Boise State University Community,
Boise State is committed to creating a safe and healthy learning and living environment. An important step in fulfilling that commitment is attending to the mental health needs of our students.

The campus community must take on a sense of ownership for how our students are doing and, when appropriate, connect them to campus and/or community resources.

To the extent that we maintain the well-being of our students, we nurture their academic, social, and personal development and create a safe and healthy campus community.

Supporting students’ healthy development requires everyone’s participation. Participating not only promotes safety on campus, it also provides you with an opportunity to be a part of helping another person achieve his/her academic dreams.

Campus Assessment, Resource, and Education (C.A.R.E.) Team
Living, learning, and working at Boise State University can be very stressful at times. All members of the university community, including students, faculty, and staff, will face challenges. As a result, some individuals may exhibit behavior that is concerning, disruptive, or threatening towards themselves or others. Boise State has established the C.A.R.E. Team to provide assistance to the campus community in addressing these behaviors of concern.

Go to the C.A.R.E. website at care.boisestate.edu where you can fill out an online form to bring someone to the attention of the team.
To the Administration, Faculty and Staff,

We would like to acknowledge the many administrators, faculty, and staff across campus who have contributed to the development of the intervention guidelines in this handbook. Your suggestions and input are highly valued and appreciated.

The Reaching Out Handbook has been created for the purpose of providing you with information about Counseling Services at the Health Center, about other campus resources, and how to most effectively assist students in distress.

Our goal is to help you recognize some of the symptoms of student distress and to provide some specific options for intervention and for referral to campus resources. We are available to assist you with problem situations and to consult with you on whether to intervene with a particular student.

This guide will discuss the role of faculty and staff in assisting with student problems. Guidelines are offered but each individual will need to consider what is appropriate in a given situation. Basic topics cover identifying students in distress, ways of dealing with these students, and how to refer them for counseling. Dealing with the reluctant student, scheduling an appointment with Counseling Services, and confidentiality issues are also discussed. A list of campus referral resources, including Counseling Services, is listed at the beginning of this guide.

Counseling Services offers short-term individual and couples counseling, consultation, and crisis intervention. Insurance plans can be billed, and self-pay is available for counseling services. No student will be turned away for inability to pay. If it is determined that a student requires resources beyond what we can offer, we will do our best to provide a referral to an appropriate mental health provider in the community.

Counseling Services is staffed by licensed professional counselors, psychologists, social workers, and graduate counseling and social work interns, all trained to handle a variety of mental health concerns. We appreciate referrals and will do our best to have a student seen as soon as possible if you believe the concern to be urgent. Please do not hesitate to call if we can help you address the needs of any of your students. We are here to help!
Message from Counseling Services 1-2
Table of Contents 3
Campus Resources 4
Emergency Resources 5
Guidelines for Intervention 6
Consultation and Confidentiality 7
Referring Students for Counseling 8
The Depressed Student 9
The Suicidal Student 10
The Overanxious Student 11
The Grieving Student 12
The Student with Eating Problems 13
The Student Who is Engaging in Self-Injury 14
The Bipolar Student 15
The Student in Poor Contact with Reality 16
The Disruptive Student 17
The Student Under the Influence 18
The Student Who is a Victim of Stalking 19
The Student Who is a Victim of Relationship Violence 20
The Student Who is a Victim of Sexual Assault 21
The Aggressive Student 22
The Student Who Presents as Threatening 23
Contact Us 24
Notes 25-26
Counseling Services
healthservices.boisestate.edu/counseling

Located in the Norco Building
Behind the Rec Center between Belmont St. and Beacon Ave.

**Hours:** 8 a.m.– 5 p.m. Monday, Tuesday, Thursday, and Friday
10 a.m.– 5 p.m. Wednesday

Insurance plans can be billed, and self-pay is available for counseling services.
No student will be turned away for their inability to pay.
Crisis intervention services are available Monday–Friday during our hours of operation.
Students needing to talk to someone trained in crisis intervention after hours can call the Suicide Hotline

**NATIONAL:** 1-800-273-TALK (8255) | **IDAHO:** 1-800-564-2120

Medical Services
healthservices.boisestate.edu/medical

Wellness Services
healthservices.boisestate.edu/wellness

Additional Resources

- Advising & Academic Enhancement, aae.boisestate.edu (208)426-4049
- ASBSU Student Legal Services, asbsu.boisestate.edu (208)426-1527
- Career Center & Broncojobs, career.boisestate.edu (208)426-1747
- Center for Teaching & Learning, ctl.boisestate.edu (208)426-4610
- Dean of Students, deanofstudents.boisestate.edu (208)426-1527
- Disability Resources Center, drc.boisestate.edu (208)426-1583
- Student Success Program, education.boisestate.edu/ssp (208)426-3583
- Veterans Services, veterans.boisestate.edu (208)426-1583
- Vice President for Student Affairs, vpsa.boisestate.edu (208)426-1418
- Women’s Center, womenscenter.boisestate.edu (208)426-4259

Cultural Assistance

- Multicultural Student Services, mss.boisestate.edu (208)426-4049
- International Student Services, iss.boisestate.edu (208)426-3652
EMERGENCY RESOURCES

Boise Police
Counseling Services
(208) 426-1459

Campus Security and Police (available 24 hours)
(208) 426-6911

Family Advocacy Center & Education Services (FACES)
A comprehensive service site in Boise that provides specialized response for sexual and relationship violence and child abuse. Provides 24-hour response for sexual assault, including forensic examinations and law enforcement response. Located at 417 S. 6th Street, Boise.

