

FACULTY/STAFF EMERGENCY GUIDE

HELPING AND REFERRING STUDENTS IN DIFFICULTY

Students in Distress

Counseling & Psychological Services (CPS) have developed this informational guide to assist faculty, staff, and the university community when dealing with troubled and/or troubling students.

Students with Disruptive Behavior

The Rowan University Classroom Behavior policy outlines procedures regarding students with disruptive behavior.

<https://confluence.rowan.edu/display/POLICY/Classroom+Behavior>

It is encouraged that all faculty and staff know what constitutes significant disruption.

Resources

Public Safety (emergency)	4911
Public Safety (non-emergency)	4922
Student Health Services.....	4333
Situation Threat Assessment Team.....	4040
Title IX.....	5831

Counseling & Psychological Services.....	4333
Substance Abuse Services.....	4333
Students Affairs.....	4283
Office of Community Standards	4242

Easily recognizable indicators that a student may be experiencing more stress than he or she can handle include:

- Marked decline in quality of coursework, participation, quality of papers/test results; increased absence from class or failure to turn in work.
- Excessive/repetitive requests for accommodations such as extensions on assignments, rescheduling exams, and/or requests for incompletes.
- Prolonged depression, suggested by sad expression, apathy, weight loss, sleeping difficulty, tearfulness.
- Nervousness, agitation, excessive worry, irritability, aggressiveness, non-stop talking.
- Bizarre, strange behavior or speech.
- Extreme dependency on faculty or staff, including spending much of his/her time visiting during office hours or other times
- Marked decline in personal hygiene.
- Talk of suicide, either directly or indirectly such as, "I won't be around to take that exam anyway" or "I'm not worried about getting a job, I won't need one."
- Comments in a student's paper that arouse concern about depression, suicide, an abusive relationship, excessive anger, violent thoughts, or other issues.
- Belief that the student may be under the influence of alcohol or other drugs.

Disruptive Conduct

What Constitutes Disruption? According to the Classroom Behavior Policy,

Level I can include:

- Persistent speaking without permission.
- Engaging in activities not related to the class.
- Inappropriate use of electronic devices, cell phones, etc.
- Sleeping in class.
- Chronically entering class late or leaving early
- Eating/drinking in class without permission
- Verbally abusive speech directed at faculty or other students.

Level II disruptive behavior can include:

- Threats of any kind.
- Harassment.
- Physical altercations.
- Destruction of property.
- Any behavior that puts the health or safety of the instructor or other students in the classroom in jeopardy.

TIPS FOR FACULTY AND STAFF

Be Proactive

- Set the stage for a positive classroom experience by:
 - Stating reasonable and clear expectations in advance on the first day.
 - Defining conduct standards and discussing rules of etiquette in your syllabus. Note that classroom distractions will not be tolerated.
 - Give examples of desired behavior as well as unacceptable behavior.
 - Include a discussion about what happens if someone violates the expectations (i.e. have a conversation in private).
 - Keep your relationship with students friendly and professional.

**If in doubt, call Public Safety 24/7
256-4911 or 9-911**

Tips

- Be aware of the location of the nearest telephone, even a personal cell phone.
- If the student is disruptive, but not a threat to others, discuss it with the student individually and privately if safe, and if comfortable doing so. Or, you can meet with the student, your department chair, and Academic Dean's office.
- If the student is a threat to others, call Public Safety immediately and report them to Community Standards Office.
- You may always ask the disruptive student to leave the classroom at the time of the disruption; however be aware that he/she is permitted to return the next class period unless removed permanently pursuant to procedures.
- Consult with others if you think the student's problems may be serious or if you are unsure what action to take.
- Be clear about what is realistic for you to deal with yourself.

APPROACH

- It is okay to ask and express concern
- Be specific about the behavior that worries you
- "I've noticed you've been absent from class lately and I'm concerned about you."

LISTEN

- Listen non-judgmentally, having an open worldview
- Meet in a private location, be patient, and give your undivided attention
- "Is there anything I can do to help you?"

