Crisis Intervention Procedures Manual
Assisting the Distressed Student

Betty White Student Health Services
(502) 597-6271
Administration/Faculty/Staff Guide
# Crisis Intervention Procedures Manual
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Dear Colleague,

Usually daily contact with our students is pleasant and productive. However, you may experience student behavior which causes you concern for their well-being, and interferes with learning. “Nobody expects danger but we all must be prepared for it.” When these situations occur, we encourage you to know and use the services available.

This guide provides concrete systematic method on how to aid emotionally distressed students and offers steps on how to refer them for help. Students learn much more than academics in college; they learn about life and about themselves. Inevitably, some students will face difficulties and may struggle during this process. We have the opportunity to contribute to their self-development through our willingness to notice and respond to their difficulties in a supportive and helpful fashion. By offering assistance, we teach that problems are best resolved by directly addressing them, and that hiding distress unnecessarily reduces the quality of life.

This manual is not intended to give you the skills to deal with extreme situations but to help you identify those that need to be dealt with. If you need advice in deciding the appropriate action to take, call one of us, members of the Crisis Intervention Team (our job titles and telephone extensions are listed on Pages 6-7). The most serious crises are those that can cause injury to the individual and or others. Other behaviors may become crises because they impair the quality of the learning environment. To protect individuals and the learning environment, this college provides the following to maintain the well-being of all who are part of this institution.
Crisis Intervention Defined

(a) As part of provision of personal counseling, programs should have a system that assists students in acute emotional distress, including an intervention plan for students in personal crisis who require immediate attention.

(b) For situations when a student is a potential danger to self or others, districts should have a clear policy of who has authority to make such determinations, and specific procedures to be followed.

(c) Counseling programs should work closely with administration and outside agencies to ensure that the needs of students in crisis are met and that personnel appropriate to such situations are available.

(d) Counseling programs should take leadership in creating and participating in campus-wide crisis intervention teams.

(e) Counseling programs should be familiar with district disaster plans, and be prepared to assist students in the event of disaster on campus.
Crisis Intervention Team

Roles and Responsibilities in Responding to Crises

COUNSELING FACULTY licensed to deal with psychological problems:

Joy Harris, MMHC, LPCA
Betty White Health Services
Kentucky State University
400 East Main Street
Frankfort, Kentucky 40601
502-597-6969 (Office)
502-229-7525 (Cell)
502-597-6565 (Fax)

Counselor will make an effort to manage the situation, assess the situation and to refer to the appropriate sources, i.e., to the Director of Betty White Student Services, Dean of Student Development, Campus Police or outside sources; will document each crisis incident; and will maintain confidentiality.

Other individuals that may assist in caring for the immediate needs and follow up care of the student during a crisis situation are:

Campus Police (502)-597-6878/6877
Chief Security Officer (502)-597-6879
SSEM Vice President (502)-597-6827
Director of Student Health Services (502)-597-6277
Substance Abuse Prevention Program Coordinator, (502)-597-6970
Services & Responsibilities

Services

1) Personal counseling, in which the student is assisted with personal, family or other social concerns, when that assistance is related to the student’s education.

2) Crisis intervention directly or through cooperative arrangements with other resources on campus or in the community.

3) Support groups, organize and facilitate meetings with individuals who have an experience in common, such as a medical or psychiatric condition or a shared life experience to provide information and emotional support.

4) Psycho-educational Training, provide informational training sessions to students and faculty/staff to increase knowledge and awareness relating to the physical, mental and emotional needs of the student.

Counseling Responsibilities

“Core Functions” of counseling as those derived from the American Counseling Association. The two that pertain to Crisis Intervention are as follows:

The college counseling function is to provide:

1) Personal counseling, in which the student is assisted with personal, family or other social concerns, when that assistance is related to the student’s education.

