

A FACULTY + STAFF GUIDE TO STUDENT SAFETY + WELLBEING

Division of Student Affairs
RHODE ISLAND SCHOOL OF DESIGN

UPDATED 09/2020

TABLE OF CONTENTS

USING THIS GUIDE.....	4
SIGNS OF DISTRESSED, DISRUPTIVE, AND DANGEROUS BEHAVIORS	5
STUDENT WELLBEING QUICK REFERENCE GUIDE FOR OBSERVED BEHAVIOR.....	6
STRATEGIES FOR DEALING WITH DISTRESSED STUDENTS.....	7
REFERRING A STUDENT FOR PROFESSIONAL HELP.....	9
AWARENESS OF CULTURAL DIFFERENCE	10
RESPONDING TO EMOTIONAL DISTRESS.....	11
THE STUDENT WHO IS ANXIOUS	11
THE STUDENT WHO IS DEMANDING / DISRUPTIVE	12
THE STUDENT WHO IS DEPRESSED.....	13
THE STUDENT WHO HAS DISORDERED EATING	14
THE STUDENT WHO MAY BE SUICIDAL	15
THE STUDENT WHO MAY BE SEVERELY DISORIENTED OR PSYCHOTIC.....	16
THE STUDENT WHO IS AGGRESSIVE OR POTENTIALLY VIOLENT	17
RESPONDING TO SUBSTANCE ABUSE	18
RESPONDING TO VICTIMS OF VIOLENCE.....	19
THE VICTIM OF AN ABUSIVE RELATIONSHIP	19
THE SURVIVOR OF SEXUAL ASSAULT.....	20
RESPONDING TO TRANSITION ISSUES	21
RESPONDING TO STUDENTS WITH DISABILITIES	22
CAMPUS RESOURCES	23
IMPORTANT PHONE NUMBERS	23
SAMPLE STUDENT BEHAVIOR CONTRACT.....	24
CARE NETWORK REFERRAL.....	25
WELLBEING + HEALTH AND SAFETY CHECKS GUIDE.....	26
WELL BEING CHECK.....	26
HEALTH AND SAFETY CHECK	26

USING THIS GUIDE

RISD is committed to the health and safety of all members of our community. To safeguard our community, the CARE Network has developed a comprehensive referral system to help students get connected to the academic support and student wellness services they need. This referral system is one element of a safe and supportive campus community.

Faculty and staff work closely with students in every aspect of the college experience and therefore are poised to help students who are struggling. Knowing how to respond can be challenging. This guide is intended to empower you with knowledge that will guide an appropriate response. Understanding how to interpret signs of distress, disruption and danger is important and also requires an understanding of the context of the individual and the environment.

SIGNS OF DISTRESSED, DISRUPTIVE, AND DANGEROUS BEHAVIORS

DISTRESSED

- Tearfulness
- Social isolation, withdrawal, or lethargy
- Inability to focus on a specific topic in a conversation or activity
- Disorganized thinking and speech, feelings that are inappropriate to the situation, lack of affect, or other evidence that student is “out of touch with reality”
- Expressions of feelings of persecution, strong mistrust of others
- Signs of excessive alcohol or drug use
- Expressions of general unhappiness over a period of several weeks
- Frequent class absence or “disappearance” over extended periods
- Gain or loss of significant amounts of weight
- Abrupt change in manner, style, or personal hygiene
- Increasing dependence on you (by making excessive appointments, hanging around your office or after class) or others

