



Helping Students:

A Faculty Guide for Assisting

Students in Need

*This Guide was prepared by the Office of the Dean of the Undergraduate College in consultation with the Health Center and Campus Safety. We gratefully acknowledge the* ***University of Maryland’s Counseling Center*** *for providing much of this Guide’s source content.*

Please direct any comments or questions about this Guide to the Office of the

Dean of the Undergraduate College [deansoffice@brynmawr.edu; x5375]

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**Has this ever happened to you?**

 A student, obviously upset, tells you that despite her junior year standing she is thinking about changing her academic major for the third time.

 A student is increasingly disruptive and belligerent in class.

 A student reveals to you that she/he is having thoughts of suicide.

 A student, who is usually well-prepared for class begins to miss class, fails to complete assignments, and becomes inattentive to hygiene and personal appearance.

**The Problem**

Students often experience high levels of stress. Most students successfully cope with college life; however, some become overwhelmed. A significant number of students have their education and personal lives disrupted by psychological problems. When psychological difficulties go untreated, the results can be serious and include academic under-performance or failure, worrisome behavior, and academic or medical leave.

Most psychological problems – even the more serious disorders such as depression, anxiety disorders, bipolar disorder and post-traumatic stress – have high rates of recovery if appropriate help is received in time. Unfortunately, many students fail to get the help they need for any number of reasons, including lack of knowledge about the early signs

of psychological difficulties, denial, and lack of information about campus resources that can provide help.

**Your Role**

Faculty members play a key role in identifying distressed students. As a member of the faculty, you often get the first glimpse of students in trouble and may be the first person whom students turn to for help. Responding to students in distress, however, can be confusing and overwhelming. Staff psychiatrists and therapists in Counseling Services and staff in the Dean’s Office prepared this guide to assist you in referring students in distress to the appropriate resources.

**Please remember that no one expects you to solve the problems of a student in distress, provide her with advice, or know what to do in every scenario. You can, however, pick up the phone and alert a college support person about your concerns, even if you are not completely sure that something is wrong**.

If you wish to consult with professionals or believe that a student should do so, we welcome the opportunity to help. Please refer to the directory at the end of this guide (pages 21-22) for assistance.

The diagram on the opposite page is intended to provide a simple schematic for how to respond to three student scenarios of increasing concern.

If your student—

 seems different in demeanor and attitude;

 is demonstrating a

decline in academic performance;

 is not showing up to class or is habitually

late;

 and/or is unresponsive or unreceptive to your efforts to help;

AND you have *no urgent concerns* for the student’s health and well-being:

Contact her dean.

The dean’s name should be on your class roster.

Or you can call the Dean’s Office at 610-526-5375. If the student’s dean is not available, ANY dean can talk to you about her.

The Dean’s Office is open weekdays from 9 am to 5 pm.

If your student—

 is noticeably withdrawn, upset or disengaged in class;

 tells you in person, via e- mail or by phone that

she is having a really

hard time, is stressed out, doesn’t know what she is going to do;

 comes to your office hours in tears or visibly

distraught;

AND you think she needs attention and support before the end of the day (or night):

During regular business hours:

Contact her dean (610-526-5375) **OR**

Call the Health Center

(610-526-7360)

On evenings or weekends: Call Campus Safety

(610-526-7911)

Campus Safety will check on the student and alert the Dean’s Office On-Call staff (who will also check on the student).

If your student—

 talks or writes about imminently hurting herself or others;

 is acting or speaking irrationally;

 appears to be unreasonably angry;

 makes an overt threat

towards you or others;

Call

Campus Safety

610-526-7911

They will respond 24-7.

