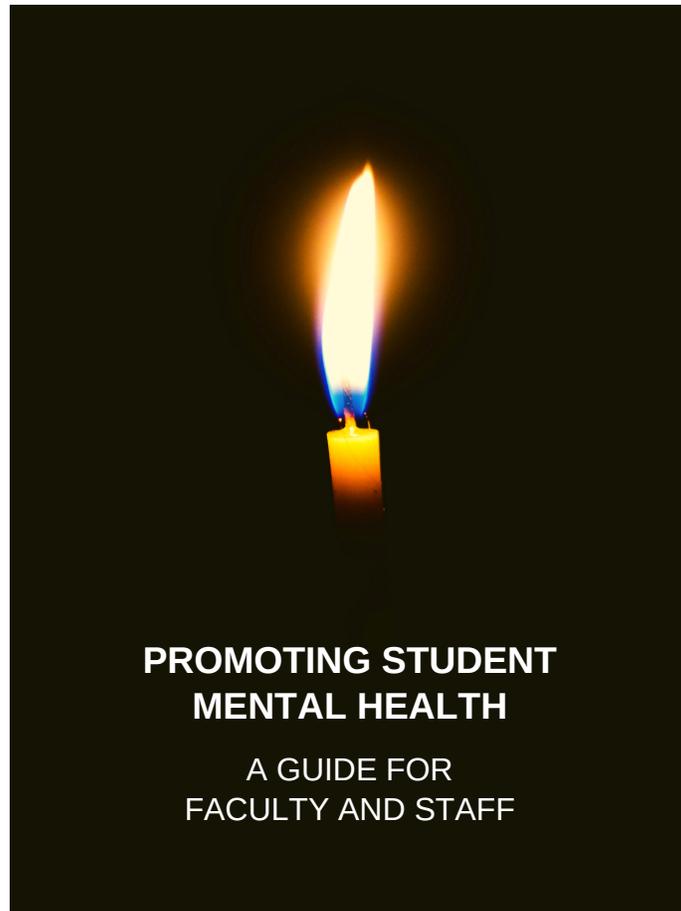


C-PART

CRISIS PREVENTION AND RESPONSE TEAM



SPRING 2020



Rev. March 2020

Crisis
Prevention
And
Response
Team

**Promoting student mental health
A Guide for faculty and staff**

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PART 1: Message from the Crisis Prevention and Response Team (C-PART)

Dear Faculty and Staff,

During college, students typically encounter an enormous amount of personal, academic, and career growth yet this can be a stressful time for some students. Although many students may cope successfully with the demands of college life, the pressures can become overwhelming and unmanageable for others. The emotional and behavioral consequences appear in the classroom or student support offices. As a faculty or staff member interacting with students, you are in a unique position to identify and assist students in distress. You are likely to be the first person a student contacts for assistance. Your ability to recognize the signs of emotional distress and potential health issues, and to make an initial intervention, can have a significant impact on a student's future well-being.

The C-PART developed this guide to provide resources for recognizing students who may be experiencing emotional, physical, or developmental challenges. It also provides basic guidelines for addressing a wide range of student behaviors. The guide may serve as a reference to assist you in making referrals to campus resources. The purpose of this guide is to assist you to recognize some of the signs of students in distress, be supportive of their needs, facilitate appropriate referrals to campus resources, and increase your awareness of the C-PART. These resources are available to assist you with potential problems or situations that you may encounter. The C-PART does not expect you to act as professional counselors, but we hope this information is useful as you work with students in your role as a faculty or staff member.

Best regards,

C-PART Members

Overview

The California community colleges serve more than 2.1 million students, enrolling one out of every four Californians aged 18-24. For many students, the campus represents their best—and perhaps only—access point for mental health services. More importantly, many students will need mental health support: young adults of transition age are at heightened risk for mental health challenges. In California, one in four students has a diagnosable mental health issue. Research results suggest that this problem may be even more acute in the California community system; nearly half of community college students report at least one mental health condition (*2019 Mental Health Services Report, California Community Colleges*).

The purpose of this guide, created on behalf of the C-PART, is to provide a framework by which faculty and staff can understand the range of distress, including and up to crisis. This will then facilitate the appropriate care for the student. This guide describes a range of potential student behaviors and suggests potential responses faculty and staff can take in each situation.

The Crisis Prevention and Response Team (C-PART)

The C-PART is a multidisciplinary group of professional staff members that meet on a regular basis to provide support and resources to students. The C-PART receives, assesses, responds to, and monitors behavior that may be disruptive, concerning or threatening.

The C-PART is comprised of both faculty and staff. The team consists of college personnel with expertise in student services and student development, law enforcement/threat assessment, medical and mental health, academic progress and well-being, disability resources and access, and student conduct. The position determines membership, and not necessarily the individual person. Members of the C-PART have regular interactions with the campus community, and they will assist in the assessment of the student of concern.

Current members include:

- Associate Dean, Student Special Services, Co-Chair
- Dean, Student Services, Co-Chair
- Chief, Police and College Safety
- Counselor
- Dean, Student Life
- Director, Student Health
- Lieutenant, Police and College Safety
- Psychologists, Personal Counseling Services

The purpose of the C-PART is to provide a centralized structure for the campus community to report concerns. We meet our goal of early intervention through collaboration, and effective communication with campus departments, students, faculty, and staff. Faculty and staff should contact the C-PART regarding students who may be exhibiting behaviors of concern in relation to their personal, physical or emotional well-being, or who are behaving in a manner that is intimidating, disruptive, aggressive or violent. Once an individual makes a referral, the C-PART will review all available information and make a determination regarding appropriate outcomes, they will respond with the reporting parties as appropriate. The C-PART is also able to provide referrals for other resources and support. The C-PART is not the appropriate contact as a first response to emergencies, a referral or a case management service. Staff and faculty can refer students to the Social Services Office (D-203), for assistance with housing and other basic needs.

If there is an immediate threat or concern for a student's health or safety, please call Police and College Safety at (626) 585-7484 or dial 911.

Functions of the C-PART

When alerted to a concern, the C-PART will:

- Gather and analyze information.
- Assess needs of those impacted.
- Determine and implement plans for the student including immediate and ongoing strategies.
- Provide and make referrals for advice, support and assistance. Address risks of harm to student and/or others involved.

- Review interventions and implementation strategies throughout the process.

The C-PART's major goal is to link students of concern to campus and community resources. This includes assisting in determining what types of action is needed for different categories of behavior.

PART 2: Improving Student Mental Health for Community College Students

College can be stressful for students, especially during final examinations and graduation. Considering the challenging academic workload, it is normal for students to feel worried, anxious, restless, or sad from time to time. If these feelings or other mental health symptoms persist, they may start to interfere with daily living and academic performance. This may be indicative of a mental health issue. Without treatment for mental health issues, college students are more likely to drop out, abuse substances, and even commit suicide.

According to the 2018 Center for Collegiate Mental Health Annual Report, college students across the country are increasingly experiencing and reporting mental health issues. Anxiety and depression were identified as the most common concern - as assessed by clinicians that provide mental health services to students.

The 2018 National College Health Assessment reports that 63 percent of college students surveyed felt overwhelming anxiety, 42 percent felt so depressed that it was difficulty to function, 62 percent felt very lonely, and 12 percent considered suicide.

