

A FACULTY AND STAFF GUIDE TO

Helping Students in Distress



Rhode Island School of Design
Counseling and Psychological Services

Dear RISD Faculty and Staff:

Are you concerned about student stress levels?

Have you ever worried about a student's mental health?

Do you want to learn more about resources to support students?

If you answered, "Yes" to any of these questions, you are not alone. More and more RISD faculty and staff are referring students for professional counseling and help due to personal and academic stress.

Overview

The Spring 2013 American College Health Association surveyed 96,911 students at 153 schools of higher education who expressed concerns about their psychological health, with 23% reporting they 'felt very sad'; 23% 'felt very lonely'; 21% 'felt things were hopeless'; 19% 'felt overwhelming anxiety'; 16% 'felt so depressed it was difficult to function'; 16% 'felt exhausted [but not from physical activity]'; and 5% 'seriously considered suicide' in the last 12 months. And more recent studies show these numbers are only rising.

Many college students successfully cope with college life; however, some become overwhelmed. A significant number of students have their education and personal lives disrupted by psychological problems. When psychological difficulties go untreated, the results can be serious and include academic failure and even withdrawal from school. Many psychological problems, even serious disorders such as depression, anxiety, bipolar disorder, and posttraumatic 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 that students turn to for help. Responding to students, however, can be confusing and overwhelming. Our staff counselors have prepared this guide to assist you in responding to students in distress.

If you wish to consult with a RISD counselor or believe that a student should do so, we welcome the opportunity to help. Please call 401-454-6637 for assistance. We appreciate your role supporting students on campus, and hope that this guide will be useful to you. Thank you for your continued efforts in supporting student health and well being.

The Staff of Counseling and Psychological Services

We graciously thank our colleagues at the University of Maryland College Park as well as the University of Connecticut, as we have liberally borrowed from them to create this guide.

FACULTY AND STAFF GUIDE

Table of Contents

Responding to Student Emergencies	4
Referring a Student for Professional Help	5
Awareness of Cultural Differences	6
Responding to Emotional Distress	
Student who is Anxious	7
Student who is Demanding	8
Student who is Depressed	9
Student who has Disordered Eating	10
Student who may be Suicidal	11
Student who may be Severely Disoriented or Psychotic	12
Student who is Aggressive or Potentially Violent	13
Responding to Substance Abuse	14
Responding to Victims of Violence	
Abusive Dating Relationship	15
Sexual Assault	16
Responding to Students with Transition Issues	17
Responding to Students with Disabilities	18
Responding to Students with Choice of Major or Career Concerns	19
Campus Resources	20

Responding to Student Emergencies

RISD encourages and will support staff and faculty decisions to respond to students in distress. Students in distress often display behavior that may pose a threat to self or others.

Such behavior may include:

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

Campus resources for responding to mental health emergencies are:

For consultation with a mental health clinician, call the Office of Counseling and Psychological Services (CAPS) at 401-454-6637. CAPS is open Monday through Friday, 8:30am to 4:30pm. During these times, you may also walk the student to CAPS, located in Thompson House, 63 Angell Street, just above the Quad. **If a student is in crisis, a clinician will be available for consultation immediately.**

A clinician is on call for emergency consultation 24 hours a day, 7 days a week. Call Public Safety at 401-454-6666 and they will contact the counselor on call.

If the student requires immediate medical attention or hospitalization or is unmanageable (e.g., aggressive, hostile, refusing care), or if you feel directly threatened by a student or feel others are at risk, ***do not hesitate to call the Police at 911 or Public Safety at 454-6666.***

WHAT YOU CAN DO

- Move the student to a quiet and secure place if possible.
- Enlist the help of someone else so the student isn't left alone and you aren't left alone with the student.
- Listen attentively and respond in a straightforward and considerate way.
- 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; and an accurate description of the student.
- Alert the Office of Student Affairs (401-454-6600) and/or CAPS (401-454-6637) as soon as possible.

Referring a Student for Professional Help

WHEN TO REFER

In many cases of student distress, faculty and staff can provide adequate help through empathic listening, facilitating open discussion of problems, instilling hope, validating and normalizing concerns, conveying acceptance, giving reassurance and offering basic advice.

In some cases, however, students need professional help to overcome problems and to resume effective functioning.

The following signs indicate 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 ongoing counseling rather than consultation or advising.
- The student shows significant and marked changes in behavior and mood.

