

## Consultation

Counseling and Health Center staff provide telephone and in-person consultation to faculty, staff, students, and parents who are concerned about the welfare of students, who would like information about how to make a referral, or would like to discuss or learn more about mental and physical health.

## Developmental and Outreach Programs

Programming is offered throughout the year to enhance the personal development of students, to increase knowledge about individual and campus well-being, and to promote a healthy campus environment.

## Alcohol and Drug Assessments

Alcohol and other drug assessments are available (free unless court ordered, and then a fee will be charged) for currently enrolled UWGB students.

## Employee Assistance Program

Consultation and individual counseling, as well as information and referral services area available to all faculty and staff.

# Assisting the Emotionally Distressed Student

A resource for faculty and staff



**Counseling and Health  
Student Services, Room 1400**

**UNIVERSITY of WISCONSIN**  
**GREEN BAY**

*As a member of the University of Wisconsin-Green Bay campus community, you may be constantly interacting with students.* At times, you will have contact with students whose problems or behaviors cause you concern, discomfort, or may interfere with your work or the education of other students.

**Certain signals that distressed students give out** may go unnoticed for a variety of reasons. Even upon noticing them, it can be very difficult to intervene. When interacting with a student experiencing emotional stress, you may feel you are “in over your head,” or you may face competing concerns, such as other students waiting to see you. However, it is important to know that it is likely that a situation involving a distressed student will not just go away unless there is an intervention. Without an intervention of some kind, you may well be faced with a persistent and recurring problem. An effective intervention requires knowing how to respond to these incidents and knowing what resources to call upon.

**This guide was created to help you** when these difficult occasions arise. It offers straightforward advice, techniques, and suggestions on how to cope with, intervene, and assist troubled and/or distressed students. It is also our hope that this publication will facilitate a connection between issues of student mental health and wellness and academics. Our goal is to positively influence student attitudes and behaviors by continuing to support faculty and staff in bringing these issues into the academic environment. Mental health issues could be addressed through educational initiatives, such as discussions or assignments with the hope of increasing the awareness and decreasing the stigma surrounding these issues. Our professional staff in the Counseling and Health Center invite you to utilize this guide as you continue your valued service to UWGB students and the larger academic community.

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## *Intervention:* Suggested Guidelines When Talking With Distressed Students

Openly acknowledging to students that you are aware of their distress, sincerely concerned about their welfare and willing to help them explore alternative responses, can have a profound and positive effect. We encourage you, whenever possible, to speak directly and honestly with a student when you sense that he/she is in emotional distress. When you are directly involved with a student experiencing distress we recommend the following.

- **Request to see the student in private.** This may help minimize embarrassment and defensiveness.
- **Briefly acknowledge** your observations and perceptions of their situation.
- **Express your concerns** directly and honestly.
- **Listen carefully** and try to see the issues from the student's point of view without necessarily agreeing or disagreeing.
- **Attempt to identify the problem.** You can help by exploring with the student alternative responses to their present distress.
- **Inappropriate and strange behavior should not be ignored.** Comment on what you have observed, but not in a judgmental way.
- **Involve yourself only as far as you feel comfortable and competent.** The Counseling and Health Center's staff, Dean of Students, Public Safety, and other professionals on the campus are available to assist you.

## *Consultation*

If you are unsure of how to work with a specific distressed student, we encourage you to consult with one of the counselors on our staff. Once you contact us, a counselor will be made available to you for consultation immediately or very soon thereafter. Office hours are 8 AM to 4:30 PM, Monday through Friday. Call us at 465-2380, inform the receptionist who you are, and ask to speak with a counselor for a consultation. A brief consultation may help you sort out the relevant issues and explore alternative approaches.

## *Referral*

When you discuss a referral for counseling with a student, it would be helpful for the student to hear your concerns in a clear and concise manner and why you think counseling would be helpful. The questions and answers on the following pages may be helpful in your decision to refer to the Counseling and Health Center.

### *When should I refer a student to the Counseling and Health Center?*

The decision to refer a student to the Counseling and Health Center is first based upon your own observations; i.e., does the student show signs and symptoms of emotional distress?

