



Behavioral Intervention Team

ASSISTING THE DISTRESSED STUDENT

A practical guide for MSU
Administration/Faculty/Staff

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Behavioral Intervention Team

The Behavioral Intervention Team (BIT) is a formal institution-wide committees whose charge is to link students of concern to campus and community resources. This includes assisting in an *Imminent*, *Urgent*, or *Uncertain* situation involving students, staff, and faculty on campus.

BIT

BIT coordinates MSU resources to address the needs of students who are experiencing behavioral disturbances, in order to recommend collaborative and purposeful interventions aimed at helping students achieve success. The BIT process is also designed to provide members of the MSU community, who have concerns regarding students' behavior, with an easily-accessible avenue to refer these concerns. Following receipt of a refer, BIT will, when appropriate, identify assistance and/or referral recommendation options to the student, toward the ultimate goals of student health, safety, success, and retention. Staff and faculty can refer a concern anonymously to the BIT team, by completing the ["BIT Referral"](#) form.

BIT MISSION

The campus BIT engages in proactive and collaborative approaches to identify, assess, and mitigate risks associated with students, faculty, staff, and visitors exhibiting concerning behaviors or thoughts. By partnering with members of the community, the BIT strives to promote individual student, faculty, and staff wellbeing and success while prioritizing community safety.

BIT Members

Kevin Harmon, Chair	Student Affairs	858-3140
Renee Duncan	Nursing Faculty	858-4133
Gary Orluck	Security	500-2423
Erik Kana	Academic Affairs	858-3064
Tammy Wolf	Tutoring and Starfish	858-3360
Nancy Mickelson	Counseling Services	858-3371
Melissa Fettig	Student Health and Counseling Services	858-3371
Troy Roness	Counseling Services	858-3102
Andrew Heitkamp	Veterans Center	858-4002
Karina Stander	Residence Life	858-3993
Dr. Sophia Rammell	Faculty Representative	858-3515

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

Introduction

Dear Colleagues,

Pursuing one's educational goals should be a journey of wonder, exhilaration, and discovery. Our role as educators is not only to fuel the mind, but also to support the development of each student so that the vital learning processes of intellectual inquiry and cognitive engagement are supported by a healthy physical and mental outlook.

At Minot State University, we have a strong program of support in place for our students in need of mental health counseling and intervention. The high caliber of this program is due to the commitment of our dedicated faculty, staff, consultants, and interns who provide these important services. We are proud to be able to serve students in such a holistic manner and to provide high quality support.

Addressing the needs of the “whole” student requires collaboration between you, our colleagues in student support services, and our students in need. Please use this guide to assist you in responding to students who may need counseling or support. I encourage you to complete the [“BIT Referral”](#) form or contact any of the individuals listed on Page 3 of this guide for assistance in handling difficult situations arising in the classroom, computer labs, athletic fields, or anywhere else our students may need us.

On behalf of Minot State University, I thank you for your empathy, support, and steadfast commitment to each student's development, as they pursue their educational dreams. SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

Warm regards,

Dr. Steven Shirley

President

Minot State University

Acknowledgements

This guide is a result of collaborative efforts of many college educators throughout the nation dedicated to providing an optimal learning environment for all students. Special thanks to National Association of Behavioral Health Intervention Team Association, West Valley College, and the MSU Behavioral Intervention Team. The committee and authors of this manual consist of Lisa Dooley, Renae Duncan, Melissa Fettig, Devin McCall and Nancy Mickelson.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

SEE SOMETHING.

MSU faculty/staff are in a unique position to demonstrate compassion for MSU students in distress.

Both undergraduate and graduate students may feel alone, isolated, and even hopeless when faced with academic and life challenges. These feelings can easily disrupt academic performance and may lead to dysfunctional coping and other serious consequence.

You may be the first person to **SEE SOMETHING** distressing in a student since you have frequent and prolonged contact with them. Minot State University requests that you act with compassion when dealing with such students.

SAY SOMETHING.

Students exhibiting troubling behaviors in your presence are likely having difficulties in various settings including the classroom, with roommates, with family, and even in social settings.

Trust your instincts and **SAY SOMETHING** if a student leaves you feeling worried, alarmed, or threatened!

DO SOMETHING.

Sometimes students cannot, or will not turn to family or friends. **DO SOMETHING!** Your expression of concern may be a critical factor in saving a student's academic career or even their life.

