clear limits to behavior that disrupts class, study sessions, or consultations.
- Be prepared for manipulative requests and behaviors.
- Consult with your supervisor or dept. head.
- Call the Counseling Center 6-3227 to consult about strategies for dealing with disruptive behaviors.
- Refer the student to the Counseling Center 6-3227 for counseling and/or a referral for off-campus therapy.

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 DEPRESSED student

WHAT TO DO

- Talk to the student in private.
- Listen carefully and validate the student’s feelings and experiences.
- Be supportive and express your concern about the situation.
- Ask the student if he/she has thoughts of suicide.
- Discuss clearly and concisely an action plan, such as having the student immediately call for a counseling appointment.
- Refer the student to the Counseling Center (6-3227) or the University Health Center (6-2770)
- 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.

AVOID

- Ignoring the student.
- Downplaying the situation.
- Arguing with the student or disputing that the student is feeling depressed.
- Providing too much information for the student to process.
- Expecting the student to stop feeling depressed without intervention.
- Assuming the family knows about the student’s depression.
- Disregarding your limits in terms of time, energy and psychological expertise.

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 its most serious form, depression can be accompanied by suicidal thoughts and intentions as a way to escape from the emotional pain.

Research shows that depression is highly responsive to treatment.
Facts about Eating Disorders

- Eating disorders arise from a combination of psychological, interpersonal, and socio-cultural factors and have serious emotional, mental and medical consequences.
- Characteristics of anorexia nervosa include severe restriction of food intake; refusal to maintain minimally normal weight; intense fear of weight and fat; and obsessive focus on weight as a basis of self-worth.
- Characteristics of 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, independent of appetite, without purging behaviors. This behavior may be habitual, may reflect some deeper emotional issues, or may also be a way of trying to manage uncomfortable emotions.
- Depression/anxiety often accompany eating disorders.

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

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

- Speak to the student in private.
- Be supportive and express concern for the student’s health and well-being.
- Identify specific behaviors or symptoms that are of concern.
- Refer the student to Health Center (6-2770) or the Counseling Center (6-3227) for assessment, medical and nutritional evaluations and psychotherapy. Some students may be more open to a referral to one center or the other.

AVOID

- Focusing on weight rather than health and effective functioning.
- 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 battle of wills with the student. 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 that the family knows about the disorder.
## The SUICIDAL student

### Facts about Suicide

**WHAT TO DO**
- Talk to the student in private.
- Remain calm and take the lead.
- Take the student’s disclosure as a serious plea for help. (“I hear that you are thinking of suicide to end the pain.”)
- Ask the student directly about suicidal feelings and plans. Asking about suicide will not put the idea in someone’s head. (“Are you thinking of killing yourself? What have you thought about doing?”).
- Express care and concern, and assure the student that you will help her/him reach a professional.
- Escort the student to the Counseling & Testing Center (6-3227).
- If you feel overwhelmed or unprepared to help a suicidal student, call Student Life (6-3216) for support.

**If a student is at immediate risk to self or others, call Campus Emergency at 6-6666.**

**AVOID**
- Minimizing the situation. All threats need to be considered potentially lethal.
- Arguing with the student about the merits of living. (“You have good grades and everyone loves you, how could you think of killing yourself?”).
- Expecting friends to assume responsibility for the student without getting input from a professional.
- Assuming the family knows that the student has suicidal thoughts.

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

### Some factors associated with suicide risk are:
- suicidal thoughts
- pessimistic view of the future
- intense feelings of hopelessness, especially when combined with anxiety
- feelings of alienation and isolation
- viewing death as a means of escape from distress
- personal or family history of depression or psychosis
- personal or family history of suicide attempts
- substance abuse
- history of self-mutilation

A suicidal student who confides in someone is often ambivalent about suicide and open to discussion. **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 Website:**
[http://preventsuicide.uoregon.edu/concerned.htm](http://preventsuicide.uoregon.edu/concerned.htm)
RESPONDING TO EMOTIONAL DISTRESS

The SEVERELY 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

Bipolar disorder involves periods of serious depression often combined with periods of extreme euphoria and frenzied thinking and behavior, the latter of which can reflect poor reality testing. A person in a manic episode can appear psychotic.

