COUNSELING AND PSYCHOLOGICAL SERVICES
University of California, Santa Cruz

CRISIS IDENTIFICATION, CONSULTATION

AND

REFERRAL PROCEDURES

2010/2011

CRISIS CONTACTS:
QUICK REFERENCE

EMERGENCY/CAMPUS POLICE

If using a campus phone:	911 or 9-2345
If using a cell or off-campus phone:	459-2345

WEEKDAYS: Monday-Friday 8am-5pm
UCSC COUNSELING AND PSCYHOLOGICAL SERVICES (CAPS)
CENTRAL COUNSELING OFFICE; located at the Student Health Center, East Wing

Phone consultation:	459-2628
Emergency Crisis Appontment:	8am-5pm M-F – emergencies only

After Hours Crisis Service

Hours of Operation:	Weekdays 5pm-8am
	Weekends Fri 5pm-Mon 8am

- Call CAPS Central Office (831) 459-2628 and select option to contact After Hours Crisis Service
- All Residential Life Staff and UCSC students can access the After Hours Crisis Service by phone
- Off-site counselor may provide risk assessment, crisis triage, and safety plan development by phone
- Off-site counselor can provide immediate support by phone regarding a variety of issues and help with transition to CAPS services the following work day
- As needed, the After Hours Crisis Service may contact CAPS or other campus officials to mobilize campus resources

CRISIS IDENTIFICATION, CONSULTATION AND REFERRAL PROCEDURES: WORKING AS TEAM MEMBERS

I. Goals for residential staff training and crisis procedures:

As an RA/NA/CA, you are a key member of the residential staff crisis team. In order to function effectively as a team member, it is important to understand your role in the collaborative team, which includes residential staff members (CRE's, CSO, administrators) and other professional consultants (Counseling and Psychological Services, After Hours Crisis Service, and Campus Police).

This initial crisis training will help you to recognize a crisis, determine the seriousness of a crisis, and develop skills for responding to students in crisis. As a student leader and peer, you will often be the first person on the team to become aware of a crisis. It is essential that you be well prepared to:

- Establish rapport with a student in crisis, initiate team consultation and follow up with referrals.
- Develop familiarity with campus resources and college crisis teams and policies.
- Practice skills for consultation and referral.
- Identify methods for self and community care.

II. Procedures

A. Crisis Recognition: **Examples of immediate crisis situations:**

1. A student is having thoughts of physically harming yourself or someone else
2. A student is having odd and disturbing experiences such as hearing voices or seeing things that others do not see or hear
3. Student experienced a physical or sexual assault within the last few days
4. A student is being physically hurt or abused, or someone is threatening to do so
5. A student is having difficulties coping with the death of someone who died recently

6. In the last few days you have become unable to provide for your own food, clothing or shelter

B. A crisis state may range from mild or moderate to severe, depending on:

1. The degree to which the crisis disrupts the life of the individual in one or more area (physical, academic, emotional, interpersonal, financial, existential, spiritual).

b. The degree to which this disruption is temporary or on-going.

c. The degree to which the person is capable of seeking or accepting assistance.

d. The degree to which the crisis progresses before intervention occurs.

3. Procedures for specific types of crises:

a. Suicidal risk (page 10)

b. Aggressive behavior: violence, hate crimes/harassment (page 14)

c. Psychotic behavior (page 16)

d. Partner assault (page 18)

e. Eating disorders (page 23)

B. Crisis Team Members and Roles:

1. **Campus Police**: responsible for intervening in case of emergency, actual or immediate risk of physical injury, imminent threats to safety.

2. **Counseling and Psychological Services (CAPS)**: responsible for providing student and campus crisis assessment, consultation and intervention in cases involving psychological crisis during daytime hours.

3. **After Hours Crisis Service:** responsible for psychological crisis assessment, consultation and intervention during evening and weekend hours.

4 **Residential Staff**: responsible for mobilizing appropriate resources for crisis assistance through consultation and referral. RA/NA/CA's, CRE's, CSO's are often among the first involved in the active phase of a crisis. Administrative staff (RLC, ARLC, ACAO, CAO) often become involved.