2) Crisis intervention, either directly or through cooperative arrangements with other resources on campus or in the community.
Emergencies

Emergencies are always considered the highest priority for clinical services. Emergencies are defined as any situation where there is an actual or potential threat to self or others. Therefore, Student Health Services provides emergency services to students and in some cases, non-students when those individuals need immediate mental health intervention.

Emergency Procedures

*IMPORTANT*

* 911 CALLS MADE FROM A CELL PHONE GO DIRECTLY TO FRANKFORT POLICE WHO IN TURN CONTACT CAMPUS POLICE

* 911 CALLS MADE FROM A CAPMUS PHONE GO STRAIGHT TO CAMPUS POLICE

Normal Hours Emergencies (Monday – Friday 8:00 A.M. -4:30 P.M.)

1. Any University staff or student who believes a student’s life is in imminent danger should call 911 and/or Campus Police (502) 597-6878 or 6877 (if other line is busy)

2. Any student exhibiting the behaviors as outlined above should immediately be referred to the Betty White Student Health Center for evaluation. Note referral forms are on page 22

3. The nurse is the first point of contact for physical health emergencies and the mental health counselor will be the first point of contact for mental health emergencies. Their job is to assess the level of crisis and determine the most appropriate course of action. The counselor will consult with the Clinic Director to assist in managing the situation. In absence of the director the SSEM Vice President or SSEM “on call” staff person would be contacted.

4. In some cases, an administrative assistant may receive the emergency call. In such cases, the administrative assistance shall immediately notify the Mental Health Counselor and the Clinic Director of the crisis.

5. In situations where the counselor or Clinic Director cannot respond quickly, contact the SSEM “on call” staff person who will in turn contact the SSEM Vice President

After-hour Emergencies (Monday-Friday after 4:30 P.M., Saturday & Sunday)

1. Individuals who discover are involved in an emergency situation (student or second party) should immediately notify Campus Police (502) 597-6878/6877 and/or 911 who will then
contact the mental health counselor and other appropriate university authorities i.e., Director of Student Health Services (will notify the SSEM “on call” staff person who will notify the Vice President, Residence Life Director/Asst. Director) and local authorities (911).

2. If the situation involves psychological/mental health issues, the counselor shall be reached after working hours on their cell phone (502) 229-7525.
   - In most cases the counselor will come to campus directly.
   - The counselor should identify him or herself to the person being assessed and explain why they are there. The counselor should be careful to explain the limits of confidentiality and obtain written and/or verbal consent, if possible, from the student to participate in the intervention/assessment.
   - The counselor then gathers information about the emergency situation and determines the best course of action and notifies the Clinic Director.
     - Note: If the student is deemed to be in imminent and life-threatening danger to self or others, no consent is necessary in order to convey information.
   - If a student does not consent to be interviewed/assessed, the counselor should seek consultation with the Clinic Director, SSEM Vice President or emergency personnel (i.e., hospital physician).

5. If there has been a suicide attempt, the person is impaired by chemicals, or is otherwise unstable; CALL 911 IMMEDIATELY!
   - The student should be taken to Frankfort Regional Medical Center Emergency Room via ambulance for medical treatment and evaluation.

6. If the counselor determines that the student is cooperative and unimpaired but hospitalization is required, the counselor assists in arranging for transportation to the most appropriate facility
   - Counselor will not transport under any circumstances.
   - First, the counselor should call the psychiatric treatment facility directly and speak with the Admission Department. The admission worker will be able to tell you if there is a bed available, if the person is likely to meet admission requirements, and how to proceed.

7. When the counselor returns to the office, the Contact and Crisis Intervention Note shall be submitted to Clinic Director and filed in the student’s confidential file.
Call to Action

Involuntary Hospitalization

Involuntary hospitalization may be necessary in some situations. This is a drastic action as it involves overriding the individual’s civil rights. Thus, involuntary hospitalization should not be done unless clearly warranted to protect the student from harming self or others and if no other less restrictive arrangement can be made.