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

Be aware that acute drug use can mimic mania or psychosis.

WHAT TO DO

- Consult with a professional at the Counseling Center (6-3227) to help assess the student’s condition.
- Speak to the student in a direct and concrete manner regarding your plan for getting him/her 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”).
- Accompany the student to the Health Center or the Counseling Center, or arrange for a police escort (911) to a local hospital’s emergency room if the student is highly impaired.
- Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia.
- Recognize that such a student in this state may be dangerous to self or others.

AVOID

- Assuming the student will be able to care for him/herself.
- Agitating the student with questions or pressure.
- Arguing with unrealistic thoughts.
- 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

WHAT TO DO

- Assess your level of safety. Call 6-6666 if you feel in danger.
- If you feel it is appropriate to be with the student, remain in an open area with easy access to leave. Have some else nearby in case you need assistance.
- Explain to the student the behaviors that are unacceptable.
- 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.”)
- 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.”)
- Seek support from colleagues and your supervisor.
- Consult with professionals at the Counseling Center (6-3227).
- Whether threatened by email, by phone, or in person, contact Student Life (6-3216) for support & assistance.

AVOID

- Staying in a situation in which you feel unsafe.
- Meeting alone with the student.
- Engaging in a screaming match or otherwise provoking the situation.
- Ignoring signs that the student’s anger is escalating.
- Touching the student or crowding his/her sense of personal space.
- Ignoring a gut reaction that you are in danger.

Facts about Aggression

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

Some indicators of potential violence include:

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

For Further Information:
http://counseling.uoregon.edu/dnn/FacultyStaff/DisruptiveThreateningStudents/tabid/296/Default.aspx
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, and 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.

- Research shows that the most abused substance is alcohol and that a large number of college students engage in binge drinking.

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 and defensiveness
- 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

- Treat the situation as serious.
- Share your concern and encourage the student to seek help.
- Recognize that denial is a powerful aspect of substance problems and that it can involve conscious or unconscious lying and distorting of the truth.
- Refer the student to the Counseling Center (6-3227) to talk with a counselor.

AVOID

- Ignoring or making light of the problem.
- Chastising or condoning the behavior.
- Assuming that the drug or alcohol use is harmless.
- Encouraging substance use by saying that it’s a “normal” part of college or Eugene life.
RESPONDING TO VICTIMS OF VIOLENCE

RESOURCES FOR VICTIMS OF VIOLENCE

Alliance for Sexual Assault Prevention (ASAP)
The university and community departments that make up ASAP provide assistance to survivors of sexual assault, stalking, sexual harassment and dating or domestic violence. Assistance may include counseling, advocacy, medical care, academic interventions as well as referrals to the University’s Police and campus student conduct system. ASAP is made up of members of who represent the following campus and local resources:

The Office of Student Life
The Office of Student Life assists survivors with academic and personal concerns that arise after an assault. Counseling, support and referrals are also provided to students who need various kinds of academic or personal help resulting from an assault. Student Life can also initiate disciplinary action in cases of stalking and assault.
164 Oregon Hall
541-346-3216
http://studentlife.uoregon.edu/

The Women’s Center
The Women’s Center provides advocacy, support services, information, and referrals to individuals who have, or who think they may have experienced sexual assault, sexual harassment, stalking, and dating or domestic violence. The Center also works toward the prevention of violence against women through SWAT, a peer education program to promote sexual wellness.
541-346-4095
womenctr@uoregon.edu
EMU, Suite 3 (across from the Craft Center)