HOW TO REFER

- Speak to the student in a direct, concerned and caring manner.
- Because students may initially resist the idea of counseling, be caring but firm in your judgment that counseling would be helpful. Also, be clear about the reasons that you are concerned.
- Be knowledgeable in advance about the services and procedures of the Office of Counseling and Psychological Services (CAPS) and other campus help-giving agencies. The best referrals are made to specific people or services (you can find out about CAPS clinicians on the CAPS website).
- Suggest that the student call to make an appointment, and provide the phone number to CAPS (401-454-6637) as well as the location (Thompson House, 63 Angell Street.)
- 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. In some situations, you may find it wise to walk the student over to CAPS. You could review the CAPS website with the student as well.
- If you need help in deciding whether or not it is appropriate to make a referral, call CAPS (401-454-6637) for consultation with a clinician.
- CAPS staff can also come to your department or staff to speak further regarding referrals and CAPS procedures/services. Please call 401-454-6637 to schedule.

Awareness of Cultural Differences

Race, ethnicity, expression and cultural background, sexual orientation, gender identity, and other cultural identities are important to keep in mind as you help a distressed student. Reactions to racism, sexism, homophobia, ableism, etc., can affect the way in which emotional distress is manifested and also can impact help-seeking behavior. General barriers to seeking help — e.g., denial, fear of being labeled in a negative way, lack of information about campus resources — may be even more troublesome for students from underrepresented groups, especially if counseling is not a culturally relevant choice to make when help is needed. Communicating support, concern, and understanding is critical in reaching students who may feel isolated and marginalized.

Your sensitivity to the unique needs of international students, Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) students, students of color, non-traditional-aged college students, and other underrepresented groups can be important in helping students get assistance. Furthermore, being knowledgeable about campus resources that address the unique needs of underrepresented students is also important.

RESOURCES:

Intercultural Student Engagement

Ewing Multicultural Center
41 Waterman Street
phone: 401-277-4908
fax: 401-277-4937
email: ise@risd.edu

LGBTQ Support

Ewing Multicultural Center
41 Waterman Street
phone: 401-277-4957
email: ise@risd.edu

Residence Life

South Hall
30 Waterman Street
Monday-Friday, 8:30am-4:30pm
phone: 401 454-6650
fax: 401 454-6382
email: rlo@risd.edu

International Programs

(For study abroad advising)
Carr Haus, 3rd floor
phone: 401-454-6754

International Student Services

(For international student advising)
International Student Services Advisor
Carr Haus, 2nd floor
210 Benefit Street
401-709-8474

Responding to Emotional Distress

The Student Who is Anxious

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:

- stress
- panic
- avoidance
- irrational fears (losing control, phobias, dying, falling apart)
- excessive worry (ruminations and obsessions)
- sleep or eating problems
- depression

WHAT YOU CAN 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 Office of Counseling and Psychological Services (CAPS), 401-454-6637, 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.

The Student Who is Demanding

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 YOU CAN 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 behavior that disrupts class, study sessions, or consultations.
- Be prepared for manipulative requests and behaviors.
- Call the Office of Student Affairs (401-454-6600) for help with identifying strategies for dealing with disruptive behaviors.
- Refer the student to CAPS at 401-454-6637 for counseling.

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.

The Student Who is Depressed

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 challenges. It can be alleviated through the passage of time and/or the natural healing effects of social supports, daily routines, and simple coping strategies like distraction, a structured daily schedule, and exercise.
- Severe or chronic depression requires professional help.

Symptoms of depression can 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 can be highly responsive to both psychotherapy and medication.

WHAT YOU CAN 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 they have thoughts of suicide.
- Discuss clearly and concisely an action plan, such as having the student immediately call for a counseling appointment.
- Refer the student to the Office of Counseling and Psychological Services (401-454-6637).
- 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.

The Student Who Has Disordered Eating

Facts about eating disorders:

- Eating disorders are not necessarily about food, but food is the substance that people with eating disorders abuse. Eating disorders have both physical and psychological symptoms. They are characterized by problematic attitudes and feelings about food, weight and body shape, a disruption in eating behaviors and weight management, and intense anxiety about body weight and size.
- Eating disorders usually refer to Anorexia Nervosa, Bulimia Nervosa, and/or Binge Eating Behavior.
- Anorexia Nervosa is characterized by restricted eating, self-starvation and excessive weight loss.
- Bulimia Nervosa is characterized by recurrent episodes of overeating large amounts of food in a short period of time (the binge) followed by some form of purging.
- 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.