Medical Services
(208) 426-1459

Mobile Crisis Unit (choose option 2 - 24 hr line)
(208) 334-0808

They work closely with the police in mental health cases. A useful resource for phone consultation, but not a good option if there is imminent danger as response time for on-site visit may be slow.

Suicide Prevention Hotline
800-273-TALK (8255)

Women’s and Children’s Alliance
(208) 343-3688

Offers emergency shelter, advocacy, and specialized counseling.

Domestic Violence Hotline
(208) 343-7025

Sexual Assault Hotline
(208) 345-7273

Boise State Women’s Center
(208) 426-4259

Offers crisis response, advocacy, coordination of campus and community resources, and emotional support.

Valley Crisis Center (Nampa)
(208) 465-5011
GUIDELINES FOR INTERVENTION

You can have a profound affect on students when you openly acknowledge that you are aware of their distress, are sincerely concerned about their welfare, and are willing to help them explore options. Whenever possible, we encourage you to speak directly and honestly to students if you sense academic or personal distress.

1. Request to see the student in private. This should help minimize embarrassment and defensiveness. Show respect for the student.

2. Briefly share your observations and perceptions of the student’s situation. Express your concerns directly and honestly.

3. Listen carefully. Try to see the issues from the student’s point of view without agreeing or disagreeing.

4. Attempt to identify the problem. Is the student connected with any ongoing resources? You can help by exploring options to deal with the concern.

5. Acknowledge inappropriate or strange behavior. Comment on what you observe without sounding judgmental.

6. Flexibility in administering established policies may allow an alienated student to respond more effectively to your concerns.

7. Involve yourself only as far as you are comfortable, then refer the student to the appropriate resources. As you attempt to reach out to a troubled student, do not become more involved than time or skill permits.
CONSULTATION AND CONFIDENTIALITY

Consultation
If you are unsure how to handle a specific student, contact Counseling Services at (208) 426-1459, identify yourself as a faculty or staff member, and ask to speak with a staff counselor. If the counselors are engaged, your call will be returned as soon as possible. A brief consultation may help you sort out the relevant issues and explore alternative approaches. If a student is already receiving counseling services, he or she must give written permission for us to disclose confidential information.

Conveying your concern and willingness to help is perhaps the most important thing you can do. Your support, encouragement, and reassurance will be particularly helpful to a student in distress.

If you feel it is imperative that the student receive immediate attention, the student is willing to cooperate, and it is before 5 p.m., you may walk him or her to the Counseling Services office. If it is after hours and you believe this to be a mental health emergency, call Campus Security and Police, (208) 426-6911, and/or 911. Students may also access supportive services at the Women’s Center, for issues related to sexual and relationship violence and/or stalking.

Confidentiality
The staff at Counseling Services strictly comply with relevant legal and ethical obligations. We cannot discuss a client’s situation, or even reveal that counseling is being received, without the client’s written consent. Sometimes the faculty or staff member who made the referral will call to follow up. Please understand that we cannot tell you that the student has made an appointment without his/her written consent. We will generally ask a student if the referring individual can have feedback about our contact (at least to let them know that the student has kept their appointment), but if the student does not want any information released, we have to honor that choice. Most students appreciate the referral and are quite willing to provide some feedback on the counseling contact. If you wish to follow-up on someone you have referred, please ask that individual to provide us with permission to speak with you. If you do not hear from us, it is likely that permission has been denied. However, while we can’t share information without a student’s permission, we are open to receiving information you have about a student that you think would be helpful.
In many instances you may be the right person at the right time to make an intervention that brings about an improved situation for your student. They may seek you out because they trust your judgment and support, and timely help in problem solving may be just what is needed. If however, the student’s concerns are chronic or severe or overstep your time boundaries or limits of expertise, a referral to Counseling Services, or to an appropriate student support service may be in order. Explain your concerns to the student and say why you think assistance would be helpful. By having students call for a counseling appointment themselves, you increase their sense of responsibility. However, offering to help the student schedule an appointment as a gesture of support may be useful. It may also help if you give us a “heads up” on what to expect. There are times when it is more advantageous for you to make an appointment for the student and to accompany him or her to the appropriate office.