If the counselor does seek involuntary hospitalization, the student will be transported by Frankfort City Police and will be required to be handcuffed for their safety and protection. The counselor should be prepared to meet the student at the hospital, where they will be evaluated.

- Circuit Court Clerk Office Jessica 502-564-7013 extension 13709
- Fill out form 202A (forms on file in mental health counselor office)
- Turn completed form in to circuit court office (566 Chamberlin Ave Frankfort KY)
- Judge signs off (if he/she deems necessary)
- Frankfort Police will come and pick up student

The counselor can then provide necessary information directly to the medical staff and provide support for the student or family members during the process. When the counselor returns to the office the Contact and Crisis Intervention Note shall be submitted to the Clinic Director and filed in the student’s confidential file.

Parental Notification

In most instances, parents/guardians or those listed as “emergency contacts” will be notified after the student has been transported to the hospital. The nurse/counselor that accompanies the student to the hospital will notify the Clinic Director of the attempted suicide. The nurse/counselor will then notify the parent/guardian or those listed as “emergency contacts.”

Return to Campus

Following a suicide attempt and release from the hospital, students will be required to meet with the Counselor to present safety/treatment plan from releasing medical institution.

Mandated Assessment

The student will be required to participate in assessment sessions for sanctions with the alcohol and drug counselor for the following reasons:

a) Alcohol intoxication requiring hospitalization/emergency transport
b) Repeated alcohol violations
c) Domestic violence activity (either the victim or perpetrator)
Upon completion of the required sessions/evaluations, and proper release forms have been signed and the treating counselor will provide a written document to the Clinic Director, Director of Resident Life and the SSEM Vice President verifying attendance and providing recommendations. In circumstances in which the student appears to pose a significant risk to self or others, extended counseling (either on or off campus) may be required.

**Self-injury**
Students who intentionally injure themselves should be treated medically as appropriate (Health Services). SSEM Vice President should be notified immediately. All instances should be evaluated by the counselor to determine the nature of the issues and level of risk to self and others. If concern for risk is present, student will be transported to Frankfort Regional Medical Center for further evaluation.

**Emergency Transportation**
- Injuries: EMS
- Suicide: EMS
- Alcohols/Drug Abuse: EMS
- Psychiatric Assessment (Voluntary): As determined appropriate by the counselor.
Identifying a Student in Distress

A student’s behavior, especially if it is inconsistent with your previous observations, could well constitute an inarticulate attempt to draw attention to his/her plight. . . “A cry for help”. Your ability to recognize the signs of emotional distress and to acknowledge your concerns directly to him/her is often noted by students as the most significant factor in their successful problem resolution.

A student of concern is defined as, “One who is demonstrating behavior which is perceived by the University faculty, staff or others as potentially dangerous, threatening, unstable, unpredictable, or concerning.” Unusual and inappropriate behaviors should not be ignored.

**Signs of Distress (not an exhausted list)**

- Expression of hopelessness or suicide
- Attempted suicide or threatens suicide with a plan of action
- Uncontrollable crying
- Confusion
- Dangerous/violent behavior or threats (including physical assault of employees/staff, students or relationship partner
- Inappropriate e-mail or telephone communication
- Verbal abuse
- Physically stalking at school/work/home
- Disorientation
- Disheveled appearance
- Inability to concentrate
- Increased irritability
- Indecisiveness
- Missed classes/assignments
- Mood swings
- Persistent worrying
- Bizarre behavior
- Restlessness
- Social isolation
- Sexual advances with or without physical contact
- Harassment of staff, other students or visitors
- Any other behavior/circumstance which places the student and/or staff/other students or visitors at risk or harm
Types of Crisis

To assist in defining crises that can occur in this college, the different types are identified in the text that follows. These are found alphabetically in the body of the manual. You can also find them by title in the Table of Contents. These are some of the types of events or behaviors that may constitute a crisis and SUGGESTION on how to address these presenting issues. This information is by no means deem you as competent to do counseling. These are simply helpful SUGGESTIONS to help you assist the individual in need until the proper authority arrives. The Crisis Intervention Team is here to assist with the problem you may be dealing with. These could be symptoms of a personal crisis that can be helped. The more dramatic behaviors also described below are those that require immediate response.