The purpose of this guide is to help you recognize symptoms of student distress and identify appropriate referral to campus resources.

Signs of Distress

Academic indicators	Physical Indicators	Safety Risk Indicators	Psychological Indicators
<ul style="list-style-type: none"> ⇒ Sudden decline in quality of work and grades ⇒ Repeated absences ⇒ Bizarre content in writings or presentations ⇒ You find yourself doing more personal rather than academic counseling during office hours 	<ul style="list-style-type: none"> ⇒ Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss/gain ⇒ Excessive fatigue/sleep disturbance ⇒ Intoxication, hangover, or smelling of alcohol ⇒ Disoriented or “out of it” 	<ul style="list-style-type: none"> ⇒ Unprovoked anger or hostility ⇒ Implying or making a direct threat to harm self or others ⇒ Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness, isolation, despair, acting out, suicidal ideations/violent behaviors—a “cry for help” ⇒ Communicating threats via email, correspondence, texting, or phone calls 	<ul style="list-style-type: none"> ⇒ Self-disclosure of personal distress, family problems, financial difficulties, contemplating suicide, grief ⇒ Excessive tearfulness, panic reactions, irritability or unusual apathy ⇒ Verbal abuse (e.g. taunting, badgering, intimidations) ⇒ Expression of concern about the student by his/her peers

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPPA) permits communication about a student of concern in connection with a health and safety emergency. Observations of a student’s conduct or statements made by a student are not FERPA protected. Such information should be shared with appropriate consideration for student privacy.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

Guidelines for Intervention

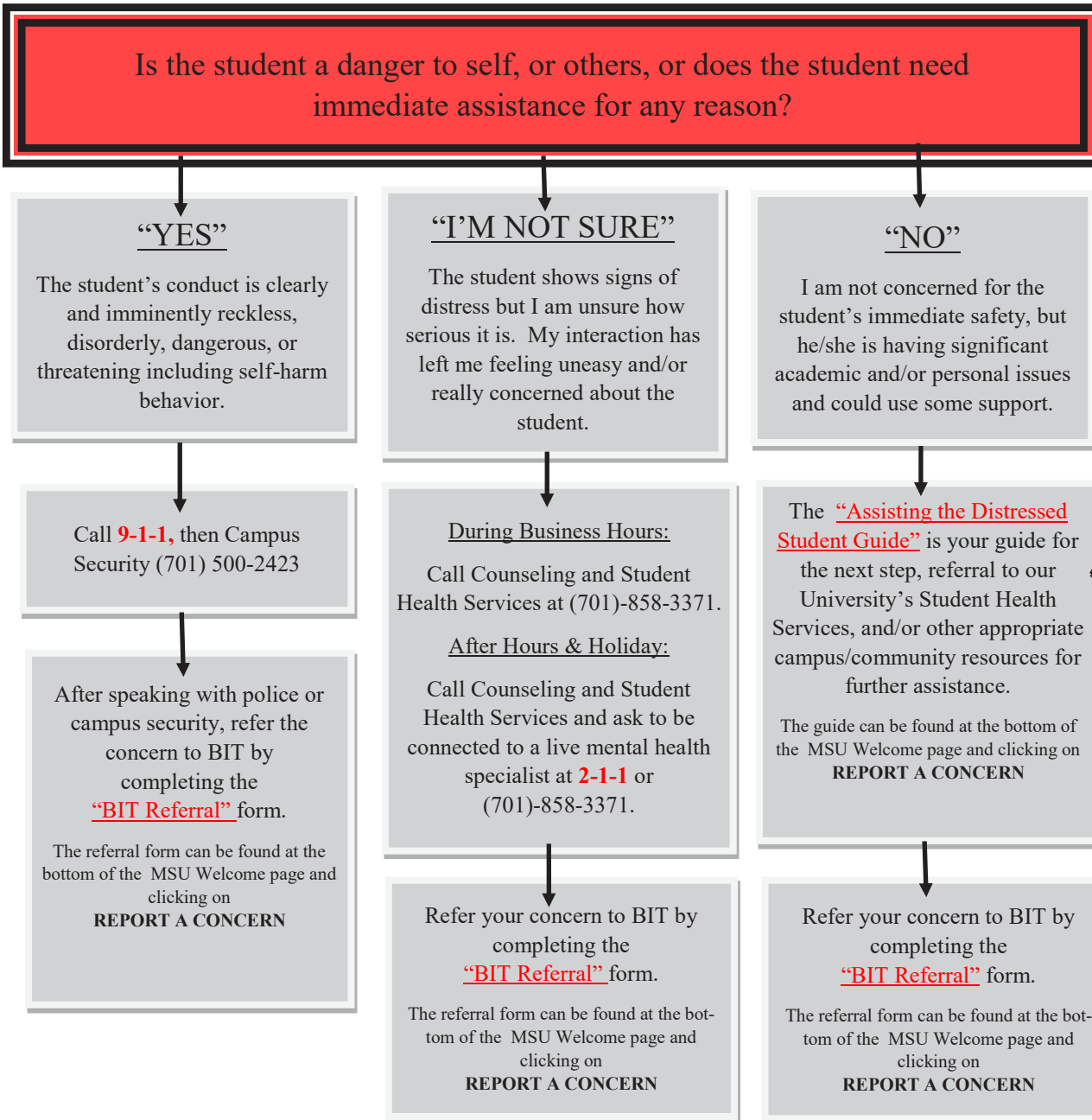
Openly acknowledge to students that you are aware of their distress, you are sincerely concerned about their welfare, the welfare of those around them, and that you are willing to help. Exploring their alternatives can have a profound effect. We encourage you, whenever possible, to speak directly and honestly to a student, when you sense academic and/or personal distress.