University Counseling and Testing Center
UCTC provides both immediate crisis intervention and therapy to recent or past survivors of sexual violence. Students may be seen individually or in a group with others who have experienced similar trauma. Students with longer term needs may be referred for therapy in the community. Counseling services are best accessed by appointment. Drop in hours are also available.
http://counseling.uoregon.edu/dnn/

University of Oregon Health Center
Sexual Assault Nurse Examiners
The University Health Center has specially trained sexual assault nurse examiners who will provide appropriate medical care and referral services to survivors

University Health Center 541-346-2770
http://www.uoregon.edu/~uoshc/nursing/SANE.html

Department of Public Safety
The University of Oregon Public Safety Department is responsible for all criminal investigation and apprehensions. They provide discrete and confidential services to victims. They also strive to accommodate needs as they arise, including the need to work with an officer with whom the student feels comfortable. OPS collaborates with the Eugene Police Department. They will explain the investigation process upon request, and they offer referrals to available resources, support and advocacy.

Department of Public Safety
1319 East 15th Ave
541-346-6666 — Emergencies 24/7
541-346-2919 — Non-Emergencies
http://safetyweb.uoregon.edu/
Local Resources

Women Space 1577 Pearl St.
24-hour hotline - (541) 485-6513

This Domestic Violence Program provides individual and group counseling support for domestic violence and childhood sexual abuse survivors (women, men, and children). Services in Spanish and English

Sexual Assault Support Services, SASS

The Sexual Assault Support Services provides offering crisis-response and long-term support to survivors of sexual assault and abuse – women and men, adults and children, and their partners, friends, and families. Assistance is provided for both men and women and a choice of male or female

Crisis/Support Lines: 541-343-SASS/7277 or toll-free 1-800-788-4727
Business: (541) 484-9791
http://sass-lane.org/
The VICTIM OF AN ABUSIVE DATING RELATIONSHIP

WHAT TO 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 dependency & denial and therefore may be difficult to change.
- Be aware that interventions from a variety of sources increase the chances for change.
- Refer the student to the Counseling Center for help (6-32227).
- Encourage the student to call Public Safety (6-2919) when rape or violence is involved
- 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.

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
- 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
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 with force or threat of force
- stalking

Although most assaults are committed by men against women, men can be assaulted by women, and same-sex assaults also occur.

WHAT TO DO

- Listen without conveying judgment and be aware that victims can feel shame and anger.
- Refer the student to the Counseling Center for assessment, counseling and referral (346-3227).
- Refer to the Health Center if the student needs immediate medical attention (346-2770).
- Refer the student to the Sexual Assault Support Services (343-SASS/7277, open 24/7).

AVOID

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

The VICTIM OF A HATE INCIDENT

WHAT TO DO

- Talk to the victimized student in private.
- Recognize that the student is probably experiencing a range of intense feelings, including shame, anger, fear, and denial.
- Refer the student to the Bias Response Team (6-1134/1139).
- Explain the importance of notifying the campus police.
- Refer the student to the Counseling Center (6-3227) for supportive counseling.

AVOID

- Downplaying the situation.
- Expressing personal biases.
- Getting caught up in the technicalities or legalities of the situation.

Facts about Hate Incidents

- A hate crime is a criminal act against a person or her/his property because of that person’s actual or perceived race, 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.
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 can occur in a variety of campus organizations, such as Greek life, band, athletics, etc.

- 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.

- A student may or may not know that hazing will be a part of an initiation process.

- Sometimes a student wants to be hazed, and this can complicate their reaction.

- Students may or may not realize how extreme hazing can become during an initiation process.

- Students may or may not realize how extreme hazing can become during an initiation process.

- Students may not always realize they are being hazed because the hazing seems minor. Yet, the hazing still has a psychological impact, and they are learning to pass on unhealthy traditions.

- The UO student code of conduct and the state of Oregon prohibit hazing activities. Additionally, hazing is not authorized by national organizations.

Signs of Hazing

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

WHAT TO DO

- Talk to the victimized student in private.

- Recognize that the student may be feeling vulnerable and experiencing a range of emotions.