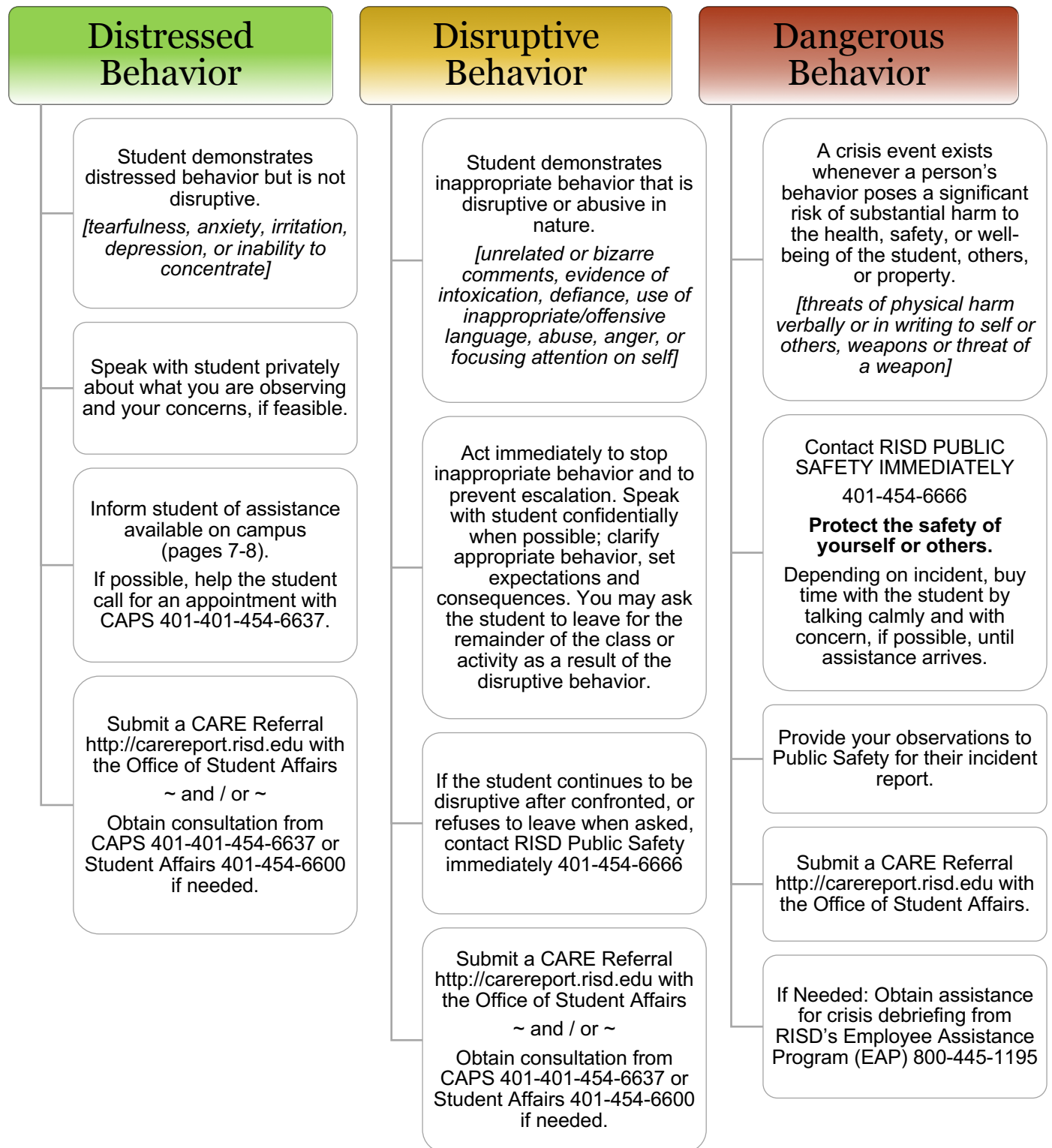
DISRUPTIVE

- Taking/making calls, texting, or using smart phones for social media, during class times
- Frequent interruption while talking or repeatedly asking irrelevant, off-topic questions
- Crosstalk or carrying on side conversations while you are trying to speak
- Interruptions in conversation, frequent unnecessary use of the rest room, or smoke breaks that have a student up and down in class
- Poor personal hygiene that makes it difficult to continue a conversation or teach class
- Excessive sighs or eye rolls or other gestures that disrupt the class environment
- Attending a meeting while under the influence of a substance or being intoxicated in class
- Overtly disrespectful talk to staff, faculty, or other students
- Arguing points of contention or asking for special treatment after staff or faculty ask the student to stop