1. Request to see the student in private. This may help minimize embarrassment and defensiveness.
2. Briefly acknowledge your observations of them (specific to behaviors and or performance); express your concerns directly and honestly.
3. Listen carefully to what the student may be troubled about and try to see the issues from his/her point of view without necessarily agreeing or disagreeing.
4. Attempt to identify the student's problem or concern, as well as your concerns or uneasiness.
5. Unusual and inappropriate behaviors should not be ignored. Comment directly on what you have observed.
6. Involve yourself in the process as it impacts your immediate work area and situation. At times, in an attempt to reach or help a troubled student, you may become more involved than time or skill permits.
7. You are legally responsible in terms of the mandatory reporting of child abuse and elder abuse (contact a BIT member (see page 3) for assistance). Extending oneself to others always involves some risk-taking, but it can be a gratifying experience when kept within realistic limits.
8. Refer your concern to BIT by completing the online ["BIT Referral"](#) form.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

Quick Guide for Addressing Students of Concern

Follow the chart to determine who to contact when faced with a distressed or distressing student.



On Campus	
VP Student Affairs	701-858-3140
University Counseling Services	701-858-3371
Student Health Clinic	701-858-3371
Title IX/ Sexual Harassment Office	701-858-3447
Campus Housing	701-858-3363
Campus Ministries	701-858-4170
Campus Security	701-500-2423
Tutoring	701-858-3360
Access Services	701-858-3371
Wellness Center	701-858-3485
Veteran Services	701-858-4003
Athletic Department	701-858-3040
In the Community	
Police Non-emergent	911 701-852-0111
National Suicide Prevention Life-line	800-273-8255
North Central Human Services	701-857-5800
Northland Community Health Center	701-852-4600
Domestic Violence Crisis Center	701-852-2258
YWCA Women and Children’s Homeless Shelter	701-838-1812
The Village Family Services	701-852-3328
Trinity Riverside Mental Health	701-857-5998
Trinity Hospital	701-857-5000
Salvation Army Food Pantry	701-838-8925

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

Personal Counseling on Campus

Lura Manor, south entrance, lower level

MSU Counseling Services are designed for students who can benefit from short-term mental health intervention such as personal development, coping with conflict, improving self-understanding and interpersonal relationships, time management, and developing realistic career plans. The initial assessor determines if the student requires long-term counseling; and if so the student will likely be referred to a more appropriate off-campus resource.

Early intervention is preferable to crisis intervention. When you discuss a referral for personal counseling services with a student, it is helpful for the student to hear in a clear, concise manner your concerns and why you think counseling would be helpful. Share information about on-campus services available. All services are free to enrolled students. All discussions are confidential, except when the student presents a danger to self or others, or when the counselor has reasonable suspicion that child or elder abuse is occurring. These situations mandate reporting.

Placing the initiative on the student to seek an appointment increases his/her personal responsibility and commitment to come in for counseling. There may be urgent times when it is best for you to call to make an appointment with the student or to accompany them to a counselor on campus (e.g. crisis situation).

