

The Distressed Student:

A guide for staff and faculty

Counseling Center

Eder 203

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Acknowledgments

We wish to thank our many colleagues in the Organization of Counseling Center Directors in Higher Education (OCCDHE) and the University of California, Berkeley, for much of the information contained in this publication.
Assisting the Emotionally Distressed Student

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Introduction

As a member of the Missouri Western State University campus community, you may be constantly interacting with students. At times you will have contact with students whose problems or behaviors cause you concern or discomfort and may interfere with your work or the education of other students. These kinds of people or situations do not just disappear. Without intervention you may be faced with a similar student and situation again.

Certain signals that distressed students give out may go unnoticed for a variety of reasons. Even when we do notice them, it can be very difficult to intervene. We may feel we are “in over our heads,” or we may have competing concerns such as other students waiting to see us. It is important to know that it is quite likely that the problem will not go away unless there is an intervention. Part of a good intervention requires knowing how to act during these incidents and what resources to call upon.

As a faculty or staff member interacting daily with students, you are in an excellent position to recognize behavioral changes that characterize the emotionally troubled student. A student’s behavior, especially if it is inconsistent with your previous observations, could constitute a “cry for help.”

This “tool kit” was created to help you and your department when these difficult occasions arise. It offers straightforward advice, techniques and suggestions on how to cope with, intervene, and assist troubled and/or difficult students in or out of the classroom.

Consultation and Referral

The Counseling Center
Eder Hall 203
Monday - Friday 8 am - 4:30 pm
271-4327

Consultation

If you are unsure about how to work with a specific student, we encourage you to consult with one of the counselors on our staff. Our Counseling Center is open from 8 am to 4:30 pm Monday through Friday. Call us at 271-4327, inform the receptionist who you are and ask to speak with an available counselor. A brief consultation may help you sort out the relevant issues and explore alternative approaches. Conveying your concern and willingness to help (including referral) is probably the most important thing you can do. Your support, encouragement, and reassurance will be particularly valuable.

Referral

When you discuss a referral to the Counseling Center with a student, it is helpful for that student to hear, in a clear and concise manner, your concerns and why you think counseling would be helpful. It is not necessary to call for an appointment, but calling ahead may ensure counselor availability. The student should come in directly and a counselor will see her/him as soon as possible. There also may be times when it is more advantageous for you to accompany the student to our office. Urgent concerns that require immediate intervention are:

- Suicide
- Fear of losing control and possibly harming/hurting oneself or someone else
- Sexual assault
- Physical assault
- Abuse
- Recent death of a friend or family member

Counseling is ***confidential*** except when the student presents a danger to himself, herself or others, or when abuse is involved. Our individual counseling services are designed for students who can benefit from time-limited counseling. If longer-term therapy is indicated, the student may be referred to an appropriate off-campus resource.

Fees

Counseling is free to all full-time and part-time Missouri Western students. There is no limit to the number of sessions available to each student each semester. However, a student requiring long-term care and/or medication may be referred to off-campus resources.

The Depressed Student

Depression, and the variety of ways in which it manifests itself, is part of a natural emotional and physical response to life's ups and downs. With the busy and demanding life of a college student, it is safe to assume that most students will experience periods of reactive (or situational) depression in their college careers. Major depression, however, is a "whole-body" concern involving your body, mood, thoughts and behavior. It affects the way you eat and sleep, the way you feel about yourself and the way you think about things. **Major depression** is not a passing blue mood. It is not a sign of personal weakness or a condition that can be wished or willed away. People with depression cannot merely "pull themselves together" and get better. It will interfere with a student's ability to function in school and social environments. Without treatment, symptoms can last for weeks, months or years. Appropriate treatment, however, can help over 80 percent of those who suffer from depression.

Due to the opportunities for faculty and staff to observe and interact with students, they often are the first to recognize that a student is in distress. Look for a pattern of these indicators, but understand that not everyone who is depressed experiences every symptom. Some people experience a few symptoms, some many. Also, severity of symptoms varies with individuals.

Depression Symptoms

- Persistent sad, anxious or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that you once enjoyed, including sex and school
- Insomnia, early morning awakening or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy, fatigue, being "slowed down"
- Thoughts of death or suicide attempts
- Restlessness, irritability
- Difficulty concentrating, remembering, making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- Inconsistent class attendance
- Decline in personal hygiene

Students experiencing depression often respond well to a small amount of attention for a short period of time. Early intervention increases the chances of the student getting better sooner.