**RESPONDING TO STUDENT EMERGENCIES**

Immediate and decisive intervention is needed when student behavior poses a threat to self or others, including:

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| What To Do  • Move the student to a quiet and secure place.  • Listen attentively, and respond in a straightforward and considerate way.  • Enlist the help of a colleague so that the student isn’t left alone, and you aren’t left alone with the student.  • Make arrangements for appropriate college intervention.  • 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; the exact location of the student in the building; and an accurate description of the student. | | |

• Suicidal gestures, intentions, or attempts

• Other behavior posing a threat to the student (e.g., hallucinations, drug abuse)

• Threats or aggression directed towards others

• Demonstrated inability to care for oneself

Campus resources for responding to mental health emergencies are

• **24/7**: Campus Safety, 610-526-7911

• **9am to 5pm, Monday-Friday and 9am to 2pm, Saturday-Sunday (when classes are in session)**: Counseling Services/Health Center, 610-526-7360

**REFERRING A STUDENT FOR PROFESSIONAL HELP**

**When to Refer**

In many cases of student distress, faculty members provide adequate help through empathic listening, facilitating open discussion of problems, instilling hope and conveying acceptance. **Remember that it is not your responsibility to solve the student’s problem. Always call a dean, the Health Center or Campus Safety if you are unsure what to do or if you simply feel uncomfortable about your ability to help**

**the student.**

In some cases, students need professional help to overcome problems and to resume effective coping. The following signs indicate that 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 being asked to provide on-going counseling rather than academic consultation or advising.

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| A Note on  Confidentiality  Health Center and Counseling Services staff members are required by law and by professional ethics to protect the confidentiality of all communication between health professional and client (except in cases where harm to self or harm to others is involved). Consequently, they cannot discuss the details of a student’s situation with others (including the student’s parents and dean) or even indicate whether the student is, in fact, in counseling. For information about the student to be released to you or others, health and counseling staff must first get written permission from the student.  **In your role as a faculty member, you are not legally required to keep any medical or psychological information a student shares with you confidential.** Thus, if you have concerns about a student’s well-being, you are not prevented from informing a college support or safety specialist such as a member of the Dean’s Office staff, Campus Safety or the Health Center. However, it is common for a student to request that you keep what she tells you to yourself. **Do not make any promises of confidentiality and instead try to help the student see that she can get confidential assistance from the Health Center/Counseling Service.**  If you find yourself in a difficult situation involving a student and confidentiality, you can call any dean or a member of the Health Center/Counseling Service staff and present the case as a “hypothetical.” Staff in both offices can walk you through various options to ensure that the student gets the help she needs. | | |

**REFERRING A STUDENT FOR PROFESSIONAL HELP**

**How to Refer**

• Speak to the student in a direct, concerned manner.

• Many students initially resist the idea of counseling, so be caring but firm in your judgment that counseling would be helpful. Also be clear about the reasons that you are concerned.

• Be knowledgeable about the services and procedures of Counseling Services and other support offices. The best referrals are made to specific people or services.

• Suggest that the student call to make an appointment, and provide the Health Center number (610-526-7360) and location.

• Remind the student that services are **FREE AND CONFIDENTIAL**.

• Sometimes it is useful to more actively assist students in scheduling an initial counseling appointment. You can offer the use of your phone or call the receptionist yourself while the student waits in your office. In some situations, you may find it wise to contact the Dean’s Office to ask that a dean walk the student over to the Health Center.

• If you need help in deciding whether or not it is appropriate to make a referral, call either the Health Center (610-526-7360) or the Dean’s Office (610-526-

5375) for consultation.

**What is FERPA?**

All faculty and staff at Bryn Mawr are required to maintain the confidentiality of any student academic records in their possession (including course schedules and grades) by FERPA (the Family Educational Rights and Privacy Act). FERPA guidelines allow for the exchange of information among college faculty and staff so that we may do our jobs, but do not permit the release of a student’s information to individuals outside the college without her written permission.

The registrar and deans are always available to answer any questions about FERPA or provide advice when you receive requests for information about a student. These requests are most likely to come from parents and guardians. The registrar and deans will know what educational records, if any, may be shared with them, so it is important to notify them when a parent asks you for information.

