



## Helping Students in Distress

**Sonoma State University  
Counseling and Psychological Services  
(CAPS)**

**Division of Student Affairs**

**CAPS**

**Stevenson Hall 1088**

**707-664-2153**

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## **USEFUL CAMPUS PHONE NUMBERS AND WEBSITES**

**CARE Team:** 707-664-2838

<http://studentaffairs.sonoma.edu/care-students-concern>

**Confidential Advocacy:** 707- 664-2698

<http://studentaffairs.sonoma.edu/student-resources/confidential-advocacy>

**Counseling and Psychological Services:** 707-664-2153 (Available 24/7)

<https://sonoma.edu/counselingctr/>

**Disability Services for Students:** 707-664-2677

<https://www.sonoma.edu/dss/>

**The HUB:** 707-664-2710

<https://web.sonoma.edu/hub/>

**Office of Employee Relations and Compliance/ Title IX Coordinator:** 707-664-4470

<https://web.sonoma.edu/hr/titleix/>

**Office of Student Affairs:** 707-664-2838

<https://sonoma.edu/studentaffairs/>

**Police Services:** 707-664-4444 or 911

<https://www.sonoma.edu/ps/>

**Student Conduct:** 707-664-3396

<http://studentaffairs.sonoma.edu/staff-resource-guide/programs/student-conduct>

**Student Health Center:** 707-664-2921

<https://www.sonoma.edu/shc/>

## **RESPONDING TO STUDENT EMERGENCIES**

**STUDENTS IN DISTRESS OFTEN DISPLAY BEHAVIOR THAT MAY POSE A THREAT TO SELF OR OTHERS. SUCH BEHAVIOR MAY INCLUDE:**

- Suicidal gestures, intentions, or attempts
- Other behavior posing a threat to the student (e.g., drug abuse)
- Threats or aggression directed toward others
- Demonstrated inability to care for oneself

If the student requires immediate medical attention or hospitalization or is dangerous (e.g., threatens to harm themselves or others, has weapons, refusing care), or if you feel directly threatened by a student or feel others are at risk, call campus police at 911. For consultation with a mental health clinician, call Counseling and Psychological Services (CAPS) at (707) 664-2153. CAPS is open Monday, 8 am to 4 pm, and Tuesday through Friday, 8 am to 5 pm. During these times, you may also walk the student to CAPS, located in Stevenson Hall 1088. During non-business hours, the On-Call Counselor can be reached by calling CAPS main line at 707-664-2153.

Please understand that emotional distress can manifest uniquely in different individuals. Therefore, the information outlined in this booklet is intended to serve as a guideline only. If you have any questions about the signs, symptoms, or characteristics of a student in distress, please contact Counseling and Psychological Services.

### **WHAT YOU CAN DO**

In the case of an emergency, get to a safe place until Police Services arrives.

Enlist the help of someone else so the student isn't left alone and you aren't left alone with the student.

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; and an accurate description of the student.

**Alert the CARE team.**

# **REFERRING A STUDENT FOR PROFESSIONAL HELP**

## **WHEN TO REFER**

In many cases of student distress, faculty and staff can provide adequate help through empathic listening, facilitating open discussion of problems, instilling hope, validating and normalizing concerns, conveying acceptance, giving reassurance and offering basic advice. In some cases, however, students need professional help to overcome problems and to resume effective functioning.

## **THE FOLLOWING SIGNS INDICATE 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 ongoing counseling rather than consultation or advising, and feel yourself pulled in directions with which you are uncomfortable.
- The student shows significant and marked changes in behavior and mood.

## **HOW TO REFER**

- Speak to the student in a direct, concerned and caring manner.
- Because students may 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 ("I am worried about how you are doing in school and I bring this up because I want you to do well.").
- Be knowledgeable in advance about the services and procedures of CAPS and other campus help-giving agencies. The best referrals are made to specific people or services (you can find out about CAPS clinicians on the CAPS website <http://www.sonoma.edu/counselingctrl>)
- Suggest that the student call CAPS to make an appointment, and provide the phone number to CAPS (707-664-2153) as well as the location (Stevenson Hall 1088.)
- Sometimes it is useful to actively assist students in scheduling an initial counseling appointment.
- Offer the use of your office phone or call the CAPS yourself while the student waits in your office. In some situations, it may be best to walk the student over to CAPS.
- Offer to review the CAPS website with the student.
- If you need help in deciding whether or not it is appropriate to make a referral, call CAPS for consultation with a clinician.