"Consultation" is an open, collaborative exchange of information in order to formulate a plan of action.

"Referral" involves presentation and recommendation of resources in a way that encourages the person in crisis to contact those resources for assistance.

C. Primary Crisis Responsibilities of Student Staff (RA/NA/CA):

1. **Decide if the situation is an emergency**. If so, contact police.

2. **If the situation is not an immediate emergency**, establish a rapport with the person in crisis and obtain information about the situation.

3. **Know your crisis team and resources**. Be familiar with your residential crisis team at the college, emergency resources, crisis mental health resources (CAPS/After Hours Crisis Service) and other campus resources (Health Center, Title IX Office, Rape Prevention Office, etc.)

4. **Consult with your residential team**. Openly discuss the situation with your CRE/CSO in order to formulate a plan of action. Share the information you have and decide if you need to gather more information. RLC, ARLC, ACAO, CAO may be consulted, depending on the nature of the crisis.

5. In collaboration with your residential staff team, develop a plan to **consult with CAPS or the After Hours Crisis Service (depending on the day/time of the crisis)**. Share the following information with the consulting professional:

   - Your name, college, phone number.

   - The name, age, gender, phone number and location of the individual you are concerned about.

- A brief statement defining the problem, including duration, behavioral changes, and impact on the residence hall.

- Any history of mental health or medical treatment that you are aware of, including the names of involved professionals.

The consultant is there to help you, so be as open and as informative as possible. **We encourage consultation in every case involving even what seems like a slight degree of risk of harm to self or others**. These situations can be unpredictable and the level of risk may change suddenly. It is important for your own liability to consult and seek professional back-up.

6. **Keep your role in mind**. You are serving as a resource person for the resident in crisis and for the community, and are not responsible for solving the person's problems. Your goal is to mobilize the crisis network.

7. **Provide privacy** for residents in crisis by consulting only with those staff who "need to know" about a situation in order to provide help. This will always include your CRE and the consulting professionals involved. **Do not promise complete confidentiality to residents**; you may need to share information if the individual or community's safety is at risk.

III. Debriefing and Self-care

A. All helpers need to manage their own stress and take care of themselves in order to prevent burn out. Always "debrief" with your supervisors, residential staff and/or campus mental health professionals after you have been involved in a crisis. Debriefing involves sharing feelings, reactions, and perspectives on crisis events.

B. If a crisis involves roommates, friends, or the broader residential community, it may be appropriate to debrief with them in order to reduce anxiety and rumors. Consult with your CRE/CSO and CAPS staff for assistance with debriefing.

IV. Referral Issues

A. Attitudes toward counseling

- After consulting with your residential staff team and campus mental health professionals (CAPS/After Hours Crisis Service), it is often necessary for you to refer the student to counseling services.

- Often, students are apprehensive and misinformed about counseling. Common stereotypes and stigmas, such as the following, can keep people from getting support that could make a big difference in their personal and academic lives:

  "Counseling is for people who are crazy or mental."
  "Counseling is for people who are too weak to handle their own problems."
  "Counselors will tell you to take medications."
  "It's wrong to discuss personal or family problems with outsiders."
  "I can solve my own problems."
  "I would feel embarrassed or ashamed to talk to a counselor."
  "I've already tried counseling and didn't get anything out of it."

  Because of these and other common negative attitudes, it is important for you to hold a comfortable, positive attitude toward counseling as a valuable student resource in order to make an effective referral.

Some tips for making effective counseling referrals:

- Convey utmost respect for the person and sensitivity to their needs. Understand them and connect with them as a person, not as a problem. Listen actively and empathetically.

- Be comfortable with Counseling as one of many campus resources, like Financial Aid or Career Services. "Normalize" your own attitude toward counseling, which will come across in your referral. Residents will pick up whether you think counseling is a "resource" or "for mentally ill people."

- Be willing to challenge stigma and discuss negative stereotypes about counseling.

