



SUNYADIRONDACK

A State University of New York Community College

2023

Helping Students In Distress

A FACULTY & STAFF GUIDE FOR
ASSISTING STUDENTS IN NEED

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***Please note: This manual is meant to support students through non-emergency counseling. For immediate threats contact Public Safety at (518)743-7233 or call 911.**

Dear Faculty and Staff:

Has this ever happened to you?

- A student comes to your office and is obviously intoxicated and disruptive.
- A student reveals to you that they are having thoughts of suicide.
- A student, obviously upset, tells you that despite their third semester standing they are thinking about changing their academic major for the third time.
- A student, who is usually well-prepared for class begins to miss class, fails to complete assignments, and becomes inattentive to hygiene and personal appearance.

The Problem

College students often experience high levels of stress. Most students successfully cope with college life; however, some become overwhelmed. A significant number of community college students have their education and personal lives disrupted by psychological and financial problems. When these difficulties go untreated, the results can be serious and include academic failure and may lead to withdrawal from the college.

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

Your Role

Faculty and staff play a key role in identifying and responding to distressed students. As a faculty or staff member you often get the first glimpse of students in trouble and may be the first person who students turn to for help. Responding to students in distress, however, can be confusing and overwhelming. The staff in the Counseling Office prepared this guide to assist you in responding to students in distress.

If you wish to consult with professionals or believe that a student should do so, we welcome the opportunity to help. Please call the Counseling Office at ext. 2278 for assistance. We appreciate the role you play in the campus community, and hope that this guide will be useful to you in your efforts.

The Counseling Staff

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WHEN TO REFER

In many cases of student distress, faculty and staff provide adequate help through empathetic listening, facilitating open discussion of problems, instilling hope, conveying acceptance, and offering basic advice.

In some cases, however, students need professional help to overcome problems and to resume effective coping. The following signs indicate that a student may need counseling:

- The student remains distressed following repeated attempts by you and others to be helpful.
- The student becomes increasingly isolated, unkempt, irritable, or disconnected.
- The student's academic or social performance deteriorates.
- The student's behavior reflects increased hopelessness or helplessness.
- You find yourself doing on-going counseling rather than consultation or advising.

A NOTE ON CONFIDENTIALITY

We are required by law and by professional ethics to protect the confidentiality of all communication between counselor and student (except in cases where harm to self or harm to others is involved.)

Consequently, we cannot discuss the details of a student's situation with others or even indicate whether the student is, in fact, in counseling. For information about the student to be released to you or others, we must first get permission from the student.

HOW TO REFER

- Speak to the student in a direct, concerned, straightforward manner.
- Because many students initially resist the idea of counseling, be caring but firm in your judgement that counseling would be helpful. Also be clear about the reason that you are concerned.
- Be knowledgeable in advance about the services and procedures of the Counseling Office. The best referrals are made to specific people or services.
- Suggest that student call to make an appointment, and provide Counseling number (ext. 2278) and location, Washington Hall.
- Remind the student that services are **FREE AND CONFIDENTIAL**.
- Sometimes it is useful to more actively assist students in scheduling an initial counseling appointment. You can offer the use of your phone or call the receptionist yourself while the student waits in your office.
- If you need help in deciding on whether or not it is appropriate to make a referral, call the Counseling Office to discuss.

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Helping Students in Distress

Responding to Student Emergencies

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

- Suicidal gestures, intentions, or attempts
- Other behavior posing a threat to the student (e.g., hallucinations, drug abuse)
- Threats or aggression directed toward others
- Demonstrated inability to care for oneself.

Campus resources for responding to mental health emergencies are:

- Counseling Office in Washington Hall, ext. 2278
- Public Safety, ext 7233
- For consultation with a counselor, call ext. 2278 or walk the student to the Counseling Office in Washington Hall.

If student requires immediate medical attention or hospitalization, call Public Safety at ext. 7233; they are available 24 hours, 7 days a week.