SUPPORT

- Acknowledge their thoughts and feelings in a compassionate way
- Offer hope and reassure them that you are concerned and want to help them
- "It sounds like you are feeling out of place."

REFER

- Provide student with resources
- Offer to make the call with the student
- "If you'd like, I can call and schedule the appointment for/with you while you are here with me."

MAKING A CPS REFERRAL

Promote Appropriate Boundaries

One part of creating a strong mental health safety net is educating students, faculty, staff, and families about the signs and symptoms of emotional problems and actions to take if they are concerned about a student. Faculty, students or other non-healthcare personnel should not serve in the capacity of a health/mental health professional. In particular, untrained individuals ought not to assume responsibility for a student who poses a risk of suicide or violence. For example, it is not legally advisable to ask resident assistants, friends, or roommates to “watch” a student who may be at risk. Similarly, faculty and staff should avoid taking on a professional role for which they are not trained. Non-mental health professionals need to be aware of formal supports services (CPS, Student Health Services, Student Affairs, Dean’s Office) available to students and focus on making appropriate referrals. Reaching out to a student of concern is an important element in creating a caring community, but well-intentioned informal counseling efforts may delay the student’s receipt of professional services. ¹

Each department is assigned a liaison from CPS. If you have any questions or concerns about a student, please contact CPS to connect with the liaison for your department.

Tips for referring a student

- Know that it is okay to approach a student and to ask/express concern. Be specific.
- Point out that help is available and seeking help is a sign of strength and courage rather than weakness.
- Emphasize that counseling provides a chance to explore feelings and solve problems with the help of an objective and nonjudgmental trained professional.
- Stress that counseling does not encourage dependency; and may be time limited on campus.
- The need for counseling is common; nearly half of college students surveyed have reported feeling so depressed it was difficult to function.

If a student says no

- If a student says no, respect their decision. Accepting or refusing assistance must be left up to the student, **except in emergencies**.
- If a student says no, don’t force or trick them into going. Try and leave the door open for later reconsideration. For many students, simply knowing that there is someone they can go to if necessary can help them contain their stress.

Confidentiality

Confidentiality is a critical requirement for an effective professional counseling and physician relationship. As such CPS staff are unable to give information back to the referring faculty or staff without the student’s permission. Exceptions to the usual rules may be made in situations involving danger to self, danger to others, child abuse, and court orders.

Once the student has agreed that counseling may be useful, there are several possible steps to take depending on the urgency of the situation

- Give the student information about the counseling center and urge him/her to call. Acknowledge that seeking help can feel scary.
- Offer to let the student call from your office right then, so that a public commitment will have been made. If the student is reluctant, offer to contact the resource on their behalf while they are in your office.
- Rather than CPS staff calling the student which may feel unexpected to the student, faculty and staff are often encouraged to make the direct referral to CPS if possible and safe, to ensure a smooth transition to the counseling center.
- If concerns are expressed via email conversation, ask students if they are comfortable with the faculty/staff member Ccing your CPS liaison to the email as a way to make a comfortable shift to CPS.
- Accompany the student yourself to make sure he/she arrives at the counseling office, and provide the CPS with any necessary information. The CPS staff will appreciate your calling ahead if the student is being brought over or sent directly, so that plans can be made to have a counselor available.
- Offer to follow-up with the student, but don’t insist on knowing what the student has done.

Questions?

Contact the Counseling & Psychological Services
at 856-256-4333.

Q & A ON CLASSROOM SAFETY

Q. What if a disruptive student claims the disruptive behavior is the result of a disability?

A. The fact that a student may have a disability should not inhibit you from notifying appropriate authorities (including the Public Safety, as needed) about disruptive behavior. Students with or without disabilities need to know they must adhere to reasonable behavioral standards. Setting and enforcing such standards may encourage students with disabilities to obtain needed therapy, and to take prescribed medications, if applicable.

Disability claims and accommodations requests should be discussed with the Academic Success Center. There is an established procedure students should follow if they have a disability and seek a reasonable accommodation.