- Ask the person about their apprehensions and be willing to discuss them.
  "What have you got to lose by checking it out?"
  "Have you ever tried counseling before?"

- Offer support and/or personal disclosure.
  "I'd be glad to walk over with you and wait while you meet with the counselor."

"I've tried some counseling myself and it was useful.

- Validate and discuss negative experiences with counseling
  "Sometimes you have to keep trying until you find something that works for you."
  "It's definitely true that some experiences with counseling are negative."
  "Maybe that counselor wasn't a good match for you."

B. Early referral is important. Behavior can deteriorate rapidly. Early professional intervention may help the student remain in school.

C. **If the resident is resistant to referral**, consult with CAPS/After-hours Crisis Service (depending on the day and time) to make a plan. We can help determine in each individual situation what type of follow-up is appropriate. If there is no crisis, referral can be a process that involves many conversations over a period of time. In crisis situations, there may be a need for more urgent follow-up.

D. Residential life staff commonly struggle with whether and how to make referrals to Counseling. Reluctance to consult professionals and/or to refer residents to counseling can relate to the following:

- High community tolerance for eccentric behavior
- Desire of student staff or residents to "protect" (versus help) a resident. ("I don't want to get them in trouble!")
- Fear of betraying or angering resident(s). (This may happen, but often a resident is grateful later on if the incident prompts them to get help.)
- Fear that a resident may be hospitalized against their will. (This is rare, but does occur in cases of high risk of imminent harm to self or others. Hospitalization, when it occurs, is usually very brief).
- Fear that a resident will be forced to take medication. (Only a court order, after a lengthy legal process, can mandate medication treatment for persons who are otherwise a constant danger to themselves or others.)

Please note that **if a resident is hospitalized**, the hospital staff will not release any information to the college unless the resident consents to this. This means you might not necessarily be informed when the person is released and returns to campus. If you have concerns you would like to convey to the hospital staff, you can contact the hospital social worker who is working with

your resident. Even though s/he cannot share information with you, s/he can listen to your information.

Note that whatever intervention occurs, **the student is most likely to continue to live in residence, even if s/he is hospitalized briefly.** The person's right to privacy must be respected, and you must take an active role in promoting this protection in the residential setting. It may be appropriate for community residents to "debrief" about their own anxieties and concerns after a crisis, but never to spread rumors or talk about someone in negative ways behind their back. A brief, informational meeting with concerned residents may be appropriate in some cases. Your CRE and CAPS staff can help determine this and can facilitate such a meeting.

Finally, be aware that many residents have chronic concerns, such as depression, substance abuse, or eating disorders that they struggle with over a long period of time. Consultation and referral are often an ongoing process. Crisis incidents may be repeated. It is critical to take a long-term approach and work closely with residential and counseling resources in such cases.

OUTLINE OF PROCEDURES FOR POSSIBLY SUICIDAL STUDENTS

Definitions:

Suicide	The act or an instance of taking one's own life voluntarily and intentionally (Webster's Dictionary).
Suicidal Ideation	Thoughts of death (not just fear of dying), e.g. that the person would be better off dead, contemplates a method, wishes s/he were dead.
Suicidal Feelings	Hopelessness, powerlessness, severe depression/anxiety.
Suicide Attempt	The person has attempted to kill him/herself by any means, e.g. overdose, weapons, hanging, jumping, cutting, etc.
NOTE:	Many instances of repeated self-injury (cutting, burning, etc.) are not genuine suicide attempts, but a complex adaptation to dealing with chronic emotional pain or numbness. However, always treat any instance of self-injury as potentially lethal until the person has been assessed by a professional.

Summary Procedures for Dealing with Possibly Suicidal Individuals

Step 1 **Does the individual need immediate help? If there is a medical or other emergency, call 9-2345 (campus police)**. The dispatcher will ask you for information regarding the nature of the crisis and will send immediate assistance. This number should be used instead of 911, since it connects directly to the Campus Police Department dispatch. If a cell phone is used to dial 911 on-campus, the call will be connected to a California Highway Patrol dispatch which will call the campus dispatch.

