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Dear Colleagues,

Pursuing one’s educational goals should be a journey of wonder, exhilaration, and discovery. Our role as educators is to not only fuel the mind but 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 West Valley College, 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 contact any of the individuals listed on Page 18 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 West Valley College, I thank you for your empathy, support, and steadfast commitment to each student’s development as they pursue their educational dreams. Together, we can create our future.

Warm regards,

Bradley J. Davis, J.D.
President
West Valley College

Acknowledgements

This guide is a result of the collaborative efforts of many community college educators throughout the state dedicated to providing an optimal learning environment for all students. Special thanks to The World Health Organization, Virginia Polytechnic Institute & State University, and Utah Valley University.
Your Role

"Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community. Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time."
- The World Health Organization

As a faculty, staff or administrator interacting with students, you are in an excellent position to recognize behavior changes that characterize the emotionally distressed student. 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.

Signs of Distress

- Missed classes/assignments
- Inability to concentrate
- Confusion
- Persistent worrying
- Social isolation
- Increased irritability
- Restlessness
- Bizarre behavior
- Procrastination
- Dangerous behavior
- Disheveled appearance
- Mood swings
- Indecisiveness

When in doubt, consult.
Crisis Intervention

The Mental Health Services Advisory Committee (MHSAC) is a formal college-wide committee whose charge is to link students of concern to campus and community resources (see schematic, Pg. 19.) This includes assisting in an Imminent, Urgent, or Uncertain situation involving anyone on campus. The MHSAC includes staff/faculty with training and experience in crisis intervention.

If there is an Imminent, Urgent, or Uncertain situation, a call for intervention must be made. When in doubt, err on the side of making that call.

### EXAMPLES OF CRISIS

<table>
<thead>
<tr>
<th>Imminent Danger</th>
<th>Urgent</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call 9-1-1 or 408-299-3233</td>
<td>District Police 408-299-3233 AND Health Services 408-741-4000</td>
<td>Call Health Services 408-741-4000</td>
</tr>
<tr>
<td>Threats of Physical Violence</td>
<td>Injury Due to Medical Condition</td>
<td>Recent Death of Friend</td>
</tr>
<tr>
<td>Witness to Physical Assault</td>
<td>Fear for Life: of Self or Other</td>
<td>Recent Death of Family Member</td>
</tr>
<tr>
<td>Witness to an Accident</td>
<td>Abuse: Child, Spousal, Elder</td>
<td>Anger or Hostility</td>
</tr>
<tr>
<td>Threats of Suicide</td>
<td>Sexual Assault</td>
<td>Disoriented/Confused</td>
</tr>
<tr>
<td>Under the Influence: Drugs/Alcohol</td>
<td>Loss of Control</td>
<td></td>
</tr>
</tbody>
</table>

**Daytime Hours:** M – TH 8:30 am to 5:00 pm
Activate response by calling Student Health Services, (408) 741-4000

**Early Evening and Friday Hours:** M – Th 5:00 pm to 7:00 pm; F 9:00 am to 2:00 pm
Activate response by calling Counseling, (408) 741-2009

**Outside Operational Hours:**
If a crisis occurs outside the above hours, contact the District Police, 9-1-1 or 299-3233. For non-urgent consultation M-Th 6:00 pm to 10:00 pm contact Evening Administrator, (408) 593-2086.

**Strategy During A Crisis**
When dealing with most students in crisis, conveying your concern and willingness to help in any way you can, including referral, is probably the most important thing you can do.
Personal Counseling

Personal Counseling Services

WVC Personal Counseling Services are designed for students who can benefit from short-term mental health intervention. If the initial assessor determines the student requires longer term counseling, s/he will likely be referred to a more appropriate off-campus resource. **Early intervention is preferable to crisis intervention.**

When you do 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 regularly 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, however, when it is best for you to call to make an appointment with him/her or to accompany the student to a counselor on campus (e.g. crisis situation.)

To refer a student for personal counseling, please complete the “Personal Counseling Referral Form” (Pg 22.) Staff persons are available as follows to insure prompt attention to begin the process:

**During Daytime Hours:** M – Th 9:00 am to 5:00 pm
Student Health Services, (408) 741-2027

**During Early Evening and Friday Hours:** M – Th 5:00 pm to 7:00 pm; F 9:00 am to 2:00 pm
Counseling, (408) 741-2009, press 2

**Outside Operational Hours:**
Call either number above, leave a message, and a counselor will return your call the next business day.