It is helpful to

- Let the student know you're aware that she/he is feeling down and you would like to help.
- Reach out more than halfway and encourage the student to discuss how she/he is feeling.
- Offer options to further investigate/manage the symptoms of depression.
- Encourage them to seek help, possibly suggesting counseling.
- Do not ignore remarks about suicide. Always report them to a counselor.

It is not helpful to

- Minimize the student's feelings ("Everything will be better tomorrow").
- Bombard the student with "fix it" solutions or advice.
- Be afraid to ask whether the student is suicidal if you think she/he may be.

Violence and the Verbally Aggressive Student

Many campuses are concerned with the number of incidents regarding strong verbal aggression and violent behavior. It is helpful to know some indicators for this type of behavior and develop personal action plans should it occur.

The most accurate predictor of violent behavior is past violent behavior. If an individual has a history of such behavior, she/he is more likely than someone with no history to engage in it again. Since it is unusual for you as faculty or staff to be privy to such information, it is necessary for you to be attentive to current behavior.

Frequently, assaultive behavior is predicted on the basis of observing hostile, suspicious and agitated behavior. In the absence of the above symptoms, the presence of hyper-vigilance (i.e., frequent or sudden eye movement), extreme dependency or delusions and hallucinations may be causal factors. Other signs and symptoms that may indicate a loss of control are fearfulness or anger. Verbal communication may be loud and pressured.

In the face of this behavior you should try to remain calm. Taking some deep breaths will help, as will relaxing the muscles. This stance is seen as “controlled tension.” Your posture should be alert with your hands in front of you. Keep your voice low and be aware of everything in the room.

The Assault Cycle

As violence escalates the aggressor reacts to the perceived threat with physical, psychological and behavioral responses that often follow a path of progression. This assault cycle has six phases:

The Triggering Event

Here the aggressor perceives a serious threat to her/himself. This perception may not make sense to you, but it is very real to the aggressor. The triggering event can be perceived by the aggressor as:

- Placing her/him under threat
- Depriving her/him of something valued
- Frustrating her/him so that efforts or demands seem to have been useless or ignored

The Escalation Phase

Here the aggressor’s mind and body prepare to fight. She/he may challenge the potential victim, especially if the victim is associated with the perceived threat.

The Verbal Aggression Phase

The most common occurrence of assaultive behavior on our campus is the verbal threat or some other form of confrontational language.

The Crisis Point Phase

The aggressor acts violently against the perceived threat.

The Recovery Phase

The confrontation appears to have passed, even temporarily. The aggressor's body relaxes and his/her mind decreases vigilance.

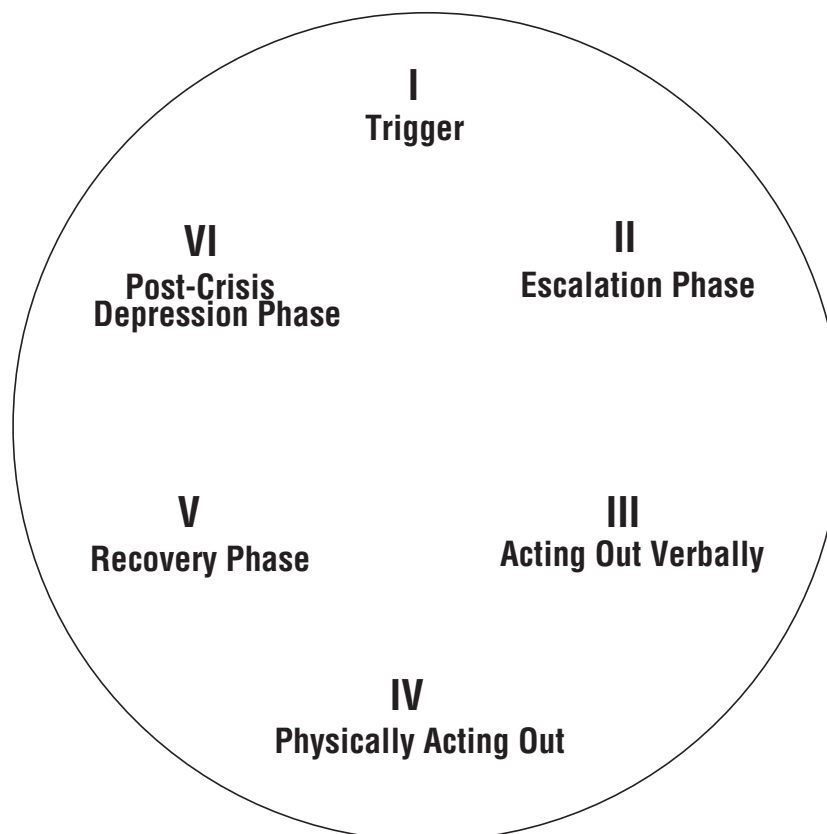
Post-Crisis Depression Phase

Fatigue, depression, and guilt appear afterward, as the physical and emotional aspects of the crisis peak. The body and mind return to a more stable base level.

