



Working with Distressed/Difficult Students



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Why This Training?

- As a LBCC faculty or staff member, you are continuously interacting with students. At times, you may encounter a student undergoing an overwhelming amount of stress.
- For many students, one of the most important factors of their personal and academic success is your ability to recognize and respond to their emotional distress.

Support Connected To Student Success

- Without a sense of belonging, or a person to confide in, stress connected to mental health challenges may worsen.
- Early and target identification and intervention can promote change.



VIDEO: Mental Health on Campus

<https://youtu.be/hBeGSlamFlo>

Who Are We Talking About

- 1 in 4 young adults (18-24) have a diagnosable mental illness. Depression, anxiety and trauma/stress lead the list.
- Over 80% of college students report feeling overwhelmed by school work; 45% report feeling things were hopeless.
- Nearly 75% of students living with mental illness experienced a mental health crisis on campus -- one-third of this group did not ask for help.
- Concern over stigma is the number one reason students do not seek help.

Emotional Distress: Its Toll On Student Success

- 86% of students with a diagnosis of mental illness fail to complete their degree -- more than double the rate of the general population.
- 2/3 of young adults no longer in college cite mental health related reasons for not continuing with school.
- 40% of currently enrolled students with mental health conditions report they did not seek help. 57% did not request any accommodations.

Academic Indicators

- Repeated absences from class, section, or lab
- Missed assignments, exams, or appointments
- Deterioration in quality or quantity of work
- Extreme disorganization or erratic performance
- Written or artistic expression of unusual violence, morbidity, social isolation, despair, or confusion; essays or papers that focus on suicide or death
- Continual seeking of special provisions (extensions on papers, make-up exams)
- Patterns of perfectionism: E.g., cannot accept themselves if they do not get an A+
- Overblown or disproportionate response to grades or other evaluations

Behavioral and Emotional Indicators

- Direct statements indicating distress, family problems, or loss
- Angry or hostile outbursts, yelling, or aggressive comments
- More withdrawn or more animated than usual
- Expressions of hopelessness or worthlessness; crying or tearfulness
- Expressions of severe anxiety or irritability
- Excessively demanding or dependent behavior
- Lack of response to outreach from course staff
- Shakiness, tremors, fidgeting, or pacing

Physical Indicators

- Deterioration in physical appearance or personal hygiene
- Excessive fatigue, exhaustion; falling asleep in class repeatedly
- Visible changes in weight; statements about change in appetite or sleep
- Noticeable cuts, bruises, or burns
- Frequent or chronic illness
- Disorganized speech, rapid or slurred speech, confusion
- Unusual inability to make eye contact
- Coming to class bleary-eyed or smelling of alcohol

Other Indicators

- Concern about a student by his/her peers or teaching staff
- A hunch or gut-level reaction that something is wrong

Helping A Student In Distress -- Reviewing The Eight Steps

1. Give the student your full attention.
2. Briefly acknowledge your observations.
3. Comment on what you've observed.
4. Listen to the student's concerns.
5. Try to identify the student's problem.
6. Give hope by exploring options.
7. Be flexible with the student.
8. Consult with someone who can help.

How Might These Steps Help You?

- Part of our role is triage. We are in a position to make an assessment of what is going on for a student and to answer the question, “Can I help this student?”
- If you do nothing else, take the time to pull the student aside and ask if everything is okay. Just showing a student you care and want to help will go a long way towards getting them the help they need.
- You do not need to know the answer to help a student. You just need to know who to link them up with who will do that navigation for them.

How Prepared Are You?

Questions To Ask Yourself In Each Crisis

1. Is there imminent danger?
2. Is there a possible threat of danger?
3. Can I resolve this situation?
4. If not, what can I do to help manage it until I can get support?
5. What should I report and to whom?