**AWARENESS OF CULTURAL DIFFERENCES**

Race, ethnicity, cultural background, sexual orientation, and other dimensions of difference are important to keep in mind as you help a distressed student. Reactions to racism, sexism, homophobia, disability status, 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 even more troublesome for students from underrepresented groups. Communicating support, concern, and understanding is critical in reaching students who may feel isolated and marginalized.

Your sensitivity to the unique needs of international students, LGBTQ students, non- traditional-aged students, students of color, students with disabilities and other underrepresented groups can be important in helping diverse students get assistance. Furthermore, being knowledgeable about campus resources (see chart below) that address the unique needs of diverse students is also important.

**Student Group Campus Resource(s) For Referrals**

|  |  |  |
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| **English Language**  **Learners** | **The Writing Center** See website for hours: brynmawr.edu/writingcenter/faculty.html | *Jennefer Callaghan*  jcallaghan  *Betty Litsinger*  blitsinger |
| **International Students** | **The Pensby Center**  Mon-Fri, 9am-5pm  610-526-7390  610-526-6592 | *Patti Lausch*  plausch  *Vanessa Christman*  vchristm |
| **LGBTQ students** | **The Pensby Center**  Mon-Fri, 9am-5pm  610-526-6592  **Counseling Services**  Mon-Fri, 9am-5pm  610-526-7360 | *Vanessa Christman*  vchristm  *Reggie Jones*  Director of Counseling  Services |

**AWARENESS OF CULTURAL DIFFERENCES**

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| **Non-Traditional Age**  **Students** | **Dean’s Office**  Mon-Fri, 9am-5pm  610-526-5375  **Health Center and Counseling**  **Services**  Mon-Fri, 9am-5pm  Weekends, 9am-2pm  610-526-7360 | *Christina Rose*  cmrose  *Madeline Danny, M.D.*  Medical Director  *Reggie Jones*  Director of Counseling  Services |
| **Students of Color** | **The Pensby Center**  Mon-Fri, 9am-5pm  610-526-6592  **Counseling Services** Mon-Fri, 9am-5pm Weekends, 9am-2pm  610-526-7360 | *Vanessa Christman*  vchristm  *Reggie Jones*  Director of Counseling  Services |
| **Students With**  **Disabilities** | **Access Services**  Mon & Thu, 8:30am-4pm  Tues & Wed, 8:30am- 4:30pm  610-526-7351  **Health Center and Counseling**  **Services**  Mon-Fri, 9am-5pm  Weekends, 9am-2pm  610-526-7360 | *Deborah Alder*  dalder  *Madeline Danny, M.D.*  Medical Director  *Reggie Jones*  Director of Counseling  Service |
| **Students of Faith and Students Interested in Spiritual Matters** | **Pensby Center**  Mon-Fri, 9am-5pm  610-626-6592 | *Vanessa Christman*  vchristm |
| **Undocumented**  **Students** | **Dean’s Office**  Mon-Fri, 9am-5pm  610-526-5375  **The Pensby Center**  Mon-Fri, 9am-5pm  610-526-6592 | *Dean of the College,*  *Assistant/Associate*  *Deans*  *Vanessa Christman*  vchristm |

**RESPONDING TO STUDENT DISTRESS Student Scenarios Faculty May Encounter**

The following pages present a series of student situations that faculty may encounter or become aware of in their roles as instructors and advisors. The first seven scenarios describe students who are experiencing various forms of emotional distress, ranging in severity from the student who is demanding or anxious to the student who is psychotic or suicidal. These are followed by scenarios describing students who are struggling with substance abuse, and those who are victims of violence.

These scenarios are intended to be illustrative examples of what a faculty person MIGHT encounter, not warnings of what s/he WILL encounter. Recall the advice given earlier in this handbook: **Individual faculty members should not attempt to solve the problems of a student in distress.** Faculty are of the greatest help to students and health and safety experts on campus when they are aware of changes in student behavior and willing to reach out to a dean, Health Center staff person, or Campus Safety professional when they see such changes or have a concern about a student.