If a Student is Reluctant to Seek Professional Help
Acknowledge and validate the student’s fears and concerns about seeking help. Normalize the process of seeking help and suggest Counseling Services as a possible resource rather than imply that the student is very disturbed and needs therapy. Reluctant students might be relieved to know that they can speak to a counselor on a one-time basis without making a commitment to a series of sessions. Reassure the student that any information shared will be kept confidential and will not be disclosed to parents, faculty, or university departments (unless the student is at risk of harm to him/herself or others).

If the student refuses to seek help and you are concerned for their safety, consult with your department head and the Counseling Services staff. If you think they are an immediate risk, call 911.

Urgent Concerns that May Benefit from Immediate Intervention
- suicidal tendencies
- physical assault
- fear of losing control and possibly harming someone
- stalking (whether in person or electronically)
- verbal or implied threats to one’s well-being
- recent death of a loved one
- sexual assault
- recent abuse (victim or self abuse)
Depression 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 most students will experience periods of situational depression. A student needs assistance when the depressive symptoms become extreme or last so long that they begin interfering with the student’s ability to function in school, work, or social environments.

Since faculty and staff are in a position to observe and interact with students, they are often the first to recognize a student in distress. Look for a pattern of these indicators:

- tearfulness or excessive emotions inappropriate to the situation
- markedly diminished performance
- infrequent class attendance
- increased anxiety (generalized, test, or performance)
- irritability
- deterioration in personal hygiene
- significant weight gain or loss
- lack of energy or motivation
- alcohol or drug use

Students experiencing mild depression often respond well to additional attention over a short period of time. Prompt intervention increases the student’s chances of returning to earlier performance levels. Do not attempt to provide in-depth counseling.

<table>
<thead>
<tr>
<th>HELPFUL ACTIONS</th>
<th>UNHELPFUL ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Let the student know you are aware he or she is feeling down and you would like to provide support and assistance.</td>
<td>Minimizing the student’s feelings (“Everything will be better tomorrow.”)</td>
</tr>
<tr>
<td>Do not hesitate to ask the student directly if he or she is having suicidal thoughts.</td>
<td>Bombarding the student with fix-it solutions or advice.</td>
</tr>
<tr>
<td>Encourage the student to make an appointment with a professional counselor to discuss how he or she is feeling.</td>
<td>Trying to solve the student’s problems. Ignoring signs of suicidal tendencies.</td>
</tr>
</tbody>
</table>
It is important to regard all suicidal comments as serious. Watching for some of the following behaviors will offer clues on the student’s frame of mind. If a student exhibits any of the symptoms below, refer him or her to Counseling Services immediately for assessment.

- withdrawal from friends and family
- expression of extreme hopelessness or guilt
- sudden mood or behavior changes
- giving possessions away
- comments that life isn’t worth the trouble
- recurrent thoughts or statements about suicide

<table>
<thead>
<tr>
<th>HELPFUL ACTIONS</th>
<th>UNHELPFUL ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be confident, caring, and prepared to provide information about available student resources.</td>
<td>Becoming involved with the student beyond your levels of expertise or comfort.</td>
</tr>
<tr>
<td>If you have an intuition that something is wrong with the student, call Counseling Services for consultation with professional staff.</td>
<td>Ignoring comments such as, “won’t be a problem much longer,” or “Nothing matters; it’s no use.”</td>
</tr>
<tr>
<td>If you believe there is imminent danger, and the student is willing, bring him or her to Counseling Services. Call first if possible, (208) 426-1459.</td>
<td>Being too busy to intervene.</td>
</tr>
<tr>
<td>If it is after hours and the student is cooperative, call a friend, family member, or Campus Security and Police at (208) 426-6911 or 911.</td>
<td></td>
</tr>
<tr>
<td>If it is after hours or the student is uncooperative, call Campus Security and Police at (208) 426-6911 or 911.</td>
<td></td>
</tr>
</tbody>
</table>
Anxiety is a normal response to a perceived danger or threat to one’s well-being. While everyone suffers from occasional anxiety, sometimes the level of anxiety can become overwhelming. For some students, the cause of anxiety is clear; for others, it is difficult to pinpoint the reason for their distress. Regardless of the cause, the student may experience the following symptoms: rapid heartbeat, chest pain or discomfort, dizziness, sweating, trembling, or shaking. The student may also complain of having difficulty concentrating, always feeling “on edge,” having trouble making decisions, experiencing sleeping problems, feeling unable to complete coursework, or being too afraid to take appropriate action. In some cases, students may experience a panic attack in which the physical symptoms are so spontaneous and intense they fear they are dying. The following guidelines are appropriate in most cases.