Aberrant Behavior

Irrational or inappropriate behavior causing disruption in or outside the classroom, i.e., inappropriate focusing of attention on self in class, going on and on about personal life in class, repeatedly taking class focus off track.

Ask to speak to student privately and confidentially. Indicate concern for the student’s welfare and ask what started his/her reaction. Listen and determine whether the student needs to be referred to counseling for further assessment. When the time is right, state your rules for acceptable behavior in the class and set limits. If disruptive behavior continues, after a warning, the matter should be referred to the SSEM Assistant Vice President

Abuse: Physical or Sexual

If a student starts to tell you that he/she had suffered abuse, as a child, younger than 12, stop the student from revealing this unless he/she is willing to have this reported to the authorities. The law requires a report identifying the perpetrator be made to the authorities especially if he/she is still around children. If the abuse occurred as an adult, a complaint is up to the victim. Please refer the student to the Mental Health Counselor

Anxiety

Exaggerated fear of failing, nervousness and difficulty in concentrating, tendency to overreact with fear, or manic talking or frenzied activity. Ask to speak to student privately and confidentially. Indicate concern for the student’s welfare and ask if he/she is aware of the behavior. Listen and determine whether the student needs to be referred to counseling for further assessment. Inform the student that this college has trained professional help available. Refer the student to the mental health counselor for an interview and assistance. If the situation is extreme and the student seems to need immediate help, walk him/her to the counselor’s office for an appointment.

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 (make a referral to Counseling Center).
• 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.

**Delusional Behavior**
Distortion of reality, i.e., belief that they are being singled out, or that they are super special individuals with special gifts or talents, or that the instructor is deliberately mistreating them. May go on and on about becoming a star or going into movies or getting a scholarship to Harvard, etc. Make a referral to the Counseling Center. The counselor can subsequently come to the class on some pretext to observe. An interview can be arranged if the behavior does seem aberrant.

**Depression**
Evidence of Depression: sudden change in interest in class, flattened feelings, sad or fatigued, complaints of insomnia, and loss of desire to be in school or with friends etc...

Ask to speak to the student privately and confidentially. Indicate concern for the student’s welfare and ask if he/she is aware of the behavior. Listen and determine whether the student needs to be referred to counseling for further assessment. Inform the student that this college has trained professional help available. Refer the student to the mental health counselor for an interview and assistance. If the situation is extreme and the student seems to need immediate help, walk him/her to the counseling office for an appointment.

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.

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

Disorientation

Somewhat glazed expression, a lack of appropriate affect when talking, difficulty in listening with concentration, literally complains of disorientation, or exhibits chronic self-talk, hearing voices, or seeing things that aren’t there. Make a referral to the Counseling Center. The counselor can subsequently come to the class on some pretext to observe. An interview can be arranged if the behavior does seem aberrant. If the student’s behavior is disrupting class, it may be appropriate to call for immediate assistance.

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.
- Activate the CIT by contacting the Counseling Center at ext. 6969.
- 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:

- 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.

Distraught and Anxious Behavior

A sudden change in attitude from normal to unfocused, preoccupied, or poor performance might be caused by depression. Distress is usually caused by personal problems that seem overwhelming and anxiety is one form of distress that may stem from school related or personal concerns. Talk to the student privately by indicating that you have noticed a change in their manner or behavior and inquire if there is something that they might need help with. Often the student will open up, in which case, listen empathetically and suggest that we have services through the counseling department which might help them. Then, make a referral to the mental
health counselor. You might consult with the counselor as an intermediary step. If the student resists or assures you that there is nothing going on to cause concern, respect his/her judgment and thank them for responding to your inquiry. You might consult with a counselor anyway to note if the student may be simply resisting, and for information for what to observe for in the immediate future which may indicate more serious problems.