DANGEROUS

- Bullying behavior focused on students, faculty, or staff in the classroom, in the residence halls or elsewhere.
- Directly communicated threats to staff, faculty or students, such as “I am going to kick your ass” or “If you say that again, I will end you”
- Self-injurious behavior such as actively cutting or burning during a meeting or class
- Physical assault such as pushing, shoving, or punching
- Throwing objects or slamming doors
- Conversations that are designed to upset others such as descriptions of weapons, killing, or death
- Psychotic, delusional, or rambling speech
- Extremist speech that dehumanizes a particular group

STUDENT WELLBEING QUICK REFERENCE GUIDE FOR OBSERVED BEHAVIOR



STRATEGIES FOR DEALING WITH DISTRESSED STUDENTS

STRATEGIES FOR DEALING WITH DIFFICULT SITUATIONS

Office and frontline staff often have direct contact with students. They may be the initial responders to students who are in crisis, angry, verbally abusive, or potentially dangerous. These general suggestions can be utilized with the behavior pattern “dos” and “don’ts” identified in each section of this document. The following guidelines provide general principles for effective verbal intervention.

Remain Calm

Recognize that the verbally escalating person is beginning to lose control. If the person senses that you are also losing control, the situation may get worse. Try to keep your emotions under control, even when challenged, insulted, or threatened. This may be easier said than done, especially when a student is making threats, or using abusive language, but it is important in de-escalating the situation.

Be Empathetic

Try not to judge or discount the feelings of others. Whether or not you think the feelings are justified, those feelings are real to the other person. You may want to acknowledge them by saying things like, “I understand that this is very frustrating for you” or “I’m sorry that you’re feeling distressed about...” .

Watch Your Body Language

As a person becomes increasingly agitated, they will likely pay less attention to your words and more attention to your body language. Be aware of your use of space, posture, and gestures. Avoid gestures that might seem threatening. Make sure your nonverbal behavior is consistent with your verbal message.

Respect Personal Space

Maintain a safe distance (at least 2 - 3 feet) from an agitated person. Invading personal space tends to increase the individual’s anxiety and may lead to increased agitation.

Keep It Simple

Be clear and direct in your message. Avoid jargon and complicated choices. A person who is beginning to lose rational control may not be processing information as they usually do. Complex messages may increase anxiety and make self-control more difficult.

Set and Enforce Reasonable Limits

If the person becomes belligerent, defensive or disruptive be sure to state limits and directives clearly and concisely. When setting limits, offer choices and consequence. For example, “If you calm down, I can continue to assist you. If not, you will need to leave.”

Consider saying “It’s not my role to make that kind of decision here at the institution. Let me locate someone who can help you.” or “It’s hard for me to understand what you are saying when you are shouting. Please lower your voice so that I can better help you.”

Request Assistance When Necessary

If you perceive a threat, call RISD Public Safety at 401-454-6666. In such situations your safety and those of others in your area are of utmost importance. The use of telephone “code words” or alarm buttons may be a good strategy and should be discussed and developed within your department.

If the student is angry or demanding but you do not sense an immediate threat, they can be referred to your supervisor or to Counseling and Psychological Services (CAPS) at 401-454-6637.

Document The Incident

Submit a CARE Referral (carereport.risd.edu) to the Office of Student Affairs.

