

**CHICAGO STATE UNIVERSITY  
DISTRESSED STUDENT PROTOCOL**

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# **CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL**

## **Introduction**

Chicago State University is committed to ensuring that faculty, staff, and students serve and learn in an environment that is safe, respectful, and responsive to those in distress. All students may face challenges as they transition into college, but it can be all the more difficult for those who arrive on campus with a history of trauma, mental illness, previous hospitalization, disability, substance abusing behaviors, housing and/or food insecurities, or previous suicide attempts. There are also student groups with an elevated risk of distress and reoccurring trauma experiences: veterans, current/former foster youth, American Indian/Alaska Native students, immigrant students, LGBTQ students, and nontraditional learners.

When a campus community works together with a sense of shared responsibility for student's physical, social, emotional, and academic safety; all students can persist. Chicago State University is committed to the integration of trauma-informed practices and strategies that includes a shared understanding of the impact of trauma on learning. Our goal is to assist all students improve their relationships, regulate their emotions and behavior, increase their academic competence, and increase their physical and emotional well-being. The U. S. Department of Health and Human Services (1404) has identified trauma-informed principles to include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment; and cultural, historical, and gender issue.

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## **Trauma-Informed Care Practices**

Trauma-Informed Care practices address the challenges that students with a history of trauma may face as they transition into college. University staff and faculty are responsible for recognizing if students' actions are a direct result of life experiences. Compassion is our responsibility and response.

**Students with elevated risk for trauma:**

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Even after a stressful or traumatic situation has ended, people can continue to react as if the stress or trauma is continuing. They become self-protective, they spend a lot of their energy scanning their environment for threats; their bodies act as if they are in constant state of alarm; their brains are endlessly vigilant; and they may experience a constant baseline feeling of low-level fear, which leaves less space for curiosity, exploration, and learning.

### **De-Escalation Techniques**

- Watch for signs in students
- Be careful not to mirror the student's behaviors.
- Stay calm, move slowly, and aware of safety.
- Practice empathy and give the student space.
- Invite student to take a nonpunitive "cool down time"
- Suggest simple tasks to engage the cortex. For example, deep breathing
- Ask for help. Contact the Counseling Center 773-995-2383 or Campus Police 773.995.2111

### **Trauma-Informed Classroom Practices**

- Always empower students
- Check in with students
- Prepare for significant anniversaries
- Be sensitive of family structures
- Make a commitment to participate in professional development to support multiculturalism
- Avoid romanticizing trauma narratives in subject content
- Express unconditional positive regard
- Maintain high expectations
- Check assumptions

### **Confidentiality/Privacy**

Confidentiality is extremely important in protecting the student and enabling the counseling center and staff to render assistance. Although necessary for effective assistance, it is often difficult to maintain information on the student's condition. If possible, secure a signed release from students to allow communication between parents/guardians and the student's therapist/counselor. The CSU Counseling center initiates an emergency release of information as a part of the intake process, however a student has a right to refuse providing an emergency contact in case of a medical/mental health crisis.

A student in distress has a right to privacy. In most situations, information provided by the student is confidential and is only released with student permission.

Be aware of the person's right to privacy. When possible, choose a time and location when you are able to talk to the person without disruption and in a private setting. Do not promise confidentiality to the person if their life is in danger.

### **Communication**

Communicate with the individual; this may include:

- Asking the person what may be going on. The act of just asking may be helpful as it is showing a sense of concern and empathy.
- Listening to the person, allow them to talk and truly listen to them. This may be done by focusing on what the person is saying.
- Allowing the time for them to express what they are feeling without judgment. Do not rush them, give them this time to allow them to identify their feelings, such as loss, pain, sadness, anger and hopelessness.

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Using active listening by using "I"



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2. Provide first aid if necessary.
3. Police will transport the person to the nearest emergency room and will notify the CSU Counseling Center of the situation.
4. In most cases, Jackson Park Hospital is the nearest hospital with an adult psychiatric unit.
5. Follow protocol for notifying emergency contact.
6. The Counseling Center will designate a counselor to follow-up with the student and will offer services to those impacted by the suicide attempt.

### After Hours Crisis/Protocol

CSU staff, faculty, and residence hall staff may be able to assess the risk and determine the level of intervention and/or resources needed by following these steps.

In an Emergency	Non- Emergency
<ol style="list-style-type: none"> <li>1. The responder can utilize the Columbia-Suicide Severity Rating Scale to assess</li> <li>2. When a student is presenting an imminent danger and/or access to lethal means, contact the Campus Police (<b>773-995-2111</b>).</li> <li>3. Since University Police Services are on campus, they may be able to respond more quickly.</li> <li>4. If the student has a concrete plan and means to carry it out or has done something that has the potential for death, respond immediately: <b>call 911</b> and University Police Services <b>773-995-2111</b> (if you call 911 first, be sure to also call University Police Services as they are located on campus and may be able to respond more quickly).</li> <li>5. Notify/Consult with the Dean of Students</li> <li>6. Notify/Consult with Residence Hall Director if student resides on campus</li> <li>7. Notify via email Director Counseling Center, CRSUB, Suite 190, <a href="mailto:counselingcenter@csu.edu">counselingcenter@csu.edu</a></li> <li>8. Notify/consult with Wellness Center when incident involves a medical concern</li> <li>9. Notify/Consult with representative from Legal team/Title IV if applicable</li> <li>10. Complete the Distressed Student Incident Report</li> <li>11. The Dean of Students will make decision to contact families of suicidal or dangerous students unless the counselor involved has a previous relationship with the family.</li> <li>12. If student threatens to cause harm to others, counselor to adhere to duty to warn.</li> <li>13. Dean of Students will place student on the BAIT agenda for follow up.</li> </ol>	<p>If there is <i>not</i> an imminent danger, there are four options, depending on the level of concern:</p> <ol style="list-style-type: none"> <li>1. Contact the University Police Services (<b>773-995-2111</b>) to assess the situation and determine if immediate action is necessary.</li> <li>2. University Police notify any additional campus officials as deemed appropriate.</li> <li>3. Call the Crisis Call Center (<b>988</b>) to connect the distressed student with support right away.</li> <li>4. Email the CSU Counseling Center at <a href="mailto:counselingcenter@csu.edu">counselingcenter@csu.edu</a> to request that a counselor follow up with you (<i>note: this will not happen until the next business day</i>). Counseling Center staff will collaborate with Office of Residence Life, Dean of Students, and the University Police, to determine the best course of follow up.</li> <li>5. Complete the Distressed Student Incident Report form</li> </ol>