Referring Students for Personal Counseling

- Direct the student to go to or call Counseling Services at 858-3371 (*see Personal Counseling on Campus: Instructions for Students, Pg. 23*).
- To ensure that the student follows through with the referral, ask the student for permission to contact her/him at a later date.
- If your relationship with the student is such that you are confident she/he trusts your actions, you might also request permission to contact the referral provider directly (*see Campus Counselor Referral Form, Pg. 24*). This communication arrangement maximizes the potential for successful follow through.
- If you continue to have concerns about the student after referring to the campus counselor, complete the [“BIT Referral”](#) form.

During Daytime Hours: Monday—Friday 8:00 a.m. to 4:30 p.m.

Counseling Services 701-858-3371

Outside Operational Hours:

- Non-emergency: Call 701-858-3017, leave a message, and our counselor will return your call the next business day.
- If you need to speak to a counselor immediately outside of operational hours, dial **2-1-1** to speak to a mental health specialist. This service is available 24/7.
- If it is an emergency, call **9-1-1** or MSU Campus Security **701-500-2423**.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

The Depressed Student

Depression, and the variety of ways it manifests 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 depression in their college careers. When the depressive symptoms become so extreme or are so enduring that they begin to interfere with the student's ability to function in school, work or social environment, the student will come to your attention and be in need of assistance.

Because faculty and staff have varied and ongoing opportunities to observe and interact with students, they are often the first to recognize that a student is in distress. Look for a pattern of these indicators:

- Tearfulness/general emotionality.
- Markedly diminished performance.
- Dependency (a student who makes excessive requests for your time).
- Infrequent class attendance.
- Lack of energy/motivation.
- Increased anxiety/test anxiety/performance anxiety.
- Irritability.
- Deterioration in personal hygiene.
- Significant weight loss or gain.
- Alcohol or drug use.

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's rapid return to optimal performance.

Do:

- Let the student know you're aware she/he is feeling down and you would like to help.
- Encourage the student to discuss how she/he is feeling with someone they trust.
- Offer to assist the student in referring him/her for personal counseling ([see page 9 for instructions](#)).

Don't:

- Minimize the student's feelings, e.g., "Don't worry." "Everything will be better tomorrow".
- Bombard the student with "fix it" solutions or advice.
- Chastise the student for poor or incomplete work.
- Be afraid to ask the student whether he/she is suicidal.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

The Suicidal Student

Suicide is the second leading cause of death among college students. It is important to view all suicidal comments as serious and make appropriate referrals. High-risk indicators include:

- feelings of hopelessness, helplessness, and futility.
- a severe loss or threat of loss.
- a detailed suicide plan.
- a history of a previous attempt.
- history or current use of alcohol or drugs.
- feelings of alienation and isolation.

Do:

- Take the student seriously, 80 percent of suicides give a warning of their intent.
- Be direct – ask if the student is suicidal, if he/she has a plan, and if he/she has the means to carry out that plan. Exploring this with the student actually decreases the impulse to use it.
- Be available to listen.
- Stay with student.
- Call **9-1-1** and MSU Campus Security **701-500-2423**, if threat of suicide is imminent.
- If you are unsure of what you should do, contact Counseling and Student Health Services at (701)-858-3371 during business hours. After hours and holidays, you can call Counseling and Student Health Services and ask to be connected to a live mental health specialist at **2-1-1** or (701)-858-3371.
- Refer your concern to BIT by completing the online [“BIT Referral”](#) form.

Don't:

- Leave the student alone.
- Assure the student that you are his/her best friend; agree you are a stranger, but even strangers can be concerned.
- Be overly warm and nurturing.
- Flatter or participate in their games; you don't know their rules.
- Be cute or humorous.
- Challenge or agree with any mistaken or illogical beliefs.
- Be ambiguous.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

The Anxious Student

Anxiety is a normal response to a perceived danger or threat to one's well-being. For some students the cause of their anxiety will be clear, but for others it is difficult to pinpoint. Regardless of the cause, the resulting symptoms may be experienced as rapid heart palpitations, chest pain or discomfort, dizziness, sweating, trembling or shaking, and cold, clammy hands. The student may also complain of difficulty concentrating, always being "on the edge," having difficulty making decisions or being too fearful to take action. In rare cases, a student may experience a panic attack in which the physical symptoms occur spontaneously and intensely in such a way that the student may fear he/she is dying.

The following guidelines remain appropriate in most cases.