SOME THINGS YOU MIGHT SAY:

- *“What has helped when you’ve felt down in the past?”*
- *“If money, time, and other practical concerns were put aside, what would help right now?”*
- *“Does anyone in your life know that you’re struggling with this?” →
“What suggestions have they had?”*
- *“How have you been handling everything?”*
- *“Asking for help is really hard, and I’d be glad to help you figure something out.”*
- *“I’m wondering if seeing a counselor might be helpful for you. Have you ever considered going to CAPS?”*
- *“I’m sorry you’re going through this. Thank you for telling me.”*
- *“There are several resources available to support you. I’d be happy to tell you about them if you’re interested.”*

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.
- Suggest that the student call to make an appointment, and provide the phone number to CAPS (401-454-6637) as well as the location (72 Pine 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 CAPS yourself while the student waits with you. You may review the CAPS website with the student as well - healthandwellness.risd.edu.
- If you need help in deciding whether or not it is appropriate to make a referral, call CAPS at 401-454-6637 for consultation with a clinician.
- CAPS staff can also come to your department to speak further regarding referrals, procedures, and services. Please call 401-454-6637 to schedule.

AWARENESS OF CULTURAL DIFFERENCE

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 negatively 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, Intersex (LGBTQIA+) students, BIPOC students, non-traditional-aged college students, and students with other underrepresented identities can be important in bridging students to assistance. Furthermore, being knowledgeable about campus resources that address the unique needs of underrepresented students is also important.

RESOURCES

SOCIAL EQUITY + INCLUSION (SEI)

293 South Main Street
401-277-4946
sei@risd.edu

INTERCULTURAL STUDENT ENGAGEMENT (ISE)

Ewing Multicultural Center
41 Waterman Street
401-277-4908
ise@risd.edu

OFFICE OF INTERNATIONAL STUDENT SERVICES (OISS)

Carr House, 3rd Floor
210 Benefit Street
401-277-4957
oiss@risd.edu

RESIDENCE LIFE

South Hall
30 Waterman Street
401-454-6650
housing@risd.edu

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 may include:

- Stress
- Panic
- Avoidance
- Irrational fears (fears of losing control, phobias, dying, etc.)
- Excessive worry (ruminations and obsessions)
- Sleep or eating problems
- Depression

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 and Psychological Services (CAPS), 401-454-6637.

AVOID

- Overwhelming the student with unnecessary 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 / DISRUPTIVE

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, 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
- Dependence
- Fears about handling life

NOTE

If, in your best judgement the disruptive/ demanding student seems verbally aggressive or threatening –

CALL PUBLIC SAFETY
IMMEDIATELY
401-454-6666

WHAT TO DO

- Remain calm, professional, and in control.
- Intervene as soon as the behavior presents. Be consistent with your interventions.
- Give the class a break. Ask the student to stay and talk to you or ask the student to talk to you after class.
- Talk to the student in a place that is safe and comfortable.
- Briefly and directly convey to the student that the behavior exhibited is unacceptable and must be resolved
- Report interaction to Student Affairs via: incidentreport.risd.edu
or
- Call Student Affairs 401-454-6600 for help with identifying strategies for dealing with disruptive behaviors.

AVOID

- Arguing or responding with anger to the student.
- Capitulating to inappropriate requests.
- Adjusting your schedule or policies to accommodate the student.
- Ignoring inappropriate behavior that has a negative 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.

RESPONDING TO EMOTIONAL DISTRESS

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.

NOTE

If the student is having thoughts of self-harm, suicide, or thoughts of harming others, or expresses other concerning behaviors:

CALL PUBLIC SAFETY
IMMEDIATELY
401-454-6666

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 they have thoughts of suicide. "Do you feel like you want to hurt yourself?"
- Discuss a clear action plan, such as having the student immediately call for a counseling appointment or counseling referral.
- Refer the student to the Counseling and Psychological Services 401-454-6637.

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 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/or intense anxiety about body weight and size.

Eating disorders usually refer to Anorexia Nervosa, Bulimia Nervosa, and/or Binge Eating Disorder.

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 TO 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 your concern to the student and encourage connection with Counseling and Psychological Services or Health Services.
- If you have any questions, contact Counseling and Psychological Services at 401-454-6637 or Health Services at 401-454-6625.