While each student experiences emotional distress in a difference way, some common indicators you might observe include:

- Expressed suicidal thoughts or attempts
- High levels of irritability including undue aggressive or abrasive behavior expressed towards you or others
- Lack of energy
- Marked change in personal hygiene
- Bizarre or strange behavior
- Sadness, tearfulness
- Frequent binge eating episodes or extreme loss of appetite
- Dependency, e.g., the student who hangs around your office or makes excessive appointments to see you
- Infrequent class attendance and inadequate effort put into the assignments
- Falling asleep in class
- Lack of enthusiasm about various aspects of student life
- Unusual bruises or lacerations on face and/or body

### **INTERVENTION, CONSULTATION, REFERRAL**

Counseling and Health Center  
Student Services Building, Room 1400  
(920) 465-2380  
[www.uwgb.edu/counselinghealth](http://www.uwgb.edu/counselinghealth)

*How should I refer a student to Counseling and Health Center?*

You can make a referral to Counseling and Health Center in any of the following ways:

- Simply suggest that the student call (465-2380) or go to Counseling and Health Center in the Student Services Bldg., Room 1400 to make an appointment.
- Volunteer to call the Counseling and Health Center while the student is with you in order to ensure that contact is made.
- Offer to walk the student over to Counseling and Health in Student Services.

Counselors are under ethical and legal obligations not to release confidential information. They cannot tell faculty or staff members when a student is receiving counseling services. Counselors may listen to information you want to share with them about a student, but may only provide you with information regarding the student with his/her written permission. The only exception is when the student presents a danger to self or others.

If you refer a student to a UWGB counselor, you will be notified that the student attended an initial appointment ONLY if the student gives written permission to do so. If you would like more information about a student's contact with Counseling and Health Center, you can directly ask the student. The student can then make a decision about how much to reveal to you.

*How should I act if a student appears to be behaving in a bizarre manner, dangerous, or losing control?*

If a student is behaving in a bizarre or dangerous manner, or seems to be losing control, there are several points to keep in mind.

**Remain calm.** This may help the student

**Be simple and direct.** Try to convey your understanding of the problem, and respond honestly about whether you can help.

**Be firm.** Sometimes there is a manipulative quality to unusual behavior and it is important to set clear limits.

**Do not leave the student alone.**

**Refer the student to Counseling and Health Center** if you feel it is appropriate.

**Consult with the Counseling and Health Center** if you need assistance.

If you feel the student presents a **direct or immediate danger** to self or others, do not hesitate to contact the **Police at 9-911** or **Public Safety (465-2300)**, press 1.

*The Student Experiencing Anxiety*

Anxiety is a normal response to a perceived danger or threat to one's well-being or self-esteem. For some students, the cause of the anxiety will be clear, but for others it may be difficult to determine. Anxiety is very often a result of the intense academic competition among students, a fear of inadequacy regarding some academic challenge, or personal relationships.

Regardless of the cause, one or more of the following symptoms may be experienced:

- Rapid heart beat
- Dizziness
- Sweating
- Trembling or shaking
- Chest pain or discomfort
- Cold clammy hands
- Hyperventilation

The student may also complain of:

- Difficulty concentrating
- Always being "on edge"
- Having difficulty making decisions
- Sleeping problems
- Being too fearful to take action

In rare cases, a student may experience a panic attack in which physical symptoms occur spontaneously and intensely in such a way that the student may fear she/he is dying.

*It is helpful to:*

- Allow the student to discuss his/her feelings and thoughts. Often this alone relieves some of the pressure.
- Provide reassurance.
- Remain calm and talk slowly.
- Be clear and direct.
- If possible, provide a safe and quiet environment until symptoms subside.

*It is not helpful to:*

- Minimize the perceived threat to which the student is reacting.
- Take responsibility for his/her emotional state by offering to do too much
- Overwhelm him/her with information or ideas to "fix" his or her condition.
- Become anxious or overwhelmed yourself.