Students in California public colleges report similar experiences. Specifically, at California Community Colleges (CCC), students experience similar rates of psychological distress as University of California (UC) and California State University (CSU) students.

However, students from CCC reported higher rates of impaired academic performance due to mental health issues versus students at CSU and UC campuses. CCC students were half as likely to receive referrals for counseling or mental health services by a faculty and were less likely to receive services on campuses than their UC and CSU counter parts.

In 2011, CCC implemented the California Community College Student Mental Health Program (CCC MPH), a statewide effort focusing on prevention and early intervention. The CCC SMPH promotes faculty and staff training, peer counseling, and suicide prevention. According to a recent CCC SMPH report, nearly 168,000 students, faculty, and community members received services through prevention and early intervention trainings.

PART 3: Faculty and Staff Roles

What Can Faculty and Staff Do?

As leaders in the PCC community, you may be the first to notice a student who is experiencing difficulty. In these situations, you do not have to take on the role of a counselor or attempt to diagnose a student. You need only to notice the signs of distress and communicate these to the appropriate resource. In some cases, you may also choose to have a direct conversation with the student to express your concern and offer resource referral information.

Often there are indicators that a student is experiencing distress long before the situation escalates to a crisis. To assist our students in maintaining their mental health, it is important to identify difficulties as early as possible. The presence of one of the following indicators alone does not necessarily mean that the student is experiencing severe distress. However, the more indicators you notice, the more likely it is that the student needs assistance.

ALERT: If you believe, a student is a threat to themselves or others, please contact PCC Police and College Safety or dial 911 immediately.

PART 4: Guidelines for Intervention

The C-PART recommends utilizing the following categories to determine recommended actions needed for different categories of behavior.

ACADEMIC INDICATORS

- Repeated absences from class, section, lab or employment
- Missed assignments, exams or appointments
- Deterioration in quality of work
- Continuously seeking extensions on papers or deadlines

BEHAVIORAL AND EMOTIONAL INDICATORS

- Direct statements indicating general distress, family conflict, grief and loss, economic hardships
- Angry or hostile outbursts, yelling or aggressive comments
- Unusual withdrawal or animated behavior
- Expressions of severe anxiety

PHYSICAL INDICATORS

- Deterioration in physical appearance or personal hygiene
- Excessive fatigue, exhaustion; falling asleep in class repeatedly
- Noticeable cuts, bruises or burns
- Frequent or chronic illness

SAFETY RISK INDICATORS

- Written or verbal statements that mention despair, suicide or death
- Severe hopelessness, depression, isolation and withdrawal
- Physical or verbal aggression directed at self, others, animals or property
- The situation feels threatening or dangerous to you

The C-PART presents this guide as a resource to all faculty and staff. As members of a caring community, all of us play important roles in nurturing the development of our students. The guide outlines important information regarding mental health. It will also examine the role you play in providing a supportive academic environment that includes assisting students who may be in distress. We encourage you to review the valuable resources and refer back to it when you find yourself in challenging situations.

BEHAVIORAL CATEGORIES

LEVEL 1 – DISTRESSED	LEVEL 2 – DISRUPTIVE	LEVEL 3 – DANGEROUS
Emotional	Classroom or on campus	Threat to Safety
Upset, distracted, noticeable anxiety, tearfulness, absences/tardiness, or suggestions of self-harm.	Interruptive, annoying, bothersome, insubordinate, or excessive number of questions.	Verbal or physical threats, altercations, or out-of-control behavior.
Actions:	Actions:	Actions:
Talk privately with student	Set limits	Immediately call 911 from campus telephone
Refer to/consult with Personal Counseling Services and other Student Services staff	Consult with DSP&S or Personal Counseling Services	Complete the Student Misconduct form
Keep personal notes of situation	Complete the Student Misconduct form	

"The more indicators you notice, the more likely it is that the student needs assistance."

PART 5: Knowing When And How To Take Action

In any emergency, it is clear that it requires an action. You would call PCC Police and College Safety (or 911) and Personal Counseling Services for immediate consultation.

However, when there is no immediate risk of harm, it may seem less clear when and how to act. You may notice one indicator and decide that something is clearly wrong. A simple check-in with the student may assist you in assessing their situation. Always use your professional judgment and instincts. If you are concerned about a student, take action. There is no harm in offering resources students but there can be serious consequences for failing to follow through with your observations.

Suggestions for Action

➤CONSULT

Consult with one or more of these resources:

- Immediate supervisor
- Department Lead or Dean
- Co-worker
- C-PART
- Personal Counseling Services

You may learn through the consultation process that another entity is already addressing a student of concern. However, if there is a need for more follow-up, utilize your resources to assist you in what to do next. It could rise to the level of "Refer and/or Report."

➤REFER AND/OR REPORT

REFER: Speak directly with the student to offer support and referrals.

If you choose to speak directly with the student, it is important to note that you are not taking on the role of counselor. You need only to listen, care and offer resource information.

- Meet privately.
- Set a positive tone.
- Share specific signs of concern observed.
- Ask open-ended questions.
- Restate and summarize what you heard.
- Suggest resources and referrals.
- Avoid making any promises.
- Keep lines of communication open.
- Talk with someone at the College regarding the conversation and document your actions.

REPORT: Contact Personal Counseling Services to report the concern.

If you really do not know the student, you may prefer to report the concern to the C-PART. Contacting Personal Counseling Services can result in receiving some coaching on next steps. When choosing to report a student of concern, please be aware of the following:

- Information shared with a counselor is confidential.
- Reporting a concern will activate a collaborating approach to find the right resources.
- If working with Personal Counseling Services professionals, it may result in further action on your part such as making a referral or involving another department on campus.
- Ensure you document your actions and any follow-up done with the student of concern.

PART 6: Guide for Reporting Incidents

If you witness, or have information related to situations that are academic or non-academic misconduct, concerning or distressing behavior, or reports of sexual violence, it is important that you submit an electronic report documenting observations.

Types of Reports

- **Academic Dishonesty Violations**

Academic Dishonesty Violations include cheating, plagiarism, or falsifying official records related to the College. General misbehavior is a non-academic violation.

- **Non-Academic Violation**

Non-academic violations include any behavior not related to an allegation of cheating, plagiarism, or falsifying official records related to the College. These include alcohol/drug use, disruptive behavior, theft and fraud, harassment, etc.

- **Concerning, Worrisome or Threatening Behavior (C-PART Referral)**

Reports of a student exhibiting concerning or unusual behavior, or experiencing significant distress. The C-PART receives the information for a risk assessment investigation, wellness or academic intervention and/or the initiation of a student conduct process.

- **Sexual Misconduct, Relationship Violence or Stalking**

For questions regarding whether a behavior may constitute a violation, please contact the Title IX Coordinator at (626) 585-7388 or the Dean of Student Life (626) 585-7384.

The District recommends you file a report within 24 hours of the incident, observed behavior, or concern. When submitting the report, you will have the option to have a copy emailed to you. Once you submit a report, one of the managers listed above receives and reviews the report. If needed, you may be contacted for further information.

Incident reporting forms can be accessed on the PCC Office of Student Life website:

<https://pasadena.edu/campus-life/student-life/reporting-an-incident.php>

Tips for Writing Quality and Useful Resources

- Avoid language that labels, demeans or stereotypes the individual.
- Avoid generalizing and describe specific behaviors. Avoid providing a diagnosis for someone; instead, describe the observed behaviors.
- Avoid exaggerating or embellishing.
- Write as if the individual may read the report.
- Include attachments to provide additional information or evidence.