**Performance Change**

Difficulty in concentrating, freezing up on tests, or chronic personal problems which distract him/her from adequate academic performance. Discuss the problem and explore the nature of the concerns together. Personal problems may be resolved with information to manage them, e.g., in the case of test anxiety, a short term course on test taking may be needed. However, difficulty in concentrating may be caused by concerns that may pass or could indicate more serious problems. If it seems to be the latter, a referral to a crisis counselor would be in order. It could stem from any of several causes including psychological disorder. Let the experts determine this. Always provide follow-up sessions to show support for the student’s well-being.

**Post-Traumatic Stress Disorder**

Post-traumatic stress disorder occurs when a person suffers an unexpected psychological shock. Many throughout the country suffered this after the 9/11 attack. The symptoms can be insomnia with flashbacks, unexplained anxiety, mild depression, exaggerated vigilance for danger, and/or withdrawal from normal activities. Assault victims or even the witness of a tragic incident can cause traumatic stress. Immediately make the referral to the mental health counselor.

**Rape**

Listen supportively and observe for quality of state of mind, i.e., depressed, suicidal potential, anxiety or rage. If the rape occurred on campus, contact Campus Police and the Mental Health Counselor immediately. If it occurred off-campus, advise the student of the right to file a complaint. Inform him/her of rape victim support services suggest college counseling services. In either situation whether the rape happened on or off campus the victim has the right to file or not file a complaint.

**SEXUAL ASSAULT RESPONSE PROTOCOL**

**Basic Information**

When dealing with a victim of sexual assault it is important to focus on helping the individual re-establish safety and control. The victim may be so overwhelmed with emotion or so emotionally numb, that making clear decisions is difficult. Thus, one key role that a mental health counselor can play is helping the victim sort through options that empowers them to make the best decision for themselves. A victim may choose to do any of the following:

a) Report the crime to Campus Security.

b) Report the crime to the Police Department
c) File criminal or civil charges against the perpetrator

d) File judicial charges within the college system (if perpetrator is also a student)

e) Seek medical attention

f) Speak to a counselor confidentially

g) Change mind

g) All or none of the above

DO:

- Utmost attention should be given to providing the victim with as much control over the situation as possible.
- Exercise great sensitivity in safeguarding the victim’s privacy and respecting her/his physical boundaries
- Report anonymously to Campus Police by the Clinic Director
- Emphasize to a victim the importance of seeking medical assistance (testing for STDs, pregnancy, or injuries) even if she/he does not wish to report the crime.
- Refer to Frankfort Regional Medical Center for evaluation/assessment by SANE nurse who can both treat the victim and collect evidence.
- Be prepared to assist the student with basic information about his/her rights and options.
- Refer to the Student Handbook for policies and procedures.
- Keep in mind that a traumatized person will probably be overwhelmed by too much information.
- Attend to the most immediate concerns first
- Provide the victim a copy of written detailed information (policies and procedures, victim rights, “What to Do if you are Raped” booklet, resources) to review later.

Don’t:

- Touch without permission to do so
- Force the victim to report
- Use insensitive words to degrade or judge victim or perpetrator

Substance Abuse

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. Alcohol abuse by a student is most often identified by faculty. 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 abuse.

**DO:**

- Confront the student with the behavior that is of concern (Refer to KSU Student Code of Conduct).
- Address the substance abuse issue if the student is open and willing.
- Offer concern for the student’s overall well-being.
- Refer student to Counseling Center

**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.

**Suicide Potential**

Always take threats seriously and get help immediately. Listen supportively and contact a crisis counselor. If none are available, call the suicide hotline. The general number is 800-309-2131. Ask the student for the names of individuals who can follow up observing this person through the next day. If suicide seems imminent, ask if he/she is willing to commit himself/herself to a mental health hospital for observation and treatment. If the person is not willing call the campus police and/or 911.