## The Student Exhibiting Apprehensive Behavior

Usually students who are apprehensive of others complain about something other than their psychological difficulties. They may present themselves to you as:

- Tense
- Cautious
- Mistrustful
- Having few friends

Apprehensive students tend to interpret a minor oversight as significant personal rejection and often overreact to insignificant occurrences. They see themselves as the focal point of everyone’s behavior and everything that happens has special meaning. Usually they are overly concerned with fairness and being treated equally. They may blame others and express anger. Many times they will feel worthless and inadequate.

<i>It is helpful to:</i>	<i>It is not helpful to:</i>
<ul style="list-style-type: none"> <li>— Send clear, consistent messages regarding what you are willing to do and what you expect.</li> <li>— Express compassion without being overly friendly or familiar.</li> <li>— Be aware of personal boundaries and space when interacting and keep a comfortable distance.</li> <li>— Encourage them to seek help, possibly suggesting the Counseling and Health Center.</li> </ul>	<ul style="list-style-type: none"> <li>— Be overly involved or sympathetically close with the student.</li> <li>— Flatter the student, joke with them or be humorous.</li> <li>— Assure the student that you are his/her friend or advocate.</li> </ul>

## The Student Experiencing Depression

Depression, and the various ways in which it manifest itself, is part of a natural emotional and physical response to life’s ups and downs. With the busy and demanding life of a college student, it is safe to assume that most students will experience periods of reactive (or situational) depression in their college careers.

**Major depression**, however, is a “whole-body”, mood, thoughts, and behavior. People with depression cannot merely “pull themselves together” and get better. Depression will interfere with a student’s ability to function in school and/or in their social environment. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help over 80% of those who suffer from depression.

Due to the opportunities for faculty and staff to observe and interact with students, they often are the first to recognize that a student is depressed. Look for a pattern of the following indicators, but understand that not everyone who is depressed experiences every symptom. Some people experience a few symptoms, while some experience many. Also, severity of symptoms varies with individuals.

### Symptoms of Depression:

- Persistent sad, anxious or “empty” mood
- Feelings of hopelessness, pessimism
- Loss of interest of pleasure in hobbies that a person once enjoyed
- Insomnia, early morning awakening or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy, fatigue, being “slowed down”
- Thoughts of death or suicide, suicide attempts
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- Inconsistent class attendance
- Decline in personal hygiene

Students experiencing depression often respond well to a small amount of attention for a short period of time. Early intervention increases the chances of the student getting better.

<i>It is helpful to:</i>	<i>It is not helpful to:</i>
<ul style="list-style-type: none"> <li>— Let the student know you are aware that he/she is feeling down and you would like to help.</li> <li>— Encourage the student to discuss how he/she is feeling.</li> <li>— Offer options to further investigate/manage the symptoms of depression.</li> <li>— Always encourage the student to seek help, suggesting Counseling Services.</li> </ul>	<ul style="list-style-type: none"> <li>— Minimize the student’s feeling (i.e. everything will be better tomorrow).</li> <li>— Bombard the student with “fix it” solutions or advice.</li> <li>— Neglect to ask whether the student is suicidal, if you think this is a possibility.</li> <li>— Ignore remarks about suicide. Always report them to the Counseling and Health Center (465-2380). If the office is closed, contact Public Safety at 465-2300 , press 2 or the Crisis Center at 436-8888.</li> </ul>

## The Student Experiencing Suicidal Thoughts

It is not uncommon for students to engage in some degree of suicidal thinking. As a member of the faculty or staff, you may be in contact with students who have expressed these thoughts to you. It is important that you do not simply overlook these comments, because the student may be reaching out to you.

Suicidal risk is based on a constellation of clues, not just observing any one clue. These clues seem to fall into the following categories:

**Situational Clues** – Several depressive symptoms often are present

- Sleeping too little or too much
- Crying spells
- Difficulty concentrating
- Feelings of worthlessness
- Eating much more or much less than usual
- Increased social isolation
- Low energy
- Low self-esteem
- No longer interested in previously pleasurable activities
- Preoccupation with death
- Apathy
- Hopelessness about the future
- Poor self care (not showering/dirty clothing)
- Irritability and mood swings

**Verbal Clues** – something a person says, overly or covertly, may communicate suicidal thoughts and intent

- “I just feel like I am in the way all the time.”
- “Life has lost its meaning for me.”
- “Nobody needs me anymore.”
- “If (such and such) happens/doesn’t happen I am going to kill myself.”
- “I don’t have the strength to go on anymore.”
- “I am getting out.”
- “I’m going to kill myself.”
- “I wish I were dead.”
- “I’m not the person I used to be.”
- “I don’t see any way out.”
- “My family or everyone would be better off without me.”
- “I just can’t go on or I can’t take it any longer.”