Comments About This Model

- The aggressor's personality, history and contextual factors will shape the way she/he experiences and expresses aggression.
- The aggressor may not always reach post-crisis depression, as the assault cycle may be interrupted at any phase by intervention.
- During the recovery phase, further violent behavior may be triggered.
- Some aggressors may not feel the guilt and depression of the post-crisis depression and, in fact, may be further aroused by the violent incident.
- Some experience tells us that this cycle may become a "spiral," winding tighter and tighter, meaning assaults occur with increasing frequency. This happens as a result of non-intervention.

ASSAULT CYCLE



It is helpful to

- Maintain a posture that is poised, ready to move quickly, but not fearful.
- Avoid physical contact or use only in a defensive manner.
- Maintain a voice quality that is matter of fact, monotone and low.
- Use clear, assertive, but non-confrontational statements of consequences; repeat as necessary.
- Use eye contact sparingly - only to emphasize a point.
- Avoid gestures if possible, as they may be interpreted as signs of weakness. Increase your advantage by placing yourself behind a table or chair near an exit.
- If possible, leave an unobstructed exit for the perpetrator.

It is not helpful to

- Ignore warning signs (body language, clenched fists).
- Get into an argument or shouting match.
- Become hostile or punitive yourself.
- Press for explanations for their behavior.
- Make threats or dares.
- Attempt to restrain a physically violent student, unless it is for your own protection.

Once the student/individual leaves your area, be sure to debrief with your immediate supervisor or department chair. The counselors in the Counseling Center at 271-4327 are available for consultation; do not hesitate to contact them. Campus security at 271- 4438 is a good resource and may be called at any time during the cycle. The level of security involvement is determined on a case-by-case basis. Finally, and for your own well-being, take these threats seriously and be prepared to act accordingly.

The Anxious Student

Anxiety is a normal response to a perceived danger or threat to one's well-being or self-esteem. For some students, the cause of their anxiety will be clear, but for others it may be difficult to determine. It is our experience that anxiety is very often a result of the intense academic competition among students, or a fear of inadequacy regarding some academic challenge. Personal relationships may also be at the root of the concern. Regardless of the cause, one or more of the following symptoms may be experienced: rapid heart beat, chest pain or discomfort, dizziness, sweating, trembling or shaking and cold clammy hands. The student may also complain of difficulty concentrating, always being "on edge," having difficulty making decisions, sleeping problems or being too fearful to take action. In rarer cases a student may experience a panic attack in which physical symptoms occur spontaneously and intensely in such a way that the student may fear she/he is dying. The following guidelines are appropriate in most cases:

It is helpful to

- Let them discuss their feelings and thoughts. Often this alone relieves some of the pressure.
- Provide reassurance.
- Talk slowly and remain calm.
- Be clear and directive.
- Provide a safe and quiet environment until the symptoms subside.

It is not helpful to

- Minimize the perceived threat to which the student is reacting.
- Take responsibility for their emotional state.
- Overwhelm them with information or ideas to "fix" their condition.
- Become anxious or overwhelmed.

The Hyper Student

These students are characterized by having persistently lofty or irritable moods. During these moods they often see themselves in a grand light, sometimes believing that they are famous or that the work they are doing is awe-inspiring. They often are overly talkative with racing thoughts. Typically, their high energy interferes with their sleep. They can be very irritable and overly involved in pleasurable activities such as sex or spending money. Generally, these students are not dangerous, but caution should be taken, especially if alcohol or other drugs are involved. If they try to put their rapid thoughts and words into action, they may place themselves in unsafe situations.

It is helpful to

- Sound calm and be direct.
- Talk with them in a quiet but openly accessible physical space.
- Assess their safety; e.g., can they get home safely?
- Connect them back to a supportive friend or family member.
- Discuss the student's behavior with your supervisor or department chair.
- Contact the Counseling Center at 271-4327 and/or walk the student to the Counseling Center.

