

Memorandum

To: Faculty and Staff Members From: Pamela M. Bischoff, Vice President for Student Affairs

Re: Troubled Students Date: September 2007

PLEASE KEEP FOR FUTURE REFERENCE

It is important to periodically review what assistance members of the College community can expect from the Student Affairs Division in the event a student's behavior causes concern. The following outlines the procedures you should follow when various contingencies arise:

1. WHEN A STUDENT CONVINCINGLY TALKS ABOUT COMMITTING SUICIDE OR TELLS YOU S/HE HAS MADE AN ATTEMPT:

- a. You are legally required to immediately notify the Student Affairs Office where the Vice President for Student Affairs and Dean of Students work (extensions 7456/7, Room C-212) so that help for the student can be mobilized and so that personal or institutional legal liability is not incurred. Remember, once you have been given such information by a student, you must take action. If you are unable to reach the Student Affairs Office, contact the Security Office (extension 6666, Room C-102).
- b. The matter will be handled confidentially by the Student Affairs Office (extensions 7456/7, Room C-212) except for notifying persons who professionally need to know. For example, personnel in the Residence Life Office (extension 7461, Room C-213) may have to be notified if the student lives on campus. The Counseling Center will also be notified. Public safety requires that we forbid a student from remaining on campus until a psychological evaluation has been completed and it is determined that the student no longer poses a danger to him/herself or to others. Most students removed in this fashion eventually return to the College. In some circumstances, the Division notifies the person the student has named as his/her emergency contact.

2. WHEN A STUDENT TELLS YOU OF PLANS TO PHYSICALLY HARM ANOTHER PERSON OR THREATENS TO DO SO:

- a. Notify the Student Affairs Office (extensions 7456/7, Room C-212) or the Security Office (extension 7432, Room C-102).
- b. The College has an obligation to warn potential victims of violence if the threat is at all a credible one. You must take such threats seriously and react expeditiously and appropriately. Do not assume it is an idle threat.

3. WHEN A STUDENT COMPLAINS OF SEXUAL HARASSMENT BY A PROFESSOR, STAFF MEMBER, OR ANOTHER STUDENT:

Consult the College's comprehensive "Anti-Discrimination Policy" found in the Student Handbook. Refer the student to the Affirmative Action/Workplace Compliance Office (extension 7540, Room M-201).

4. WHEN A STUDENT COMPLAINS OF DISCRIMINATION BECAUSE OF RACE, COLOR, ETHNIC OR NATIONAL ORIGIN, RELIGION, AGE, SEX, DISABILITY, VIETNAM-ERA VETERAN STATUS, OR SEXUAL ORIENTATION:

Consult the Policy Prohibiting Discrimination, Harassment, or Hostile Environment found in the Student Handbook. Refer the student to the Affirmative Action/Workplace Compliance Office (extension 7540, Room M-201).

5. WHEN A STUDENT INDICATES VERBALLY OR THROUGH BEHAVIORAL CUES THAT ANXIETY, DEPRESSION, SUBSTANCE ABUSE, FAMILY PROBLEMS, ETC., ARE A CONCERN:

- a. Talk to the student and assess whether you believe professional assistance might be helpful or is, in fact, required.
- b. If you believe such help is or might be needed, refer the student to the Counseling Center (extension 7522, Room D-216). It is best to personally escort the student or telephone ahead with your referral whenever possible.
- c. If you are unsure whether the person needs professional help or you would like to talk over how you can be more helpful, call the Counseling Center (extension 7522, Room D-216) for a consultation. More specific referral information is available through the Counseling Center.

(Continued on the reverse)

SUBSTANCE ABUSE/WARNING SIGNS, SYMPTOMS

ALCOHOL

- Decreased academic performance.
- Pattern of accidents, injuries.
- Social conflicts, impaired relationships with family, friends.
- Unsatisfactory job performance, dismissals for tardiness, absenteeism, etc.
- Poor health, greater incidence of illnesses.
- Acts of violence or vandalism, auto accidents. Persistent trouble with “authority” figures.
- Increased tension, anxiety, anger, isolation, or a denial that alcohol is a problem. Obsessive talk about alcohol use.
- “Blackouts”, i.e., memory losses.
- A new set of less desirable “friends”.
- Weight gain (or later weight loss through malnutrition), pronounced fatigue.
- Drinking to get drunk; frequent references to being “smashed”, “crocked”, etc.
- Failure to keep promises about the amount of alcohol to be consumed in a set period of time.
- Visibly varying effects from consuming the same amount of alcohol.

MARIJUANA

- Reddening of the eyes, distorted sense of the passage of time.
- Talkativeness, hilarity, a “high” feeling or dreamy, relaxed withdrawn behavior.
- Increased sense of heightened sensitivity to color, sound, taste.
- Decreased coordination, reaction times.
- High doses by inexperienced users may result in impulsive behavior, anxiety, or panic.
- Heavy chronic users may experience an “antimotivational syndrome”, i.e., loss of interest in conducting everyday business, loss of interest in long-term goals, confused expression of thoughts.
- Decreased academic performance due to short-term memory deficits and interference with the ability to concentrate.
- Persons with pre-existing psychological problems may have those problems exacerbated by marijuana use.

COCAINE

- Short-term euphoria, energy, self-confidence.
- Depression or anxiety following this burst of energy and pleasure. Paranoia and/or hallucinatory behavior may become evident. The “low” following the “high” creates a craving for more cocaine.
- “Crack” is related to aggressive and violent behavior in some users.
- Dulled sensations of pain or illness may result in neglect of the body.
- Sleeplessness and loss of appetite and/or loss of weight.
- Lateness, absence, missed deadlines, financial problems, alienation from family, regular friends, and loss of interest in normal activities.
- Severe physical reactions including heart attacks and strokes are possible. Blood pressure and heart rate dramatically increase after cocaine use. The respiratory system may fail.
- “Crack” is particularly dangerous. Users can become addicted quickly and often find overcoming their dependence very difficult.

SUICIDE WARNING SIGNS

- Previous suicide attempt(s).
- Overt (or sometimes veiled) threats to commit suicide.
- Extreme depression evidenced by lack of interest in people or activities once of interest.
- Preparations for death such as giving away prized possessions, acquiring weapons, pills, etc.
- Changes in personality or behavior such as sleeplessness, lost weight, lack of appetite, withdrawal.
- A sudden change in mood for the better which may mean the decision to commit suicide has been made.
- Family history of suicide or suicide attempts.
- Academic failure especially on the heels of an expressed need to succeed coming from the self or family.