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**RESPONDING TO EMOTIONAL DISTRESS**

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| What To Do  • Talk to the student in private.  • Remain calm and assume control in a soothing manner.  • Focus on relevant information, speaking concretely and concisely.  • Encourage the student to work with campus resources to develop an action plan that addresses the main concern.  • Refer the student to the Health Center/Counseling Service for help.  Avoid  • Overwhelming the student with information or complicated solutions.  • Arguing with irrational thoughts.  • Devaluing the information presented.  • Assuming the student will get over the anxiety without treatment. | | |

**The Student with ANXIETY**

Anxiety can be generalized across a range of situations, or it may be situation-specific (e.g., test anxiety, social anxiety, public speaking anxiety).

**Symptoms of Anxiety Include**

• agitation

• panic

• avoidance

• irrational fears

• fear of losing control

• ruminations (i.e., repetitive thoughts about distress and its causes)

• excessive worry

• sleep or eating problems

**Research suggests** that in cases of extreme anxiety, the most effective treatment is often a combination of psychotherapy and medication.

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| What To Do  • Talk to the student in a place that is safe and comfortable.  • Remain calm and in control.  • Set clear limits and hold the student to the allotted time for the discussion.  • Emphasize behaviors that are and aren’t acceptable.  • Respond quickly and with clear limits to behavior that disrupts class, study sessions, or consultations.  • Be prepared for manipulative requests and behaviors.  • Call Counseling Services or a dean for help with identifying strategies for dealing with disruptive behaviors.  • Refer the student to the Health Center/Counseling Service for counseling and/or a referral for off-campus therapy.  Avoid  • Arguing with the student.  • Giving in to inappropriate requests.  • Adjusting your schedule or policies to accommodate the student.  • Ignoring inappropriate behavior that has an impact on you or other students.  • Attempting to take care of the student or feeling guilty for not doing more.  • Allowing the student to intimidate you. | | |

**RESPONDING TO EMOTIONAL DISTRESS**

**The DEMANDING Student**

**Facts about Demanding Students**

• Demanding students can be intrusive and persistent.

• They may require much time and attention.

• Demanding traits can be associated with anxiety, depression, and/or personality problems.

**Characteristics of Demanding Students 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

**RESPONDING TO EMOTIONAL DISTRESS**

**The DEPRESSED Student**

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| What To Do  • Talk to the student in private.  • Listen carefully and validate the student’s feelings and experiences.  • Be supportive and express your concern about the situation.  • Refer the student to the Health  Center/Counseling Services for counseling.  • Be willing to consider or offer accommodations (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress.  Avoid  • Ignoring the student.  • Downplaying the situation.  • Telling the student that if she puts her mind to it, she can “snap out of it.”  • Providing too much information for the student to process.  • Expecting the student to stop feeling depressed without intervention.  • Assuming the family knows about the student’s depression. | | |

**Facts about Depression**

• Depression is a common mental health problem that varies in severity and duration.

• In its less serious form, 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 support, daily routines, and simple coping strategies like distraction and exercise.

• Severe or chronic depression usually requires professional help.

**Symptoms of Depression 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.

**In its most serious form**, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from emotional pain.

**Research shows** that depression is highly responsive to both psychotherapy and medication.

**RESPONDING TO EMOTIONAL DISTRESS**

**The EATING-DISORDERED Student**

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| What To Do  • Speak to the student in private.  • Be supportive and express concern for the student’s health and well-being.  • Refer the student to the Health  Center/Counseling Services  for counseling for assessment, medical and nutritional  evaluations, and referrals to outside counseling or treatment programs.  Avoid  • Focusing on weight rather than health and effective functioning.  • Judging the student’s behaviors or labeling them.  • Recommending solutions such as “accept yourself” or “just eat healthy.”  • Commenting specifically on student’s weight loss – you may be inadvertently encouraging unhealthy behaviors.  • Getting into a battle of wills with the student. If the student is resisting your efforts, restate your concerns and leave the door open for further contact.  If you think the situation is urgent, consult a professional  at the Health Center for further  advice.  • Assuming that the family knows about the disorder. | | |

**Facts about Eating Disorders**

• Eating disorders arise from a combination of psychological, interpersonal, and socio-cultural factors and have serious emotional, mental and medical consequences.