It is not helpful to

- Enter their physical space or touch them.
- Try to out-talk them.
- Challenge their thinking.
- Be confrontative.
- Ignore them.

The Suspicious Student

Usually these students complain about something other than their psychological difficulties. They are tense, cautious, mistrustful and may have few friends. These students tend to interpret a minor oversight as significant personal rejection and often overreact to insignificant occurrences. They see themselves as the focal point of everyone's behavior, and think that everything that happens has special meaning. Usually they are overly concerned with fairness and being treated equally. They project blame onto others and will express anger. Many times they will feel worthless and inadequate.

It is helpful to

- Send clear, consistent messages regarding what you are willing to do and what you expect.
- Express compassion without being overly friendly or familiar.
- Be aware of personal boundaries and space when interacting (keep a comfortable distance, both physically and emotionally).
- Be aware of your own anxiety about how the student is acting or communicating.
- Let them know that you are concerned.

It is not helpful to

- Be overly warm or sympathetically close to the student.
- Flatter the student, laugh with them or be humorous.
- Assure the student that you are their friend or advocate.
- Assure them that you will be fair in your treatment of them.

The Student Under the Influence

We are all aware of the toll that abuse of alcohol and other drugs can take on individuals, families, friends and colleagues. In a recent survey of college presidents, alcohol abuse was identified as the campus life issue of greatest concern. The costs are staggering in terms of academic failure, vandalism, sexual assault, and other consequences.

Warning Signals of Alcohol and Drug Abuse

There are many signs of alcohol and drug use, abuse and addiction. None of these signs alone are conclusive proof of an alcohol or drug problem. Other conditions could be responsible for unusual behavior, such as an illness or reaction to a legally prescribed drug. Any one, or a combination of these, could be cause for alarm and could signal problems in general, as well as a substance abuse problem.

Impairment of Mental Alertness

Lack of concentration, short-term memory loss, memory loss of recent events, confusion, and inability to follow directions.

Impairment of Mood

Depression, extreme mood swings, flat or unresponsive behavior, hyperactivity, loss of interest in one's work/school results, and nervousness.

Impairment of Motor Behavior

Hand tremors, loss of balance, loss of coordination, staggering, inability to work normally, slurred speech, and passing out from alcohol or drug use.

Impairment of Interpersonal Relationships

Detachment from or drastic change in social relationships, becoming a loner or becoming secretive, attempt to avoid friends or co-workers, loss of interest in appearance, change of friends, extreme change in interests or tendency to lose temper, being argumentative or borrowing, and not repaying money.

Violation of College Rules, Impairment of Academic and Work Performance

Inability to perform work assignments at usual level of competence, missed deadlines, missed appointments, classes or meetings, increased absenteeism or lateness, frequent trips from assigned or expected work area, accidents in the lab, complaining or feeling ill as an excuse for poor performance; coming to class, practice or work intoxicated/high, legal or judicial problems associated with alcohol or other drug use, not scheduling morning classes, neglected school or work obligations for two or more days in a row. (Some individuals with substance abuse problems are still able to perform at a high academic level.)

Other signs include:

- Damaging property while under the influence.
- Attempting to build up self-confidence through alcohol or drug use.
- Carelessness of friends' welfare while intoxicated or high.
- Drinking "the morning after" to alleviate discomfort.
- Planning day around drinking or using drugs.
- Changes in personality as a result of alcohol or drug use.
- Blackouts.
- Changes in eating or sleeping patterns.
- Academic probation due to alcohol or drug use.
- Uncomfortable in situations where there is no alcohol or drugs.
- Arrest for drunk and disorderly conduct.
- Increase in alcohol or drug tolerance.
- Sexual situations while under the influence which are later regretted.
- Accidents while under the influence.
- Having received a lower grade on an assignment or in a class because of alcohol or drug use.
- Difficulty in limiting intake of alcohol and drugs.

Getting a person to seek help may be a challenge. Here are a few hints for getting the message across:

- Educate yourself about substance abuse.
- Confront the person when she/he is sober. One of the best times is after a binge when a person is sick.
- Give facts based on personal experience related to the individual's use.
- Show honest concern and patience. If angry at the individual, don't participate in intervention.