WHAT YOU CAN DO

- Select a time to talk to the student when you are not rushed and won't be interrupted.
- In a direct and non-punitive manner, indicate to the student all the specific observations that have aroused your concern, trying not to focus on body weight or food.
- Your responsibilities are not to diagnose or provide therapy; it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble find understanding, support, and the proper therapeutic resources.
- If the information you receive is compelling, communicate to the student your tentative sense that they might have an eating disorder as well as your conviction that the matter clearly needs to be evaluated.
- If you have any questions, contact Counseling and Psychological Services at 401-454-6637 or Health Services at 401-454-6625.

AVOID

- Avoid conflicts or a battle of the wills with your student.
- Avoid placing shame, blame, or guilt on your student regarding their actions or attitudes.
- Avoid giving simple solutions.
- Do not intentionally or unintentionally become the student's counselor.

Responding to Emotional Distress

The Student Who May Be Suicidal

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, drug and alcohol abuse, and bipolar disorder.
- People who are suicidal 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 alienation and isolation
- viewing death as a means of escape from distress
- previous suicide attempts
- personal or family history of depression and/or suicide
- personal or family history of suicide attempts
- substance abuse
- history of self-mutilation

Be confident to ask directly about suicide. Asking a student if they are suicidal will not put the idea in their head if it isn't there already and will make a secret no longer secret which is the first step to a solution.

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

Students who are at high risk usually have a specific plan, have a means that is lethal (e.g., medication, knife, gun), a time frame in which they will kill themselves and tend to be or feel isolated.

WHAT YOU CAN DO

- **Call 911 if the student is in immediate danger to themselves.**
- Talk to the student in private.
- Remain calm and take the lead.
- Take a student's disclosure as a serious plea for help ("I hear clearly that you are really considering killing yourself to just end the pain of how badly you are feeling").
- Ask the student directly about feelings and plans ("Are you thinking of killing yourself?" "How have you thought about doing it?").
- Express care and concern, and assure the student that you will help him or her reach a professional ("I believe and trust everything you are saying and that you have not gotten to this point easily. I am highly concerned for you and want you to believe and trust me now that seeking help can make a difference even if it doesn't feel this way right now").
- If the incident occurs during business hours, escort the student to CAPS located at Thompson House, 63 Angell Street.
- Call CAPS (401-454-6637) or, after hours, call Public Safety (401-454-6666) and ask them to contact the counselor on call.

AVOID

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

Responding to Emotional Distress

The Student Who May Be Severely Disoriented or Psychotic

Facts About Psychotic Thinking

The main feature of psychotic thinking is “being disconnected from reality.”

Symptoms include:

- speech that makes no sense
- extremely odd or eccentric behavior
- significantly inappropriate or an utter lack of emotion
- bizarre behavior that indicates hallucinations
- strange beliefs that involve a serious misinterpretation of reality
- social withdrawal
- inability to connect with or track normal communication
- extreme or unwarranted suspicion

Bipolar disorder involves periods of serious depression which can be combined with periods of extreme euphoria and frenzied thinking and behavior, the latter of which can reflect a poor connection with reality. A person with bipolar disorder can appear psychotic.

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

WHAT YOU CAN DO

- Consult with a professional at the Office of Counseling and Psychological Services (CAPS) (401-454-6637).
- Speak to the student in a direct and concrete manner regarding your plan for getting them to a safe environment.
- Accompany the student to CAPS (401-454-6637) or call (911) 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 with questions, pressure, etc.
- Arguing with unrealistic thoughts.
- Assuming the student understands you.
- Allowing friends to care for that student without getting professional advice.
- Getting locked into one way of dealing with the student. Be flexible.
- Assuming the family knows about the student's condition.

Responding to Emotional Distress

The Student Who Is Aggressive or Potentially Violent

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 may include:

- paranoia/mistrust
- a highly unstable school or vocational history
- a history of juvenile violence or substance abuse
- prior history of violence or abuse, including history of arrests
- fascination with weapons
- history of cruelty to animals as a child or adolescent
- impulse control problems
- fire-starting behaviors

IF A STUDENT THREATENS YOU BY EMAIL, MAIL OR PHONE:

- Threatening mail, phone calls and emails received at your home should be referred to your local police department and college officials.
- Mail, phone calls and emails received on campus should be referred to RISD's Office of Public Safety (401-454-6666).
- If you know the identity of the student making these threats, please contact the Office of Student Affairs (401-454-6600).

WHAT YOU CAN DO

- Assess your level of safety. **Call 911 if you feel in danger.**
- If you feel it is appropriate to stay with the student, remain in an open area with a visible means of escape (sit closest to the door and do not let the student get between you and the door).
- Enlist the help of a co-worker.
- Explain to the student the behaviors that are unacceptable
- Stay calm and set limits
- Use a time-out strategy (that is, ask the student to reschedule a meeting with you when the student has calmed down) if the student refuses to cooperate and remains aggressive or agitated
- Consult with professionals at Office of Student Affairs (401-454-6600).