If the student is unmanageable (e.g., aggressive, hostile, refusing care), call Public Safety for assistance at ext. 7233.

WHAT TO DO

- Move the student to a quiet and secure place.
- Listen attentively and respond in a straightforward and considerate way.
- Enlist the help of a co-worker so that the student isn't left alone and you aren't left alone with the student.
- Make arrangements for appropriate intervention.
- When contacting a campus resource, have available as much information as possible, including your name, the student's name and location, a description of the circumstances and the type of assistance needed, the exact location of the student in the building, and an accurate description of the student.



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The Demanding Student

Facts about Demanding Students

- Demanding students can be intrusive and persistent and may require much time and attention.
- Demanding traits can be associated with anxiety, depression, and/or personality problems.

Characteristics of demanding students include:

- A sense of entitlement
- An inability to empathize
- A need for control
- Difficulty in dealing with ambiguity
- Perfectionism
- Difficulty with structure and limits
- Dependency
- Fears about handling life



WHAT TO DO

- Talk to the student in a place that is safe and comfortable.
- Remain calm and in control.
- Set clear limits and hold the student to the allotted time for the discussion.
- Emphasize behaviors that are and aren't acceptable.
- Respond quickly and with clear limits to behaviors that disrupts class, study sessions, or consultations.
- If behavior persists, report the student to the [Behavioral Intervention Team \(BIT\)](#).
- Call the Counseling Office (ext 2278) for help with identifying strategies for dealing with disruptive behaviors.
- Refer the student to the Counseling Office for counseling and/or a referral for off-campus therapy.

AVOID

- Arguing with the student.
- Giving in to inappropriate requests.
- Adjusting your schedule or policies to accommodate the student.
- Ignoring inappropriate behavior that has an impact on you or other students.
- Feeling obligated to take care of the student or feeling guilty for not doing more.
- Allowing the student to intimidate you.

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RESPONDING TO SUBSTANCE ABUSE

Facts about Substance Abuse

- Alcohol and drug abuse among college students interferes with academic performance, puts them at risk for serious accidents and even death, and can lead to addiction problems for a subset of individuals.
- Substance use and abuse among college students is often a misguided way to cope with anxiety, depression, and the stressors of college life.
- Research shows that most abused substance is alcohol and that a large number of college students engage in binge drinking.

Signs that a student may have a substance problem include:

- Repeated failure to handle academics, work or personal responsibilities
- A pattern of unexplained underachievement
- Substance-related disciplinary or legal problems such as assault, driving under the influence, and date rape
- Denial of the negative and harmful consequences of substance use, even in the face of serious problems

WHAT TO DO

- Treat the situation as serious.
- Share your concern and encourage the student to seek help.
- Recognize that denial is a powerful aspect of substance problems and that it can involve conscious or unconscious lying and distorting of the truth.
- Refer the student to the Counseling Office.

AVOID

- Ignoring or making light of the problem.
- Chastising or condoning the behavior.
- Assuming that experimenting with drugs or alcohol is harmless.



Students Experiencing DATING OR DOMESTIC VIOLENCE

Facts about Abusive Relationships

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

Indicators of abusive relationships include:

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

- Fear of leaving the relationship

More information is available at:

SUNY Adirondack Sexual Assault Prevention and Response



WHAT TO DO

- Recognize that the student may be fearful and vulnerable.
- Reassure the student that the College can help connect them with resources on and off-campus where trained professionals have a lot of experience helping people in similar situations.
- Refer the student to the Counseling Office; confidential reporting is available. 518-743-2278.
- Refer the student to the Title IX team, Lottie Jameson 518-832-7741 or Mindy Wilson 518-743-2252.
- Provide the student with the *Resources Available to the SUNY Adirondack Community* sheet. (Last page of this booklet.)
- Encourage the student to call Public Safety if they experience violence or threat of violence.
- If in danger, contact Public Safety at ext. 7233.

AVOID

- Downplaying the situation.
- Lecturing the student about poor judgement.
- Expecting the student to make quick changes.