The ABC's of Documentation

The information below provides a guide on writing a factual report. In the event you are referring a student, we rely on your observations, facts and objectivity. Please remember the "ABC's of Documentation" while writing the report (Source: *Cerritos College Student Behavior Writing Guide*).

About the person (name, student identification, relationship to Pasadena City College)

Behaviors observed (body language, words, tone of voice, actions)

Context (where, what class did this occur, words, tone of voice, actions)

Details (witnesses, times of incidents, anything else objective that is relevant, phrases stated)

Effect (impact to class, disruption, and impact to others)

Follow-up/Response (did anyone try to intervene, how did the individual receive that intervention, if necessary, has the incident been reported to the police)

PART 7: Personal Counseling Services

PCC Personal Counseling Services offers a myriad of free counseling services to students to assist with transitioning into college life:

- Individual counseling
- Crisis intervention
- Group counseling and workshop
- Community referrals

For more information, please contact Personal Counseling Services:

Website: <https://pasadena.edu/campus-life/personal-counseling/index.php>

Location: D-203

Telephone: (626) 585-7273

Individual Counseling

Personal Counseling Services offers free short-term counseling services and is available with the goal of assisting students in enhancing and resolving personal problems of immediate concern. Individual counseling appointments are usually 50 minutes in length. Students are allowed to schedule eight sessions per semester and six sessions during the summer term.

Group Activities

Group counseling is available for students who experience similar difficulties. Topics vary and may include enhancing self-esteem, time management, test anxiety, managing stress, and enhancing building successful relationships. Group time is limited and generally lasts six sessions, and has a limit of five participants. All students must commit to all six sessions.

Faculty/Staff Consultations on Student Related Matters

The Personal Counseling Services team is available for consultation on student-related issues. Some indicators of importance:

Caring and Responding to Employees and Students

The Caring and Responding to Employees and Students (CARES) team is available to assist in responding to students and employees who experience or have experienced the loss of a friend or family through death or an expected illness.

Campus Wide Activities and Presentations

The Personal Counseling Services team is available to present to student groups, clubs, or facilitate in-class presentations on a variety of topics:

- Time management
- Academic plans
- Balancing college, work and a social life
- Test anxiety
- Strategies for academic success.

Self-Care

The Personal Counseling Services team provides self-help brochures, handouts, and reading lists as part of their informational services. Students, faculty and staff may view them online and/or in printed form.

- *Stress: 10 Management Techniques*
- *Suicide Prevention: Recognizing the Signs and How You Can Help*
- *Procrastination: 10 Ways to "Do it Now"*
- *Insomnia: Sleeping Tips from A to Zzzz*
- *Final Exam Panic Tips: Cut the Worry and Stress*
- *Self-Esteem: How to Feel Good About Yourself*
- *Depression: What It Is and How You Can Help*
- *Key Characteristics of Successful Students*
- *Is Your Anger Getting the Best of You?*
- *Internet and Computer Addiction*
- *The Great Recovery Method Guide for Loss*

PART 8: Sharing of Student Information

If any CPART member wishes to keep hard copies of any documentation related to C-PART cases, they must be stored in a locked

file cabinet. For many of us, we cannot guarantee confidentiality to students in the roles we serve. Only Personal Counseling Services and Student Health Services may guarantee confidentiality. We may and should promise discretion and privacy.

"With respect to the sharing of client information, there are three levels of legally-conferred protection: privacy, confidentiality, and privilege. These protections can be created by statute, by courts, or by codes of professional ethics."

Private Information

In a higher education or school context, the Family Educational Rights and Privacy Act (FERPA) protects private information. Staff can share private information internally when there is a legitimate educational interest, often referred to as a "need to know." Private information can be shared externally when an exception to FERPA is met, such as in case of emergencies, dependency, and consent. FERPA does not protect information you learn or know of from in-person interactions that is not included in an educational record.

Confidentiality

Although the parameters of confidentiality may vary according to jurisdiction and clinical setting, there are some generally recognized exceptions to the duty of confidentiality.

- **Consent:** a clinician may release confidential information with the consent of the student or a legally authorized decision maker, such as a parent, guardian, or other individual designated by an advanced medical directive.
- **Court Order:** a clinician may release confidential information upon the receipt of an order by a court of competent jurisdiction.
- **Continued Treatment:** a clinician may release confidential information necessary for the continued treatment of a patient.
- **Comply with the Law:** a clinician may reveal confidential information in order to comply mandatory reporting statutes (e.g., child abuse), law enforcement or administrative

agency investigations, business operations, and other such lawful purposes.

- **Communicate a Threat:** This is the *Tarasoff v. Regents of University of California* 1976 case exception to confidentiality that involves the clinician's duty to protect others from violence by a client. The *Tarasoff* exception exists in a variety of forms in many jurisdictions.

It is important to note that these are general guidelines of exceptions to the ethical duty of confidentiality. Remember, *"When in doubt, do the right thing"* (Dr. Peter Blake).

Privilege

The most sacrosanct level of protection under the law is privilege. Privileged communication is secret and protected from disclosure and can only be accessed by a court order or waiver of the owner of the privilege. Privilege is rarely in play for the C-PART, and usually found in the relationship of lawyer-client.

A medical records privacy act (the Health Insurance Portability and Accountability Act or HIPAA) also confers patient privacy. Privilege and confidentiality protect the relationship, whereas HIPPA (and FERPA in college environment) protect only the records of that relationship.

"Students are not just balancing academic demands... many of our students will attempt to cope with grief or loss, trauma, illnesses and psychological disorders."

PART 9: Responding to Students of Concern

This section provides more detail regarding common issues that arise when dealing with distressed or distressing students. As you review each section, you become aware of

common signs and symptoms associated with various types of distress and you will learn how to respond. The guide provides a list of resources. This section includes the following:

EMOTIONALLY DISTRESSED STUDENTS

- Anxiety
- Depression
- Grief and Loss
- Poor Contact with Reality
- Suicide

DISTRESSING AND DISRUPTIVE STUDENTS

- Aggressive / Potentially Violent
- Disruptive / Disobedience
- Excessively Demanding / Dependent

WELLNESS DISTRESS

- Substance Abuse

HARASSMENT

- Sexual Harassment

TRAUMA & ABUSE

- Abusive Relationships
- Sexual Assault / Sexual Violence
- Stalking

(This is not meant to be an exhaustive list. If you are concerned about a situation not included in this section, please do not hesitate to contact Personal Counseling Services).



ANXIETY

DEPRESSION

GRIEF AND LOSS

**POOR CONTACT
WITH REALITY**

SUICIDE

EMOTIONALLY DISTRESSED STUDENTS



Students experiencing emotional distress may struggle with any of the five concerns listed in this section. In this section, we will review the signs and symptoms for each type of concern and list educational resources for anyone interested in learning more.