<table>
<thead>
<tr>
<th>HELPFUL ACTIONS</th>
<th>UNHELPFUL ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Let the student discuss his or her feelings and thoughts in an appropriate setting; this alone often relieves a great deal of pressure.</td>
<td>▪ Minimizing the perceived threat to which the student is reacting.</td>
</tr>
<tr>
<td>▪ Provide reassurance.</td>
<td>▪ Taking responsibility for the student’s emotional state.</td>
</tr>
<tr>
<td>▪ Be clear and directive.</td>
<td>▪ Becoming anxious or overwhelmed yourself.</td>
</tr>
<tr>
<td>▪ Talk slowly and remain calm.</td>
<td></td>
</tr>
<tr>
<td>▪ Discern whether you are able to respond adequately to the student’s concerns or if a referral is necessary.</td>
<td></td>
</tr>
<tr>
<td>▪ Provide a safe and quiet environment until the symptoms subside.</td>
<td></td>
</tr>
<tr>
<td>▪ If appropriate, develop a plan with the student for academic issues within the classroom and make appropriate referrals if needed.</td>
<td></td>
</tr>
</tbody>
</table>
When someone suffers a loss, it disrupts their sense of the order of things and can sometimes lead to feelings that life is out of control and meaningless. People may deal with the death of a parent, sibling, family member, friend, or classmate. These deaths may be accidental, may be sudden, or may be the result of a long illness. An entire campus or academic department may grieve the death of a beloved professor or classmate. Feelings are often compounded by a sense of shock and a longing for the opportunity to “say goodbye.” The loss of meaning and control adds distress to grief. Regaining meaning and a sense of control may help students endure the grieving process. Those experiencing grief tend to function better within an already established support system. Grief is a natural process but may become complicated (e.g., the person may become depressed and not able to function), and therefore need some type of intervention.

If you are aware that someone is grieving or has experienced a loss, she/he may be experiencing some of the common grief reactions. These reactions to loss may include:

<table>
<thead>
<tr>
<th>Physical Reactions</th>
<th>Cognitive Reactions</th>
<th>Emotional Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue/exhaustion</td>
<td>Difficulties concentrating</td>
<td>Guilt</td>
</tr>
<tr>
<td>Sleep disturbance</td>
<td>Difficulties solving problems</td>
<td>Feelings of helplessness</td>
</tr>
<tr>
<td>Change in appetite</td>
<td>Intrusive thoughts</td>
<td>Anger/irritability/moodiness</td>
</tr>
<tr>
<td>Headaches</td>
<td>Preoccupation with the event</td>
<td>Sense of hopelessness</td>
</tr>
</tbody>
</table>

### Helpful Actions

- Listen carefully. This can help a student gain an understanding of her/his feelings and clarify options for dealing with them.
- Encourage the person to be with, or connect with, family and friends, which may mean taking time away from classes or the university.
- Be aware that family may be urging the person to stay at school or at work, even though the person longs to be at home (particularly with the death or imminent death of a parent).
- Encourage the student to talk with someone about his/her feelings, fears, and uncertainties. Refer the person to Counseling Services (208) 426-1459.

### Unhelpful Actions

- Feeling pressure to “say the right thing” or break silences. Your supportive and caring presence can be comforting.
- Forcing discussion about death and loss.
- Minimizing the loss and be suggestive that one must just move forward.
- Judging the person’s response to death, unless it seems extreme or frightening to you, in which case you should consider walking the person to Counseling Services or calling Campus Security and Police Services (208) 426-6911.
For many people, losing weight is a constant and often frustrating concern. Most people who diet do not develop eating disorders. But for others, the effort to become thin - to stay that way - can turn into an obsession. In some cases, it can become life threatening. For students who tend to be perfectionists with very high achievement expectations, losing weight can be seen as the first step to improving themselves, or provides a way to escape from feelings of guilt or worthlessness. Symptoms to watch for include:

- excessive weight loss in a relatively short period of time
- continuation of dieting although bone-thin
- unusual interest in food and strange eating rituals
- binging - consumption of large amounts of food
- disappearance into bathroom for long periods of time
- distorted view of body image
- loss of menstrual periods
- obsession with exercise
- serious depression

<table>
<thead>
<tr>
<th>HELPFUL ACTIONS</th>
<th>UNHELPFUL ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speak directly to the student about your concerns and the behaviors you observe.</td>
<td>Giving simple solutions (“If you’d just stop, everything would be fine!”).</td>
</tr>
<tr>
<td>Let the student know other qualities/characteristics you appreciate about her or him.</td>
<td>Trying to control the behavior (“You have to eat something! You’re out of control!”).</td>
</tr>
<tr>
<td>Encourage the student to make an appointment with a professional counselor.</td>
<td>Don’t ignore the problem, hoping it will go away; it won’t.</td>
</tr>
</tbody>
</table>
Self-injury is defined as any damage intentionally caused to one’s own body. This behavior is also referred to as self-harm or self-mutilation. Like substance abuse, self-injurious behavior can be linked to no single cause. It is observed in all cultures and socioeconomic levels and is observed in both males and females. It does occur, however, more often among females and people who have a history of physical, emotional, or sexual abuse. Even though there is always the possibility that a self-inflicted injury could be fatal, self-injury is not considered to represent a suicide attempt. Self-injury usually occurs when people feel overwhelmed by their emotions and are desperate to find relief from intense feelings, pressure, or anxiety. Self-injurious behavior often leaves scars resulting from permanent tissue damage. Common methods of injuring oneself include (but are not limited to) the following behaviors:

- cutting
- burning (or “branding” with hot objects)
- picking at skin or re-opening wounds
- hair-pulling (trichotillomania)
- head-banging
- hitting (with a hammer or other objects)
- bone-breaking via a number of methods

### Helpful Actions

- Speak honestly to the student about your concerns and describe specifically what you have observed that makes you suspect they have been engaging in self-injury.
- Encourage the student to make an appointment with Counseling Services to help her/him to deal with the distress that is compelling the behavior.
- If the student is hesitant to make an appointment for herself/him, offer to call for them, and/or consult with a counselor in Counseling Services.