Do:

- Let them discuss their feelings and thoughts. Often this alone relieves a great deal of pressure.
- Provide reassurance.
- Remain calm.
- Be clear and directive.
- Provide a safe and quiet environment until the symptoms subside (see page 9 for instructions).
- Offer to assist the student in referring her/him for personal counseling.

Don't:

- Minimize the perceived threat to which the student is reacting.
- Take responsibility for their emotional state.
- Overwhelm them with information or ideas to "fix" their condition.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

The Student in Poor Contact with Reality

These students have difficulty distinguishing fantasy from reality, the dream from the waking state. Their thinking is typically illogical, confused or irrational; their emotional responses may be incongruent or inappropriate; and their behavior may be bizarre and disturbing. This student may elicit alarm or fear from others. They are generally not dangerous, and are more frightened and overwhelmed by you, than you are by them. If you cannot make sense of their conversation, they may be in trouble.

Do:

- Respond with warmth and kindness, but with firm reasoning.
- Remove extra stimulation from the environment (turn off the radio; step outside of a noisy classroom).
- Acknowledge your concerns, state that you can see they need help.
- Call **9-1-1** or campus security **701-500-2423** if the student is a danger to self or others.
- If you are unsure of what you should do, contact Counseling and Student Health Services at (701)-858-3371 during business hours. After hours and holidays, you can call Counseling and Student Health Services and ask to be connected to a live mental health specialist at **2-1-1** or (701)-858-3371.
- Refer your concern to BIT by completing the online [“BIT Referral”](#) form.
- Acknowledge their feelings or fears without supporting the misperceptions, e.g., “I understand you think someone is following you, but I don’t see anyone, and I believe you’re safe.”
- Focus on the “here and now.” Ask for specific information about the student’s awareness of time, place and destination.
- Speak to their healthy side, which they have. It’s OK to laugh and joke when appropriate.

Don’t:

- Leave them alone.
- Argue or try to convince them of the irrationality of their thinking. This commonly produces a stronger defense of the false perceptions.
- Play along, e.g., “Oh yeah, I hear the voices (or see the devil).”
- Encourage further discussion of the delusional processes.
- Demand, command, or order.
- Expect customary emotional responses.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

The Verbally Aggressive Student

Students may become verbally abusive when in frustrating situations that they see as beyond their control. Anger and frustration may result in explosive outbursts or ongoing belligerent, hostile behavior. This is the student's way of gaining power and control in an otherwise out-of-control experience. It is important to remember that the student is generally not angry with you personally, but is angry at his/her world and you are the object of pent-up frustrations. This behavior is often associated with the use of alcohol and other drugs.

Do:

- Acknowledge their anger and frustration, e.g., "I hear how angry you are."
- Rephrase what they are saying and identify their emotion, e.g., "I can see how upset you are, because you feel your rights are being violated and nobody will listen."
- Reduce stimulation; invite the person to a quiet place, if this is comfortable and the place is safe.
- Allow them to ventilate, get the feelings out, and tell you what is upsetting them; listen.
- Be directive and firm about the behaviors you will accept, e.g., "Please stand back, you're too close." "I cannot listen to you when you yell and scream at me that way." "Let's step outside to discuss this further." ([Refer to MSU Student Conduct Policy](#))
- Contact MSU Campus Security at **701-500-2423**.
- Remember, *Safety First*. If threat increases call **9-1-1**.
- Complete the ["BIT Referral"](#) form.
- Prohibit the student from entering your work area/classroom/office, if behavior is repeated.

Don't:

- Get into an argument or shouting match.
- Become hostile or punitive, e.g., "You can't talk to me that way!"
- Press for explanations for their behavior.
- Ignore the situation.
- Touch the student.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

The Violent Student

Violence due to emotional distress is rare. It typically occurs when the student's level of frustration has been so intense or has such an enduring nature as to erode all of the student's emotional controls. The adage, "An ounce of prevention is worth a pound of cure," best applies here. This behavior is often associated with the use of alcohol and other drugs.

Do:

- Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation, e.g., "I can see you're really upset."
- Explain clearly and directly what behaviors are acceptable, e.g., "You certainly have the right to be angry, but breaking things is not okay."
- Stay safe; maintain easy access to a door; keep furniture between you and the student.
- Immediately seek assistance; call **9-1-1** or campus security **701-500-2423**.