Step 2 **In all potential crisis situations, alert your college/residential crisis team.** Collaborate with your CRE/CSO to ensure the following steps are accomplished.

Step 3 **If there is no immediate emergency:**

A. Make contact with the resident; establish relationship.

B. Listen actively and convey empathy for the person's feelings.

C. Take any and all threats of self-harm seriously (statistics show that suicide is the 11th cause of death in the U.S. generally and the 2nd cause for adolescents and college age people).

Step. 4 **Consult with a mental health professional to develop a crisis plan.**

From Mon-Fri, 8am-5pm, if the individual expresses suicidal thoughts, feelings, or displays warning signs of suicidal risk, without a medical or police emergency, you must consult with a campus mental health professional, as soon as possible, by calling **CAPS (Ext. 9-2628) .**

After 5:00pm and on weekends consult with the CRE and After Hours Crisis Service or student may contact the provider directly.

Step 5 In collaboration with your CRE, provide personal follow-up to make certain that the resident has contacted the appropriate resources.

Step 6 Recognize that the community can be affected by suicidal behavior. Provide debriefing of the community, education, and rumor control if warranted.

ADDITIONAL INFORMATION ABOUT POSSIBLY SUICIDAL INDIVIDUALS

I. Some potential causes for suicidal behavior:

A. Communication breakdown: Suicide can be understood as a desperate expression of feeling when other forms of communication have failed. The individual feels unheard and believes s/he has no other way to tell others his/her wants, needs and feelings. For example, many people have difficulty expressing anger or grief over a loss, or emotional suffering may have been severe for an extended time.

B. Ambivalence about life and death: The person often has contradictory feelings. The person wants both to live and die. S/he feels hopeless and helpless, angry and fearful, depressed but may be relieved or exhilarated at conceiving a solution to his/her pain. The person fails to appreciate that suicide is a permanent solution to what is usually a temporary problem.

C. Effect on significant others: The hope is to gain recognition or sympathy, to force others to deal with them or possibly to punish others.

II. Warning signs of suicide

If you observe any of the following warning signs that might indicate suicidal risk, **consult with your CRE and CAPS/After Hours Crisis Service as soon as possible:**

A. Expression of desire to kill him/herself or wishing to be dead. It is important to be able to ask a person if they are having thoughts about killing themselves. Fears that such a question "might put the idea in their head" are groundless. Research has shown repeatedly that suicidal individuals often experience relief when able to express their feelings and concerns to a caring person. Suicidal thoughts and feelings are the result of complex internal and interpersonal influences that usually develop over a long period of time; a suicidal thought or intention cannot be" implanted" by asking the question.

B. Indirect comments implying death is an option, e.g. person implies s/he may not be around in the future.

C. Presence of a plan to harm self. Ask the person if they have thought about how they might hurt themselves. This is important information to relay to the mental health professional.

D. Means are available to carry out a plan to harm him/herself. Again, important to relay to the mental health professional.

E. Suicide plan is specific as to time, place, and notes already written. (Very high risk)

F. High stress due to grief, illness, loss of new job, academic difficulty, etc.

G. Symptoms of depression are present, such as loss of appetite, sleep, severe hopelessness or agitation, feeling of exhaustion, guilt/shame, loss of interest in school, work or sexual activities, change or deterioration of hygiene.

H. Alcohol or drug abuse.

I. Previous suicide attempt by the individual, a friend or a family member.

J. Isolation, loneliness or lack of support.

K. Withdrawal or agitation.

L. Preparation to leave, giving away possessions, packing belongings.

M. Major mood changes, e.g. elation of person who has been depressed, extroversion of previously quiet person.

OUTLINE OF PROCEDURES
FOR POSSIBLY AGGRESSIVE STUDENTS

These guidelines are applicable to any aggressive behavior that could lead to violence. Aggressive behaviors can include such situations as hate crime/harassment, sexual assault, relationship violence, etc. Aggressive behaviors can also be self-protective or defensive reactions.