**Behavioral Clues** – Something the person does may communicate a self-destructive motive

- A previous suicide attempt, particularly a recent or highly lethal attempt
- Giving away valued possessions
- Procuring means: buying a gun or asking for sedatives, etc.
- Composing a suicide note
- Putting personal affairs in order
- Poor adjustment to recent loss of loved one
- Sudden, unexplained recovery from a severe depression
- Resigning from social groups, extracurricular activities, not attending classes
- Bizarre or inappropriate behaviors
- Crying spells without external triggers
- Becoming disorganized, loss of contact with reality
- Any unexplained change in typical behavior (changes in grades, increased aggression, drug use, mood changes, etc.)
- Visiting a physician for unexplained or vague symptoms (75% of successful suicides are preceded by such a visit within one month of suicide)
- Substance abuse: alcohol, and/or other drugs
- Change in eating behaviors; e.g., overeating or loss of appetite.

### It is helpful to:

- Expect customary emotional responses.
- Talk about suicide openly and directly.
- Try to sound calm and understanding.
- Be confident and caring, and know the resources available.
- Take charge and call or walk the student to the Counseling and Health Center, Student Services 1400.
- If you become aware that a student may be considering suicide, call the Counseling and Health Center so that the counseling staff can investigate and offer assistance.

### It is not helpful to:

- Sound shocked by anything the person tells you.
- Emphasize the shock and embarrassment that the suicide would be to the person’s family, before you’re certain that’s now what he/she hopes to accomplish.
- Ignore comments such as “The world would be better off without me.”
- Engage in a philosophical debate on the moral aspects of suicide. (You may not only lose the debate, but also the suicidal person.)
- Become too personally involved with the student.

## The Student Experiencing Poor Contact With Reality

Students in poor contact with reality have difficulty distinguishing “fantasy” from real life. Their thinking is typically illogical, confused, or irrational (e.g., speech patterns that jump from one topic to another with no meaningful connection); their emotional responses may be incongruent or inappropriate; and their behavior may be bizarre and disturbing.

A student in poor contact with reality may experience hallucinations, often auditory, and may report hearing voices (e.g. someone is or will harm or control them). **While this student may elicit alarm or fear from others they are generally no more violent than anybody else.** However, there are some situations in which they can become violent, especially when experiencing “command hallucinations.” These hallucinations are telling them what to do, such as “you must destroy that evil person.”

### It is helpful to:

- Acknowledge their feelings or fears without supporting the misperceptions (e.g., “I understand you think someone is following you, right now, I can’t see anyone and I believe you are safe”).
- Remove extra stimulation from the environment.
- Talk in a calm and soft voice while stating your concern and verbalizing that they need some help.
- Acknowledge your difficulty understanding them and ask for clarification.
- Respond with warmth and kindness.
- Use firm reasoning.
- Focus on what you observe in the “here and now.”
- Consult with or refer to Counseling and Health Center as soon as possible.

### It is not helpful to:

- Argue or try to convince them of the irrationality of their thinking, as this commonly produces a stronger defense of the false perception.
- Play along, “Oh, yes, I hear the voices.”
- Encourage further discussion of the delusional process.
- Demand or order them to do something to change their perceptions.
- Expect customary emotional responses.