### Unhelpful Actions

- Responding with shock, horror, or disgust to the self-injurious behavior.
- Ignoring the behavior and the possibility of serious physical damage.
- Becoming overly involved with the student beyond your level of expertise.
Bipolar disorder, or manic-depression, is a type of mental illness that involves a disorder of affect or mood. The student’s mood usually swings between overly “high” or irritable to sad and hopeless, and then back again, with periods of normal mood in between. Bipolar disorder usually begins in late adolescence, often appearing as depression during teen years. Signs of bipolar disorder include:

<table>
<thead>
<tr>
<th>“THE HIGHS”</th>
<th>“THE LOWS”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased need for sleep</td>
<td>Inability to sleep or oversleeping</td>
</tr>
<tr>
<td>Reckless behavior such as spending sprees, erratic driving, rash decisions</td>
<td>Persistent sad and/or anxious mood</td>
</tr>
<tr>
<td>Extreme irritability and distractibility</td>
<td>Feelings of hopelessness or pessimism</td>
</tr>
<tr>
<td>Excessive “high” or euphoric feelings</td>
<td>Thoughts of death or suicide</td>
</tr>
<tr>
<td>Increased energy, activity, restlessness</td>
<td>Loss of interest or pleasure in activities</td>
</tr>
<tr>
<td>Racing thoughts, rapid speech</td>
<td>Decreased energy, fatigue</td>
</tr>
<tr>
<td>Abuse of drugs or alcohol</td>
<td>Inability to concentrate, make decisions</td>
</tr>
</tbody>
</table>

**HELPFUL ACTIONS**

- Speak directly to the student about your concerns and be concrete in describing the behavior that concerns you.
- Encourage the student to make an appointment with a counselor at Counseling Services to explore what might be causing her/his distress.
- If the student is not in a state to be reasoned with (manic, distorted thinking, psychotic), contact Counseling Services to consult on how best to proceed to help the student.

**UNHELPFUL ACTIONS**

- Minimizing the seriousness of the student’s presenting behavior.
- Making demands that the student see a professional (he or she may be feeling great and not realize anything is wrong).
- Becoming involved with the student beyond your level of expertise.
- Ignoring signs of suicidal tendencies. Loss of interest or pleasure in activities.
These students have difficulty distinguishing their thoughts and perceptions 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 out of control; and their behavior may appear bizarre and disturbing. The student may experience hallucinations (often auditory), and may report hearing voices (e.g., statements that someone is threatening to harm or control them). If you cannot make sense of a student’s statements, contact Counseling Services as soon as possible.

<table>
<thead>
<tr>
<th>HELPFUL ACTIONS</th>
<th>UNHELPFUL ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Respond with warmth, kindness, and firm reasoning.</td>
<td>▪ Arguing or trying to convince the student of the irrationality of his or her thinking, as this commonly reinforces the false perception.</td>
</tr>
<tr>
<td>▪ Remove extra stimulation from the environment (turn off the radio, step outside of a noisy classroom).</td>
<td>▪ Encouraging further discussion of the delusional processes or playing along with the student’s delusion (“Oh, yes, I hear voices, too.”)</td>
</tr>
<tr>
<td>▪ Explain your concerns and assist the student in getting help. Contact Counseling Services as soon as possible.</td>
<td>▪ Demanding, commanding, or ordering the student to do something to change his or her perceptions.</td>
</tr>
<tr>
<td>▪ Acknowledge the student’s feelings or fears without supporting the misperception (“I understand you think someone is following you, and it must seem real to you, but I don’t see anyone.”)</td>
<td>▪ Expecting customary emotional responses.</td>
</tr>
<tr>
<td>▪ Acknowledge that you are having difficulty understanding the student and ask for clarification.</td>
<td></td>
</tr>
<tr>
<td>▪ Focus on the here and now.</td>
<td></td>
</tr>
</tbody>
</table>
It is expected that by the time students reach college they will know how to behave in a classroom. Unfortunately, college instructors often experience, on a daily basis, students who are chronically late, who talk to friends during class, who eat or sleep in class, and who engage in arguments with instructors or other students. Although disruptive behaviors have annoying or disrespectful qualities, these behaviors may be due to underlying emotional distress. Each type of disruptive behavior requires a different set of responses by the university. Rebellious and escalating disruptions need to be addressed behaviorally through disciplinary action, whereas disruptive behavior precipitated by emotional distress may require consultation with counseling staff.

