

# Assisting Students In Distress

*See Something. Say Something. Do Something.*

## See Something.

Students may feel *alone, isolated, and even hopeless* when faced with academic and life challenges. These feelings can easily disrupt academic performance and may lead to dysfunctional coping and other serious consequences.

You may be the first person to SEE SOMETHING distressing in a student since you have frequent and prolonged contact with them. We request that you act with compassion in your dealings with such students.

## Do Something.

Sometimes students cannot or will not turn to family or friends. DO SOMETHING! Your expression of concern may be a critical factor in saving a student's academic career or even their life.

The purpose of this folder is to help you recognize symptoms of student distress and identify appropriate referrals to campus or community resources.

## Say Something.

Students exhibiting troubling behaviors in your presence are likely having difficulties in various settings including the classroom, with roommates, with family, and even in social settings.

Trust your instincts. SAY SOMETHING if a student leaves you feeling worried, alarmed, or threatened!



San Bernardino  
Valley College

### ACADEMIC INDICATORS

- ◆ Sudden decline in quality of work and grades.
- ◆ Repeated Absences.
- ◆ Bizarre content in writings or presentations.
- ◆ You find yourself doing more personal rather than academic counseling during office hours.

### PHYSICAL INDICATORS

- ◆ Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss/gain.
- ◆ Excessive fatigue/sleep disturbance.
- ◆ Intoxication, hangover, and/or smelling of alcohol.
- ◆ Disoriented or "out of it".

### SAFETY RISK INDICATORS

- ◆ Unprovoked anger or hostility.
- ◆ Implying or making a direct threat to harm self or others.
- ◆ Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness, isolation, despair, acting out, suicidal ideations/violent behaviors — "a cry for help".
- ◆ Communicating threats via email, correspondence, texting, or phone calls.

### PSYCHOLOGICAL INDICATORS

- ◆ Self-disclosure of personal distress — family problems, financial difficulties, contemplating suicide, grief.
- ◆ Excessive tearfulness, panic reactions, irritability or unusual apathy.
- ◆ Verbal abuse (e.g., taunting, badgering, intimidation).
- ◆ Expressions of concern about the student by the student peers.



### Referrals to the SBVC Behavioral Intervention Team (BIT)

The SBVC BIT is an interdisciplinary team working to promote the health, safety, success, and wellbeing of the campus community and individual campus members by coordinating information and developing support plans for students of concern. The primary objective is to employ positive interventions whenever possible before situations become severe, and potentially dangerous, through early identification, subsequent education and management strategies.

The purpose of the team is to identify concerns and coordinate a network of existing resources focused on prevention and early intervention in campus situations where persons are experiencing distress or engaging in harmful or disruptive behavior. The team will develop and employ interventions, support strategies and offer case coordination. The team may seek out your perspective and/or expertise to help develop the most effective interventions possible.

To make a referral go to: [valleycollege.edu/incidentreport](http://valleycollege.edu/incidentreport) which will open the web page where you will find the description of the following reports. Choose the report that is most appropriate for the given situation. Find the report badges (right side in blue) to open the following reports:

- Student Conduct Incident Report**
- Student of Concern Report (BIT)**
- Academic Integrity Report**
- Sexual Misconduct Report**

If you need immediate assistance call 384-4491 for campus police. For urgent crisis during business hours, walk the student to Student Health Services. For students in distress, call Student Health Services at (909) 384-4495, Office of Campus Life for conduct issues (909) 384-8253 and Vice President of Student Services for Sexual Misconduct/Title IX (909) 384-4473.

**PHQ-4**

**Over the last 2 weeks, how often have you been bothered by the following problems?** *(Use "✓" to indicate your answer)*

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worry	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, or hopeless	0	1	2	3

*(For office coding: Total Score T\_\_ = \_\_ + \_\_ + \_\_)*

**This is a self-screening tool on which line (1) & (2) relate to anxiety and (3) & (4) relate to depression. If you find yourself or a student scoring (3) or higher on either (1) & (2) or (3) & (4), consider seeking support and/or further evaluation. If you have questions, call Student Health Services at 909.384.4495.**

## RESPONSE PROTOCOL:

Is the student a danger to self, or others, or does the student need immediate assistance for any other reason?

### YES:

The student conduct is clearly and imminently reckless, disorderly, dangerous, or threatening including self-harm behavior.

Call 911 or Campus Police 909.384.4491

After speaking with police report the concern to: **Your Immediate Supervisor**

### I'M NOT SURE:

The student shows signs of distress, but I am unsure how serious it is. My interaction has left me feeling uneasy and/or really concerned about the student.

**During Business Hours:**  
Call Student Health Services for consultation at (909) 384-4495 and/or make a referral to BIT.

**After Hours and Holidays:**  
Call 211 or The Access Unit (909) 381-2420

### NO:

I am not concerned for the student's immediate safety, but the student is having significant academic and/or personal issues and could use some support.

Refer the student to an appropriate campus resource.

See option below.

## COMMUNITY RESOURCES

### County of San Bernardino Department of Behavioral Health:

**Access Unit** 909.381.2420

(Immediate access to appropriate resources).

**Crisis Intervention Team** 909.421.9233

(Mobile crisis response for psychiatric emergencies).

**Crisis Text Line** Text "COURAGE" to 741741

**National Suicide Prevention Lifeline** 800.273.8255

### Voluntary 24/7 Crisis Stabilization Clinics:

**Windsor (San Bernardino)** 909.361.6470

**Merrill (Fontana)** 951.643.2340

**TeleHealth** 866.740.6502

## CAMPUS RESOURCES

**Student Health Services** 909.384.4495

**Campus Police** 909.384.4491

**Student Success/Tutoring Center** 909.384.8566

**Director, Office of Campus Life** 909.384.8253

**Vice President of Student Services** 909.384.4473

### Online Resources:

**At-Risk Kognito Training:** <http://ccc.kognito.com>

**JED Foundation:** <http://www.jedfoundation.org>

**Support for faculty, staff, and peers after working with a distressed student:**

Let us help you when you have distressed students.  
Call Student Health Services 909.384.4495 to arrange a consultation session.

The scale below is provided as a tool in assisting you in assessing the level of risk if you are in a conversation with someone who is potentially suicidal.

**COLUMBIA-SUICIDE SEVERITY  
RATING SCALE**



SUICIDE IDEATION DEFINITIONS AND PROMPTS:	Past Month	
	YES	NO
Ask questions that are in bold and underlined.		
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
<b>2) Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/commit suicide, <i>"I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent or plan.</i> <b><u>Have you had any actual thoughts of killing yourself?</u></b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. <i>"I thought about taking an overdose but I never had a specific plan as to when where or how I would actually do it...and I would never go through with it."</i> <b><u>Have you been thinking about how you might do this?</u></b>		
<b>4) Suicidal Intent (without Specific Plan):</b> Active suicidal thought of killing oneself and patient reports having some <u>intent to act</u> on such thoughts, as opposed to <i>"I have the thoughts but I definitely will not do anything about them."</i> <b><u>Have you had these thoughts and had some intention of acting on them?</u></b>		
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <b><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></b>		
<b>6) Suicide Behavior Question</b> Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot oneself, cut oneself, tried to hang oneself, etc.  <b>If Yes, ask: <u>Was this within the past 3 months?</u></b>	Lifetime	
		Past 3 Months

**Response Protocol to C-SSRS Screening (Linked to last item marked "YES")**

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 4 Behavioral Health and Patient Safety Precautions
- Item 5 Behavioral Health and Patient Safety Precautions
- Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 6 - 3 months ago or less: Behavioral Health and Patient Safety Precautions