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 signs that the student's anger is escalating.
- Touching the student or crowding his or her sense of personal space.
- Ignoring a gut reaction that you are in danger.

Responding to Substance Abuse

Signs that a student may have an alcohol problem:

- Failure to fulfill major work, school or home responsibilities.
- Specific school problems such as poor attendance, low grades, and/or recent disciplinary action.
- Drinking in situations that are physically dangerous, such as driving a car.
- Having recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk.
- Continued drinking despite having ongoing relationship problems that are caused or worsened by drinking.
- Mood changes such as temper flare-ups, irritability, and defensiveness.
- Physical or mental problems such as memory lapses, poor concentration, bloodshot eyes, lack of coordination, or slurred speech.

Signs that a student may have a drug problem:

- Experiencing withdrawal symptoms (e.g., nausea, restlessness, insomnia, concentration problems, sweating, tremors, anxiety).
- After reducing or stopping chronic drug use taking a drug in order to avoid withdrawal symptoms.
- Spending a lot of time getting, using, and recovering from the effects of a drug.
- Abandoning previously-enjoyed activities, such as hobbies, sports, and socializing, in order to use drugs.
- Neglecting school, work, or family responsibilities.
- Taking risks while high, such as starting a fight or engaging in unprotected sex.
- Continuing to use despite physical problems (e.g., blackouts, flashbacks, infections, injuries) or psychological problems (e.g., mood swings, depression, anxiety, delusions, paranoia) the drug has caused.
- Legal troubles because of drug use, such as arrests for disorderly conduct, driving under the influence, or stealing to support drug habit.

WHAT YOU CAN DO

- Treat the situation seriously.
- 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 the truth.
- Refer the student to the Office of Counseling and Psychological Services (401-454-6637).

AVOID

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

The Victim of an Abusive Dating Relationship

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

TITLE IX OFFICE:

Title IX Coordinator
 Sydney Lake
 Office 436
 20 Washington Place
 slake@risd.edu
 401-427-6919

WHAT YOU CAN DO

- See the student in private.
- Recognize that the student may be fearful and vulnerable.
- Remember that abusive relationships involve complex dynamics, including high levels of denial and, thus, are difficult to change.
- Be aware that interventions from a variety of sources increase the chances for change.
- Refer the student to the Office of Counseling and Psychological Services (401-454-6637).
- Encourage the student to call Public Safety when rape or violence is involved (401-454-6666 or 911).
- Encourage the student to connect with family and friends.

AVOID

- Downplaying the situation.
- Lecturing the student about poor judgment.
- Expecting the student to make quick changes.
- Pressuring students to follow any particular course of action (i.e. filing a police report).

The Survivor of Sexual Assault

Facts about Sexual Assault

- Sexual assault is sexual contact initiated against a person without consent.
- Consent can't be inferred from passivity or silence; nor can a current or previous relationship constitute consent.
- Consent may not be given by any individual who is intoxicated or incapacitated by drugs and/or alcohol both voluntarily or involuntarily consumed.

Examples of sexual assault include:

- completed or attempted rape
- threats of rape
- sexual coercion
- unwanted sexual contact with force or threat of force
- unwanted sexual contact without consent

Although most assaults are committed by men against women, men can be assaulted by women, and same-sex assaults also occur.

TITLE IX OFFICE:

Title IX Coordinator
 Sydney Lake
 Office 436
 20 Washington Place
 slake@risd.edu
 401-427-6919

WHAT YOU CAN DO

- If the student needs immediate medical attention, refer to:
 Health Services 401-454-6625 (office)
 Public Safety (24 hr EMTs) 401-454-6666
 Day One Sexual Assault Trauma & Resource Center 1-800-494-8100 (24 hr)
- If the student wishes to speak to someone confidentially, refer them to Counseling and Psychological Services at 401-454-6637 (office).
- Refer the student to our Title IX Coordinator at 401-454-6689 (office) who can discuss all of the options, institute immediate remedies, etc. The Coordinator will keep the information as private as possible but must evaluate the potential safety risk to the community.
- If the student wants to file a police report, student must go to the hospital so evidence can be collected. Students can contact Public Safety to arrange for hospital transport and for assistance filling a police report.

AVOID

- Expressing judgment even when high-risk behaviors on the part of the victim (e.g., intoxication) were involved.
- Pressuring the student to file a police report.