Most aggressive behaviors are administrative or law enforcement matters. Occasionally, they involve community situations or mental health issues. Some of the mental health issues involved in aggressive behavior are an inability to express anger appropriately, substance abuse, psychotic episode, chronic anger. It is always appropriate to consult with CAPS/After Hours Crisis Program professionals after immediate safety needs have been addressed.

Summary Procedures for Dealing with Possibly Aggressive Students

Step 1 **If violence is imminent, in process, or there is a weapon present, call the campus police, 9-2345. Do not attempt to intervene or touch the individual.** The dispatcher will ask you for information regarding the nature of the crisis and will send immediate assistance. This number should be used instead of 911, since it connects directly to the Campus Police Department dispatch. If a cell phone is used to dial 911 on-campus, the call will be connected to a California Highway Patrol dispatch which will call the campus dispatch.

Step 2 In all potential crisis situations, **alert your CRE/CSO**. Make a plan in conjunction with your residential team. Consult with your Residential Life Coordinator, Assistant CAO, or ACAO about administrative or disciplinary matters involving the aggressive individual.

Step 3 **It is usually most appropriate to contact the campus police regarding any threats of violence.** If the situation involves mental health issues, consult with a mental health professional as soon as possible.

From Mon-Fri, 8am-5pm, call **CAPS (Ext. 9-2628).**

After 5:00pm and on weekends consult with CRE and, if appropriate, After Hours Crisis Service.

Step 4 If the aggressive behavior is due to hate crime/harassment, sexual assault or substance abuse, please refer to your resource materials regarding these issues.

Step 5 Collaborate with your CRE/CSO to provide personal follow-up to make certain that the individual has contacted the appropriate resources.

Step 6 Recognize that the community can be affected by aggressive behavior. Provide debriefing of the community, education, and rumor control if warranted.

OUTLINE OF PROCEDURES
FOR POTENTIALLY PSYCHOTIC BEHAVIOR

I. Psychotic episodes:

A. Psychotic episodes result from a disturbance of brain chemistry and may include any of the following signs:

1. Difficulty distinguishing fantasy from reality.

2. Illogical, confused or disturbed thinking.

3. Disorganized, regressive, bizarre or inappropriate behavior.

4. Paranoia (e.g. irrational feelings of persecution).

5. Delusions (irrational beliefs which are not founded in reality and are resistant to logic).

6. Hallucinations (seeing or hearing things which no one else can).

7. Severe, disabling mood swings.

B. Disturbances can range from mild to severe. Most people experience some of the above at one time or another. Difficulties develop when the behavior is ongoing, interferes with the person's functioning, or is disruptive to the community environment.

C. **Psychotic episodes can be induced by substance use**, especially hallucinogens (LSD, mushrooms, PCP) or amphetamines (speed). Sometimes, psychotic symptoms will persist after the body has cleared the substance.

D. Campus incidence: 12 - 15 students per year require hospitalization for psychotic episodes. Many more students experience psychotic episodes and continue to function well in the community without hospitalization and sometimes with the help of medications.

Summary Procedures for Dealing with Possibly Psychotic Individuals

Step 1 **Does the individual need immediate help? If there is a medical emergency, or if the person is endangering him/herself or others, or is out of touch with reality (bizarre behavior, delusions, hallucinations), call 9-**

2345 (campus police). The dispatcher will ask you for information regarding the nature of the crisis and will send immediate assistance. This number should be used instead of 911, since it connects directly to the Campus Police Department dispatch. If a cell phone is used to dial 911 on-campus, the call will be connected to a California Highway Patrol dispatch which will call the campus dispatch**.**

Step 2 As in all potential crisis situations **alert college/residential staff crisis team (CRE).** Collaborate with members of your team to ensure the following steps are accomplished.

Step 3 **If there is not a medical or police emergency**, you must consult with a mental health professional as soon as possible in order to develop a crisis plan.