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Survivors of **SEXUAL ASSAULT**

Facts about Sexual Assault

- Students are protected against sexual assault, violence, and harassment under Title IX.
- New York State has an Affirmative Consent policy, which means consent is clear, active, not coerced, can be withdrawn at any time, and cannot be given when a person is incapacitated.
- Remember that assaults can occur between anyone, regardless of sex or sexual orientation.

Helpful Information:

- Students have access to a huge number of resources for support both on and off campus, including physical and mental health and advocacy services.
- The Counseling Office, in Washington Hall, has confidential reporting available.

More information is available at:
**SUNY Adirondack Sexual Assault
Prevention and Response**

WHAT TO DO

- Listen without conveying judgement and be aware that victims can feel shame and anger.
- Refer the student to the Counseling Office at 518-743-2278.
- Refer the student to our Title IX Team, Lottie Jamison 518-832-7741 or Mindy Wilson 518-743-2252.
- Tell the student that counseling and support services are available through the College as well as off-campus.
- Provide the student with a copy of the *Resources Available to the SUNY Adirondack Community* sheet. (Last page of this booklet.)

AVOID

- Expressing judgement.
- Pressuring the student to file a police report.



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The ANXIOUS Student

Facts about ANXIETY

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

Symptoms of anxiety include:

- Agitation
- Panic
- Avoidance
- Irrational fears
- Fear of losing control
- Ruminations
- Excessive worry
- Sleep or eating problems

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

WHAT TO DO

- Talk to the student in private.
- Remain calm and assume control in a soothing manner.
- Focus on relevant information, speaking concretely and concisely.
- Help the student develop an action plan that addresses the main concern.
- Refer the student to the Counseling Office for counseling.

AVOID

- Overwhelming the student with information or complicated solutions.
- Arguing with irrational thoughts.
- Devaluing the information presented.
- Assuming the student will get over the anxiety without treatment.



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The DEPRESSED Student

Facts about DEPRESSION

- Depression is a common mental health problem that varies in severity and duration.
- In its less serious form, depression is a temporary reaction to loss, stress, or life changes. It can be alleviated through the passage of time and/or the natural healing effects of social support, daily routines, and simple coping strategies like distraction and exercise.
- Severe or chronic depression usually requires professional help.

Symptoms of depression include:

- Feelings of emptiness, hopelessness, helplessness, and worthlessness
- A deep sense of sadness
- An inability to experience pleasure
- Irregular eating and sleeping
- Difficulties with concentration, memory and decision-making.
- Fatigue and social withdrawal

Sometimes depression includes irritation, anxiety, and anger.

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

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

WHAT TO DO

- Talk to the student in private.
- Listen carefully and validate the student's feelings and experiences
- Be supportive and express your concern about the situation
- Ask the student if he/she has thoughts of suicide.
- Discuss clearly and concisely an action plan, such as having the student immediately call for a counseling appointment. (ext. 2278)
- Refer the student to the Counseling Office (ext. 2278)
- Be willing to consider or offer accommodations (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope.

AVOID

- Ignoring the student.
- Downplaying the situation.
- Arguing with the student or disputing that the student is feeling depressed.
- Providing too much information for the student to process.
- Expecting the student to stop feeling depressed without intervention.
- Assuming the family knows about the student's depression.

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The EATING Disordered Student

Facts about Eating Disorders

- Eating disorders arise from a combination of psychological, interpersonal, and socio-cultural factors and have serious emotional, mental and medical consequences.
- Characteristics of **anorexia nervosa** include severe restriction of food intake; refusal to maintain minimally normal weight; intense fear of weight and fat; and obsessive focus on weight as a basis of self-worth.
- Characteristics of **bulimia** include excessive concern with body weight/shape; recurrent episodes of binge eating and “purging behaviors,” such as self-induced vomiting; misuse of laxatives, diuretics, and diet pills; fasting or excessive exercise.
- **Binge-eating/compulsive overeating** involves impulsive eating, independent of appetite, without purging behaviors. These behaviors may be habitual or reflect the same psychological features as bulimia.
- Depression/anxiety often accompany eating disorders.