• Characteristics of **anorexia nervosa** include severe restriction of food intake; refusal to maintain minimally normal weight; intense fear of weight and fat; and obsessive focus on weight as a basis of self-worth.

• Characteristics of **bulimia** include excessive concern with body weight/shape; recurrent episodes of binge eating and “purging behaviors,” such as self-induced vomiting; misuse of laxatives, diuretics, and diet pills; fasting; or excessive exercise.

• **Binge-eating/compulsive overeating** involves impulsive eating, independent of appetite, without purging behaviors. These behaviors may be habitual or reflect the same psychological features as bulimia.

• Depression and anxiety often accompany eating disorders.

**Symptoms Associated With Eating Disorders Include**

• marked decrease/increase in weight

• preoccupation with weight and body shape

• moodiness or irritability

• social withdrawal

• development of abnormal or secretive eating behaviors

• food restriction or purging behaviors

• excessive exercising

• fatigue and increased susceptibility to illness

• perfectionism

**Treatment of eating disorders** combines psychological, medical and nutritional procedures. In extreme cases, a student may need to leave campus to obtain more intensive or inpatient care.

**RESPONDING TO EMOTIONAL DISTRESS**

**The SUICIDAL Student**

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| What To Do  • Talk to the student in private.  • Remain calm and stay in control.  • Take the student’s disclosure as a serious plea for help.  • Express care and concern, and assure the student that you will help her/him reach a professional.  • Escort the student to the Health Center or call the Dean’s Office to ask for a dean to escort the student.  • Call Campus Safety on weekends or between 5pm and  9am during the week.  Avoid  • Minimizing the situation. All threats need to be considered potentially lethal.  • Arguing with the student about the merits of living.  • Allowing friends to assume responsibility for the student without getting input from a professional.  • Assuming the family knows that the student has suicidal thoughts. | | |

**Facts about Suicide**

• Although suicide is a rare event, it is the second leading cause of death among students.

• Suicidal states are often associated with major depression, a combination of acute anxiety and depression, post-traumatic stress disorder, and bipolar disorder.

• Suicidal people 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 hopelessness, especially when combined with anxiety

• feelings of alienation and isolation

• viewing death as a means of escape from distress

• personal or family history of depression or psychosis

• personal or family history of suicide attempts

• substance abuse

• history of self-mutilation

**A suicidal student** who confides in someone is often 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), and tend to be or feel isolated.

**RESPONDING TO EMOTIONAL DISTRESS**

**The SEVERELY DISORIENTED**

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| What To Do  • Consult with a professional who will assess the student’s level of dysfunction.  • Speak to the student in a direct and concrete manner about getting him/her to a safe environment.  • Contact Campus Safety to escort her/him to Bryn Mawr Hospital if the student is highly impaired.  • Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia.  • Recognize that a student in  this state may be dangerous to self or others.  Avoid  • Assuming the student will be able to care for her/himself.  • Agitating the student.  • Arguing with unrealistic thoughts.  • Assuming the student understands you.  • Allowing friends to care for the student without getting professional advice.  • Getting locked into one way of dealing with the student. Be flexible.  • Assuming the family knows about the student’s condition. | | |

**or PSYCHOTIC Student**

**Facts about Psychotic Thinking**

• The main feature of psychotic thinking is poor reality testing or “being out of touch with reality.”

**Symptoms Include**

• disorganized speech and behavior

• extremely odd or eccentric behavior

• inappropriate or complete lack of emotion

• bizarre behavior that could indicate hallucinations

• strange beliefs that involve a serious misinterpretation of reality

• social withdrawal

• inability to connect with or track normal communication

**Bipolar disorder** involves periods of serious depression combined with periods of extreme euphoria and frenzied thinking and behavior, the latter of which can reflect poor reality testing.