## The Student Under the Influence

We are all aware of the toll that abuse of alcohol and other drugs can take on individuals, families, friends, and colleagues. In a recent survey, college presidents identified alcohol abuse as the campus life issue of greatest concern. The costs are staggering – in terms of academic failure, vandalism, sexual assault, and other consequences

### Warning Signals of Alcohol and Other Drug Abuse

There are many signs of alcohol and/or other drug use, abuse, and addiction. None of these signs alone are conclusive proof of an alcohol or other drug problem. Other conditions could be responsible for unusual behavior, such as an illness or a reaction to a legally prescribed drug. Any one sign, or a combination of them, could be cause for alarm and could signal problems in general as well as a substance abuse problem.

### Impairment, Alcohol and Drug Abuse

Alcohol and/or drug abuse can impair a student in several different ways:

#### Impairment of Mental Alertness

- Depression
- Extreme mood swings
- Flat or unresponsive behavior
- Hyperactivity
- Loss of interest in one’s work/school results
- Nervousness

#### Impairment of Motor Behavior

- Hand tremors
- Loss of balance
- Loss of coordination
- Excessive movement (fidgets all the time)

#### Impairment of Interpersonal Relationships

- Detachment from or drastic changes in social relationships
- Becoming a loner or becoming secretive
- Loss of interest in appearance
- Change of friends
- Extreme change in interests
- Tendency to lose temper
- Being argumentative
- Borrowing money and not repaying

**Impairment of Academic and Work Performance**

- Inability to perform work assignments at usual level of competence
- Missed deadlines, classes or meetings
- Increased absenteeism or lateness
- Accidents in the lab
- Complaining or feeling ill as an excuse for poor performance
- Coming to class, practice, or work intoxicated/high
- Legal problems associated with alcohol use

***Alcohol Assessments***

Alcohol and drug assessments are available (a fee is charged for court ordered assessments) for currently enrolled UW-Green Bay students through the Counseling and Health Center.

***It is helpful to:***

- Accept and acknowledge feelings of student.
- Focus on behavior: what specifically occurred to cause concern.
- Permit the student to say how they regard the problem.
- Find out the source of emotional support that the student trusts.
- Encourage involvement from friends, family, doctor, minister or employer.
- Be willing to admit limitation of your assistance and refer to specialists and/or Counseling and Health Center.

***It is not helpful to:***

- Convey judgement or be critical of student's substance use.
- Make allowances for the student's irresponsible behavior.
- Ignore signs of intoxication.

***The Student Exhibiting Verbal Aggression and Violence***

Verbal aggression and violent behaviors have increased on university campuses nationwide. It is very important to recognize, take seriously, and be prepared to act strategically in response to such behaviors.

Students usually become verbally abusive in frustrating situations they perceive as being beyond their control. Anger becomes displaced from those situations onto the nearest target (You). Explosive outbursts or ongoing belligerent hostile behavior become the student's way of gaining power and control. It is important to remember that for the most part the student is not angry with you personally but at his/her world and that you are an object of pent-up frustrations.

Violence in these situations is rare and typically occurs when the student's level of frustration has been so intense or of such an enduring nature as to erode the entire student's emotional controls. This behavior is often associated with the use of alcohol and other drugs.

**PRE-INCIDENT**

- Be familiar with your Departmental Safety Plan
- Ensure that you have a way to communicate for help
- Be observant of student's behaviors and your surroundings
- Consult Public Safety (465-2300 push 2), the Dean of Student Office (465-2152), and the Counseling and Health Center (465-2380)

**POST VIOLENT OR AGGRESSIVE INCIDENT**

- Contact Public Safety (465-2300 push 2)
- Debrief with supervisor
- Debrief with a counselor at Counseling and Health Center (465-2380)

At the time of the incident . . .

<i>It is helpful to:</i>	<i>It is not helpful to:</i>
<ul style="list-style-type: none"> <li>— Remain calm, get help if needed; take some deep breaths.</li> <li>— Have access to a door; keep large furniture such as a desk between you and the student.</li> <li>— Maintain a posture that is poised, ready to move quickly, but not fearful; be aware of surroundings.</li> <li>— Acknowledge their anger and frustration (e.g., “I can hear how upset you are”).</li> <li>— Be direct and firm about behaviors you will accept (e.g., “I need for you to step back.” “I’m having a hard time understanding you when you yell.”)</li> <li>— Allow them to open up, get the feelings out, and tell you what is upsetting them.</li> <li>— If possible, leave an unobstructed exit for the person.</li> </ul>	<ul style="list-style-type: none"> <li>— Ignore warning signs (body language, clenched fists).</li> <li>— Get into an argument or shouting match.</li> <li>— Become hostile or punitive yourself (e.g., “You can’t talk to me that way.”)</li> <li>— Press for explanations for their behavior.</li> <li>— Make threats or dares.</li> <li>— Corner or touch the student.</li> </ul>