**HELPFUL ACTIONS**

- Invite the student to speak in a private area (if you feel safe). Acknowledge the emotions if the student seems upset, angry, or frustrated. “Sarah, I notice you seem frustrated.”

- Briefly state your concern. “Sarah, I am concerned that you have been late for class every day since the beginning of semester.”

- Let the student talk, ask for clarification if necessary. “I am not sure what you mean by it ‘not getting through.’ Could you tell me more?”

- Focus on the behavior and clearly state the expectations and that the consequences of continued disruption may result in disciplinary action. “If you continue to disrupt the class by coming in late and greeting your friends, I will have to report this to the department chair and you may be removed from my class.”

- If unsure how to proceed in a particular situation, consult with your department head, the Dean of Students Office, (208) 426-1527, and/or Counseling Services staff, (208) 426-1459.

**UNHELPFUL ACTIONS**

- Becoming defensive or getting into an argument or shouting match.

- Acting hostile or punitive. “I’m going to have you thrown out of this class!”
Alcohol is the most widely used - psychoactive drug and the preferred drug on college campuses. It is common to find that students who abuse alcohol are also abusing other drugs, both prescription and illicit. Fads and peer pressure affect patterns of use. Binge drinking, defined as five drinks in a row for men, and four for women, is popular and can quickly become lethal. Other adverse effects of alcohol consumption include: hangovers, hospitalization for alcohol overdose, poor academic performance, class absences, injury, and unprotected sexual activity. Alcohol is the most common drug used by sexual predators to incapacitate victims and perpetrate sexual assault.

The effects of alcohol abuse are well known to most of us. Faculty often recognize substance abuse problems when a student’s irresponsible, unpredictable behavior affects the learning situation (e.g., drunk and disorderly conduct in class), or when a combination of the health and social impairments associated with alcohol or drug abuse sabotages student performance.

Be aware that substance abuse may result in overly aggressive behavior. In such cases, remain calm and get help if necessary (send a student for a staff person, faculty member, department chair, or security officer). Stay safe by retaining access to a door, knowing whom to call (Campus Security and Police, (208) 426-6911, for emergencies call 911.), and keeping furniture (e.g., a desk) between you and the student. Do not threaten, corner, or touch the student.

<table>
<thead>
<tr>
<th>HELPFUL ACTIONS</th>
<th>UNHELPFUL ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privately confront the student about the specific, observed behavior that concerns you.</td>
<td>• Conveying judgment or criticism of the student’s substance abuse.</td>
</tr>
<tr>
<td>Offer support and concern for his or her well-being.</td>
<td>• Making allowances for the student’s irresponsible behavior.</td>
</tr>
<tr>
<td>Suggest the student talk with someone about these issues and maintain contact with the student after a referral is made.</td>
<td>• Ignoring signs of intoxication in the classroom.</td>
</tr>
<tr>
<td>If the behavior continues, consult with your department head and the Dean of Students Office (208) 426-1527.</td>
<td></td>
</tr>
</tbody>
</table>

*The above may be helpful only when the student is sober again.*
Stalking is any behavior that would make a reasonable person feel threatened, intimidated, annoyed, or afraid. A stalker is much more likely to be someone the student knows than not. A stalker may start with small, annoying, persistent actions and progress to criminal behavior. Some examples of stalking behavior are:

- trying to start or keep a relationship that the person does not want
- threatening the person or the safety of someone close to the person
- becoming physically aggressive with the person
- unwanted repeated calls, e-mails, or letters
- following the person

<table>
<thead>
<tr>
<th>HELPFUL ACTIONS</th>
<th>UNHELPFUL ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage the student to not deal with this potentially dangerous situation by</td>
<td>Minimizing the potential danger of the situation.</td>
</tr>
<tr>
<td>her or himself and validate their confiding in you about the situation. Encourage</td>
<td></td>
</tr>
<tr>
<td>the student to tell his or her parents or another trusted adult immediately.</td>
<td></td>
</tr>
<tr>
<td>Advise the student to stay alert - pay attention, to the stalker - and to</td>
<td>Discounting the students concerns and anxiety.</td>
</tr>
<tr>
<td>yourself. Never ignore the first signs of stalking. You have a creepy feeling</td>
<td></td>
</tr>
<tr>
<td>about someone? Sit up and take notice. Always trust your instincts. It beats</td>
<td></td>
</tr>
<tr>
<td>someday saying, “I knew there was something wrong... I wish I’d paid attention.”</td>
<td></td>
</tr>
<tr>
<td>Suggest the student consider talking to Campus Security and Police, (208) 426-6911,</td>
<td>Ignoring the problem.</td>
</tr>
<tr>
<td>who can assist you with documentation and confronting a stalker.</td>
<td></td>
</tr>
<tr>
<td>Impress upon the student the importance to document thoroughly. Write down all of</td>
<td></td>
</tr>
<tr>
<td>the stalker’s behavior in detail. Keep answering machine tapes, letters, e-mails,</td>
<td></td>
</tr>
<tr>
<td>text messages, gifts, photos, etc.</td>
<td></td>
</tr>
<tr>
<td>Advise the student to consider applying for a restraining order.</td>
<td></td>
</tr>
</tbody>
</table>
Relationship violence is a term used to describe abuse within a relationship that is psychological, emotional, sexual, or physical. Abusive behaviors may include: physical abuse, verbal abuse, name calling, sexual violence, isolation, coercion, harassment, economic control, abusing trust, threats and intimidation, emotional withholding, destruction of property, or self-destructive behavior. Most forms of relationship violence are recognized under the legal and university systems.