Symptoms associated with eating disorders include:

- Marked decrease/increase in weight
- Preoccupation with weight and body shape
- Moodiness or irritability
- Social withdrawal
- Development of abnormal or secretive eating behaviors
- Food restriction or purging behaviors
- Fatigue and increased susceptibility to illness
- Perfectionism

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

WHAT TO DO

- Speak to the student in private
- Be supportive and express concern for the student's health and well-being.
- Identify specific behaviors or symptoms that are of concern.
- Refer the student to the Counseling Office for assessment and referral.

AVOID

- Focusing on weight rather than health and effective functioning.
- Judging the student's behaviors or labeling them (“self-destructive”).
- Recommending solutions such as “accept yourself” or “just eat healthy.”
- Commenting on student's weight loss as you may be inadvertently encouraging unhealthy behaviors.
- Getting into a battle of wills with the student. If the student is resisting your efforts, restate your concerns and leave the door open for further contact. If you think the situation is urgent, consult a professional at the Counseling Office for further advice.
- Assuming that the family knows about the disorder.

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The SUICIDAL Student

Facts about SUICIDE

- Although suicide is a rare event, it is the second leading cause of death among college students.
- Suicidal states are often associated with major depression, a combination of acute anxiety and depression, post-traumatic stress disorder, and bipolar disorder.
- Suicidal people often tell people about their thoughts or give clues to others about their feelings.

Some Factors associated with Suicide Risk are:

- Suicidal thoughts
- Pessimistic view of the future
- Intense feelings of hopelessness, especially when combined with anxiety
- Feelings of isolation and alienation
- Viewing death as a means of escape from distress
- Personal or family history of depression or psychosis
- Personal or family history of suicide attempts
- Substance abuse
- History of self-mutilation

A suicidal student who confides in someone is often ambivalent about suicide and open to discussion.

Students who are high risk usually have a specific plan, have a means that is lethal (e.g., medication, knife, gun), and tend to be or feel isolated.

WHAT TO DO

- Talk to the student in private.
- Remain calm and stay in control
- Take the student's disclosure as a serious plea for help.
- Ask the student directly about feelings and plans.
- Express care and concern, and assure the student that you will help her/him reach a professional.
- Escort the student to the Counseling Office located in Washington Hall, (ext 2278).
- Call Public Safety at ext. 7233.

AVOID

- Minimizing the situation. All threats need to be considered potentially lethal.
- Arguing with the student about the merits of living.
- Allowing friends to assume responsibility of the student without getting input from a professional.
- Assuming the family knows that the student has suicidal thoughts.

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The SEVERELY DISORIENTED or PSYCHOTIC Student

Facts about Psychotic Thinking

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

Symptoms include:

- Disorganized speech and behavior
- Extremely odd or eccentric behavior
- Inappropriate or complete lack of emotion
- Bizarre behavior that could indicate hallucinations
- Strange beliefs that involve a serious misinterpretation of reality
- Social withdrawal
- Inability to connect with or track normal communication

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

Psychological illnesses that involve psychotic features often have an onset between the late teens and early 30's.

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WHAT TO DO

- Consult with a professional the Counseling Office to assess the student's level of dysfunction.
- Speak to the student in a direct and concrete manner regarding your plan for getting them to a safe environment.
- Accompany the student to the Counseling Office, ext. 2278, or contact Public Safety, ext. 7233 if the student is highly impaired.
- Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia.
- Recognize that a student in this state may be dangerous to self or others.

AVOID

- Assuming the student will be able to care for themselves.
- Agitating the student.
- Arguing with unrealistic thoughts.
- Assuming the student understands.
- Allowing friends to care of the student without getting professional advice.
- Getting locked into one way of dealing with a student. Be flexible.
- Assuming the family knows about the student's condition.