It is helpful to

- Accept and acknowledge the student's feelings; give her/him a chance to air their feelings.
- Focus on drug issues; what has happened leading up to the situation.
- Permit the student to say how she/he regards their problems; what she/he thinks their alternatives are, what she/he tried, etc.
- Explore further with the student, then support by recapping the strengths and resources of the student.
- After listening and obtaining information, bring the subject back to alcohol or other drug issues, identifying and clarifying what the major issues are that she/he appears to have described. Repeat as simply as possible the main concern of the student regarding alcohol or other drug use.
- Be willing to admit limitation of your assistance and be ready to refer to specialists.
- Find out source of emotional support that the student trusts. Encourage involvement from friends, family physician, minister and employer.

It is not helpful to

- Convey judgement or criticism about the student's substance abuse.
- Make allowances for the student's irresponsible behavior.
- Ignore signs of intoxication.

The Student in Poor Contact with Reality

These students have difficulty distinguishing “fantasy” from reality. Their thinking is typically illogical, confused or irrational (e.g., speech patterns that jump from one topic to another with no meaningful connection). Their emotional responses may be incongruent or inappropriate, and their behavior may be bizarre and disturbing. This student may experience hallucinations, often auditory, and may report hearing voices (e.g., someone is/will harm or control them). ***While this student may elicit alarm or fear from others, they generally are not dangerous or violent.*** However, there are some situations in which they can become violent; e.g., experiencing “command” hallucinations. These hallucinations are telling them what to do, such as “you must destroy that evil person.” If you cannot make sense of their conversation, consult with or refer them to the Counseling Center.

It is helpful to

- Acknowledge their feelings or fears without supporting the misperceptions (e.g., “I understand you think someone is following you, and it must seem real to you, but I don’t see anyone and I believe you are safe.”)
- Remove extra stimulation from the environment (turn off the radio, step outside a noisy classroom).
- Acknowledge your concerns and verbalize that the student needs help.
- Acknowledge your difficulty in understanding them and ask for clarification.
- Respond with warmth and kindness. Use firm reasoning.
- Focus on the “here and now.”

It is not helpful to

- Argue or try to convince them of the irrationality of their thinking, as this commonly produces a stronger defense of the false perception.
- Play along (e.g., “Oh yes, I hear voices, devil, etc.”).
- Encourage further discussion of the delusional processes.
- Demand, command, or order them to do something to change their perceptions.
- Expect customary emotional responses.

The Suicidal Student

It is not uncommon for students to engage in some degree of suicidal thinking. As a member of the faculty or staff, you may be in contact with students who have expressed these thoughts to you. It is important that you do not simply overlook these comments as the student may be reaching out to you.

Suicidal risk is based on observing not just one but a constellation of clues.

These clues fall into the following categories:

Situational Clues

- Overwhelming loss(es)
- Loss of highly valued entities
- Not always obvious; e.g., rejection from a highly desired graduate program or loss of status on the job.

Depressive Symptoms (several symptoms present)

- Insomnia
- Decreased powers of concentration
- Anorexia
- Decreased energy
- Apathy
- Poor self care
- Crying spells
- Feelings of worthlessness
- Increased social isolation
- Low self-esteem
- Preoccupation with death
- Hopelessness about the future
- Irritability/mood swings

Verbal Clues

- “I’m going to kill myself.”
- “I wish I were dead.”
- “How do I donate my body to a medical school?”
- “I’m not the man I used to be.”
- “My family would be better off without me.”
- “The only way out is for me to die.”
- “I just can’t go on any longer.”
- “You won’t be seeing me around anymore.”
- “You’re going to regret how you’ve treated me.”
- “Ever since I retired, I’ve felt like I was in the way all the time.”
- “It’s too much to put up with.”
- “Life has lost its meaning for me.”
- “Nobody needs me anymore.”
- “If (such and such) happens, I’ll kill myself.”
- “If (such and such) doesn’t happen, I’ll kill myself.”
- “I’m getting out.”
- “I’m tired of life.”
- “Here, take this (valued possession). I won’t be needing it anymore.”

Behavioral Clues

Something the person does that communicates a self-destructive motive:

- A previous attempted suicide, particularly a recent or highly lethal attempt
- Giving away valued possessions
- Procuring means: buying a gun, asking for sedatives, etc.
- Composing a suicide note
- Putting personal affairs in order
- Poor adjustment to recent loss of loved one
- Sudden, unexplained recovery from a severe depression
- Resigning from social groups or extracurricular activities
- Crying spells without external triggers
- Becoming disorganized, loss of contact with reality
- Any unexplained change in typical behavior (change in grades, increase aggression, drug use, mood changes, social withdrawal, acting out sexually)
- Visiting a physician for unexplained or vague symptoms (75 percent of successful suicides were preceded by just such a visit within one month of suicide)

The following are some of the areas that counselors explore with students to help determine the level of risk. It is not recommended that you use these techniques, but only be aware that they are used in a professional counseling setting.