Suggestions

What You Can Do

Let the student discuss their feelings and thoughts

Provide reassurance

Remain calm

Be clear and direct

Provide a safe and quiet environment until the symptoms subside

If situation is extreme and the student seems to need assistance, contact:

Personal Counseling Services: D-203,
(626) 585-7273

Utilize the Emergency Resource Contact List on page 31 of this Guide

Complete the Maxient *C-PART Referral Form*

What to Avoid

Minimizing the perceived threat to which the student is reacting

Taking responsibility for their emotional state

Overwhelming them with information or ideas to “fix” their condition

ANXIETY

Stress, worry and anxiety are normal, expected and inevitable parts of college life. The area that causes the most stress for students includes grades, schoolwork, finances and relationships.

When worry and stress become overwhelming or unmanageable, this may be indicative of an anxiety disorder. Anxiety disorders are distinguished from normal, everyday stress when the anxiety is more intense, lasts longer and lead to avoidance behaviors that interfere with one’s life.

Anxiety can be generalized across many different situations, or situation-specific, such as test anxiety, social anxiety, specific phobia or public speaking anxiety. For some students, the cause of anxiety is clear, and for others, it is less apparent. Students can exhibit anxiety in different ways and in varying levels of intensity.

Signs and Symptoms

- Students may talk about high levels of pressure, feeling tense, stressed, burned out or overwhelmed
- Anxiety may arise in the form of a panic attack (pounding heartbeat, sweating, shaking, shortness of breath, chest pain, dizziness, and fear of losing control)

RESOURCES

Anxiety and Depression Association of America
www.adaa.org/

American Psychological Association Help Center
www.apa.org/helpcenter/index

Anxiety Resources for Universities and College Students
www.anxiety.org

Suggestions

What You Can Do

Inform the student that you are aware of the change in their behavior

Encourage the student to discuss how they are feeling with someone they trust

Offer to assist the student in referring them to Personal Counseling Services

If situation is extreme and the student seems to need assistance, contact:

Personal Counseling Services: D-203,
(626) 585-7273

Utilize the Emergency Resource Contact List on page 31 of this Guide

Complete the Maxient *C-PART Referral Form*

What to Avoid

Minimizing the student's feelings, e.g., *"Do not worry", "Everything will be better tomorrow"*

Bombarding the student with "fix it" solutions or advice

Chastising the student for poor or incomplete work

Being afraid to ask the student whether they are having suicidal thoughts

DEPRESSION

Clinical depression is one of the most common mental health issues seen on college campuses. While almost everyone has had periods in their lives when have felt sad or down, these feelings tend to become less intense with the passage of time. However, clinical depression occurs when feelings of extreme sadness or despair last for at least two weeks or longer and interfere with the ability to function in different areas such as schoolwork and/or relationships.

Depression can affect one's ability to do simple day-to-day activities. A depressed person often has difficulty making decisions or doing things they may usually do with ease (paying bills, attending classes, reading assignments) may seem overwhelming. Depression is highly treatable with appropriate intervention.

Signs and Symptoms

- Feelings of emptiness, hopelessness, helplessness and worthlessness
- A deep sense of sadness
- Lack of energy, fatigue
- Loss of interest in activities
- Loss of appetite or eating too much
- Problems falling asleep, staying asleep, or sleeping too much
- Difficulties with concentration, memory and decision-making
- Thoughts of suicide or suicide attempts

RESOURCES

Anxiety and Depression Association of America
www.adaa.org/

Depression and College Students
www.affordablecollegesonline./college-resource-center/college-student-depression/

ULifeline
www.ulifeline.org/topics/128- depression

Suggestions

What You Can Do

Listen carefully and compassionately

Consider the option of allowing the student to postpone submitting assigned work

Be on alert for signs that the student feels a need to self-harm as a way to cope with the pain

Talk to the student regarding seeking some professional help to deal with the loss

If situation is extreme and the student seems to need assistance, contact:

Personal Counseling Services: D-203, (626) 585-7273

Utilize the Emergency Resource Contact List on page 31 of this Guide

Complete the Maxient *C-PART Referral Form*

What to Avoid

Feeling afraid of seeing students cry, as a natural and healthy way of releasing emotions

Being uncomfortable of discussing the deceased person with the student

Saying well-intentioned things to the student that might imply the grief is not valid, e.g., *"It cannot be that bad"*

GRIEF AND LOSS

Grief is a normal response to the sorrow, emotion and confusion that come from losing someone or something important to you. It is a natural part of life. Grief is a typical reaction to death, divorce, job loss, a move away from family and friends, or loss of good health due to illness. Grief is difficult at any time in one's life, but it can be devastating during college. A student's grade point average can significantly decrease during the semester of loss.

Signs and Symptoms

- Feelings of emptiness and numbness, as if they are in shock
- Physical changes (trembling, nausea, trouble breathing, trouble sleeping and eating)
- Some students become angry
- Socially withdrawing or lack desire to return to class or work

RESOURCES

The National Students of AMF Support Network

www.studentofamf.org/grief-support-resources/college-grief-statistics/

Suggestions

What You Can Do

Respond with warm and kindness, but with firm reasoning

Remove extra stimulation of the environment and see them in a quiet atmosphere (if you are comfortable in doing so)

Acknowledge your concerns and state that you can see they need assistance

Acknowledge the feelings or fears without supporting the misconceptions

Reveal your difficulty in understanding them (when appropriate)

If situation is extreme and the student seems to need assistance, contact:

Personal Counseling Services: D-203,
(626) 585-7273

Utilize the Emergency Resource Contact List on page 31 of this Guide

Complete the Maxient *C-PART Referral Form*

What to Avoid

Arguing or trying to convince them of the irrationality of their thinking, which may lead them to defend their position (false perceptions) more ardently

Playing along, e.g., “Oh yes, I hear the voices”

Demanding commanding or ordering the student

POOR CONTACT WITH REALITY

It can be especially challenging and difficult when dealing with a student who seems to have poor contact with reality. A key characteristic of these students is that they exhibit thoughts or behaviors that are bizarre and seem to be out of touch with reality.

Signs and Symptoms

- Odd or peculiar beliefs that involve a misinterpretation of reality
- Hearing voices, belief that these voices are talking to them
- Seeing things that are not there
- Talking to themselves
- Laughing to self
- Disorganized speech or behavior (bizarre or incoherent language or writings)
- Failure to exhibit any emotion or displaying inappropriate emotions (laughing aloud in class when talking about serious topics)

RESOURCES

Mental Health and Wellbeing for College Students
learnpsychology.org/mental-health/

Suggestions

What You Can Do

Become aware of others around you.

Take time to listen

Learn to recognize the subtle cues and warning signs

Walk the student to Personal Counseling Services

If necessary, contact PCC Police and College Safety (626) 583-7484

Refer to Personal Counseling Services: D-203, (626) 585-7273

Complete the Maxient *C-PART Referral Form*

Call 9-1-1 if threat of suicide is imminent

What to Avoid

Minimizing the situation or depth of feeling, e.g., *“oh, it will be better tomorrow”*

Ignoring your limitations

Overcommitting yourself, therefore not being able to deliver on what you promise

Being afraid to ask the student if they want to harm themselves

SUICIDE

Suicide is the second leading cause of death among college students, killing more young people between the ages of 18 and 24 than all physical illnesses combined. Students may view suicide as a way out of a problem or crisis that is causing intense emotional pain and suffering. It is associated with feelings of helplessness, hopelessness and a need for escape. The person who is suicidal often sees very limited options for themselves, and views suicide as a problem-solving strategy to end the emotional struggle.