## **A NOTE ON CONFIDENTIALITY**

All clinical contact with the CAPS is privileged and confidential. While the staff is responsive to the needs and concerns of the SSU community with regard to individual students, no information regarding a student's treatment will be divulged to anyone including parents, faculty or staff without the student's written consent. However, by law, a clinician must report any knowledge of suspected child, elder or other dependent abuse, or imminent risk to an individual's physical safety. In addition, a clinician must disclose records if ordered by a court to do so. In these very unlikely situations, the clinician will only reveal information as specifically required.

## **AWARENESS TO CULTURAL DIFFERENCES**

Race, ethnicity, expression and cultural background, sexual orientation, gender identity, and other cultural identities are important to keep in mind as you help a distressed student. Reactions to racism, sexism, homophobia, ableism, 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 more troublesome for students from underrepresented groups, especially if counseling is not a culturally relevant choice to make when help is needed. Communicating support, concern, and understanding is critical in reaching students who may feel isolated and marginalized.

Your sensitivity to the unique needs of students who identify as lesbian, gay, bisexual, transgender, queer, or other sexual or gender minorities (LGBTQ+), students of color, non-traditional aged college students, student with disabilities, and other underrepresented groups can be important in helping students get assistance. Furthermore, being knowledgeable about campus resources that address the unique needs of underrepresented students is also important.

# THE STUDENT WHO IS ANXIOUS

## **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)

### **SYMPTOMS OF ANXIETY INCLUDE:**

- Stress
- Panic
- Avoidance
- Irrational fears (losing control, phobias, dying)
- Excessive worry (ruminations and obsessions)
- Sleep or eating problems
- Depression

### **WHAT YOU CAN DO**

- Talk to the student in private.
- Remain calm and take the lead in a soothing manner (“I am interested to hear what’s bothering you. Can you tell me about it?”).
- Focus on relevant information, speaking concretely and concisely.
- Help the student develop an action plan that addresses their main concerns, breaking larger problems into smaller parts so they are less overwhelming to the student.
- Refer the student to CAPS.

### **AVOID**

- Overwhelming the student with information or complicated solutions.
- Arguing with student’s irrational thoughts (“You have nothing really to worry about, your grades are good”).
- 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 the anxiety without treatment.

# THE STUDENT WHO IS DEMANDING

## **FACTS ABOUT STUDENTS WHO ARE DEMANDING:**

- Students who are demanding can be intrusive and persistent and may require much time and attention.
- Demanding traits can be associated with anxiety, panic, depression, personality disorders, and/or thought disorders, mania, drug use/abuse.

## **CHARACTERISTICS OF STUDENTS WHO ARE DEMANDING INCLUDE:**

- A sense of entitlement
- An inability to empathize
- A need for control
- Difficulty in dealing with ambiguity
- Perfectionism
- Difficulty with structure and limits
- Dependency
- Fears about handling life
- Elevated mood
- Drug use or abuse
- Inability to accept any limits

## **THE STUDENT WHO IS DEMANDING, continued ....**

### **WHAT YOU CAN DO**

- Talk to the student in a place that is safe and comfortable.
- Remain calm and take the lead (“Tell me what is bothering you and then let’s decide what solutions there might be”).
- Set clear limits up front and hold the student to the allotted time for the discussion (“I have 10 minutes today, within that time, what can I try and help you with?”)
- Emphasize behaviors that are and aren’t acceptable (“If you want me to continue with this, I will need you to be respectful to me when you are talking, and I will be respectful to you.”)
- Respond promptly and with clear limits to behavior that disrupts class, study sessions, or consultations.
- Be prepared for manipulative requests and behaviors (“You came asking for my help and I have offered you several ideas, but they do not seem okay with you. What ideas do you have?”).
- First Step: Utilize your Department Chair or Dean for help identifying strategies for dealing with disruptive behaviors. Second Step: Call Student Conduct for further consultation in help with identifying strategies for dealing with disruptive behaviors.
- Refer the student to CAPS for counseling.