Factual Information to Assess

• Precipitant for the crisis

“What happened that led you to feel so badly?”

• Evidence for suicidality

“You seem to be feeling very down. Do you ever feel like you want to end it all?”

“When did you begin to think about killing yourself?”

“Have you had these thoughts before?”

“Have you attempted suicide before? What led you to do it at that time? How did you try to kill yourself?”

• Method

Someone with a specific plan and who has access to the means for suicide is a high suicide risk.

“Have you thought about how you’d kill yourself?”

“What would you do?”

“Do you have access to _____ (drugs, gun, knife, etc.)?”

“When do you plan to do it?”

• Resources

“Who have you talked with about the things that are troubling you?”

“Do you think they understand?” (e.g., family friends, clergy, therapist, etc.)

Other Clues to Consider

- **Social Withdrawal**

Not attending classes, sitting alone at meals or not going to meals, staying isolated in dorm room.

- **Preparatory Behavior**

Giving away possessions, making plans to “be away.”

- **Feelings Expressed**

Helplessness (exhaustion, failure), frustration (rage, anger), sadness (depression, confusion).

“I’m tired of living.”

“Everyone would be better off without me.”

“This is the worst thing that could happen to me.”

- **Depression**

Eating and sleeping much less or much more than usual; apathetic, unhappy.

- **Psychotic States**

Grossly bizarre or inappropriate behaviors, out of touch with reality, uncontrollable violence.

- **Substance Abuse**

Alcohol and/or other drugs; food, e.g., overeating or loss of appetite.

It is helpful to

- Talk about suicide openly and directly.
- Emphasize the temporary nature of the person’s problems. Explain how the crisis will pass in time and, therefore, suicide would be a permanent resolution to a temporary problem.
- Mention the person’s family as a source of strength, but if she/he rejects the notion, back off quickly.
- Take charge and call or walk the student to the Counseling Center.
- Try to sound calm and understanding.
- Be confident and caring, and know the resources available.

It is not helpful to

- Sound shocked by anything the person tells you.
- Stress the shock and embarrassment that the suicide would be to the person’s family, before you’re certain that’s not exactly what he/she hopes to accomplish.
- Ignore comments such as “The world would be better off without me.”
- Engage in a philosophical debate on the moral aspects of suicide. You may not only lose the debate, but also the suicidal person.

A Word About Medications

An impressive amount of research over the last 30 years has been devoted to the discovery, development, and research of medications that can help with mood, behavior, and other emotional difficulties. Medications often are most helpful in combination with therapy and other efforts at self-help.

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

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

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

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

Departmental Safety Plan

As a result of certain kinds of behavior from students, it may be necessary to set up a departmental safety plan. For example, if you think that a student has been threatening to you in the past and she/he shows up at your office, you may need help in dealing with the student. Quite often it is the people you work with, and those in the closest physical proximity, who can provide the help you need. The following section will help you to define a security plan for your department.

Security Plan

First and foremost, call on campus security to help with setting up a plan. The following are the kinds of behavior you should be concerned with:

- Unwilling to leave the building
- Interrupting the business of the department
- Bizarre statements/actions
- Angry/verbally abusive/yelling
- Behaving suspiciously
- Threatening
- Violent

There are at least three types of responses open to you:

1. ***Individual response:*** Do what you can to get the person to stop the behavior; try to handle it yourself. If the person is violent, or potentially violent, call security.

2. ***Get assistance from others within your department*** and elsewhere in the building.

- Have someone come and stand near you for support.
- Have someone come to help you deal with the person.
- Call or speed-dial a designated person for help.
- Have someone find a designated person to help.

3. ***Get assistance from campus security*** (in cases of violent or potentially violent behaviors)

- Call campus security at 4438.
- Have another person call campus security at 4438.
- Retreat to a locked office or another safe space while waiting for security.

Questions to Consider as You Develop Your Departmental Safety Plan

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

An Example of a Possible Scenario

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

- How could you have prepared for this?
- What do you do?

This scenario (or one that may be more appropriate for your specific department) discussed in your group setting can help you prepare and implement a safety plan.