Important Numbers

1. For a Student in Emotional Distress

CALL Student Health Services Mental Health: Appts X 3987

WALK Student Over To LAC (A1010) or PCC (GG117) SHS Clinic
Deborah Miller-Calvert, Director 562-938-3032

2. For Student Conduct

CALL Office Of Student Conduct: X 5082

3. For a Student Who Poses a Threat (or any of the above)

CALL Campus Police: 911

4. For Title IX (Sexual Assault)


CALL Title IX Coordinator: X 4095

Kristin Olson, Associate Vice President, Human Resources

<https://www.lbcc.edu/title-ix>




Standards of Privacy (HIPAA)

- Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)
 - The privacy rule addresses the use and disclosure of individuals’ health information— by organizations subject to the privacy rule — called “covered entities,” as well as standards for individuals' privacy rights to understand and control how their health information is used.
 - Campus clinicians have more stringent limits on information sharing than do college administrators if information was obtained in a clinical setting.
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FERPA

- Family educational rights and privacy act; federal law designed to protect the privacy of student education records.
 - As the custodian of an education record, you cannot disclose the record to a third party unless either (i) the student consents in writing to the disclosure, or (ii) disclosure is warranted without consent under one of FERPA's exceptions to the written-consent requirement.
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Key Things To Be Mindful Of

1. Communication is 2-way until a formal report or warm handoff occurs. Thereafter, the flow of information is limited.
 - Please remember privacy acts limit our ability to provide detailed updates once you have referred a student.
2. When bringing a student to mental health services for a warm handoff, remember they cannot give consent for you to join their meeting with the clinician if under duress.
3. Third party presence can change the dynamic of the therapeutic environment.
4. Mandated Reporting.

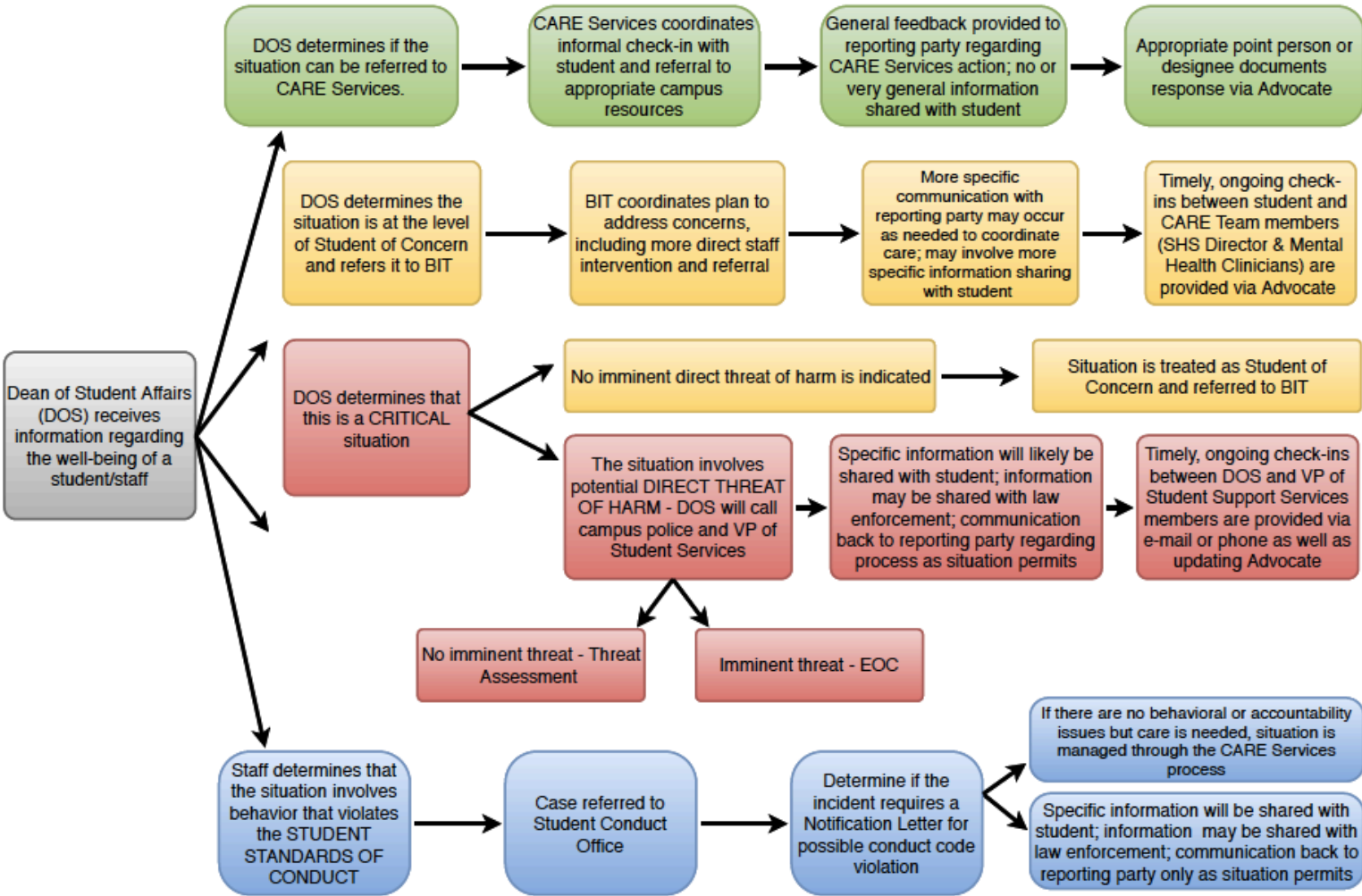
Behavioral Intervention Team (BIT)