AVOID

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

THE STUDENT WHO MAY BE SUICIDAL

FACTS ABOUT SUICIDE

Although suicide is a rare event, it is the second leading cause of death among individuals between 10 and 34 years of age.

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-injury

Be confident, 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. By asking, you 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 TO DO

- **Call Public Safety IMMEDIATELY 401-454-6666 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, call CAPS 401-454-6637 for next steps or, after hours, call Public Safety 401-454-6666.

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.

NOTE: Students who share suicidal thoughts **MUST** be reported to **Counseling and Psychological Services 401-454-6637.**

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.

NOTE

If, in your best judgement the student seems verbally aggressive or threatening –

CALL PUBLIC SAFETY
IMMEDIATELY
401-454-6666

WHAT TO DO

- Consult with a professional at 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.
- 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 themselves or others.
- Contact Public Safety 401-454-6666 if there are concerns for the student’s safety.

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 or email received at your home should be referred to your local police department and college officials.
- Mail, phone calls or email received on campus should be referred to Public Safety 401-454-6666.

WHAT TO DO

- Assess your level of safety. Call RISD Public Safety 401-454-6666 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 (position yourself 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 if the student refuses to cooperate and remains aggressive or agitated, ask the student to reschedule a meeting with you when the student has calmed down
- Consult with professionals at Student Affairs 401-454-6600.

AVOID

- Staying in a situation in which you feel unsafe.
- Meeting alone with the student.
- Engaging in a yelling 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 their sense of personal space.
- Ignoring a gut reaction that you are in danger.

NOTE: Students who make threats of violence should be reported IMMEDIATELY to RISD Public Safety at 401-454-6666.

RESPONDING TO SUBSTANCE ABUSE

Signs that a student may have an alcohol or drug problem:

- Failure to fulfill major work, school or home responsibilities
- Specific school problems such as poor attendance, low grades, 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 substance use despite having ongoing relationship problems that are caused or worsened by using
- 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
- Experiencing withdrawal symptoms (e.g., nausea, restlessness, insomnia, concentration problems, sweating, tremors, anxiety)
- Using substances in order to avoid withdrawal symptoms.
- Spending a lot of time getting, using, and recovering from the effects of substances
- Abandoning previously-enjoyed activities, such as hobbies, sports, and socializing
- Neglecting school, work, or family responsibilities
- Taking risks while high or drunk, 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)
- Legal troubles such as arrests for disorderly conduct, driving under the influence, or stealing to support the drug habit

WHAT TO 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 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.

Responding to Victims of Violence

THE VICTIM OF AN ABUSIVE 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

WHAT TO DO

- Talk to 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 Title IX Office 401-454-6919
- Encourage the student to connect with family and friends.

AVOID

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

Office of Institutional Discrimination + Title IX

SYDNEY LAKE

*Institutional Discrimination Officer + Title IX
Coordinator*

20 Washington Place, Room 353

slake@risd.edu

401-427-6919

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 does the existence of a current or previous relationship denote consent.

Consent may not be given by any individual who is incapacitated by drugs and/or alcohol whether 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, assaults occur regardless of the gender of the involved parties.

WHAT TO DO

- If the student needs immediate medical attention, refer to Public Safety 401-454-6666. Public Safety staff are on campus 24 hours per day and many officers are EMTs.
- Refer the student to our Title IX Office at 401-454-6689. Staff can discuss all of the options, institute immediate remedies, etc. Title IX staff keep information as private, as possible while evaluating any potential safety risk to the community.

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 the **EXPECTATION** that any RISD employee who receives a report of sexual assault and/or domestic partner violence etc. notify the **TITLE IX** office even if the student's name is not provided: 401-427-6919.

Office of Institutional Discrimination + Title IX

SYDNEY LAKE

*Institutional Discrimination Officer + Title IX
Coordinator*

20 Washington Place, Room 353

slake@risd.edu

401-427-6919

RESPONDING TO TRANSITION ISSUES

FACTS ABOUT TRANSITION

Transitions are times of change that usually involve both loss and opportunity.