Signs and Symptoms

- Statements (verbal or written) implying the person does not intend to be around in the future
- Statements expressing hopelessness and a wish to die
- Preoccupation with death and dying
- Prolonged depressed mood
- Increased drug and alcohol use
- Deterioration in hygiene
- Social isolation
- Pessimistic view of the future

RESOURCES

National Suicide Prevention Lifeline 24-hour crisis line: *1-800-272-TALK (8255)*, www.suicidepreventionlifeline.org

Suicide Prevention Resource Center
www.sprc.org

Higher Education Mental Health Alliance
www.hemha.org

NAMI – Risk of Suicide
www.nami.org/learn-more/mental-health-conditions/related-conditions/risk-of-suicide

**AGGRESSIVE /
POTENTIALLY VIOLENT**

**DISRUPTIVE /
DISOBEDIENCE**

**EXCESSIVELY
DEMANDING / DEPENDENT**

DISTRESSING AND DISRUPTIVE STUDENTS

On occasion, you may find a student whose behavior is causing distress for you or others. These types of concerns vary greatly but can be broadly categorized by those who are excessively demanding or dependent, and those who are aggressive or perceived to be potentially violent.

Suggestions

What You Can Do

Immediately seek assistance, contact PCC Police and College Safety; leave the room/area as soon as possible

Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation, e.g., *"I can see you are really upset"*

Explain clearly and directly what behaviors are acceptable, e.g., *"You certainly have the right to be angry, but breaking things is not okay"*

Stay safe; maintain easy access to a door/keep furniture between you and the student

Complete the online Maxient *Student Conduct Complaint Form*

What to Avoid

Ignoring warning signs that the person is about to explode (yelling, screaming, clenched fists, threats)

Threatening or cornering the student

Touching the student

AGGRESSIVE/POTENTIALLY VIOLENT

It is very difficult to predict aggression. When a student faces a frustrating situation that they perceive to be insurmountable, the student may become angry and direct that anger toward others. Yet, in spite of recent high-profile tragedies, a student acting out violently is fairly a rare event.

No one can predict violence. There are indicators that suggest a person may have the potential for violence. These include having a prior history of family violence or abuse, volatility or inability to control aggressive impulses due to organic or learned behavior.

Signs and Symptoms

- Hostile, suspicious and agitated behavior
- Extreme dependency
- Delusions and hallucinations
- Potential loss of control
- Anger or predatory behavior
- Loud and pressured verbal communication

RESOURCES

National Behavioral Intervention Team Association (NaBITA)
www.nabita.org

Suggestions

What You Can Do

Acknowledge their anger and frustration, e.g., *"I hear how angry you are"*

Reduce stimulation: invite the student to a quiet place if this is comfortable and the place is safe

Allow them to vent, express their feelings, and tell you what is upsetting them; listen

Be direct and firm regarding the behaviors you will accept, e.g., *"Please stand back, you are too close"*, *"I cannot listen to you when you yell and scream at me that way"*

Remember: Safety First

Prohibit the student from entering your work area/classroom/office, if behavior continues

If situation is extreme and the student seems to need assistance,

contact: PCC Police and College Safety, (626) 585-7484

Inform the Division Dean of the situation

Complete the online Maxient *Student Conduct Complaint Form*

What to Avoid

Engaging into an argument or shouting match

Becoming hostile or punitive, e.g., *"You cannot speak to me that way!"*

Ignoring the situation

Touching the student

DISRUPTIVE/DISOBEDIENCE

Disruptive behaviors may include using profanity, talking loudly, arguing instead of discussing; or challenging everything presented as right or wrong, or out of control yelling in anger.

It is important to take precautions to take care of yourself and others in the situation if the person is behaving menacingly. Ask the student to talk privately away from the group and try to calm the situation.

Faculty may (and should) remove a disruptive student from class addressed in Administrative Procedure (AP) 5500. Removal from class (Education Code § 76032): Any instructor may order a student removed from class for the day of the removal and the next class meeting.

See Board AP 5500 -Misconduct Penalties

b. Temporary Class Removal – Removal of a student from a class by the instructor when the student's behavior has interfered with the teaching/learning process within the classroom/laboratory environment. A student may also be removed from the instructional setting if the instructor determines that the student's actions are unsafe and/or dangerous to self or others. In either case, the duration shall not exceed the day of the removal and the next class meeting. Temporary class removal may be undertaken only after the instructor has warned the student and given the student a chance to improve, except in cases where the violation is so flagrant that immediate removal from the class, clinic, or laboratory is in order. The instructor must notify the Division Dean of the temporary class removal.

RESOURCES

Non-Academic Violation Form:
www.cm.maxient.com/reportingform.php?PasadenaCityCollege&layout_id=2

Suggestions

What You Can Do

Allow them to make their own decisions

Set firm and clear limits on your personal time and involvement

Offer referrals to other resources on and off campus

Set and enforce limits to prevent disruption of a class

If situation is extreme and the student seems to need assistance, contact:
PCC Police and College Safety, (626) 585-7484

Division Dean or Supervisor

Complete the online Maxient *C-PART Referral Form*

What to Avoid

Feeling obligated into providing advice, special conditions, changing your schedule, etc.

Attempting to take of the student or feeling guilty about not doing more

Ignoring the student as an alternative to setting and enforcing limits

Allowing the student to intimidate you

EXCESSIVELY DEMANDING/DEPENDENT

There are students whose personal styles create interpersonal difficulties for those around them. These students often present with a sense of entitlement, are unwilling to listen, cannot take “no” for an answer, exhibit disrespect or verbal abuse toward others, or act in a persistently demanding way.

Students who are demanding can be intrusive and persistent and may require more time and attention. Demanding traits can be associated with anxiety, panic, depression, personality problems and/or thought disorders, mania, substance abuse.

Signs and Symptoms

- A sense of entitlement
- An inability to empathize
- A need for control
- Difficulty in dealing with ambiguity
- Often intrusive and persistent
- Strong drive for perfectionism
- Difficulty respecting structure, limits and rules
- Dependency on others to take care of them.
- Elevated mood
- Substance abuse

RESOURCES

National Behavioral Intervention Team Association (NaBITA)
www.nabita.org



SUBSTANCE ABUSE

WELLNESS DISTRESS



Students may become distressed due to trouble with transitions, academic difficulties, or health and wellness concerns. In this section, we will provide information on the following health and wellness concerns specifically related to substance abuse, and list educational resources for anyone interested in learning more.

Suggestions

What You Can Do

Address the substance abuse issue if the student is open and willing

Offer concern for the student's overall well-being

If situation is extreme and the student seems to need assistance, contact:

Personal Counseling Services: D-203,
(626) 585-7273

Utilize the Emergency Resource
Contact List on page 31 of this Guide

Complete the Maxient *C-PART
Referral Form*

What to Avoid

Judging or criticizing the student's
substance abuse

Making allowances for the student's
irresponsible behavior

Ignoring signs of intoxication in the
classroom

SUBSTANCE ABUSE

Faculty and staff usually are the ones who identify alcohol abuse by a student. Irresponsible, unpredictable behavior affecting the learning situation (i.e., drunk and disorderly in class), or a combination of the health and social impairments associated with alcohol abuse noticeable sabotages student performance. Due to denial that exists in most substance abusers, it is important to express your concern to the student in terms of specific changes to behavior performance rather than terms of suspicions about alcohol/drug abuse.