**Psychological illnesses that involve psychotic features**

often have an onset between the late teens and early 30s.

**RESPONDING TO EMOTIONAL DISTRESS**

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| What To Do  • Assess your level of safety.  Call Campus Safety if you feel in danger.  • Remain in an open area with a visible means of escape.  • Stay calm.  • Ask the student to reschedule a meeting with you if she/he is using a raised voice and/or appears highly emotional or agitated.  • Consult with professionals.  • Call Campus Safety to have one or two officers come to monitor the situation.  Avoid  • Staying in a situation in which you feel unsafe.  • Meeting alone with the student.  • Engaging in a shouting match or behaving in other ways that escalate anxiety and  aggression.  • Ignoring signs that the student’s anger is escalating.  • Touching the student or crowding his/her sense of personal space.  • Ignoring a gut reaction that you are in danger. | | |

**The AGGRESSIVE or POTENTIALLY VIOLENT Student**

**Facts about Aggression**

• Aggression varies from threats to verbal abuse to physical abuse and violence.

• It is very difficult to predict aggression and violence.

**Some Indicators of Potential Violence Include**

• paranoia/mistrust

• an unstable school or vocational history

• a history of juvenile violence or substance abuse

• prior history of violence or abuse

• fascination with weapons

• history of cruelty to animals as a child or

adolescent

• impulse control problems

**RESPONDING TO SUBSTANCE ABUSE**

**The Student With Possible**

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| What To 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 use problems and  that it can involve conscious or unconscious lying and distorting of the truth.  • Refer the student to an alcohol and drug counselor in the Health Center for assessment and counseling.  Avoid  • Ignoring or making light of the problem.  • Chastising or condoning the behavior.  • Assuming that experimenting with drugs or alcohol is harmless and part of the college experience. | | |

**ADDICTION Issues**

**Facts about Substance Abuse**

• Alcohol and drug abuse among college students interferes with academic performance, puts them at risk for serious accidents and even death, and can lead to

addiction problems for a subset of individuals.

• Substance use and abuse among college students is often a misguided way to cope with anxiety, depression, and the stressors of

college life.

• Research shows that the most abused substance is alcohol and that a large number of college students engage in binge drinking.

**Signs That a Student May Have a Substance**

**Problem Include**

• repeated failure to handle academics, work or personal responsibilities

• a pattern of unexplained underachievement

• substance-related disciplinary or legal problems such as assault, driving under the influence, and charges of sexual misconduct

• denial of the negative and harmful consequences of substance use, even in the face of serious problems

• showing up to class or office hours drunk, hung over or, visibly altered

**RESPONDING TO VICTIMS OF VIOLENCE**

**The Student in an ABUSIVE DATING RELATIONSHIP**

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| What To Do  • Respect the student’s privacy and have any conversation in a place where you cannot be overheard.  • Be aware that interventions from a variety of sources increase the chances for change.  • Refer the student to the Health  Center/Counseling Services for counseling.  • Encourage the student to call Campus Safety or the police when sexual harassment (including rape) or violence is involved.  • Encourage the student to connect with family and friends.  Avoid  • Downplaying the situation.  • Lecturing the student about poor judgment.  • Expecting the student to make quick changes. | | |

**Facts about Abusive Relationships**

• Abusive relationships can exist irrespective of the sex/gender of each partner.

• Abusive relationships often involve a repeating pattern of verbal, sexual, emotional and physical abuse that increases over time.