- VP, Student Support Services: Dr. Mike Muñoz
- Dean, Student Affairs: Dr. Alisia Kirkwood
- Director, Student Health and Student Life: Deborah Miller-Calvert
- Mental Health Clinician: Dr. Amy La
- Director, DSPS: Maria Ek Ewell
- Title IX: Kristen Olson, AVP of Human Resources
- Interim Director of Student Conduct: Nevon Watson
- Student Conduct Specialist: Sylvia Garcia
- Campus Police: Lieutenant Omar Martinez
- Risk Services: Bob Rapoza
- Environmental Health & Safety: Lubert Iglesia

What is BIT?

- Responds to non-emergency, non-imminent concerns.
- Serves as the centralized body for discussion and coordinated action regarding students who experience distress or display concerning, problematic, or troubling behavior that could pose serious risk to themselves or others.
- Goal: Intervene before a student reaches crisis level and ensure the safety of both the student and the LBCC community.

BEHAVIORAL INTERVENTION TEAM WORKFLOW



Referral Procedures

When our memory fails us, it is our incident notes that can save the day. Details matter!

1. Record

- What occurred: Date, time, location, student name/ID number, witnesses, communication with other students, attempts to redirect, etc.

2. Report

- Send a written recollection of incident(s) and behavior(s) as they occurred to your Department Dean. The report should include all intervention attempts that occurred.

3. Provide

- Documentation and statements that substantiate the desired outcome or course of action. Witness statements must be in writing.

Kognito Training (flex credit)

This suite of six online, interactive, and research-proven training simulations are designed to educate our faculty, staff, and students about best practices in supporting (1) students who struggle with psychological distress including depression and suicidal ideation, (2) LGBTQ students who are struggling due to harassment or exclusion, and (3) student veterans who are facing challenges in adjusting to college life. Each training takes 30-60 minutes to complete and is structured as a virtual practice environment where users learn by engaging in interactive role-play conversations with emotionally responsive student avatars. The suite is available at no-cost to all California community college faculty, staff, and students.

<https://ccc.kognito.com>



At-Risk for Faculty & Staff

Be prepared to lead real-life conversations with students that build resilience, strengthen relationships and connect them with support.



Kognito Conversations that change lives.

kognito.com

Mental Health Screening Tool



TAKE A SCREENING

PRIVACY POLICY

ESPAÑOL

How Are You Feeling?

Mental health is a key part of your overall health. Brief screenings are the quickest way to determine if you or someone you care about should connect with a mental health professional - they are a checkup from your neck up. This program is completely anonymous and confidential, and immediately following the brief questionnaire you will see your results, recommendations, and key resources.



CHECKUP

Completing these screenings will help you determine if your recent thoughts or behaviors may be associated with a



ANONYMOUS

We cannot link these screenings to any one individual, so you remain anonymous. Take these screenings



FAST

It takes only a few minutes per screening, and at the end you will be presented with information and next

• <https://screening.mentalhealthscreening.org/long-beach-city-college>

Resources

- <https://www.lbcc.edu/mental-health-services>
- <https://www.211la.org/>

Art With Impact:

- <https://artwithimpact.org/workshops/movies-for-mental-health/>
- <https://artwithimpact.org/films/olive/>

Questions?

Thank you for supporting our students.