Signs and Symptoms

- Decline in class attendance (tardiness, disappearance from class for long periods)
- Physical signs (bloodshot eyes, slurred speech, and poor hygiene)
- Behavioral signs (avoiding eye contact, fatigue, hyperactive)
- Changes in mood (depression, emotional instability, angry, irritable, aggressive behavior)

RESOURCES

Addiction Resource
www.addictionresource.com

Guidebook to Addiction on College Campuses
www.learnpsychology.org/college-campus-addiction-resources/

Drug Rehab-Advice Center
www.help.org



SEXUAL HARASSMENT

HARASSMENT



Sexual harassment is a form of discrimination. Federal legislation that addressed discrimination are Title VI and Title VII of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972.

Suggestions

What You Can Do

Listen carefully to the student, validating their experience

Separate your personal biases from your professional role - maintain objectivity

Encourage the student keep a log or find a witness

Assist the student to seek informal advice through a counselor

For further assistance, please contact:

Title IX Office, (626) 585-7310

PCC Police and College Safety,
Chief of Police, (626)585-7484

Personal Counseling Services,
(626)585-7273 (confidential resource)

Deputy Title IX Coordinator/Dean of
Student Life, (626) 585-7384

Complete the Maxient *C-PART
Referral Form*

What to Avoid

Ignoring the situation; avoiding action invalidates the student's report to you

Overreacting

SEXUAL HARASSMENT

Sexual harassment involves unwelcome sexual advances, requests for sexual favors and other verbal or physical contact. You usually see these behaviors in the context of a relationship of unequal power, rank or status. It does not matter that the person's intention was not to harass. It is the effect it has on others than counts. As long as the conduct interferes with a student's academic performance or creates an intimidating, hostile or offensive learning environment, it is sexual harassment.

Signs and Symptoms

Sexual harassment usually is not an isolated one-time-only case but a repeated pattern of behavior that may include:

- Comments about one's body or clothing
- Questions about one's sexual behavior
- Demeaning references to one's gender
- Sexually oriented jokes
- Conversations filled with innuendoes and double meanings
- Displaying of sexually suggestive pictures or objects
- Repeat non-reciprocated demands for dates or sex

Common reactions of students who have been harassed is to doubt their perceptions, wondering if it was joke, did it really happen, or if in some way, they have brought it on themselves. A student may begin to participate less in the classroom, avoid or drop classes, or even change majors.

RESOURCES

TITLE IX: SEXUAL HARASSMENT, SEXUAL ASSAULT, NON-DISCRIMINATION
www.pasadena.edu/hr/eo/title-ix/index.php



ABUSIVE RELATIONSHIPS

SEXUAL ASSAULT / SEXUAL VIOLENCE

STALKING

TRAUMA AND ABUSE



Some students may experience distress after abuse or trauma. Without proper support, survivors can develop post-traumatic stress disorder (PTSD), Acute Stress Disorder, Adjustment Disorder, or other anxiety related conditions. In this section, we will provide information about the various types of trauma/abuse listed below and list educational resources for anyone interested in learning more.

Suggestions

What You Can Do

Meet with the student in private

Remember that abusive relationships involve complex dynamics including high levels of denial and thus, are difficult to change

Encourage the student to seek support via on and off-campus resources

Refer the student to the Title IX Deputy Coordinator for Students (626) 585-7384

Consult with the C-PART on the best ways to assist the student

What to Avoid

Pressuring the student to leave the abusive relationship without careful safety planning with a professional (without this, it exposes the student to greater danger)

Blaming the student for not leaving the relationship

ABUSIVE RELATIONSHIPS

Abusive relationships often involve a repeating pattern of verbal, sexual, emotional, and physical abuse that increases over time. The offender could be a romantic partner, a parent or guardian, or a care attendant.

Signs and Symptoms

- Verbal abuse
- Isolation from friends and family
- Fear of abuser's temper
- Feeling trapped
- Acceptance of highly controlling behavior
- Assuming responsibility for other's abusive behavior

RESOURCES

An Abuse, Rape & Domestic Violence Aid & Resource Collection
www.aardvarc.org

U.S. Department of Justice Office on Violence Against Women
www.justice.gov/ovw

Suggestions

What You Can Do

Listen to what the student tells you and believe them

Encourage the student to seek support

Refer the student to the Title IX Deputy Coordinator for Students (626) 585-7384

Refer to Personal Counseling Services: D-203, (626) 585-7273

Complete the online Maxient *Title IX Complaint Form*

What to Avoid

Do not ask a lot of prying questions as you may inadvertently send the message that you do not believe the student or you are questioning how they handled the situation

Do not blame the student for what happened regardless of the circumstances under which the assault occurred

Do not be skeptical or show that you do not believe the student

The vast majority of students do not invent stories regarding sexual assaults

Do not try to be the student's only support. Recovery takes a long time and often involves the need for professional services

Do not pressure the student to report the crime

Do not report the crime against the student's wishes

SEXUAL ASSAULT/SEXUAL VIOLENCE

The definition of sexual assault is any sexual contact or activity that is forced or non-sensual. It includes a person's inability to give consent because of threat of harm, coercion and/or physical violence; due to being under the influence of alcohol or drugs, unconscious, or asleep; or due to mental, developmental or physical disability.

Signs and Symptoms

- Shock, confusion disbelief or denial
- Disruption in routines of daily life (unwanted memories, flashbacks, nightmares)
- Concerns for personal safety (fear, sense of powerlessness, loss of control)
- Self-blame, guilt and/or shame
- Intense feelings and emotions (apathy, detachment)
- Increase alcohol/substance use
- Psychological disorders (major depression, post-traumatic stress disorder)
- Relationship difficulties
- Academic or work problems (lack of motivation, missing deadlines, not completing assignments)

RESOURCES

Peace Over Violence, (626) 793-3385
www.peaceoverviolence.org/

Rape and Battering Hotline, (626) 793-3385

RAINN (Rape, Abuse, and Incest National Network)
www.rainn.org/

National Center for Victims of Crime
victimsofcrime.org/

California Coalition Against Sexual Assault
calcasa.org/

An Abuse, Rape & Domestic Violence Aid & Resource Collection
aardvarc.org

Suggestions

What You Can Do

Encourage the victimized student to trust their instincts

Advise the student to contact PCC Police and College Safety

Advise the student to document unwanted contacts and maintain evidence of harassment

Advise the student to take precautions to ensure safety, including a change in routine travel routes and schedules

Refer the student to the Title IX Deputy Coordinator for Students, (626) 585-7384

Complete the online Maxient *C-PART Referral Form*

What to Avoid

Do not ignore or minimize the situation

Do not suggest that the student is responsible for the unwarranted attention

Do not take responsibility for protecting the student

STALKING

Stalking is defined as the repeated following or harassment of an individual in the attempt to install a sense of fear or danger. Stalkers often have an irrational obsession with the victim and try to gain power through control and intimidation. Stalking behaviors include following the victim as well as harassment via telephone, email, social media, letters, unwanted gifts and unwanted attentiveness.