## The Student Exhibiting Signs of an Eating Disorder

An eating disorder is really not about food at all, but rather about control over one’s negative emotions. Over time, the person suffering from an eating disorder becomes increasingly committed to using food-related behaviors (binging, purging, restricting eating, extreme weight control measures, excessive exercise, etc.) to relieve the painful feelings and regulate one’s sense of self.

### Types of Eating Disorders:

**Anorexia Nervosa** is characterized by self-starvation and excessive weight loss.

*Signs/Symptoms include:*

- Dresses in baggy clothing, even when temperature is warm
- Obsessive-compulsive behavior (excessive need to control personal environment)
- Frequent skipping of meals, with excuses for not eating
- Skin is often dry and has a yellow tinge
- Lanugos (the growth of fine, downy body hair) is present

**Bulimia Nervosa** is characterized by a secretive cycle of binge eating followed by purging. Bulimia includes eating large amounts of food—more than most people would eat in one meal—in short periods of time, then getting rid of the food and calories through self-induced vomiting, laxative abuse, or over-exercising. People with bulimia are most often within 10 lbs. of normal weight, but may also appear over or under weight.

*Signs/symptoms include:*

- May have scars on the backs of fingers where the front teeth scrape the skin during self-induced vomiting
- Swelling may occur as a result of an electrolyte imbalance caused by excessive vomiting, bloated appearance
- Purging after a binge, typically by self-induced vomiting, abuse of laxatives, diet pills and/or diuretics, excessive exercise, or fasting.
- Bad Breath
- Eroded tooth enamel

**Compulsive Overeating** (binge eating disorder) is characterized primarily by periods of uncontrolled, impulsive, or continuous eating beyond the point of feeling comfortably full. While there is no purging, there may be sporadic fasts or repetitive diets and feelings of shame or self-hatred after a binge. People who overeat compulsively may struggle with anxiety, depression, and loneliness, which can contribute to their unhealthy episodes of binge eating. Body weight may vary.

**Other Eating Disorders** can include some combinations of the signs and symptoms of anorexia, bulimia, and/or compulsive overeating.

When it is determined that a student is exhibiting one or more of the symptoms listed on the previous page, the counselor may refer to several different professionals to facilitate treatment including:

- Outpatient/Inpatient Eating Disorder Treatment Center
- Local Eating Disorder Support Groups
- Referral to other counselor with specific training in working with eating disorder clients

<i>It is helpful to:</i>	<i>It is not helpful to:</i>
<ul style="list-style-type: none"> <li>— Establish trust and rapport with the student.</li> <li>— Focus on the specific behaviors of concern: "I have noticed that you haven't been eating anything at meals." "You seem very distracted and tired in class."</li> <li>— Express concern for the student in a caring, supportive and non-judgmental way.</li> <li>— Encourage the student to seek counseling; if they are unwilling, ask them what they are willing to do.</li> <li>— Reassure the student that change is possible and there are many resources available to help them.</li> </ul>	<ul style="list-style-type: none"> <li>— Get into a battle over whether or not the student should label the behavior an "eating disorder."</li> <li>— Confront the student when you do not have privacy.</li> <li>— Give advice about weight loss, exercise, or appearance.</li> <li>— Lay guilt or blame on the individual: "Why are you doing this to me?" or "Can't you see how much this is hurting your family?"</li> <li>— Ignore the behavior, believing that it will just go away on its own.</li> </ul>

## *The Student who has been Sexually Assaulted*

Unfortunately the rates for sexual assaults on college campuses remain alarmingly high. Statistically one in four women will be sexually assaulted, as well as one in ten men. We also know that women are three times more likely to be sexually assaulted during the college-age years (18-22) than any other time in their lives. Contrary to popular belief, the majority of sexual assaults are perpetrated by assailants known to the victim. As a result, the feelings of being violated and traumatized are compounded by feelings of betrayal and confusion.