### **AVOID**

- Arguing with the student (“No, you are not correct and I do not agree”).
- Giving in to inappropriate requests.
- Adjusting your schedule or policies to accommodate the student.
- Ignoring inappropriate behavior that has a negative 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 or manipulate you to not deal with the problematic behavior.

## **THE STUDENT WHO IS DEPRESSED**

### **FACTS ABOUT DEPRESSION**

- Depression is a common mental health concern that varies in severity and duration.
- In its less serious forms, 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 supports, daily routines, and simple coping strategies like distraction, self-care practices, a structured daily schedule, and exercise.
- Severe or chronic depression may professional help.

### **SYMPTOMS OF DEPRESSION CAN 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

Sometimes depression includes irritation, anxiety, and anger. Depression can be accompanied by self-harming or suicidal thoughts and intentions as a way to escape from the emotional pain. Research shows that depression can be highly responsive to both psychotherapy and/or medication.

### **WHAT YOU CAN DO**

- Talk to the student in private.
- Listen carefully and validate the student’s feelings and experiences (“It is very difficult, tiring, and distressing to feel this sad so often”).
- Be supportive and express your concern about the situation (“That you are feeling this badly concerns me greatly and I am glad you told me about it”).
- Discuss clearly and concisely an action plan such as having the student immediately call for a counseling appointment (“Sometimes counseling can help. Can I help you set an appointment?”)
- Refer the student to CAPS.

## **THE STUDENT WHO IS DEPRESSED, What you can do....**

- Be willing to consider or offer flexible arrangements (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope.
- Ask the student if they have thoughts of suicide. If so, do not leave the student alone. Walk the student over to CAPS. If it is not during working hours, call the CAPS After-Hours Line at 707-664-2153 or contact Police Services at 911.
- Utilize your Department Chair or Dean for help identifying strategies for dealing with the depressed student.
- If you feel overwhelmed or unprepared to help a depressed student, call the CARE Team at 707-664-2838 or call CAPS for a consultation.

### **AVOID**

- Downplaying the situation (“But you normally seem so happy”).
- Arguing with the student or disputing that the student is feeling depressed (“Your grades are so good, are you sure you’re really depressed?”)
- Providing too much information for the student to process.
- Expecting the student to stop feeling depressed without intervention (“My sad feelings pass, and maybe they will for you, too”).

## **THE STUDENT WHO HAS DISORDERED EATING**

### **FACTS ABOUT EATING DISORDERS**

Eating disorders have both physical and psychological symptoms. They are characterized by problematic attitudes and feelings about food, weight and body shape, a disruption in eating behaviors and weight management, and often intense anxiety about body weight and size. Eating disorders include Anorexia Nervosa, Bulimia Nervosa, and/or Binge Eating Behavior.

Anorexia Nervosa is characterized by restricted eating, and/or excessive exercise and substantial weight loss. Bulimia Nervosa is characterized by recurrent episodes of overeating followed by some form of purging. Binge Eating Behavior is characterized by recurrent episodes of overeating that are not followed by compensatory behaviors to prevent weight gain.

### **What Can You Do**

- Select a time to talk to the student when you are not rushed and won’t be interrupted.
- In a direct and non-punitive manner, indicate to the student all the specific observations that have aroused your concern, trying not to focus on body weight or food.
- Your responsibilities are not to diagnose or provide therapy; it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble find understanding, support, and the proper therapeutic resources.
- If you have any questions regarding the resources available or approaching a student, call the CARE team or CAPS.

### **AVOID**

- Avoid placing shame, blame, or guilt on your student regarding their actions or attitudes.
- Avoid giving simple solutions. For example, “If you’d just stop, then everything would be fine!”
- Do not intentionally or unintentionally become the student’s therapist, savior, or victim.