From Mon-Fri, 8am-5pm, call **CAPS (Ext. 9-2628).**

Weekdays between 5 pm-8 am consult CRE and, if appropriate, contact the After Hours Crisis Service.

Step 5 Provide personal follow up to make certain that the individual has contacted the appropriate resources.

Step 6 Recognize that the community can be affected by psychotic behavior. Provide debriefing of the community, education, and rumor control if warranted.

OUTLINE OF PROCEDURES FOR CASES INVOLVING PARTNER ASSAULT

If a situation of relationship violence comes to your attention, or if an individual seeks your help, it is important to respond to the best of your ability. Genuine concern is probably the most helpful form of support. The first contact an individual makes in revealing their abuse or fear of abuse is the most important, since people often hide the abuse for fear of being blamed or because they are ashamed. **You may be the first person the victim comes to for help**. It is important to use active listening skills and empathy to help the student feel safe. Research shows that the more private the abuse, the more likely it will continue. Research also shows that the more public abuse becomes, the less likely it will continue.

The most effective intervention strategy in dealing with partner assault includes active involvement of the helper to make the violence a public matter by informing the police or other agencies. It is not your role to correct the situation. It is your role to direct the victim to appropriate referral sources. It is critical to immediately consult with your college residential crisis team, since relationship violence is potentially lethal.

Please be aware that **relationship violence can and does occur within queer relationships**. Often, gay, lesbian, bisexual and transgender residents are even more reluctant than heterosexuals to seek help with relationship violence. Queer victims of relationship violence commonly fear they will be disbelieved, ridiculed, stereotyped and discriminated against, especially by law enforcement. Be sensitive to these issues, and inform residents that all campus police and the community resources listed below are queer-friendly and receive training in responding to violence within queer relationships.

Definitions:

Partner Assault	Perpetrating violent acts against a person with whom one is in an intimate relationship.
Abuse	To treat in a harmful, injurious or offensive way (Random House Unabridged Dictionary). Abuse can include nonphysical acts such as yelling, name calling and to speak insultingly, harshly or unjustly (Oxford Dictionary).

Summary Procedures for Dealing with Possible Victims of Partner Assault

CALL THE POLICE IN ANY SITUATION INVOLVING AN ASSAULT IN PROGRESS

- IF violence is occurring
- OR there is a weapon present
- OR there is a medical emergency

Step 1 **Call the police immediately. Do not come physically between an assailant and victim. Do not touch the victim or assailant.**

Call 9-2345 from a campus phone (459-2345 from off-campus or cell). The campus police dispatcher will ask you for information regarding the nature of the crisis and will send immediate assistance. This number should be used instead of 911 since it connects directly to the Campus Police Department dispatch. If a cell phone is used to dial 911 on-campus, the call will be connected to a California Highway Patrol dispatch which will call the campus dispatch when they find out you are on campus**.**

Step 2 As in all potential crisis situations, **alert your college/residential crisis team** (CRE/CSO). Collaborate with members of your team (which may include RLC, ACAO, CAO) to make a crisis plan. Follow-up may involve disciplinary measures for the assailant.

Step 3 **Consult** with a mental health professional as soon as possible in order to develop a crisis plan.

From Mon-Fri, 8am-5pm, call **CAPS (Ext. 9-2628).**

After 5:00pm and on weekends consult with members of your residential crisis team and, if appropriate, contact the After Hours Crisis Service.

Step 4 Recognize that the community can be affected by relationship violence. Collaborate with your CRE/preceptor and CAPS to provide debriefing of the community, education, and rumor control if warranted.

If an individual has been recently harmed:

Step 1 As in all potential crisis situations, **alert your college/residential crisis team** (CRE). Collaborate with members of your team (which may include RLC, ACAO, CAO, CSO) to make a plan. Follow-up may involve disciplinary measures for the assailant.

Step 2 **Consult** with a mental health professional as soon as possible in order to develop an intervention plan.

From Mon-Fri, 8am-5pm, call **CAPS (Ext. 9-2628).**

After 5:00pm and on weekends consult with members of your college residential crisis team and, if appropriate, contact After Hours Crisis Service.