**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.
- Do not leave the student alone
- Contact the Counseling Center at 502-597-6969
- Counselor and Police remove all items that pose a threat
- Advise Crisis Intervention Team if threat of suicide is imminent.

**DON’T**

- Assure the student that you are his/her friend; acknowledge that although you may be a stranger, 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.

**Traumatic Incident Stress**

Death in the family, spousal abuse, being evicted, loss of job, loss of a pregnancy, death of a class member, divorce, etc. Approach the student privately indicate your concern. In some cases, the student may approach you to reveal that he/she was absent due to something you see as traumatic. This allows you a means of inquiring how the student is coping with the situation. Indicate to the student that this incident may be more serious than it appears and offer the resources of our crisis counseling services. If a student in the class dies, you can contact a member of the Crisis Intervention Team to determine the best way to support other students in the class.

**The Violent Student**

Violence, because of emotional distress, is rare and typically occurs when the student’s level of frustration has been so intense or of such an enduring nature as to erode 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.”
• Use “verbal Judo” using one’s words to take an empathic position to understand the person’s position in order to prevent, de-escalate or end conflict.
• 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; contact Campus Police at 502-597-6878 and/or call 911

**DON’T:**

• Ignore warning signs that the person is about to explode, e.g., yelling, screaming, clenched fists, threats.
• Threaten or corner the student.
• Touch the student (Not sure what the Universities policy is on this one)
Additional Protocol

High Risk Student

If counselor is concerned that a student may act violently to self or others (including counselor) while in the office, the counselor should:

- Never allow the student be between you and the door
- Remain calm and attempt to calm the student by lowering their voice, speak in a slow and calm manner, make no sudden moves and offer to help.
- Maintain a safe distance between self and student and anyone else who could be harmed.
- Notify the front office (597-6271) or other staff members (597-6277, 597-6970, or 597-6969) by initiating a code that will alert others that there is a crisis situation and the staff member is in need of assistance. The counselor should identify emergency with, “HOLD ALL OF MY CALLS and state the distress code” i.e. “Hold all my calls 3” means the person is violent has a hand gun. HOLD ALL OF MY CALLS is a request to call the police IMMEDIATELY!

1. Person suicidal
2. Person violent (with no weapon)
3. Person violent (with hand gun)
4. Person violent (with long gun)

Low/Moderate Risk Student

If you trust that the student is safe being alone and will not flee, the counselor may leave the room and seek consultation from their supervisor.

Once the crisis is resolved or neutralized, the counselor will document the incident on the Student Crisis Intervention Form and provide a written plan of recommended care for follow-up to the Clinic Director and to the Office of Student Affairs. (See form at end of document).

Information to give to 911 or Campus Police when dealing with a student in distress

a. A detailed description of student’s features (Color of skin, i.e white, black, Asian, light, dark skinned etc.)
b. A detailed description of student’s clothing
c. If the student has a weapon and type of weapon (hand gun/ long gun)
d. How many weapons
e. Any key words/phrase stated by student that you deem helpful
f. Exact location
STUDENT CRISIS INTERVENTION FORM

Student level of cooperation: __Voluntary __Involuntary

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>Student ID Number:</td>
</tr>
<tr>
<td>Dorm Name:</td>
<td>Room Number:</td>
</tr>
<tr>
<td>Off Campus Address:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Emergency Contact (First and Last Name):</td>
<td>Emergency Contact (Phone Number):</td>
</tr>
</tbody>
</table>

Please check all behaviors/actions which are concerning, and then provide supporting details, including dates, witnesses, circumstances surrounding the situation.