# **THE STUDENT WHO MAY BE SUICIDAL**

## **FACTS ABOUT SUICIDE**

- Suicide is the second leading cause of death among college students.
- Suicidal thoughts are often associated with major depression, a combination of anxiety and depression, post-traumatic stress disorder, drug and alcohol abuse, and bipolar disorder.
- People who are suicidal 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 helplessness.
- Feelings of alienation and isolation
- Viewing death as a means of escape from distress
- Previous suicide attempts
- Personal or family history of depression and/ or suicide
- Personal or family history of suicide attempts
- Substance abuse
- History of self-harm
- Be confident to ask directly about suicide. Asking a student if they are suicidal will not put the idea in their head if it isn't there already and will start a conversation, which is the first step to a solution.

A student who is suicidal and who confides in someone is often highly 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), a time frame in which they will kill themselves, and tend to be or feel isolated.

## **WHAT YOU CAN DO**

- All threats should be taken seriously.
- Call 911 if the student is in immediate danger to themselves.
- Talk to the student in private.
- Remain calm and take the lead.
- Take a student's disclosure as a serious plea for help ("I hear clearly that you are considering killing yourself to end the pain").
- Ask the student directly about feelings and plans ("Are you thinking of suicide?" "How have you thought about doing it?").
- Express care and concern, and assure the student that you will help him or her reach a professional ("I believe and trust everything you are saying and that you have not gotten to this point easily. I am extremely concerned for you and want you to believe and trust me. Seeking help can make a difference even if it doesn't feel this way right now").
- If the incident occurs during business hours, escort the student to CAPS located in Stevenson Hall 1088 or call Police Services: 911
- If you feel overwhelmed or unprepared to help a suicidal student, call the CARE Team or CAPS.

## **AVOID**

- Minimizing the situation ("It is not okay to kill yourself").
- Arguing with the student about the merits of living ("You have good grades and everyone loves you, how could you think of killing yourself?")
- Allowing friends to assume responsibility for the student without getting input from a professional.
- Assuming the family knows that the student has suicidal thoughts.

# **THE STUDENT WHO IS SEVERELY DISORIENTED OR PSYCHOTIC**

## **FACTS ABOUT PSYCHOTIC THINKING**

- The main feature of psychotic thinking is being disconnected from reality.

## **SYMPTOMS INCLUDE:**

- Speech that makes no sense.
- Extremely odd or eccentric behavior.
- Significantly inappropriate or an utter lack of emotion.
- Bizarre behavior that indicates hallucinations.
- Strange beliefs that involve a serious misinterpretation of reality
- Social withdrawal inability to connect with or track normal interpersonal communication
- Extreme and unwarranted suspicion.
- Psychological illnesses that involve psychotic features often have an onset between the late teens and early 30s.

## **WHAT YOU CAN DO**

- Consult with a clinician at CAPS.
- Speak to the student in a direct and concrete manner regarding your plan for getting them to a safe environment (“I am worried you are having trouble tracking things right now and I think it would be best for you to come with me to speak with someone about this so you can feel safe again”).
- Accompany the student to CAPS or call Police Services if the student is highly impaired.

## **AVOID**

- Assuming the student will be able to care for themselves
- Agitating the student with questions, pressure, etc. (“You have to do something about yourself as you are really upsetting ots”).
- Arguing with unrealistic thoughts (“Don’t think that, it makes no sense and you know it’s not real”).
- Assuming the student understands you.
- Allowing friends to care for that student without getting professional advice.

# **RESPONDING TO SUBSTANCE ABUSE**

## **SIGNS THAT A STUDENT MAY HAVE AN ALCOHOL PROBLEM**

- Failure to fulfill major work, school, or home responsibilities.
- Specific school problems such as poor attendance, low grades, and/or recent disciplinary action.
- Drinking in situations that are physically dangerous, such as driving a car.
- Having recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk.
- Continued drinking despite having ongoing relationship problems that are caused or worsened by drinking.
- Mood changes such as temper flare-ups, irritability, and defensiveness.
- Physical or mental problems such as memory lapses, poor concentration, bloodshot eyes, lack of coordination, or slurred speech.