Step 3 **Encourage the victim to seek immediate medical attention**.

Step 4 **Notify the police**. **Call 9-2345 from a campus phone (459-2345 from off-campus or cell)**.

Encourage the victim to make a police report. This will help the victim obtain a Temporary Restraining Order which may help to prevent future community issues.

If there is any injury, no matter how slight, it is a felony. When there is evidence of a "dating relationship" and physical injury, no matter how slight, the police officer can decide to arrest the alleged perpetrator even if the victim does not want to press charges. This law was designed to protect victims who are afraid to report assailants for fear of retaliation.

If the situation is not an emergency and there are no signs of physical injury:

Step 1 As in all potential crisis situations, **alert your college/residential crisis team** (CRE/CSO). Collaborate with members of your team (which may include RLC, ACAO, CAO) to make an intervention plan.

Step 2 **Consult** with a mental health professional as soon as possible in order to develop an intervention plan.

From Mon-Fri, 8am-5pm, call **CAPS (Ext. 9-2628).**

After 5:00pm and on weekends consult with members of your college residential crisis team and, if appropriate, contact After Hours Crisis Service.

Take all threats seriously. If a student is threatened it is important to make sure s/he has resources available that will insure his/her safety until appropriate measures are taken. This may include contacting the police or a local women's shelter.

Always assume that the person is in real danger. Research reveals that by the time partner assault has become a community issue, it has been occurring with greater frequency than what the victim reports.

Inform the victim that physical violence is against the law. This is especially important for international students who may come from different countries with different laws. **Stalking is also against the law.** Campus police and CAPS can help victims think through their options regarding threats, violence and stalking.

Help the victim to write down names and phone numbers of a shelter, friends and family, or help-provider where they can find refuge when they need it. If they do not need the information presently, they may use it later.

Refer the victim to CAPS (459-2628) or other support agencies off-campus. Help them understand the seriousness of the problem. You can do this by asking them to recount past incidents and review with them that the violence generally continues and increases in severity. Yelling, name-calling, shoving, or throwing things can escalate into hitting.

OFF-CAMPUS RESOURCES FOR RELATIONSHIP VIOLENCE

24 HR. CRISIS HOTLINES / SHELTER (Queer friendly)

Women's Crisis Support-Defensa De Mujeres, Santa Cruz office	425-4030
Women's Crisis Support-Defensa De Mujeres, Watsonville office	722-4532
Women's Crisis Support-Defensa De Mujeres Hotline	685-3737
Walnut Avenue Women's Center	426-3062

VICTIM RESOURCES (Queer friendly)

Victims Services Information	1-800-VICTIMS
Victim/Witness of Crime Compensation Program	454-2010

Assailants or individuals concerned about their own aggressive feelings can be referred to CAPS (9-2628) for counseling services and referrals.

OUTLINE OF PROCEDURES
FOR POSSIBLY EATING DISORDERED STUDENTS

Definitions:

Eating difficulties/disorder: Problematic patterns of thinking, feeling, and behaving regarding food, eating, and body image that develop over time. They range from the more common problems of chronic dieting and compulsive eating to the more physically dangerous and debilitating eating disorders of bulimia and anorexia. Eating disorders, when untreated, can be health-and life-threatening. Eating problems are common in college-age women and less common (but still occur) in college age men.

Potential warning signs: purging or vomiting, use of laxatives or diuretics, excessive exercising, very restricted eating or self starvation, eating and exercise habits that interfere with social activities, ongoing preoccupation with body weight/ shape/size.

Summary Procedures for Dealing with Possibly Eating Disordered Individuals

Step 1 **Does individual need immediate help?** Eating disorders do require medical assistance, but not all situations call for an emergency medical response.

If there is a medical emergency, call 9-2345 from a campus phone (459-2345 from off-campus or cell). The campus police dispatcher will ask you for information regarding the nature of the crisis and will send immediate assistance. This number should be used instead of 911 since it connects directly to the Campus Police Department dispatch. If a cell phone is used to dial 911 on-campus, the call will be connected to a California Highway Patrol dispatch, which will call the campus dispatch when they find out you are on campus.