The AGGRESSIVE or POTENTIALLY VIOLENT Student

Facts about Aggression

- Aggression varies from threats to verbal abuse to physical abuse and violence.
- It is very difficult to predict aggression and violence.

Some indicators of potential violence include:

- Paranoia/mistrust
- An unstable school or vocational history
- A history of juvenile violence or substance abuse
- Prior history of violence or abuse
- Fascination with weapons
- History of cruelty to animals as a child or adolescent
- Impulse control problems



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WHAT TO DO

- **Assess your level of safety. Call Public Safety at ext. 7233 if you feel in danger.**
- **Remain in an open area with a visible means of escape.**
- **Explain to the student the behaviors that are unacceptable.**
- **Stay calm and gain control of the situation by setting limits.**
- **Use a time-out strategy (that is, ask the student to reschedule a meeting with you once they have calmed down) if the student refuses to cooperate and remains aggressive and/or agitated. Consult with professionals at the Counseling Office.**
- **Contact BIT to report the incident.**
- **Contact Public Safety to have them come to monitor the situation.**

AVOID

- **Staying in a situation in which you feel unsafe.**
- **Meeting alone with the student.**
- **Engaging in a screaming match or behaving in other ways that escalate anxiety and aggression.**
- **Ignoring the signs that the student's anger is escalating.**
- **Touching the student or crowding their sense of personal space.**
- **Ignoring a gut reaction that you are in danger.**

The DISRUPTIVE Student

Facts about Disruptive Students

- There may be a serious reason that student is behaving in a manner that disturbs the class.
- The student could be having a personal crisis.
- The student could be experiencing a medical or mental health event.
- The student may not understand the rules of classroom etiquette.
- The student may be immature and emotionally needy.

Characteristics of Disruptive Students may include:

- Cell phone use during class
- Talking when the instructor is teaching
- Lack of awareness of other students
- Inability to follow instructions
- Anger or explosive behavior



WHAT TO DO

- Talk to the student in a place that is safe and comfortable.
- Remain calm and in control.
- Set clear limits and hold the student to the allotted time for the discussion.
- Emphasize which behaviors are and aren't acceptable.
- Respond quickly and with clear limits to behavior that disrupts class, study sessions, or consultations.
- If behavior persists, report student to the **BIT**.
- Call the Counseling Office (ext. 2278) for help with identifying strategies for dealing with disruptive behaviors.
- Refer the student to the Counseling Office for counseling and/or a referral for off-campus therapy.

AVOID

- Arguing with the student.
- Giving in to inappropriate requests.
- Adjusting your schedule or policies to accommodate the student.
- Ignoring inappropriate behavior that has an impact on you or other students.
- Feeling obligated to take care of the student or feeling guilty for not doing more.
- Allowing the student to intimidate you.

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The Student with POST TRAUMATIC STRESS DISORDER

Facts about PTSD

- PTSD occurs when a person has experienced a traumatic event that threatens his or her life and leaves them feeling helpless.
- Traumatic events may include war, mugging, rape, torture, child abuse, car accidents, train wrecks, plane crashes, bombings, or natural disasters such as floods or earthquakes.
- Veterans of war are at high risk of developing PTSD.
- PTSD affects 7 million American adults.

Factors associated with PTSD are:

- Emotional numbness
- Substance abuse
- Aggressive or explosive behavior
- Irritability
- Easily startled
- Difficulty sleeping
- Increased anxiety and emotional arousal
- Feelings of guilt and shame
- Depression
- Suicidal thoughts

WHAT TO DO

- **Talk to the student in private.**
- **Remain calm and stay in control.**
- **Let the student know you are concerned about his or her behavior.**
- **Suggest the student seek support in the Counseling Office.**
- **Express care and support.**
- **Make an effort to diffuse the situation and let the student know the problem will be better solved when they are calm.**

AVOID

- **Assuming all Veterans have PTSD.**
- **Escalating the emotions of the situation.**
- **Arguing with the student about the situation.**



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The FAILING Student

Facts about the FAILING STUDENT

- The student may come to class late or often may be absent.
- The student usually does not understand the course content.
- The student may be unaware of campus resources to combat the problem.
- Negative thinking and behavior may be evident early in the course.
- The student might lack preparation or interest in the course.
- The student may not be able to balance work, social activities and academic study hours.