Victims may not report this crime for a number of reasons, including: fear of retaliation or increased abuse, isolation from support systems, diminished sense of self worth, economic inability, commitment to the relationship, self-blame, hope that the abuser will change, or threats made to the victim, children, or pets. A student who is the victim of relationship violence may experience a number of academic challenges, such as: inability to concentrate, emotional trauma, post traumatic stress disorder, physical harm, or an abuser preventing the student from attending class or completing course work.

<table>
<thead>
<tr>
<th>HELPFUL ACTIONS</th>
<th>UNHELPFUL ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Listen to and believe the student.</td>
<td>▪ Minimizing abuse that is not physical - all forms of abuse can be traumatic.</td>
</tr>
<tr>
<td>▪ Understand the seriousness of all forms of abuse.</td>
<td>▪ Blaming the student for staying in the relationship-the dynamics of relationship violence are complex and the victim is NEVER at fault for the abuser’s behaviors.</td>
</tr>
<tr>
<td>▪ Respect the student’s right to make their own decisions.</td>
<td>▪ Telling the student something is wrong with her/him if she/he has not left the relationship-this reinforces the abuser’s messages of low self worth.</td>
</tr>
<tr>
<td>▪ Help the student to identify resources such as the Women’s Center, Counseling Services, Health Services, the police, the Women’s and Children’s Alliance, and FACES.</td>
<td>▪ Giving advice or pressuring for decisions - the student knows the dynamics of the abusive relationship best and she/he will know what feels safe and what actions may put her/his life in danger.</td>
</tr>
<tr>
<td>▪ Offer to accompany her/him to a place of support.</td>
<td>▪ Criticizing the abuser instead of the abuser’s behavior - this may cause defensiveness in the student.</td>
</tr>
<tr>
<td>▪ Let the student know the importance of creating a safety plan.</td>
<td>▪ Let the student know that if the abuser has threatened harm to another person, you may need to report this to Campus Security and Police.</td>
</tr>
<tr>
<td>▪ Let the student know that if the abuser has harmed any children or harmed her/him in the presence of children you may be required to report to the police.</td>
<td></td>
</tr>
</tbody>
</table>
THE STUDENT WHO IS A VICTIM OF SEXUAL ASSAULT

Sexual assault is sexual contact by one person against another without consent. The law defines consent as positive cooperation in act or attitude pursuant to an exercise of free will. Consent may not be inferred from silence or passivity. A current or previous relationship (including marriage) does not constitute consent.

Sexual assaults are predominately committed by men against women. However, men can be assaulted by women. Same-sex assaults do occur as well. The majority of assaults (90%) are committed by an acquaintance of the victim and involve the use of alcohol by one or both persons. Incidents of sexual assault are against the law and university policy.

There are many emotional and psychological reactions that victims of rape and/or sexual assault can experience. One of the most common of these is depression. Additionally, survivors of sexual assault may experience severe feelings of anxiety, stress or fear, known as Post Traumatic Stress Disorder (PTSD), as a direct result of the assault.

<table>
<thead>
<tr>
<th>HELPFUL ACTIONS</th>
<th>UNHELPFUL ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• When possible, speak to the person in private. Be aware that when a person</td>
<td>• Minimizing the situation.</td>
</tr>
<tr>
<td>discloses information about an assault to you, she/he is demonstrating trust</td>
<td>• Telling other people about the incident, except for those who need to know.</td>
</tr>
<tr>
<td>in you and the desire for help.</td>
<td></td>
</tr>
<tr>
<td>• Listen without conveying judgment. Victims can feel shame and anger towards</td>
<td>• Conveying negative judgment even when high-risk behavior, such as intoxication,</td>
</tr>
<tr>
<td>themselves.</td>
<td>is involved.</td>
</tr>
<tr>
<td>• Offer emotional support, understanding, patience, and encouragement. Respect</td>
<td>• Assuring the person you can ensure confidentiality.</td>
</tr>
<tr>
<td>the student’s right to make decisions that are helpful in maintaining privacy,</td>
<td></td>
</tr>
<tr>
<td>keeping safe, and obtaining support.</td>
<td></td>
</tr>
<tr>
<td>• Refer the person to Campus Security and Police Services (208) 426-6911. if</td>
<td>• Putting extra pressure on the person to make a police report.</td>
</tr>
<tr>
<td>the person wants to make a police report. If they have been drinking underage</td>
<td></td>
</tr>
<tr>
<td>or on campus, they are still encouraged to call the police without fear of</td>
<td></td>
</tr>
<tr>
<td>punishment for those offences.</td>
<td></td>
</tr>
<tr>
<td>• Refer the person to the Women’s Center (208)426-4259 and/or Counseling</td>
<td>• Delaying referring the person to a sexual harassment advisor, or other</td>
</tr>
<tr>
<td>Services (208) 426-1459.</td>
<td>supportive professional or service.</td>
</tr>
</tbody>
</table>
Students usually become aggressive in situations they perceive as beyond their control. Sometimes feelings of anger are displaced from the situation onto the nearest target (i.e., you).