Entering college is one of life's most demanding transitions. 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 counter-productive coping mechanisms such as avoidance of stress-producing situations and people, excessive partying, denial of academic workload and substance 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 TO DO

- Convey to the student that transition stress is normal and often brings a temporary decline in performance.
- Encourage the 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 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 they may 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 DISABILITIES

Students with documentation of a physical, learning or psychiatric disability are eligible to access accommodations through Disability Support Services (DSS) 401-709-8460; disabilitysupportservices@risd.edu.

Students with physical disabilities may have classroom access needs associated with limitations in mobility, speaking, hearing, and/or vision.

Students with medical disabilities may experience difficulties with participation in their academic programs due to the condition itself or the ongoing treatment protocol.

Students with learning disabilities have neurological differences that may affect 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/or debilitating psychological conditions that interfere with their ability to participate in the routine educational program

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 are entitled to reasonable accommodations.

WHAT TO 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, 401-709-8460; disabilitysupportservices@risd.edu
- 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 that can be done to accommodate the student's disability.

Campus Resources

IMPORTANT PHONE NUMBERS

Public Safety (emergency line)	401-454-6666
Public Safety (non-emergency line)	401-454-6376
Academic Affairs	401-454-6594
Career Center	401-454-6614
Center for Arts & Language	401-454-6486
Counseling and Psychological Services (CAPS)	401-454-6637
Disability Support Services (DSS)	401-709-8460
Health Services	401-454-6625
Student Financial Services	401-454-6661
Experimental and Foundations Studies	401-454-6176
Graduate Studies	401-454-6131
Human Resources	401-454-6606
RISD Global	401-454-6754
Office of International Student Services	401-709-8474
Intercultural Student Engagement	401-277-4908
Liberal Arts	401-454-6572
Residence Life	401-454-6650
Office of Student Affairs	401-454-6600
Registrar	401-454-6151
Office of Institutional Discrimination + Title IX	401-454-6689

SAMPLE STUDENT BEHAVIOR CONTRACT

CLASSROOM BEHAVIOR

- I expect students to demonstrate restraint and maturity at ALL times; both in class and in their groups.
- Being courteous in class and groups does not mean that you have to agree with everything that is being said. However, the expectation is that dialogue will be respectful. If you disagree with me (or I with you) it is a good idea to discuss the situation at a time when you are not angry. Failure to demonstrate courtesy and respect toward others will result in your removal from the class.
- Students are expected to refrain from using cell phones during class meeting times.
- Also, I ask that you do not study material from other classes during this class. If you feel that you must spend our class time studying or doing homework, please go to the library.

ACCEPTANCE OF CLASS TERMS

I have read all portions of the online syllabus and class schedule and have been given an opportunity to ask questions for clarification. I understand that all of the requirements and expectations will apply equally to all students in this class.

I understand that not every expectation is listed in the syllabus. No instructor can list every rule imaginable. I will use common sense and behave in a responsible manner. Additionally, I understand that failure to comply with this and any other agreement set forth by this or any other instructor will result in further action via the student conduct process as outlined by the RISD Code of Student conduct found at <https://policies.risd.edu/student-life/code-of-student-conduct/> specifically, sections IV C8.c Failure to comply/non-compliance.

Name: _____
Signature: _____
RISD ID: _____
Student Mobile: _____
Date: _____

Print name, sign, date, and turn this page in to Instructor

CARE NETWORK REFERRAL

Any member of the RISD Community who is concerned about a student's well-being may share their concerns by submitting a Care Referral. Care Referrals are reviewed by the Student Affairs Office and the CARE Network. Based on the information received, the CARE Network will determine the best plan of outreach. If more information is needed, a member of the staff may contact you directly for more information.