Step 2 In all potential crisis situations **alert college/residential crisis team**. Collaborate with members of your team to ensure the following steps are accomplished.

Step 3 **Consult** with a mental health professional. Call CAPS (9-2628) or your college Counseling Psychologist between 8am and 5pm, Monday through Friday.

After 5:00pm and on weekends consult with members of your college residential crisis team and, if appropriate, the After Hours Crisis Service.

An intervention plan needs to be developed with a mental health professional. It can include a variety of resources, such as psychological, medical, nutritional and dental referrals.

Step 4 An appropriate **plan of action** will include outreach to the individual, consultation, and referral.

Make contact with individual: Establish relationship; use active listening skills and empathy.

Attempt to foster trust with an individual who may have an eating disorder. Recognize that the person may be resistant to or embarrassed about discussing the issues. People are more likely to respond to care and concern than to confrontations.

Encourage individuals with eating disorders to seek help. Talk with them about their ambivalence to get treatment.

Step 5 Collaborate with your CRE/CSO to provide follow-up. Make certain that the individual has contacted the appropriate resources. If s/he has not followed up, continue to consult with CAPS and to refer. Referral can be a process that involves many conversations over time.

Step 6 Recognize that the community can be affected by the presence of eating disorders. Provide debriefing of the community, education, and rumor control if warranted.

CRISIS VIGNETTES

General Questions

1. What is your role as an RA in this situation?

2. In regards to this particular student, what issues(s) does this situation present?

3. Within the residential community, what issue(s) does this situation present?

4. What more information, if any, do you need?

5. Who, if anyone, would you consult with?

6. Assuming that all the essential facts are known,
   a. What are your options?
   b. What is your plan of action?

A. Toward the end of winter quarter, a number of students come to you stating that a student in your building appears increasingly depressed and distant. The students report that the resident, Alex, a Filipino American male, has not been going to classes, has not been eating, and has been staying up all hours. Alex has told people "I don't feel welcome at UCSC and I'm not sure I'll be here next quarter. Nothing is working out the way I want it to." He recently gave away his favorite CD's. Residents are concerned but don't want you to involve them. You ask Alex how he's been doing and he says " Not too bad, but could be better." Alex gives no additional information.

B. Recently, a number of residents have come to you individually expressing concern about Diane, a resident on your floor. They report that for the past couple months, Diane has not been eating much during meals with them; however, they suspect that she is taking food from the dining hall and later eating by herself in her room. One friend states that she thought she once heard Diane throwing up in the bathroom; lately, the custodians have noted that they have found signs of vomit in the toilet. Diane's friends also note that Diane has been going to the gym frequently and never misses a workout, even if she is sick. There was one time when Diane even fainted after a workout. Diane's weight does not seem to have changed significantly.

Diane's friends tell you that a few of them have expressed their concerns to her, but that Diane has denied that there is any problem. Diane says that she is just under a lot of stress and has lost her appetite lately and is exercising to help her deal with her stress. Your residents come to you very agitated and wanting to know what to do. They also implore you to keep their identities and this conversation confidential. One of Diane's friends is particularly upset because she has a sister at home who is suffering from an eating disorder.

C. A student in the apartments comes to you and says that he is concerned about his roommate Charles. The student reports that Charles has been acting differently lately. For instance, he has been "jumpy" whenever anyone enters the apartment and has been acting fearful and suspicious of the friends that his roommates bring home. In fact, Charles has spoken to them in threatening ways and almost started fights. After he started acting differently, Charles's girlfriend broke-up with him and he has been making comments that he wants to "get back at her." Students around the college have begun to talk about his behavior. The student also tells you that Charles has not been sleeping as much as he used to, hasn't shaved in a couple of weeks, and seems to spend some nights in the forest surrounding campus.

What to Do When You Are Concerned About a Student