- If the incident involves a fraternity or sorority, advise the student to call the confidential Fraternity & Sorority Hazing Hotline (6-3888). You may report your concern to this number as well.

- Advise the student to report the incident to Public Safety (6-2919).

- Refer the student for follow-up counseling at the Counseling Center (6-3227), if appropriate.

AVOID

- Minimizing the situation.

- Agreeing to being bound to confidentiality.
The VICTIM OF STALKING

WHAT TO DO

- Encourage the victimized student to trust his/her instincts.
- Advise the student to contact the Campus Police (346-6666) and Student Life Conduct Office (346-1156).
- 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 Assault Prevention Shuttle when possible (346-RIDE ex2).
- Refer the student to the Counseling Center for supportive counseling (346-3227).

AVOID

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

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.
- Stalkers can be male or female and targets can be of the same or different sex.
RESPONDING TO ACADEMIC PROBLEMS

RESPONDING TO STUDENTS 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 Disability Services (6-1155).
- Students with physical disabilities may experience specific 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. These disabilities can have a detrimental impact on reading, writing, math, attention, concentration, and/or overall organizational abilities.
- Students with psychiatric disabilities have a chronic and debilitating psychological condition that interferes with their ability to participate in the routine educational program. Examples of conditions that fall under this classification include Bipolar Disorder, Major Depression, Anxiety Disorders, and Post Traumatic Stress Disorder.
- Students with Attention Deficit/Hyperactivity Disorder (AD/HD) may experience inattentive, hyperactive, and/or impulsive behaviors due to a dysfunction of the central nervous system. These behaviors may compromise an individual’s social, vocational and academic performance.
- Students with disabilities may not realize that they have a particular problem and that treatment and accommodations may be available.

WHAT TO DO

- Speak to the student in private about your questions or concerns.
- Treat each student with sensitivity and respect.
- Acknowledge the difficulties that the student may be having given possible course design or environmental barriers.
- Refer the student to Disability Services (6-1155).
- Be open to follow-up consultation with Disability Services regarding accommodations for the student.
- Remember that any student requesting accommodations must have valid documentation on file and present verification of approved accommodations.

Further information for faculty at http://ds.uoregon.edu

AVOID

- Using patronizing language with the student.
- Underestimating or questioning the stated disability.
- Assuming the student understands the academic limitations imposed by the disability.
Students, faculty and staff with questions about academic support can call or drop by University Teaching and Learning Center (6-3226) at 68 PLC.

**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.

Sometimes students struggle in class because of psychological problems that interfere with concentration and motivation. Examples are insomnia, depression, anxiety, and substance addiction.

Some students have disorders that interfere with concentration, planning and organization, such as Asperger’s syndrome or attention deficit disorder.

Most UO students do not struggle academically because they are not ‘smart’ enough.

Many students, in fact, have intelligence and memory capabilities that allowed them to succeed in the past without systematic learning strategies.

The most common remark heard from students struggling academically is that they did not have to study much before coming to the UO.

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: those who lack motivation, and 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 responds well to coaching in study habits that help them understand and remember the course material.

Many of our students believe that if they were smarter, they would not need to use structured approaches to studying.

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

**WHAT TO DO**

- Meet with the student early enough in the term to make a difference.
- Review the student’s performance and make suggestions for improvement.
- Refer the student to the Teaching and Learning Center for tutoring and study skills support (6-3226, 68 PLC).
- If anxiety or other psychological factors are getting in the way, refer the student to the Counseling Center (6-3227).

**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.
The ACADEMICALLY DISQUALIFIED student

Facts about Academically Disqualified Students

- Students are placed on probation if their cumulative GPA falls below 2.00.

- If while on probation their term and cumulative GPA falls below 2.00, students are disqualified and are no longer eligible to enroll. (Students who have earned 44 or fewer cumulative credits are allowed two terms of probation before they are subject to disqualification.)