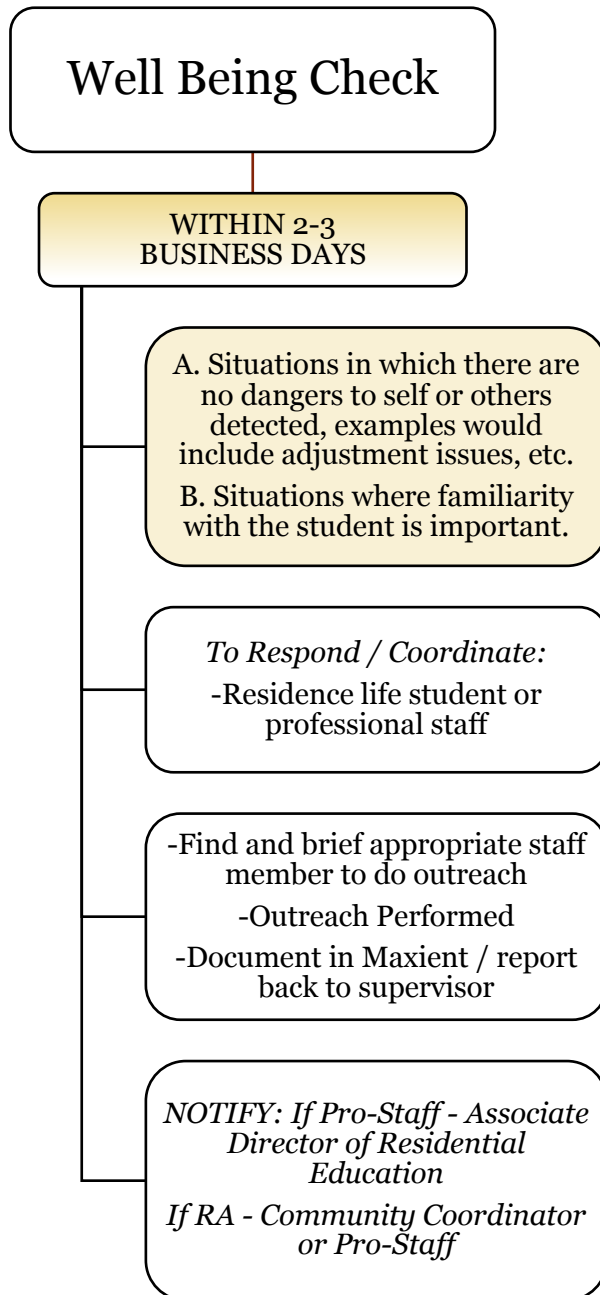
CARE Referrals are only monitored during normal business hours (M-F 8:30am - 4:30pm) and should not be used to report emergencies or over weekends. Those concerns should be sent to RISD Public Safety by calling 401-454-6666. Additionally, the referral should not be used to report singular academic occurrences like 1 missed class or meeting, missed assignments or to report disclosed medical information.

CAREREPORT.RISD.EDU

Some reasons for submitting a CARE Referral include but are not limited to:

- A student experiencing mood or behavior changes (aggression, crying, short-tempered, etc.)
- A significant change in a student's academic performance
- A major change in the student's life (financial status, living arrangements, illness/injury, death of a loved one)
- A student not caring for their own personal hygiene
- Concerning language or imagery in an assignment or email
- Disruptive behaviors in class that are unmanageable
- Excessive absence from class, with no response to your outreach or a response from the student that includes concerning information
- A student has shared with you concerning information about another student

WELLBEING + HEALTH AND SAFETY CHECKS GUIDE



WELL BEING CHECK

Any check where there is a concern about student behavior, but it isn't deemed an emergency and there is no imminent safety risk.

Residence Life would normally (unless otherwise directed) run point.

HEALTH AND SAFETY CHECK

Any check that would need either a near immediate or immediate response in regards to well-being and safety.

Public Safety would run point on the scene (unless otherwise directed) with Residence Life / Student Affairs / CAPS assistance.

Health + Safety Check