**Indicators Of Abusive Relationships Include**

• verbal abuse

• isolation from friends and family

• fear of abandonment

• fear of partner’s temper

• fear of intimidation

• acceptance of highly controlling behavior

• assuming responsibility for partner’s abusive behavior

• feeling trapped

• feeling ashamed

• fear of leaving the relationship

**RESPONDING TO VICTIMS OF VIOLENCE**

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| What To Do  • Listen without conveying judgment and be aware that survivors can feel shame and anger.  • Refer the student to the Health  Center/Counseling Services for a confidential health evaluation and counseling.  • Call Campus Safety if the student needs immediate medical attention.  • Make sure the student is aware of the College’s resources for survivors, including the  *Student Guide on Sexual*  *Assault, Harassment and*  *Discrimination*.  Avoid  • Expressing judgment even when high-risk behaviors on the part of the survivor (e.g., intoxication, walking alone at night) were involved.  • Insisting that the student file a police report immediately. Campus Safety and the Health Center will inform the student of her/his right to make a report. Pressuring a survivor to go to the police before seeking medical attention may discourage the student from getting help. | | |

**The SURVIVOR OF SEXUAL ASSAULT**

**Facts about Sexual Assault**

• Sexual assault is sexual contact initiated against a person without her/his consent.

• Consent cannot be inferred from passivity or silence; nor can the existence of a current or previous relationship constitute consent.

• 1in 4 women will be the victim of sexual assault during their college years.

• Nearly 85% of rapes are committed by someone known to the victim.

• Most acquaintance rapes (“date rapes”)

involve drugs or alcohol.

**Examples of Sexual Assault Include**

• completed or attempted rape

• threats of rape

• sexual coercion

• unwanted sexual contact with force or threat of force

• stalking

**What is Bryn Mawr’s Policy on SEXUAL ASSAULT?**

• Federal law requires the College to take action when designated employees\* receive a report of sexual harassment or assault.

• Action may include an investigation and can lead to disciplinary action being taken against a student, staff or faculty offender.

• College actions are separate from police investigations and criminal and civil legal proceedings.

• A survivor is never compelled to talk about what happened with anyone, including the police.

\* *Designated employees are Campus Security Authorities. These administrators and college employees have specific responsibilities for student and campus activity beyond the classroom.*

**RESPONDING TO VICTIMS OF VIOLENCE**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| What To Do  • Respect the student’s privacy and have any conversation in a place where you cannot be overheard.  • Describe the concerning behavior, appearance and/or demeanor. iii  • If the student describes being hazed, tell the student that if she wants to talk about what is going on confidentially, she can meet with a counselor at the Health Center.iii  • Contact the student’s dean or the dean of the undergraduate college.  Avoid  • Telling the student that the group he/she has joined is stupid or ridiculous for making new members go through initiation rituals.  • Promising to keep the hazing disclosure confidential.  • Laughing away the hazing as a college rite of passage. | | |

**The Student Who is a**

**Victim of HAZING**

**Facts about Hazing**

• Hazing is any activity expected of someone joining or participating in a group that humiliates, degrades, abuses or endangers them, regardless of a person's willingness to participate. i

• Malicious intent is not a prerequisite for hazing. i

• Hazing is premeditated; it does not happen by accident.i

**Some Indicators of Hazing Include**

• wearing clothing that is in poor taste or

highly inappropriate for setting and/or time of yearii

• physical exhaustion from multiple sit-ups, running, or other calisthenicsii

• loss of voice due to having to yellii

• required attendance at late-night work sessions, resulting in sleep deprivationii

• appearance of mental exhaustion or withdrawal from normal lifestyle; change in personalityii

• interruption of or interference with academic commitmentsii

• appearance of sadness or expressions of inferiorityii

• withdrawal from normal activities or friendsii

• cutting, branding, labeling, or shaving of parts of the bodyii

• not being able to sit down or soreness from physical assaults (e.g., paddling) ii

*The content on this page is taken from: i* [*http://www.umich.edu/~nohazing/recognize.html,*](http://www.umich.edu/%7Enohazing/recognize.html) *accessed 8/7/2012; ii* [*http://studentaffairs.duke.edu/greek/university-greek-policies/hazing,*](http://studentaffairs.duke.edu/greek/university-greek-policies/hazing,) *accessed 8/8/2012; and iii* [*http://hazing.cornell.edu/cms/hazing/do/individual/iffriend.cfm,*](http://hazing.cornell.edu/cms/hazing/do/individual/iffriend.cfm) *accessed 8/8/2012.*