WHAT TO DO

- Encourage the student to make a private appointment.
- Review the student's performance in the course.
- Make suggestions for improvement.
- Refer the student to the appropriate tutoring center.
- Refer the student to the Counseling Office, ext. 2278 for personal/social counseling.

AVOID

- Concluding that the student is just lazy.
- Waiting to connect with the student.
- Presuming the student lacks the ability to be successful.
- Discouraging the student who really does have the time to improve.

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The Student with EXAM ANXIETY

Facts about Exam Anxiety

- Some anxiety often helps a student perform better under pressure. However, if students experience too much anxiety, it can affect both academic and psychological well-being.
- Test anxiety can be caused by many factors, such as the pressure to succeed, past experiences, and/or fear of failure.

Symptoms of test anxiety can include:

- Rapid heartbeat
- Sweaty palms
- Negative self-talk
- Feelings of inadequacy
- Tears
- Inability to retain test information

The student with anxiety may not perform well on tests, although grades on other course requirements are good.

A student can have anxiety related to certain types of exams. For example, there may be a great discrepancy between a student's grades in multiple-choice and essay exams in the same course.

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WHAT TO DO

- See the student privately.
- Ask about the student's exam preparation and time management skills. Suggest useful study strategies and exam preparation techniques.
- Go over the exam with the student so that the student understands his/her performance and what caused the errors.
- Refer the student to the Accessibility Services Office, ext. 2282, if necessary.
- Refer the student to the Counseling Office for stress management and/or counseling, if needed.
- Encourage the student to form a study group for the course to provide academic and psychological support.
- Recommend tutoring if the student does not understand the course material.

AVOID

- Minimizing the situation.
- Assuming the student is simply trying to ask for special attention.
- Thinking the student should be able to handle the problem without support.
- Concluding that the student must have a learning disability.
- Believing that if the student really understands the material, the student should be able to perform better on exams.

RESPONDING TO STUDENTS WITH DISABILITIES

Facts about Disability

- Students with documentation of a physical, learning, or psychiatric disability are eligible to access accommodations through the [Accessibility Office](#) (Scoville Rm. 237), ext. 2282
- Students with **physical disabilities** present special classroom access needs associated with limitations in mobility, speaking, hearing, and/or vision.
- Students with **medical disorders** may experience difficulties participating in their academic programs due to the condition itself or the ongoing treatment protocol.
- Students with **learning disabilities** have neurological impairments that interfere with and slow down information processing, memory and retrieval, and output. These disabilities can have a detrimental impact on reading, writing, math, attention, concentration and/or overall organization.
- Students with **psychiatric disabilities** have a chronic and debilitating psychological condition that interferes with their ability to participate in the routine educational program. Examples of conditions that fall under this classification include **Bipolar disorder, Major Depression, Anxiety Disorders, and Post-Traumatic Stress Disorder.**
- Students with **Attention Deficit/hyperactivity Disorder (AD/HD)** may experience inattentive, hyperactive, and/or impulsive behaviors due to a dysfunction of the central nervous system. These behaviors may compromise an individual's social, vocational, and academic performance.
- Students with disabilities may not realize that they have a particular problem and that treatment/accommodations are available.

WHAT TO DO

- **Speak to the student in private about your concerns.**
- **Treat each student with sensitivity and respect.**
- **Acknowledge the difficulties that the student is having**
- **Refer the student to the Accessibility Office, Scoville Learning Center #237, ext. 2282.**
- **Be open to follow-up consultation with the Accessibility Office staff, regarding accommodations for the student.**
- **Remember that any student requesting accommodations must have valid documentation on file with DSS and present verification of approved accommodations.**

AVOID

- **Using patronizing language with the student.**
- **Underestimating or questioning the stated disability.**
- **Assuming the student understands the academic limitations imposed by the disability.**
- **Assuming the student qualifies for accommodations without DSS verification.**

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The BEHAVIORAL INTERVENTION TEAM (BIT)

What is the BIT?