*When in doubt, consult.*
Identifying Students in Need of Assistance

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 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.

When in doubt, consult.
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 of alcohol or drug abuse, 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.
- Activate the MHSAC by contacting Health Services at ext. 4000.
- Advise District Police if threat of suicide is imminent

Don’t:

- 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.

When in doubt, consult.
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 maybe 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 (refer student to Health Services for rest).
- 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.

When in doubt, consult.
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.
- Activate the MHSAC by contacting Health Services at ext. 4000.
- 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.

When in doubt, consult.
The Verbally Aggressive Student

Students may become verbally abusive when in frustrating situations that they see as being beyond their control. Anger and frustration may result in explosive outbursts or ongoing belligerent, hostile behavior - this 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 WVC Student Conduct Policy, Pgs. 24-25)
- Activate response by contacting Health Services at ext. 4000 or District Police 299-3233
- Remember, Safety First. If threat increases call 9-1-1.
- 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.

When in doubt, consult.
**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; contact District Police at 9-1-1 or 408-299-3233 and ask for “a West Valley College police officer”.

**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.

*When in doubt, consult.*
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 community in general.

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.

When in doubt, consult.
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 identifies 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:
  • Confront the student with the behavior that is of concern (Refer to WVC Student Conduct Policy, Pgs. 24-25).
  • Address the substance abuse issue if the student is open and willing.
  • Offer concern for the student’s overall well being.
  • Refer student to the Community Resource Coordinator in Health Services, ext. 2612.

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.

When in doubt, consult.
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.

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.

When in doubt, consult.
The Sexually Harassed Student

Sexual harassment involves unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct; it is usually found in the context of a relationship of unequal power, rank or status. It does not matter that the person’s intention was not to harass. It is the effect it has on others that counts. As long as the conduct interferes with a student’s academic performance or creates an intimidating, hostile or offensive learning environment, it is considered sexual harassment.

Sexual harassment usually is not an isolated one-time-only case but a repeated pattern of behavior that may include:

- Comments about one’s body or clothing.
- Questions about one’s sexual behavior.
- Demeaning references to one’s gender.
- Sexually oriented jokes.
- Conversations filled with innuendoes and double meanings.
- Displaying of sexually suggestive pictures or objects.
- Repeated non-reciprocated demands for dates or sex.

The California Education Code, Section 89535, defines sexual harassment of students. Common reactions by students who have been harassed is to doubt their perceptions, wondering if it was a joke, did it really happen or, if in some way, they have brought it on themselves. A student may begin to participate less in the classroom, avoid or drop classes, or even change majors.

Do:

- Listen carefully to the student, validating her/his experience.
- Separate your personal biases from your professional role - maintain objectivity.
- Report this situation; contact the Associate Vice Chancellor of Human Resources at extension 2060.
- Encourage the student to approach the person directly or in writing.
- Encourage the student to keep a log or find a witness.
- Help student seek informal advice through a department chair, supervisor or advisor.
- Inform student that informal and formal complaints can begin with the Vice President of Student Services at ext. 2020.

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.

When in doubt, consult.
The Student who Submits Disturbing Writings

(From Utah Valley University & 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 or disturbing writing. Content that warns of potential to self-harm or harm to others naturally carries with it what appears to be 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 there is little information gathering 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 a more concerning thought process.

- Is the creative work excessively violent?
- Do 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 aesthetic?
  - Does the level of violence hold thematic purpose?
- Are the characters’ thoughts as well as actions violent or threatening?
- Do 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 writing of concern the student’s first piece of violent writing?
  - If yes, what is the nature of his or her other work?
  - Is violence at the center of everything the student has written, or does other writing suggest that violence is something the student is experimenting with for literary 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 or of the writing overall suggest extreme depression or suicidal thinking?
- Is the writing full of expressions of hostility toward other racial or ethnic groups?


Responding To Disturbing Writing

Do:
- Consult with your Department Chair or the English Department Chair.
- Refer to Student Health Services.
- Fill out a Student Referral Form.
- Bring the topic to the Mental Health Service Advisory Committee.

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.

When in doubt, consult.
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 that s/he is in 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 MHSAC member for assistance).

Extending oneself to others always involves some risk-taking but it can be a gratifying experience when kept within realistic limits.

Referring Students for Personal Counseling

To make a personal counseling appointment, direct the student to go to or call one of the West Valley College programs listed for “a Personal Counseling appointment.” (see Personal Counseling on Campus 2013-2014: Instructions for Students, Pg. 19). One-hour appointments are made based on availability of licensed counselors (see Personal Counselors on Campus, Pg. 20).