Signs and Symptoms

- Fear of a partner, acquaintance or strangers
- Sadness and/or symptoms of depression
- Emotional numbness
- Low self-esteem, low self-worth
- Helplessness
- Poor eye contact
- Restrictions placed on travel, telephone use, friendships or money
- Appearing isolated from family or friends
- Unexplained excuses from work or class

MANDATED REPORTERS

PCC faculty, staff, and student employees who serve in leadership positions, supervise staff, or hold roles that require them to report other Code of Conduct violations are Mandated Reporters (also known as "responsible employees"). These individuals are required to report Sexual Assault, Domestic and Dating Violence, and Stalking to a Title IX Coordinator. Mandated Reporters cannot honor requests to maintain confidentiality but when they share personally identifiable information, they share only with those who have a legitimate need to know and with as few people as possible.

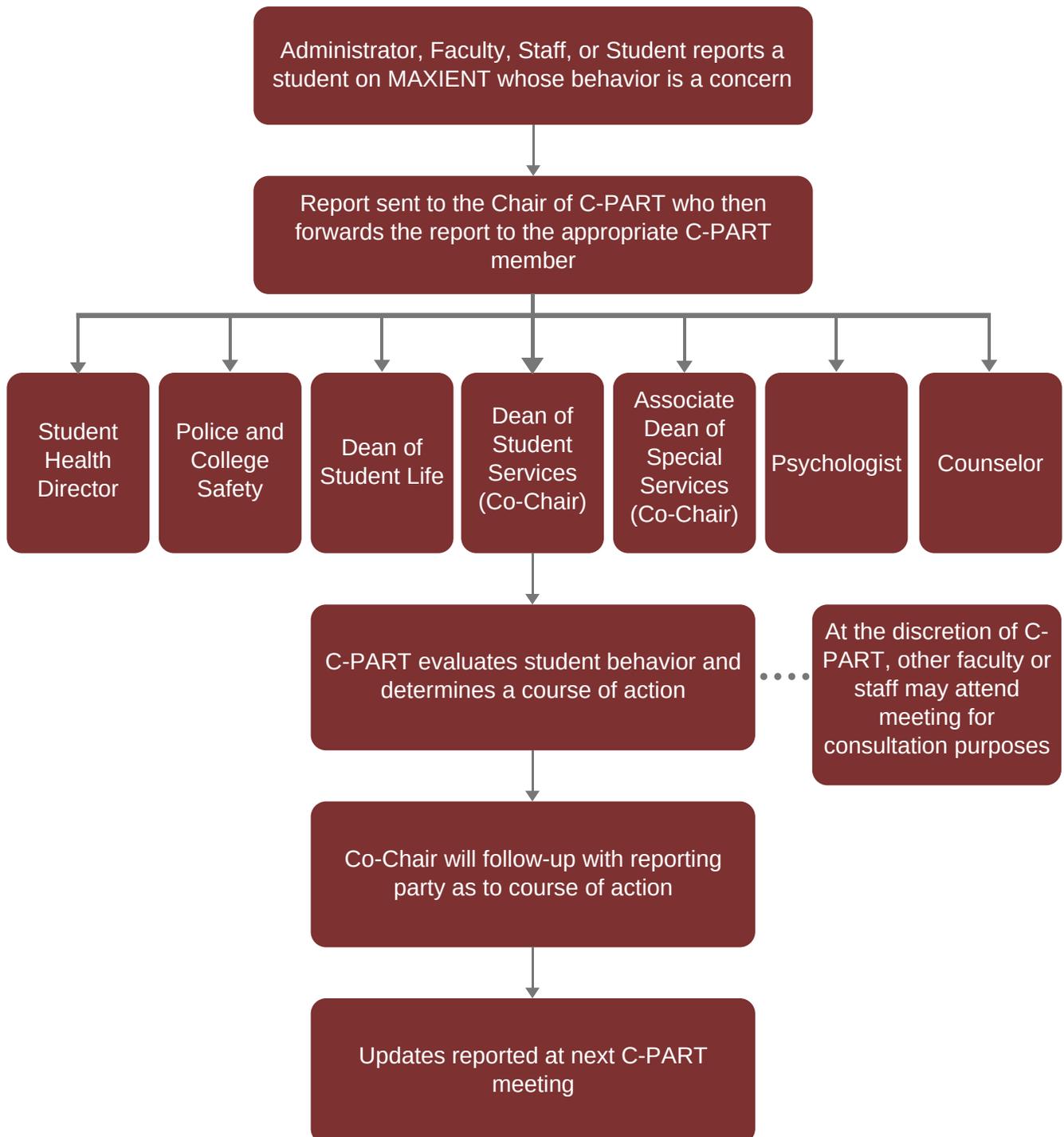
RESOURCES

The Stalking Resource Center, A Program of the National Center for Victims of Crime
www.victimsofcrime.org/our-programs/stalking-resource-center

APPENDICES



CRISIS PREVENTION AND RESPONSE TEAM (C-PART) REFERRAL FLOW CHART



EMERGENCY RESOURCES CONTACT LIST

Center for Pacific Asian Families

(1-800) 339-3940 (toll free)

Crisis Text Line

Get Help Now: Free, 24/7, Confidential

Text HOME to 741-741

Emergency Outreach Bureau

(1-800) 854-7771

National Domestic Violence

(1-800) 790-SAFE (7233)

**National Sexual Assault Hotline 24-hour online
hotline**

(1-800) 656-HOPE (4673)

National Suicide Prevention Lifeline

(1-800) 272-TALK (1-800-273-8258)

**Haven House (shelter & counseling for family
violence)**

(626) 564-8880 & (323) 681-2626 (Hotline)

Pasadena YMCA Rape Hotline

(626) 793-3385 (English/Spanish)

Suicide Prevention Center

(1-877) 727-4747 (toll free)

**The Trevor Lifeline (Suicide Prevention for
LGBTQ Youth)**

(1-800)-4-U-TREVOR (1-866-488-7386)

Treatment Referral Hotline (Substance Abuse)

(1-800) 662-HELP (4357)

Veterans' Suicide Prevention Lifeline

(1-800) 273-TALK (8255)

COMMUNITY RESOURCES

Arcadia Crisis Management Center

330 E. Live Oak Avenue
Arcadia, CA 91006
(626) 821-5858

Offers intensive case management and continuing care for severely and persistently mentally ill.

Asian/Pacific Family Center

9353 E. Valley Boulevard
Rosemead, CA 91770
(626) 287-2988

Affiliated with Pacific Clinics, provides mediation evaluation; outpatient care; low to moderate fees of Medi-Cal; specializing in services to Asian-speaking adults and children; no emergency services.

Center for Pacific Asian Families

1102 Crenshaw Boulevard
Los Angeles, CA
(800) 339-3940

Confidential hotline, available 24 hours a day, seven days a week. They service survivors of domestic violence and sexual assault.

Emergency Outreach Bureau

Administrative Office
550 S. Vermont Avenue, 12th floor
Los Angeles, CA 90020
(213) 738-4924
Access 24/7 Hotline: (800) 854-7771

Provides compassionate, timely and reliable mental health services.

Foothill Family Service

118 S. Oak Knoll Avenue
Pasadena, CA 91101
(626) 795-6907

Counseling of individual, marital, or family problems: no medication or emergency services, moderate fees and insurance accepted.

Fuller Psychological and Family Services (Fuller Graduate School of Psychology)

180 N. Oakland Avenue
Pasadena, CA 91182
(626) 584-5555

Individual and marital counseling, moderate fees and insurance accepted. Psychiatric (medication) service available on private (fee) consultation basis.