The SUNY Adirondack Behavioral Intervention Team (BIT) is a resource for faculty and staff to report concerning student behaviors. Its intent is to provide early support and intervention to students through assessment and collaboration. The BIT acts as a review team that carefully and confidentially considers all aspects of the student in order to better understand the student and assist him or her through a comprehensive approach.

In addition, the BIT is meant to assist students in need of accommodations, assist with academic stressors, and to increase and enhance opportunities for student success. In some cases, there may be no violation of campus rules, but the behavior may evoke alarm or concern among involved persons. The team creates an approach that integrates information among offices and takes advantage of the strengths and valuable services that various departments provide.

What is the procedure for making a BIT referral?

Faculty and staff are encouraged to refer students of concern to the BIT. Specifically, the team recommends referrals for students who face emotional, physical, or psychological issues particularly when these represent a change in behavior.

As a first step, it is recommended that the faculty or staff member:

- Talk to the student directly and privately about observations or concerns.
- In doing so, address the behavior, not character.

***Please note: This manual is meant to support students through counseling. For immediate threats contact Public Safety at (518)743-7233 or call 911.**

- Be honest with the student about one's limits of time, ability and expertise.
- Assure the student that many students seek help while in college.
- Share hope that things will improve.

Following these steps, faculty and staff should submit and email to BIT@sunyacc.edu outlining the student's name, any available background information, and a detailed description of the reason for concern. Information reviewed during BIT meetings is held in strict confidence. Additionally, the faculty/staff member making the BIT referral can request that the referral source be kept confidential, as well.

In cases where danger is imminent, contact Public Safety by calling x7233 from a campus phone. Public Safety can be reached at 518-743-7233 from an outside line.

What are the potential outcomes of a BIT referral?

BIT recommendations address the behavior of the student and seek a response that balances the expectations and responsibilities of the college. There may be no formal "outcome" if the BIT believes the student is connected with the appropriate services. Potential outcomes include, but are not limited to:

- SUNY Adirondack Counseling Services referral
- Psychiatric evaluation or other community referral
- SUNY Adirondack Student Affairs or Academic Affairs referral
- Disciplinary action
- Public Safety referral

CAMPUS RESOURCES

**Counseling Office Suite
Washington Hall**

518-743-2278

counseling@sunyacc.edu

Open Monday - Friday
8 AM - 4 PM
When College is In Session

Other Campus Resources:

**Accessibilities Services
Scoville Learning Center**

ext. 2282

518-743-2282

**Public Safety
Residence Hall**

From Outside:

ext. 7233 (SAFE)

518-743-7233

College Title IX Team

518-832-7741

518-743-2252

**Advisement/Center for Student Success
Office – Warren Hall**

518-832-7708

Behavior Intervention Team

email bit@sunyacc.edu

**Financial Aid Office
Warren Hall**

518-743-2223

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RESOURCES AVAILABLE

Title IX Coordinator Dr. Cornelius Gilbert: [518-743-2313](tel:518-743-2313), gilbertc@sunyacc.edu, Scoville 326
Deputy Title IX Coordinator Lottie Jameson: [518-832-7741](tel:518-832-7741), jamesonl@sunyacc.edu, Scoville 326A
Deputy Title IX Coordinator Mindy Wilson: [518-743-2252](tel:518-743-2252), wilsonm@sunyacc.edu, Washington 105
Deputy Title IX Coordinator Scott Royael: [518-832-7653](tel:518-832-7653), royaels@sunyacc.edu, Saratoga Center

Law Enforcement

Campus Public Safety (24 hours a day): [518-743-7233](tel:518-743-7233), Residence Hall 164-166