## **SIGNS THAT A STUDENT MAY HAVE A DRUG PROBLEM**

- Experiencing withdrawal symptoms (e.g., nausea, restlessness, insomnia, concentration problems, sweating, tremors, and anxiety) after reducing or stopping chronic drug use.
- Taking a drug in order to avoid withdrawal symptoms.
- Spending a lot of time getting, using, and recovering from the effects of a drug.
- Abandoning previously-enjoyed activities, such as hobbies, sports, and socializing, in order to use drugs.
- Neglecting school, work, or family responsibilities.
- Taking risks while high, such as starting a fight or engaging in unprotected sex.
- Continuing to use despite physical problems (e.g., blackouts, flashbacks, infections, injuries) or psychological problems (e.g., mood swings, depression, anxiety, delusions, paranoia) the drug has caused.
- Legal troubles because of drug use, such as arrests for disorderly conduct, driving under the influence, or stealing to support drug habit.

## **RESPONDING TO SUBSTANCE ABUSE, continued ....**

### **WHAT YOU CAN 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 the truth.
- Report your concern to the CARE Team
- Refer the student to the Student Health Center (SHC) or CAPS.

## **RESOURCES FOR VICTIMS OF VIOLENCE, ABUSE, AND STALKING**

### **Campus Resources:**

#### **Police Services**

The Sonoma State Police Services is responsible for all criminal investigation and apprehensions. Regardless of whether charges are filed, the police are available to answer your questions about the legal process and your legal options regarding an incident.

1801 East Cotati Avenue

Verdot Village

Rohnert Park, CA. 94928-3609

707-664-4444

<http://www.sonoma.edu/ps/>

#### **Confidential Advocacy**

The Confidential Advocate 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.

Classico 117

(707) 664-2698

<http://studentaffairs.sonoma.edu/student-resources/confidential-advocacy>

#### **Counseling and Psychological Services (CAPS)**

CAPS provides both crisis intervention and therapy to recent or past survivors of sexual violence. Students are seen either individually or in a group with others who have experienced similar trauma.

Stevenson Hall 1088

707-664-2153

<http://www.sonoma.edu/counselingctr/>

#### **Office of Employee Relations and Compliance/Title IX**

University office investigates student complaints of sexual assault, harassment, and other discrimination complaints.

Administration & Finance, Salazar 2nd Floor

707- 664-2281

<https://web.sonoma.edu/hr/erc/>

#### **Student Conduct**

The Student Conduct Administrator is responsible for investigating alleged violations of the CSU Code of Conduct and University policies.

707-664-3396

## **RESOURCES FOR VICTIMS OF VIOLENCE, ABUSE, AND STALKING,** **continued...**

### **VERITY**

Offers a 24 hour a day 7 day a week crisis hotline, individual counseling, advocacy and accompaniment, support groups for sexual assault victims and their friends and family; and training for student interns and volunteers.

835 Piner Road, Suite D

Santa Rosa, CA. 95403

24 Hour Crisis Hotline 707-545-7273

Business Line 707-542-7270

<https://www.ourverity.org>

### **YWCA of Sonoma County**

Provides residential and non-residential services for those experiencing domestic violence, child abuse, or sexual assault. Services include a 24-hour hotline and therapeutic residential emergency safe house in a confidential location for women and their children who are at-risk of domestic violence or sexual assault and cannot remain at home. Also provides advocacy, legal services, temporary restraining order clinics, law enforcement liaison and advocacy, individual and group therapy, support and educational workshops.

P.O. Box 356

Santa Rosa, CA. 95407

707-546-9922

24-Hour Hotline at 707-546-1234

<https://www.ywcasc.org/what-we-do/domestic-violence-services/>

### **Family Justice Center**

Provides advocacy, free of charge, for victims of rape, domestic violence, and child abuse,. Also provides advocacy training and community education.

2755 Mendocino Avenue, Santa Rosa

(707) 565-8255

<https://www.fjcsc.org/services>