Generally, while different rules apply in the elementary and secondary school setting, pertinent federal agencies and the courts have made it clear that an institution of higher education does not have to tolerate or excuse violent, dangerous, or disruptive behavior, especially when that behavior interferes with the educational opportunities of other students. Colleges and universities may discipline a student with a disability for engaging in misconduct if it would impose the same discipline on a student without a disability.³

Q. How do I reach out to affected students?

A. Students who have been impacted by another student's death (by suicide or other means), suicide attempt, or concerning behavior (e.g., cutting) should be made aware of the services available at Counseling & Psychological Services, including contact information and business hours. Being proactive about reaching out to affected students and encouraging help-seeking will decrease the likelihood that these students will suffer in silence.¹

Q. When should I call the police?

A. You should call Public Safety or 911 whenever you believe there is any threat of violence or other unlawful behavior – including a student's refusal to leave a class after being told to do so. Any threat of violence should be taken seriously. Err on the side of caution and notify the police as soon as you can.³ You can also request to send Public Safety to the building to be on "stand by" and in the vicinity as a safety precaution.

Questions?

Contact the Academic Success Center at 856-256-4259, the Counseling & Psychological Services at 856-256-4333, or Public Safety at 856-256-4911.

Q. Should I act immediately or wait for a pattern of misbehavior to occur?

A. It's often a mistake to assume disruptive behavior will stop on its own. A fundamental tenet of progressive discipline is to document and respond to "small" incidents sooner than later. Generally, teachers who state reasonable and clear expectations early, and enforce them consistently, help students avoid harsher consequences that flow from more serious infractions later. Early intervention might help define needed boundaries for a student.³

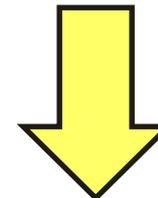
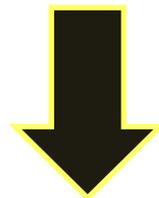
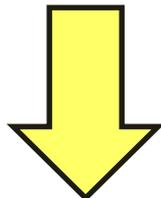
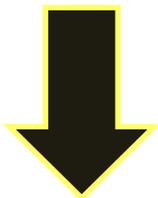
¹Adapted from the Jed Foundation, Student Mental Health and the Law: A Resource for Institution of Higher Education. New York, NY: The Jed Foundation, 2008.

² American College Health Association 2006 Survey.

³ Adapted from the ASJA Law & Policy Report, No. 26 Copyright: ASJA & Gary Pavela: All rights reserved.

THE FIRST CONTACT

University Staff, Professors, Teaching Assistants, etc.



Aggression

If you see or are dealing with aggressive behavior or other unusual situations:



Public Safety

An RU officer will respond, assess, and assist.

Phones:

Emergency – 4911

Non-emergency

856-256-4922

Location: Bole Annex

<http://www.rowan.edu/safety>

Illness

If you see or are dealing with a person who is injured, or whose behavior seems erratic:



Student Health Services

They will see, assess, and treat, as needed at Health Services. If the condition seems serious or occurs after hours, contact Public Safety.

Phone: 856-256-4333

Location: Winans Hall

<http://www.rowan.edu/health>

Emotional Behavior

If you see or are dealing with a student who “needs to talk to someone” about a personal concern or is experiencing a psychological or emotional crisis:



Counseling & Psychological Services (CPS)

Phone: 856-256-4333

Location: Winans Hall

<http://www.rowan.edu/counseling>

Disability

If you are dealing with a person with a disability who is in difficulty, ask him/her if you may contact:



Academic Success Center

Phone: 856-256-4259

Location: Savitz Hall

<http://www.rowan.edu/studentaffairs/asc>

Assault

If you are a victim or are dealing with a student who is a victim contact:

Counseling & Psychological Services (CPS) at 856-256-4333

Deceased Student Notices

When students of RU pass away, there is a method to notify appropriate departments. Contact the Vice President for Student Life and Dean of Students at 856-256-4040 to start the notification process.

Other situations requiring attention may include disordered eating, harassment/bullying, marked change in mood or behavior, distortions of reality, difficulty communicating, and any concern on your part about the student’s wellbeing.