Warren County Sheriff: [518-743-2500](tel:518-743-2500), 1400 State Route 9, Lake George, NY 12845

Washington County Sheriff: [518-746-2475](tel:518-746-2475), 399 Broadway, Fort Edward, NY 12828

Saratoga County Sheriff: [518-885-6761](tel:518-885-6761), 6010 County Farm Road, Ballston Spa, NY 12020

An advocate from **Planned Parenthood Victim Advocacy Services** or the **Saratoga County Wellspring Victim Services** can attend the criminal investigation with you to support and advise you.

NYS Police Hotline for Reporting Sexual Assault on a College Campus: [1-844-845-7269](tel:1-844-845-7269)

Confidential Resources: will not report to law enforcement or College officials without your permission, except in extreme circumstances such as a health or safety emergency.

- **On-Campus: Counseling Office staff, Washington Hall, [518-743-2278](tel:518-743-2278), <mailto:counseling@sunyacc.edu>;**
website: <https://www.sunyacc.edu/student-services/counseling-center>
- **Off-Campus:**
 - **Planned Parenthood 24-Hour Rape Crisis Hotline:** [1-866-307-4086](tel:1-866-307-4086)
 - **Domestic Violence Project 24-Hour Hotline:** [518-793-9496](tel:518-793-9496)
 - **Saratoga County Wellspring Victim Services 24-Hour Hotline:** [518-584-8188](tel:518-584-8188)
 - **List of Hotlines by County:** <https://opdv.ny.gov/survivors-victims>
 - **Disclosure and Assistance Options in Multiple Languages:** www.opdv.ny.gov/help/index.html,
or call [1-800-942-6906](tel:1-800-942-6906) for assistance.

Medical/Health Resources

- **Within 96 hours of an assault, you can get a Sexual Assault Forensic Examination (commonly referred to as a "rape kit") at a hospital.** To best preserve evidence, you should avoid showering, washing, changing your clothes, combing your hair, drinking, eating, or doing anything to alter your appearance before you have the physical exam. Specially trained Sexual Assault Nurse Examiners (SANE) conduct these exams at **Glens Falls Hospital SANE Program:** [518-926-3000](tel:518-926-3000); 100 Park Street, Glens Falls, NY 12801 or **Saratoga Hospital SANE Program:** [518-583-8313](tel:518-583-8313); 211 Church Street, Saratoga Springs, NY 12866
- An advocate from **Planned Parenthood Victim Advocacy Services** or the **Saratoga County Wellspring Victim Services** can attend the exam with you to offer support, and advise you through the process.
- Testing for sexually transmitted infections is available through the counties' Public Health services, and Planned Parenthood, [518-792-0994](tel:518-792-0994). Students can receive emergency contraception (commonly referred to as "the morning-after pill") from the Planned Parenthood for \$10.00.

Victim Assistance

- **NYS Police Campus Sexual Assault Victims Unit [518-457-1471](tel:518-457-1471)** Trooper Claudio Palleschi,
Claudio.palleschi@troopers.ny.gov
- **Warren County Victim Assistance Program:** [518-761-6475](tel:518-761-6475); Warren County Municipal Center, 1340 State Route 9, Lake George, NY 12845; <https://www.warrencountyny.gov/da/vap>
- **Washington County Crime Victim Services Program:** [518-746-2525](tel:518-746-2525); Washington County Municipal Center, 383 Broadway Building C, Fort Edward, NY 12828;
<https://www.washingtoncountyny.gov/460/Crime-Victim-Assistance-Program>
- **Saratoga County Crime Victims Unit:** [518-885-2263](tel:518-885-2263); Saratoga County Municipal Center, 25 West High Street, Ballston Spa, NY 12020; <https://saratogacountyda.com/crime-victims-unit/>

For more information, refer to <https://www.sunyacc.edu/sexual-assault-prevention-and-response> or <https://www.suny.edu/violence-response/>