<table>
<thead>
<tr>
<th>Inappropriate e-mail or telephone communication</th>
<th>Outburst of anger or cursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal abuse</td>
<td>Threats of violence</td>
</tr>
<tr>
<td>Physically stalking either at work or home</td>
<td>Sexual advances with or without physical contact</td>
</tr>
<tr>
<td>Harassment of staff, other student or visitors</td>
<td>Violent or aggressive behavior, including physical assault</td>
</tr>
<tr>
<td>Student Making suicidal gestures or statements</td>
<td>Students exhibiting bizarre or abnormal behavior</td>
</tr>
<tr>
<td>Suicidal attempt</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Information below to be completed by the counselor or Clinic Director**

Specific actions to be taken for this student:

1. 
2. 
3. 
4. 
5.

Counselors/Clinic Director Signature: ______________________ Date: __________
STUDENT HEALTH SERVICES
Student Referral Form

(Please print)

Date: _______________ Time: ________________

Student’s name: __________________________________________ SID#: __________________

Student’s phone #: _______________ Email: ______________________

Student’s local address: __________________________________________

Referred by: ______________________________________ Department: ________________

Phone #: ___________________________ Email: ______________________

How was referral delivered?

Hand delivered ____ Emailed ____ Mailed ____ Faxed____

Reason for referral: __________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Referring to:

___ Ms. Joy Harris            ___ Mr. Stefan Turner           ___ Ms. Floarine Wilson

Mental Health Counselor       Alcohol/ Drug Counselor       Nurse / Director

Betty White Health Center     Betty White Health Center     Betty White Health Center

1st Floor                     1st Floor                     1st Floor

502-597-6969                  502-597-6970                  502-597-6271
Joy.harris@kysu.edu           Stefan.turner@kysu.edu       Floarine.wilson@kysu.edu

Referral received by: __________________________________________

Date referral received: ________________________________________
Informed Consent & Permission for Treatment

You have rights and responsibilities as a client seeking to engage in counseling with me. Furthermore, federal Health Insurance Privacy and Portability Act (HIPPA) and Family Educational Rights & Privacy Act (FERPA) entitles you to certain protections of confidentiality. If you would like to review a more detailed explanation please view the following websites: HIPPA: www.hhs.gov/ocr/privacy/hippaby/dsummary/summery/privacysummary.pdf and FERPA: http://ed.gov/policy/gen/guid/fpco/ferpa/index.html

Rights & Responsibilities

1. You have the right to be informed of the terms under which treatment will be provided. You are, however, responsible for asking any questions regarding the policies below.

2. You have a right to know my qualifications and training.
   a. The Kentucky State University counselor is licensed through the state of Kentucky as a Licensed Professional Counselor Associate (LPCA).

3. You have the right to refuse or terminate treatment at any time and for any reason. However, there may be juridical consequences enforced by Kentucky State University that follow your termination of treatment for breaking the standard policies.

4. You have the right to know that sometimes you can feel worse at the beginning of treatment instead of better. This is simply a result of opening up old wounds and discussing painful topics that you may have been avoiding, and it should ease over time, if it happens at all.

5. You have the right to confidentiality as specified by state and federal law. This means that anything that you tell me and/or that I write down in your file will not be repeated or released to anyone else without your written permission. You, of course, may discuss your treatment with anyone you choose, including another therapist.
   a. If you choose to communicate with me via email or text messaging, you should understand that confidentiality cannot be guaranteed due to the nature of Internet security as well as the possibility that others in your household, university or place of employment could assess your emails.

6. The counseling services at Kentucky State University are provided to you at no cost as you are a registered student at the University.
   a. Counseling is a wellness process that is designed for you to be deeply heard, explore ways to build upon your assets and strengths, and look for opportunities to overcome adversity.
   b. Your main responsibilities are to attend your scheduled sessions, talk about your strengths and challenges as openly and honestly as you can, and participate in any tasks or homework assignments as you feel comfortable.