Don't:

- Ignore warning signs that the person is about to explode, e.g., yelling, screaming, clenched fists, threats, closing distance.
- Threaten or corner the student.
- Touch the student.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

The Demanding Passive Student

Typically even the utmost time and energy given to these students is not enough. They often seek to control your time and unconsciously believe the amount of time received is a reflection of their worth. You may find yourself increasingly drained and feeling responsible for this student in a way that is beyond your normal involvement. It is important that this student be connected with many sources of support on campus, and in the general community.

Do:

- Let them make their own decisions.
- Set firm and clear limits on your personal time and involvement.
- Offer referrals to other resources on and off campus.
- During repeated interactions, stand while speaking with student. Limit discussion time to 3 minutes.

Don't:

- Get trapped into giving advice, special conditions, etc.
- Avoid the student as an alternative to setting and enforcing limits.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

The Student Under The Influence

Alcohol is the most widely used psychoactive drug. It is common to find alcohol abusers in college populations also abusing other drugs, both prescription and illicit. Patterns of use are affected by fads and peer pressure. Currently, alcohol is the preferred drug on college campuses. The effects of alcohol on the user are well known to most of us. Faculty most often identify a student's alcohol abuse. Irresponsible, unpredictable behavior may affect the learning situation (i.e., drunk and disorderly in class). A combination of the health and social impairments of alcohol abuse noticeably sabotages student performance. Because of denial that exists in most substance abusers, it is important to express your concern to the student in terms of specific changes in behavior/performance, rather than terms of suspicions about alcohol/drug use.

Do:

- Confront the student with the behavior that is of concern ([Refer to MSU Student Conduct Policy](#)).
- Address the substance abuse issue if the student is open and willing.
- Offer concern for the student's overall well-being.
- Refer student to campus counselor 701-858-3371.
- Refer the incident to BIT by completing the "[BIT Referral](#)" form.

Don't:

- Convey judgment or criticism about the student's substance abuse.
- Make allowances for the student's irresponsible behavior.
- Ignore signs of intoxication in the classroom.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

The Student Severely Under The Influence

Alcohol is the most widely used psychoactive drug. It is common to find alcohol abusers in college populations also abusing other drugs, both prescription and illicit. Patterns of use are affected by fads and peer pressure. Currently, alcohol is the preferred drug on college campuses. The effects of alcohol on the user are well known to most of us. Faculty most often identify alcohol abuse by a student. Irresponsible, unpredictable behavior affecting the learning situation (i.e., drunk and disorderly in class), or a combination of the health and social impairments associated with alcohol abuse noticeably sabotages student performance. Because of denial that exists in most substance abusers, it is important to express your concern to the student in terms of specific changes in behavior/performance rather than terms of suspicions about alcohol/drug use.

Do:

- Contact MSU Campus Security **701-500-2423**, call **9-1-1** if the student is a threat to self or others.
- Call **9-1-1** if the student becomes unconscious or stops breathing.
- Refer to the [MSU Student Conduct Policy](#).
- Refer the incident to BIT by completing the [“BIT Referral”](#) form.

Don't:

- Leave the student alone.
- Convey judgment or criticism about the student's substance abuse.
- Make allowances for the student's irresponsible behavior.
- Ignore signs of intoxication in the classroom.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

The Suspicious Student

Typically these students complain about something other than their psychological difficulties. They are tense, anxious, mistrustful, loners, and have few friends. They tend to interpret minor oversights 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 to them. They are overly concerned with fairness and being treated equally. Feelings of worthlessness and inadequacy underlie most of their behavior. They seem capable and bright.

Do:

- Express compassion without intimate friendship.
- Remember that suspicious students have trouble with closeness and warmth.
- Be firm, steady, punctual, and consistent.
- Be specific and clear regarding the standards of behavior you expect.
- Suggest to student that personal counseling is available and potentially helpful (see page 9 for instructions).

Don't:

- Assure the student that you are his/her friend; agree you are a stranger, but even strangers can be concerned.
- Be overly warm and nurturing.
- Flatter or participate in their games; you don't know their rules.
- Be cute or humorous.
- Challenge or agree with any mistaken or illogical beliefs.
- Be ambiguous.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

Eating Disorders

Eating disorders include extreme emotions, attitudes, and behaviors surrounding weight and food issues. Eating disorders are serious emotional and physical problems that can have life-threatening consequences for females and males. During college, maintaining a healthy weight and a positive body image can be challenging, especially when academic pressures blend with social expectations. Stress can often translate into skipping meals, compulsive exercising or eating out of control.