NOTE

It is important that the faculty member notify the TITLE IX Coordinator of the assault even if the student's name is not provided.

Responding to Students with Transition Issues

Facts about transitions:

- Transitions are times of change that usually involve both loss and opportunity.
- Entering college is one of life's most demanding transitions; arguably the most significant transition since the start of kindergarten.
- College students face many challenging transitions including graduating and entering the work force.
- The changes inherent in a transition can produce stress and challenge a student's coping resources.
- Students can experience a decline in functioning (academic, social, emotional) during transitions.
- Transition stress can be compounded by counterproductive coping mechanisms such as avoidance of stress-producing situations and people, excessive partying, denial of academic workload and alcohol abuse.
- Transitions can pose greater problems to students who have existing psychological problems or difficult life circumstances.
- Students going through a transition can benefit from counseling to enhance their coping efforts and prevent the onset of serious problems.

Signs that a student is having transition problems include:

- Anxiety symptoms such as nervousness, irritability, tearfulness, and sleep problems.
- Depressed mood.
- Difficulty managing responsibilities or relationships.
- Homesickness that goes on for a significant period of time.

WHAT YOU CAN DO

- Convey to the student that transition stress is normal and often brings a temporary decline in performance
- Encourage that student to use positive coping strategies to manage transition stress including: regular exercise, use of social support, a reasonable eating and sleeping regimen, and scheduling pleasurable activities
- Refer the students to the Office of Counseling and Psychological Services (CAPS) (401-454-6637) if performance problems persist beyond a reasonable amount of time, or if the symptoms are acute, or if the student feels he/she could benefit by talking with someone about it.

AVOID

- Assuming that the student understands the impact of transitions and is aware of the source of stress.
- Minimizing or trivializing the student's feelings and reactions
- Discounting or overlooking factors that put the student at risk of more serious problems

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 Office of Disability Support Services (DSS), located in Carr House (401-709-8460).
- Students with physical disabilities may present 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 YOU CAN DO

- Remember that any student requesting accommodations must have valid documentation on file with DSS and present verification of approved accommodations in letter-form.
- 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 Office of Disability Support Services, Carr House, 2nd floor.
- Be open to follow-up consultation with DSS regarding accommodations for the student.

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.
- Assuming there is nothing you can do to accommodate the student's learning differences.

Responding to the Student with Choice of Major or Career Concerns

Career Services can help students who have questions about their majors or their prospective careers.

For the student who is undecided about a major:

Many students struggle with the decision of their major. Self-exploration is the course of action for students choosing to identify a potential major. The Division of Foundation Studies and other offices on campus sponsor opportunities that educate students about available majors and careers. Students are encouraged to visit the various departments during their first semester or during Wintersession.

For the student who is undecided about a career path:

Many students will choose a major but need assistance with understanding traditional and nontraditional career paths. Students often associate the better-known professions with their course of study and need assistance with career exploration to understand professions that they did not know existed. Students will often need assistance in realizing that the path to a particular career is not necessarily linear. A major in “X” does not limit you to a profession in “Y.”

For the student who is looking to gain experience or employment:

Students may want to clarify their career goals and by having experiential learning opportunities to confirm their choice of major and occupational interests.

Students may need assistance with developing a comprehensive job search process using various methods and resources to assist with obtaining employment.

Career Services resources to address student’s concerns:

Career Services Staff are professionals skilled in the area of career counseling and can support students with all phases of the process of choosing a major or career direction. Please call or check the website for location; their telephone number is 401-454-6614, and their website is <http://www.risdcareers.@risd.edu>.

Campus Resources

Emergencies

Public Safety

Call 911 for emergencies

401-454-6666

Student Affairs Offices

Academic Advising Offices

401-454-6600

Career Services

401-454-6614

Center for Student Involvement

401-454-6602

Community Services

401-454-8459

Counseling Services (CAPS)

401-454-6637

Disability Support Services (DSS)

401-709-8460

Health Services

401-454-6625

International Student Services

401-709-8474

Intercultural Student Engagement

401-277-4908

Residence Life

401-454-6650

Student Affairs

401-454-6600

Academic and Administrative Offices

Academic Affairs

401-454-6594

Financial Aid

401-454-6661

Foundation Studies

401-454-6176

Graduate Studies

401-454-6131

Human Resources

401-454-6606

International Programs

401-454-6754

Legal Services (to schedule appointment)

401-454-6602

Liberal Arts

401-454-6572

Registrar

401-454-6151

Student Accounts/Accounts Receivable

401-454-6442

Title IX Coordinator

401-454-6689

Writing Center

401-454-6486