Haven House - (Shelter & Counseling for Family Violence)

Cannot disclose address but located in San Gabriel Valley: (323) 681-2626

Provides a safe shelter, food, counseling and support for battered women and their children. Maximum stay is 30 days. Services are free of charge.

Las Encinas Hospital

2900 E. Del Mar Boulevard
Pasadena, CA 91107
(626) 795-9901

Offers free 24-hour emergency psychiatric evaluation: outpatient psychotherapy and hospitalization services available for those with private insurance; Medi-Cal is not accepted.

Pacific Clinics

66 Hurlbut Street
Pasadena, CA 91105
(626) 441-4221

Psychiatric services: medication evaluation and outpatient mental health care; low to moderate fees or Medi-Cal; services to adults, children, and geriatric patients; for residents of Pasadena, Altadena, So. Pasadena, and San Marino; no emergency services.

Pasadena Council on Alcoholism & Drug Dependency

1245 E. Walnut Street, Suite 117
Pasadena, CA 91106
(626) 795-9127

Information and referral for all alcohol and other drug related problems. Up-to-date listing of 12-step (recovery) group meetings, inpatient programs, outpatient counseling services, and prevention activities in the San Gabriel Valley area.

Pasadena Mental Health Center

1495 N. Lake Avenue
Pasadena, CA 91104
(626) 798-0907

Low cost counseling for personal or family problems; information and referral; no medication or hospitalization services, bilingual/bi-cultural Latino counseling program.

Peace Over Violence Rape and Battering Hotline

(English/Español)

West San Gabriel Valley Center
892 N. Fair Oaks Avenue, Suite D
Pasadena, Ca 91103-3046
(626) 793-3385

Emergency hotline offers emotional support, information, referral and advocacy services, to victims of sexual assault, domestic violence and stalking. This confidential, non-judgmental hotline is available 24 hours a day, seven days a week.

Suicide Prevention Center

4760 Sepulveda Boulevard
Culver City, CA 90230
(877) 727-4747 (Crisis Line: Toll free)

The Didi Hirsch Mental Health Services provide a continuum of prevention, early intervention and treatment services for individuals, families and the community. Their suicide prevention center has a 24-hour a day, seven days a week crisis line, the suicide prevention hotline is a free and confidential telephone service.

Westminster Center

867 E. Atchison Street
Pasadena, CA 91104
(626) 798-0915

Mental health center serving Pasadena, Altadena, and the surrounding areas.

ADDITIONAL RESOURCES

California Mental Health

www.calmhsa.org

Navigating a Mental Health Crisis

National Alliance and Mental Illness
www.nami.org

What is the difference between a Mental Health Emergency and a Mental Health Crisis?

University Hawaii, Honolulu, Community College
www.honolulu.hawaii.edu/sites/www2.honolulu.hawaii.edu/files/wellness-difference-emergency-crisis.pdf

DEFINITION OF TERMS

Anxiety: Exaggerated fear of failing, nervousness and difficulty concentrating, tendency to overact with fear, or manic talking or frenzied activity.

Behavior of Concern: Any conduct of behavior that interferes with students attaining their academic goals, maintaining the orderly operations of the college, or presents a threat to the health and safety of the campus community.

C-PART: The Crisis Prevention and Response Team (C-PART) is a multi-disciplinary group who meets regularly to assess, evaluate, and respond to reports submitted concerning an enrolled student's behavior and/or the behavior of another campus community member. Typical reports pertain to students of concern who exhibit signs of distress, show a disturbance and/or that present a danger.

Delusional Behavior: Distortion of reality, i.e., belief that they are being singled out, or that they are super special individuals with special gifts or talents, or that the instructor is deliberately mistreating them.

Demanding Student: Sense of entitlement, an inability to empathize, a need to control, difficulty dealing with ambiguity, a strong drive for perfection, difficulty respecting structure, limits and rules, dependency on others to take care of them, and a fear of dealing with realities of life.

Depression: Sudden change in interest in class, flattened feelings, sad or fatigued, irritable, complaints of insomnia, and loss of desire to be in school or with friends.

Disruptive Classroom Behavior: Any conduct that makes it difficult for faculty to teach or students to learn.

Harassment, General: A student complains that another student has been making demeaning remarks or treating them in an acceptable manner.

Harassment, Sexual: Unwelcome sexual advances, requests for sexual favors and other verbal or physical contacts; it is usually found in the context of a relationship of unequal power, rank or status.

Disruptive Student: Any conduct that interferes with the orderly operations of the college, or presents a threat to the health and safety of the campus community.

Maxient: A client record management software program designated to assist with behavior management on college or university campuses.

FERPA: Family Educational Rights and Privacy Act; the federal law that protects the privacy of student educational records, which applies to all schools receiving federal funding via the U.S. Department of Education.

Suicide Potential: Irrational thinking regarding how bad life is, now and in the future. High-risk indicators include: feelings of hopelessness and futility; a sever loss or threat loss; a detail suicide plan; a history of a previous attempt; history of alcohol or drug abuse; feelings of alienation and isolation.

Threat: A person or issue likely to cause physical or mental danger or harm.

Title IX: A section of the Education Amendments of 1972 in U.S. Law, it states, “No person in the United States shall, based on sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.”

Verbally Aggressive Student: Explosive outburst or ongoing belligerent, hostile behaviors become a student’s way of gaining power or control in an otherwise out-of-control experience and student’s anger at the world, and others become the object of increasing frustration.

Violence: Violence, because of emotional distress, is rare and typically occurs when the student’s level of frustration has been so intense or of such an enduring nature as to erode all of the student’s emotional controls.

Notice About This Guide

As a resource, the intention of this document is to provide the most essential information that a PCC employee will need to assist PCC students in crisis, as well as students struggling with important but less urgent challenges. As a member of a caring community, all of us play important roles in nurturing the development of our students. The Guide outlines important information regarding mental health. It also examines the role you play in providing a support academic environment that includes assisting students who may be in distress. These may include interpersonal conflict, recent changes in health, family relationships, time management, grief, a lack of personal goals and direction.

Regardless of the situation, use sound judgment and call PCC Police and College Safety (626) 585-7484 or the Personal Counseling Services Office (626) 585-7273, if in doubt.

Please note that if you have access to any district office telephone, you may dial 911, these calls are directly routed to the Police and College Safety dispatch.

REFERENCES

Assisting the Emotionally Distressed Student, A Guide for Staff, Faculty, and Administrators, Imperial Valley College, 2018-2019.

Cerritos College Staff, Faculty, and Administrator's Guide for Writing a Student Conduct, CAIR, or Title IX Report, Cerritos College (undated).

Crisis Behavioral Intervention Procedures Manual, Administrators/Faculty/Staff Guide, Porterville College, (undated).

Crisis Intervention Procedures & Guidelines for Assisting the Emotionally Distressed Student, Cabrillo College, 2011-202=12.

Crisis Intervention Procedures Manual, Guide for Administrators/Faculty/Staff, Allan Hancock College, 2017.

Crisis Response & Wellness Handbook, Los Mendanos College, 2019.

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Promoting Student Mental Health, a Guide for UC Faculty, University of California, 2015-2016.

Student Conduct Team: A Guide for Behavior Assessment, Response, and Intervention, Citrus College, (undated).

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