Do:

- Realize there is not a quick and easy solution.
- Talk to the student about your concerns, ask questions and listen.
- Express your feelings honestly; he or she sense how you are feeling anyway.
- Realize that one takes comfort and feels safe in the control and rituals of the disorder without commenting on it.
- Express concern and interest in seeing the student get well.
- Inform yourself about the disorder and its treatment, attend support groups and read current literature.
- Realize eating disorders are hardly ever just about food or exercise.
- Encourage the student to get a professional assessment from a practitioner experienced in eating disorders.
- Refer student to campus counselor 701-858-3371.

Don't:

- Ignore the problem and hope it will go away; talk about it. Set boundaries about when to intervene.
- Ever give up; this is a long-term illness and people recover daily. The person has to want recovery for himself or herself or it will not work.
- Assume there isn't a problem if the student doesn't show physical symptoms.
- Let the eating disorder disrupt class routines.
- Blame yourself, feel guilty or dwell on causes.
- Treat the student differently when eating meals and around food.
- Be manipulative. Be direct with feelings and expectations.

PTSD (post-traumatic stress disorder)

PTSD stands for Post-Traumatic Stress Disorder. This is similar to a stress reaction and, in fact, many people who have experienced a traumatic event do develop PTSD. Those with PTSD may experience many of the same emotional and physical symptoms as those with a traumatic stress reaction. Those with PTSD, however, experience trauma along with intense fear, helplessness or horror and then develop intrusive symptoms (such as flashbacks or nightmares). Their symptoms will last more than a month and get in the way of normal life.

Do:

- Create a safe space
- Talk to them in a normal manner but be ready to discuss the tough stuff.
- Ask what you can do to help.
- Take the time to understand their triggers and symptoms.
- Offer to listen to what he/she wants to say.
- Refer student to campus counselor 701-858-3371.

Don't:

- Try to “fix” them
- Pressure them into talking about things they’re uncomfortable with.
- Invalidate, minimize, or deny the traumatic experience.
- Tell the student they were lucky it wasn’t worse

Sexual Misconduct/Violence

Sexual misconduct, whether involving violence or not, is a form a sexual discrimination that is prohibited at MSU. Misconduct offenses include, but are not limited to, the following:

1. Sexual Harassment
2. Non-Consensual Sexual Contact (or attempts to commit same)
3. Non-Consensual Sexual Intercourse (or attempts to commit same)
4. Sexual Exploitation,
5. Other offenses when based on sex, gender, or gender-orientation.

Employees are required to report any and all incidents of sexual discrimination, harassment, or sexual misconduct to the Minot State University office of safety & security, Title IX coordinator, or any deputy Title IX coordinator. When an allegation of misconduct is brought to an appropriate university official, Minot State University will respond promptly, equitably, and thoroughly.

Do:

- Get the student medical help if needed.
- Listen carefully to the student, validating her/his experience.
- Separate your personal biases from your professional role and maintain objectivity.
- REPORT. Anonymous reports can be made by Reporting Party and/or third parties using the online reporting form. Note that these anonymous reports may prompt a need for the institution to investigate. [Secure Online Form](#) or [Printable Form](#).
- Reports to the Title IX Coordinator can be made via email, phone, or in person at the contact information below:
Lisa Dooley, Title IX Coordinator at 701-858-3447
lisa.dooley@minotstateu.edu
Memorial Hall, 4th Floor, Room 412
- Inform student that informal and formal complaints can begin with the Title IX Coordinator 701-858-3447.

Don't:

- Do nothing. Taking no action invalidates the student's already shaky perception and puts the college in a vulnerable position should this behavior continue.
- Overreact.
- Do nothing. **SEE SOMETHING. SAY SOMETHING. DO SOMETHING.**

The Student who Submits Disturbing Writings, Artworks, or Creative Works

From Utah Valley University and Virginia Tech

A sense of what is disturbing will differ from person to person, however, most of us have a sense about what constitutes disturbing themes. Content that warns of potential to self-harm or harm to others naturally carries with it appearance of an immediate threat. Themes of violence and gruesome details or writing that portrays deep desperation may also be included in the themes that arouse concern; however, these themes in themselves do not establish a problem. In the case of outright threats little information gathering is needed. This is a concerning incident and should be reported to the department chair and law enforcement. The following questions are meant to support faculty in assessment of the student's situation and whether what's disturbing reflects creative exploration or represents a more concerning thought process.