**Campus Resources**

**Department Phone Extension Website**

**Academic Support Services**

X 5375 <http://www.brynmawr.edu/deans/for_students.shtml>

See Academic Support

*Rachel Heiser, the Director of Academic Support Services, assists undergraduates in identifying and implementing techniques for more effective learning, studying, test-taking, and note-taking. She also helps students explore effective techniques for time and stress management so that they feel confident and motivated in their academic work. Deans and faculty can refer students to Ms. Heiser.*

**Access Services** X 7351 <http://www.brynmawr.edu/access_services/>

*The Access Services Office provides reasonable accommodations for eligible students, employees, and guests with*

*disabilities. Individuals who think they may need accommodations because of a learning, physical, or psychological disability are encouraged to contact Deborah Alder, Director of Access Services, as early as possible to discuss their concerns.*

**Athletics and Physical Education** X 7348 <http://www.brynmawr.edu/athletics/>

*Any concerns about students as they pertain to their status as student athletes can be directed toward Kathy*

*Tierney, Director of Athletics and Physical Education, or members of her staff.*

**Campus Safety** X 7911 <http://www.brynmawr.edu/safety/>

**Career & Professional**

**Development Office**

X 5174 <https://www.brynmawr.edu/lilac/career-planning>

**Civic Engagement Office** X 7320 <http://www.brynmawr.edu/ceo/>

**Counseling Services** X 7360 <http://www.brynmawr.edu/healthcenter/>See Counseling Services

**Dean’s Office** X 5375 <http://www.brynmawr.edu/deans/>

**Equal Opportunity Officer & Title IX Coordinator**

X 6571 <https://www.brynmawr.edu/titleix>

*In her role as Equal Opportunity Officer and Title IX Coordinator, Jennifer Walters, Dean of the Undergraduate College, serves as the College’s adviser for the development and implementation of equal-opportunity programs. She monitors compliance with and oversees the overall implementation of Title IX. Title IX sets out the standards for the College to follow regarding prevention and investigation of sex discrimination*.

**Graduate School of Arts & Sciences**

**Graduate School of Social Work**

**& Social Research**

X 5074 <http://www.brynmawr.edu/gsas/>

610-520-2600 <http://www.brynmawr.edu/socialwork/>

**Health Center** X 7360 <http://www.brynmawr.edu/healthcenter/>

**Leadership, Innovation, and**

**Liberal Arts Center (LILAC)**

X 5172 <http://www.brynmawr.edu/lilac/>

**The Pensby Center** X 6592 <http://www.brynmawr.edu/pensby/>

*The Pensby Center implements programs and activities that address issues of diversity, power, and privilege, including*

*but not limited to race, ethnicity, country of origin, class, gender, sexual orientation, religious affiliation, and disability, with a goal of improving the campus climate and enhancing community life at the College. The Center also*

*provides advising, programming, and services to international students.*

**The Post-Baccalaureate**

**Premedical Program**

X 7350 <http://www.brynmawr.edu/postbac/home.shtml>

**Quantitative Center** X 5398 <http://www.brynmawr.edu/qproject/>

**Financial Aid** X 5245 <https://www.brynmawr.edu/financial-aid/>

**Student Life (Residential Life and Student Activities)**

X 7331 <http://www.brynmawr.edu/studentlife/>

**Writing Center** X 5302 <http://www.brynmawr.edu/writingcenter/>

If you have concerns about a student from **Haverford** or **Swarthmore**, you can contact Bryn Mawr’s Campus Safety department or the Bryn Mawr Dean’s Office for assistance. You can also phone the Dean’s Office at each college directly:

**Haverford College 610-896-1232,** Dean’s Office and Student Life

**Swarthmore College 610-328-8365,** Dean’s Office