The sexual assault victim should seek medical attention within 96 hours if at all possible, even if there are no visible signs of injury. A doctor will test for sexually transmitted diseases, look for cuts, vaginal tearing, and bruising and also test for pregnancy. This is also important if the victim wishes to press charges against the perpetrator, either presently or in the future.

The sexual assault victim may also experience a number of reactions which may occur immediately or may emerge as time goes on:

- Numbness, denial
- Nightmares, flashbacks
- Anxiety
- Sleeplessness
- Social withdrawal, distrust
- Guilt, shame
- Anger
- Difficulty being left alone

**For Immediate Help:**

- SANE (Sexual Assault Nurse Examiner) through St. Vincent ER 433-8384
- Green Bay Police: 911 or (920) 448-3200
- UWGB Public Safety, 465-2300, push 2

**For Sexual Assault Support, Reporting, and Resources:**

- SANE (Sexual Assault Nurse Examiner) through St. Vincent ER 433-8384
- Counseling and Health Center, Sexual Assault Coordinator, 465-2380
- Dean of Student Office, 465-2152
- Sexual Assault Center (24 hours), 436-8899
- Family Violence Center (24 hours) 432-4244
- Crisis Center (24 hours), 436-8888

***It is helpful to:***

- Listen to the student's account of what happened to them.
- Communicate to the student that they are not at fault for what happened.
- Allow the student to regain personal control by making his/her own decisions regarding how to proceed.
- Make statements such as "how can I help you feel safer?" "I am sorry this happened to you." "I am glad you told me."
- Appreciate any feelings disclosed as normal under the circumstances.
- Assist the student in contacting any of the resources listed.
- Be supportive. Sometimes the most important thing you can do is communicate that you believe what he/she is telling you.

***It is not helpful to:***

- Offer judgements about what might have happened differently, "That doesn't seem like something he/she (the alleged perpetrator) would do."
- Ask the student how he/she "let" this happen.
- Express anger towards the assailant, pressure the victim to seek retribution.
- Make decision for the student.
- Pursue specific details, except to clarify what you are hearing.
- Make statements such as "why didn't you fight back/scream/say no?" or "Just try not to think about it."
- Minimize what has happened to them.
- Make excuses for the alleged perpetrator: "I am sure he/she didn't mean to do it."

## *The Counseling and Health Center*

### **Counseling**

Counseling is available to assist students with their personal, educational, interpersonal, and social concerns. Acute psychological and emotional distress, even when temporary, can seriously impair the academic performance of students and interfere with the realization of their potential. The ultimate goal of counseling is to increase the ability of individuals to resolve their own concerns as they arise. Examples of common student concerns are as follows: anxiety, depression, relationship difficulties, poor self-esteem, and grief.

### **Health**

Assessment of illness or injury with treatment and referral as needed is available through the Health Services portion of the office. Other services available include:

- Allergy injection
- Equipment for loan (crutches, heating pads, etc.)
- Immunization and health information for travel
- Information on smoking cessation, weight control, exercise, blood pressure, contraceptives, sexually transmitted diseases, pregnancy and general health issues
- Laboratory testing
- Over-the-counter medications
- Immunizations (Tetanus, Measles, Mumps and Rubella, Hepatitis B, Meningitis, Hepatitis A, HPV Gardasil)
- Reproductive Health
  - Routine gynecological exams
  - Diagnosis and treatment of sexually transmitted diseases (STD)
  - Pregnancy testing, contraceptives, the Pill, Depo Provera, and condoms

### **Crisis Intervention**

The Counseling and Health Center staff provide immediate services to individuals in crisis, use knowledge of campus and community resources to make appropriate referrals, and when necessary, facilitate the hospitalization of students. In addition, Counseling and Health Center has the responsibility of assisting the campus with the psychological and physical needs stemming from any significant disaster or traumatic event.