- Is the creative work excessively violent?
- Do literary characters respond to everyday events with a level (or kind) of violence one does not expect, or may even find frightening?
 - ⇒ If so, does the violence seem more expressive of rage and anger than it does of a literary or artistic aesthetic?
 - ⇒ Does the level of violence hold thematic purpose?
- Are the literary characters' thoughts, as well as actions, violent or threatening?
- Do literary characters think about or question their violent actions?
 - ⇒ If one set of characters demonstrates no self-awareness or moral consciousness, are other characters aware of or disturbed by what has taken place?
 - ⇒ If this awareness is missing, is the student receptive to adding that layer and to learning how to do so?
- Is the work of concern the student's first violent depiction?
 - ⇒ If yes, what is the nature of his or her other work?
 - ⇒ Is violence at the center of everything, or does other writing suggest that violence is something the student is experimenting with for effect?
- Are the violent actions in the work so disturbing or so extreme as to suggest they go beyond any possible sense of purpose in relation to the larger narrative?
 - ⇒ Do the violent acts seem to be the point of the piece, or a component?
 - ⇒ Does the nature of the violence overall suggest extreme depression or suicidal thinking?
 - ⇒ Is the creative work full of expressions of hostility toward other racial or ethnic groups?

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SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

Responding To Disturbing Writings, Artworks, or Creative Works

Do:

- Consult with your department chair.
- Refer to the campus counselor 701-858-3371.
- Refer the incident to BIT by completing the [“BIT Referral”](#) form.

Don't:

- Do nothing. Don't keep the information to yourself.
- Wait to consult or refer (do so within 24 hours).
- Talk with other students about the assignment.
- Overreact.

For information regarding students who write about negativity or violence toward others in a virtual setting, <http://cyberbullying.us> is a great resource.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

Personal Counseling on Campus

(Please copy this page and give to students as appropriate)

Instructions for Students:

To make a personal counseling appointment, please go to or call MSU Counseling Services listed below and ask for an appointment. One-hour appointments are made based on the availability of counselor.

Counseling Center – (701) 858-3371

Located in the lower level of Lura Manor, south entrance.

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

MSU Counseling Service Referral

Student's Name: _____ **ID #** _____

I have referred this student for personal counseling with your department.

Referred by: _____ Extension: _____ Date: _____ Department: _____

Reason for Referral (Brief summary of concerns - Optional):

Due to the laws of confidentiality, exchanging information about personal counseling is only possible with the student's written permission.

Would you like to communicate with the counselor if student permission is obtained? ___ Yes ___ No

*** Please submit this form via interoffice mail marked CONFIDENTIAL.**

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Thank you for your referral of: _____

Department: _____ Extension: _____

Processed by: _____ Date: _____

SEE SOMETHING. SAY SOMETHING. DO SOMETHING.

Off Campus Emergency and Community Resource Contacts

Off Campus Emergency Resource Contact List

Minot Police Department 701-852-0111
Suicide Hotline 1-800-273-8255
GLBTQ Suicide Prevention 1-866-488-7386 24/7
Veterans Crisis Line 1-800-273-8255 (Español) 1-888-628-9454 24/7
National Sexual Assault Hotline 1-800-656-4673
Domestic Violence Crisis Center (DVCC) 701-852-2258
YWCA Women and Children's Homeless Shelter 701-838-1812
Support Network for Battered Women 1-800-572-2782 24/7
Ward County Social Services 701-852-3552
Child Protective Services 701-852-3552
Poison Control 1-800-876-4766 24/7
Alcoholics Anonymous 1-888-680-0651
Methadone Center Hotline 1-800-530-0431
First Link Dial 211 24/7

Food Pantries

The Lord's Cupboard 701-839-1990
Our Lady of Grace Church 701-839-6834 or 852-3002
Community Action Partnership 701-839-7221
Salvation Army Food Pantry 701-838-8925

Medical/Health Centers

Trinity Hospital 701-857-5000
Sanford Health Clinic 701-838-3150
St. Alexius Health Clinic 701-858-1800
UND Family Med Center 701-858-6700
Northland Community Health Center 701-852-4600
First District Health Unit 701-852-1376
Veterans Administration Clinic 701-852-0177

Mental Health Providers

North Central Human Services 701-857-8500
Trinity Riverside Mental Health 701-857-5998
The Village Family Services 701-838-8925

[Additional Community Resources](#)