7. There are certain situations in which Kentucky State Law requires that confidentiality be broken even if it is against your wishes. These include:
   a. Child or elder abuse or neglect: I am required by law to report any suspicion of abuse to the Department of Health and Human Services.
   b. Violence: If I have reason to believe that you intend to harm someone else, I am required by law to attempt to notify that person.
   c. Suicide: If I believe that you are in danger of dying by suicide (killing yourself) I will break confidentiality to ensure your safety.
   d. Consultation: At times, it may be helpful for me to consult with colleagues regarding your best treatment options. If this is necessary, consultation will be done without the use of your name or identifying information unless you have given written permission.
   e. Underage: If you are under the age of 18, I cannot prevent your parents from seeing your records if they insist upon doing so.

My signature is to acknowledge that I have read and understand the above information.

_______________________________________________________           ______________________
Client Signature                                                                                                        Date
Release of Information

This form is optional unless you are intending for us to communicate information to or collection information from another party. HIPPA Privacy Authorization Form/Authorization for Use or Disclosure of Protected Health Information. This is a voluntary form used by our office to collect information that may be used to improve or communicate your treatment here. Thank you.

1. I hereby authorize: **Betty White Student Health Services** (Mental Health Counselor/Nurse/Substance Abuse Coordinator)
   Or (different provider) ____________________________________________________________
   Name, address, phone & fax # of individual of Health Care Provider disclosing/releasing information
To release my protected health information described below to: **KSU Faculty/Staff/Crisis Intervention Team**
Or (different provider) ____________________________________________________________
Name, address, phone & fax # of individual of Health Care Provider disclosing/releasing information

2. Authorization for Release of Information. Covering the period of health care from:

All past, present or future periods or dates ___________________ to _____________________

A. I hereby authorize the release of my complete health records (including records relating to mental health care, communicable diseases, HIV or AIDS, and treatment of alcohol/drug abuse). OR

B. I hereby authorize the release of my complete health record with the exception of following information: Communicable disease (including HIV and AIDS)

C. Other (please specify) __________________________________________________________

3. This medical information may be used by the person I authorize to receive this information for medical treatment, mental health treatment, substance abuse treatment, or consultation for treatment, assessment and recommendation, referral from or to another agency, or other purposes as I may direct which include:

______________________________________________________________________________

4. This authorization is valid 1 year from today’s date or this authorization expires __________ (date).

5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

6. I understand that treatment is not conditional to signing this authorization.

7. I understand that information used or disclosed pursuant to this authorization has the potential to be disclosed by the recipient and may no longer be protected by federal or state law.

_______________________________________________________           ______________________
Client Signature                                                                                                        Date
No Violence Contract

Physical violence is extremely harmful to all relationships. Participation in physically aggressive behavior on the part of one or both partners (or family members) results in numerous negative consequences. Some of these effects include: loss of trust, loss of respect for self and partner (or family member), emotional and physical pain, lack of intimacy, and less time spent together. Interpersonal violence greatly interfered with progress in couple therapy. In fact, interpersonal violence and couple (or family) therapy are not compatible. For these reasons, we are making a commitment, both written and verbal, to stop all violence in our relationship.

By violence we mean harming or threatening to harm your partner (or family member) either physically (i.e. pushing, shoving, restraining) or emotionally (i.e. belittling, name calling).

There are certain things that trigger my/our anger. These are:

______________________________________________________________________________

I (we) can tell that I (we) am (are) coming close to becoming violent when…
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

To help prevent violence from occurring, I (we) will do one or more of the following to stop myself (ourselves) from escalating when I (we) begin to see the cues listed above:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If any of the above listed items occur even once, I (we) have decided that it would be best to discontinue relationship therapy and begin individual therapy until I (we) am (are) able to control my (our) physical aggression toward each other.

______________________________________________________________________________
Client(s) Signature Date

______________________________________________________________________________
Therapist Signature Date