- Problems leading to academic dismissal often include wrong major, financial difficulties, too 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

- Talk with the student in private and listen to the student’s concerns.

- Remind the student that current academic requirements and policies are listed in the Student Handbook, which is available online:
  http://students.uoregon.edu/handbook/

- Have the student explain the main reasons for the dismissal.

- Ask the student if he/she has seen an academic advisor. If not, refer the student to Academic Advising (6-3211, 364 Oregon Hall).

- Let the student know that they can petition the Scholastic Review Committee for cancellation of academic probation or disqualification, as well as for retroactive withdrawal and reinstatement.

- If appropriate, refer him/her to the Counseling Center 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.
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.).
- 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 his/her 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

- Ask the student about his/her personal study time and study strategies.
- Determine if the student understands the course content.
- Provide clarification of course content, if needed.
- Build into your class a session on how to study for the course at the beginning of the term.
- Take time to review past exams to analyze the student’s strengths and weaknesses.
- Make suggestions and encourage the student to adjust learning strategies before the next test.
- Ask if the student is utilizing any other campus resources.
- Stress the value of group study.
- Refer the student to the Teaching and Learning Center (6-3226, 68 PLC).

AVOID

- Assuming the student does not understand the course material.
- 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 her/his 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
- negative self-talk
- feelings of inadequacy
- tears
- inability to retain test information

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.

WHAT TO DO

- See the student privately.
- Ask about the student’s exam preparation and time management skills. Suggest useful study strategies and exam preparation techniques.
- Go over the exam with the student so that the student understands his/her performance and what caused the errors.
- Refer the student to the Teaching and Learning Center (6-3226, 68 PLC).
- Refer the student to the Counseling Center (6-3227) for stress management and help with anxiety, if needed.
- Encourage the student to form a study group for the course to provide academic and psychological support.

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

What Services are provided?
Consultation to faculty and staff
Initial assessment, crisis management and referral
Individual and group psychotherapy for students coping with such issues as anxiety, depression, stress, eating disorders, substance abuse, grief and loss, transitions, and ADD.
Outreach to departments and classes
Debriefing after campus tragedies
Advocacy for students who need other resources

How do Students Access Services?
Students can call (6-3227) to set up same day or following day first appointments. Limited drop-in hours are available in the afternoons, typically 1 – 4. We are open 8 – 5 M-F for emergencies. In emergent situations or during drop-in hours, faculty or staff may walk the student over to the Center (2nd Floor, Health, Counseling and Testing Building).

What happens at the first appointment?
Students meet with a counselor who will provide support, gather information, and conduct an assessment. Depending upon the student’s needs and resources and the current demand on our services, the student may be assigned to a counselor for brief therapy, referred to one of our groups, placed on a waiting list for counseling, 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 for 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, 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 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 only write letters for students with whom we have an ongoing relationship and are therefore in a position to understand how their psychological difficulties might be affecting their academics. 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.
**OTHER CAMPUS RESOURCES**

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<thead>
<tr>
<th>Service</th>
<th>Location</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Student Life</td>
<td>164 Oregon Hall</td>
<td>6-3216</td>
</tr>
<tr>
<td>Teaching and Learning Center</td>
<td>68 PLC</td>
<td>6-3226</td>
</tr>
<tr>
<td>Disability Services</td>
<td>164 Oregon Hall</td>
<td>6-1155</td>
</tr>
<tr>
<td>Multicultural Academic Success</td>
<td>164 Oregon Hall</td>
<td>6-3479</td>
</tr>
<tr>
<td>Career Center</td>
<td>220 Hendricks Hall</td>
<td>6-3235</td>
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<td>Public Safety (non-emergency)</td>
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<td>6-5444</td>
</tr>
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<td>Campus Emergency</td>
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<td>6-6666</td>
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We wish to thank the University of Maryland Counseling Center and the University of Connecticut Dean of Students Office and Counseling and Mental Health Services who provided templates for this guide.