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## **CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL**

Experiencing manic symptoms (at least three of the following: insomnia, rapid speech, racing thoughts, being easily distracted, exaggerated sense of self-esteem, sudden desire to accomplish many tasks, sudden engagement in risky or dangerous activities)

History of serious mental illness or previous psychiatric hospitalization

Failed relationships

Excessive sleeping

Homicidal ideations (thoughts, desires to hurt others)

Feelings of apathy or low motivation

Significant appetite loss or gain

Self-harming behaviors such as, but not limited to, cutting or burning oneself

Substance abusing behaviors

Student currently without food or shelter

Immediate Medical Concern (medical emergency)

- Illness or injury requiring immediate medical attention and may be life threatening if left untreated
- Medical emergencies should be reported directly to Campus Police at 773.995.2111 or local emergency services by calling 911.

In addition, individuals who are in distress are at greater risk of suicide, especially when behaviors are new or have increased, often in response to a recent painful event, including loss or changes.

### **Counseling Center and Crisis Intervention**

In managing cases where imminent danger to a student or someone else is an issue, contact the Counseling Center at 773.995.2111 or the Crisis Intervention Team at 773.995.2111.

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Whatever the source of the assessment, its viability hinges on the student's active cooperative. A student who refused to come to Counseling Services, or who is not forthcoming with Counseling Services staff, effectively nullifies the possibility of a meaningful assessment.

### **Counseling Staff Procedures for Responding to Clients who are Suicidal or in Crisis**

1. Assess level of risk
  - a.



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## **CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL**

If you are reflecting on a situation that happened with a student and need input, please call the Counseling Center. It is not always an immediate recognition with the non-emergency situations, but putting the pieces together later may inspire you to reach out.

If there are questions, call the CSU Counseling Center (773-995-2383) for support for the person, and for yourself.

### **Identify Student Resources**

If the student is not in immediate danger, offer to help them identify resources:

1. Provide the individual with the crisis support services number: **988**.

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Center is also an option to assist in identifying a provider connected with the health insurance group covering students.

## **Mandated Assessment**

There are instances when a mandated session for evaluation can be useful: first, because there are occasions when it is prudent to require otherwise unwilling students to undergo an assessment of their risk to hurt themselves; and second, because on occasion a mandated session can lead to genuinely voluntary counseling. Having stated this, it must also be empathized that mandated assessment should be considered a last resort. In fact, to the extent that the Counseling Center becomes perceived as a place where students are required to come for treatment, its central mission of providing voluntary services for students will fundamentally undermined.

When a student's behavior presents a possible or actual danger or threat to self or others, a mandated assessment may be appropriate. A mandated assessment at the Counseling Center is not a form of disciplinary action, but rather is an administrative procedure designed to safeguard the well-being of the student and campus community.

Listed below are examples of situations in which a mandated assessment at the Counseling Center may be appropriate. The following is not an all-inclusive list, and each situation will be evaluated on a case-by-case basis.

- Student exhibits signs of possible danger to self
- Writes a suicide note
- Expressed thoughts of suicide
- Engages in self-harming behavior (e.g. cuts or burns self, takes overdose)
- Students exhibits signs of being a danger to others
- Threatens others with violence
- Engages in stalking behavior
- Threatens damage to or intentionally damages property
- Student exhibits signs of possible eating disorder
  - o Seems significantly underweight
  - o Does not eat adequately
  - o Spends many hours exercising
  - o Induces vomiting
  - o Despite evidence of problem, refuses assistance or referrals for treatment
- Student exhibits signs of possible mental illness (e.g. mania, hallucinations, severe depression, delusions)
- Seems incapable of taking care of basic needs (hygiene, grooming, eating, sleeping)
- Seems out of touch with reality
- Engages in bizarre behavior and/or expressing bizarre beliefs
- Experienced a significant trauma

Note: the university maintains separate procedures that apply to required assessments of students who exhibit problematic drug or alcohol use.

## **Procedure for Mandating an Assessment at the Counseling Center**

Only the Dean of Students/Assistant Dean of Students or their designee (in the event they are absent) are authorized to mandate a student assessment

Other university officials, including deans from various colleges, faculty, and staff should work collaboratively with their officials if circumstances warrant a mandated assessment

The university official who is considering a mandated assessment must consult with the Director of Counseling Center, or in their absence, with their designee before deciding to mandate an assessment

Mandated assessments will be conducted by the Counseling Center and by a fully licensed clinician.

Assessments may include a single, face-to-face, clinic(it)-39a Tm0.0902 g0.0902 G0078JFJETQq0.00000912 0 612 792xre/su

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