If a student becomes violent, remain calm and get help if necessary (send a student for a staff person, faculty member, department chair, or security officer). Stay safe by retaining access to a door, knowing whom to call (if not an emergency call Campus Security and Police, (208) 426-6911, for emergencies call 911.), and keeping furniture (e.g., a desk) between you and the student. Do not threaten, corner, or touch the student.

Take all threats of violence seriously. Clarify what is meant by asking, “What do you mean by that?” or saying, “I am taking your words very seriously.” Call Campus Security and Police for consultation; inform your supervisor or department head of the situation.

<table>
<thead>
<tr>
<th>HELPFUL ACTIONS</th>
<th>UNHELPFUL ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay attention to the warning signs (e.g., body language, clenched fists).</td>
<td>Becoming defensive or getting into an argument or shouting match.</td>
</tr>
<tr>
<td>Acknowledge the student’s anger and frustration (“I hear how angry you are”).</td>
<td>Pressing for an explanation of their behavior.</td>
</tr>
<tr>
<td>Rephrase what he or she is saying and identify the emotion (“I can hear how upset you are, and you feel like nobody will listen.”).</td>
<td>Acting hostile or punitive (“I’m going to give you an F in this class.”).</td>
</tr>
<tr>
<td>Reduce stimulation by inviting the student to a quiet place, if you feel safe.</td>
<td></td>
</tr>
<tr>
<td>Be straightforward and firm about the types of behavior you will not accept (“I need for you to step back.”).</td>
<td></td>
</tr>
<tr>
<td>If the situation appears to be escalating consider removing yourself from the situation and calling Security.</td>
<td></td>
</tr>
<tr>
<td>If you become desperate and are convinced you will be harmed if you don’t capitulate, say whatever you need to in order to escape to safety, even it you don’t mean it, (e.g., “Okay, I guess I can see your point and will give you a passing grade.”).</td>
<td></td>
</tr>
<tr>
<td>Debrief the incident with your supervisor or department chair.</td>
<td></td>
</tr>
</tbody>
</table>
All encounters have the potential for escalation into violence, and that escalation has predictable, and identifiable, behaviors. There are two forms of violence:

**Impromptu Violence** - Spontaneous, unplanned, usually emotionally driven, violent outburst in reaction to circumstances of an event.  
*(Example: receiving a perceived unjustified failing grade in a class)*

**Intended Violence** - Planned, premeditated attack on a specific target.  
*(Example: stalking a former relationship partner with intent to harm)*

**Important Observations:**

a) If you know the person, reflect on all levels of functioning - any mental impairment, head injury, alcohol use? These compromise impulse control.

b) Do you observe signs of agitation: foot tapping, pacing, facial contortions, etc.

c) Trust your gut - if the situation feels dangerous, leave it or get help ASAP.

d) If there is any physical aggression - throwing something, bashing walls - call the Campus Security and Police, (208) 426-6911 or call 911.

**Managing the Confrontation**

1) Personal Space: Resist urge to get close initially and stay far enough back that they can’t reach you to hit or kick. Once they are calm, it may be okay to move to closer range.

2) Body Language: Assume a non-threatening stance.

3) Communication: Use moderation with eye contact, keep voice tone calm and even, and volume low. Give more information, reframe to the positive. Identify behaviors you are observing and the consequences if they continue.

4) Setting Limits: Redirect back to task. If incident is public say, “I can see you are really upset. Can we go down the hall/step into this room, and talk about it?” Empathize, yet be firm..... “I understand this doesn’t make sense to you.” Don’t make threats or tell them you’ll have them arrested. You can say, “If you don’t calm down, I will call the police.” Ask them to step back if in your space. Usually they will honor that, if not, call Campus Security or Police.
Health Services Contact Information

Counseling Services
(208) 426-1459
healthservices.boisestate.edu/counseling

Medical Services
(208) 426-1459
healthservices.boisestate.edu/medical

Wellness Services
(208) 426-1459
healthservices.boisestate.edu/wellness

E-mail
Health Services: healthservices@boisestate.edu