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 s/he trusts your actions, you might also request permission to contact the referral provider directly. This communication arrangement maximizes the potential for successful follow through.

When in doubt, consult
Steps for Addressing Students of Concern

Do you have/know a student of concern?

Emergency

- Immediate threat to safety
- When in doubt, call 9-1-1

Prevention/Intervention

- Referral of Student
  - Initiated by: faculty, administrator, staff, student, student self-referral
  - Consultation/Intervention
    - Mental Health Services Advisory Committee (MHSAC) member meets with student and/or referring party for intake and confers with team
    - MHSAC member refers student to on-campus personal counseling
    - MHSAC member refers student to appropriate student support service.
    - MHSAC continued support & follow-up

Behavior/Conduct

- Review by VP of Student Services and Director of Student Development
  - Meeting with student & interview with involved parties.
  - Possible hearing board
  - Possible sanctions & referrals
  - Continued support & follow-up

West Valley College
Student Health Services
Personal Counselors on Campus

 Licensed Mental Health Counselors

Carol Pavan, MFT – Marriage Family Therapist, MFC 20290, Board of Behavioral Sciences

George Mageles, MFT – Marriage Family Therapist, MFT 51860, Board of Behavioral Sciences

Jean Finch, MFT – Marriage Family Therapist, MFT 37569, Board of Behavioral Sciences

Michael Byers, LCSW - Clinical Social Worker, LCSW 15339, Board of Behavioral Sciences

Pauline Clark, MFT – Marriage Family Therapist, MFT 15180, Board of Behavioral Sciences

Ross Smith, MFT – Marriage Family Therapist, MFT 36343, Board of Behavioral Sciences

Mental Health Counseling Interns

Elisse A. Cabrales, MSW Intern, San Jose State University
Paloma Cano, MSW Intern, San Jose State University
Shelly Sarkisian, MA, MFTI, University of San Francisco
Virginia Ballantyne, MSW Intern, San Jose State University

Supervised by:

Licensed Mental Health Consultant and Intern Supervisor
Barry Goldman-Hall, LCSW – Clinical Social Worker, LCSW 9765, Board of Behavioral Sciences

All West Valley College counselors are able to provide personal counseling as stated in the California Education Code, Section 72620. The counselors listed on this page have additional expertise to assist students with personal counseling concerns. Due to other role responsibilities, scheduled time for personal counseling may change semester to semester.

When in doubt, consult.
Personal Counseling on Campus 2013-2014

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

Instructions for Students:

To make a Personal Counseling appointment, please go to or call one of the West Valley College programs listed below and ask for an appointment. One-hour appointments are made based on the availability of licensed counselors within each area.

Health Services – (408) 741-2027

Counseling Center – (408) 741-2009

If you have a connection with the Disabilities & Educational Support Program (DESP) and/or the Educational Transition/Adult Re-entry Program please share this information with the Counseling Department or Health Services when you call.
Student's Name: ___________________________ ID # ______________

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

___Health Services (408) 741-2027
___Counseling Center (408) 741-2009

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 share information with the counselor if student permission is obtained?  ___Yes  ___No

* Please submit this form via interoffice mail marked CONFIDENTIAL.

Thank you for your referral of: ______________________________

We have given this referral to the appropriate counselor.

Department: _____________________________ Extension: __________

Processed by: __________________ Date: __________
# Off Campus Emergency Resource Contact List

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone No.</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT CARES Crisis Line</td>
<td>408-850-6125</td>
<td>24/7</td>
</tr>
<tr>
<td>Suicide and Crisis Services</td>
<td>408-279-3312</td>
<td>24/7</td>
</tr>
<tr>
<td>The Trevor Helpline – GLBTQ Suicide Prevention</td>
<td>1-866-488-7386</td>
<td>24/7</td>
</tr>
<tr>
<td>Veterans’ Crisis Line</td>
<td>1-800-273-8255 1-888-628-9454 (Español)</td>
<td>24/7</td>
</tr>
<tr>
<td>Emergency Psychiatric Services - Santa Clara County Info. &amp; Access</td>
<td>1-800-704-0900</td>
<td>24/7</td>
</tr>
<tr>
<td>Rape Crisis</td>
<td>408-287-3000</td>
<td>24/7</td>
</tr>
<tr>
<td>Domestic Violence – Support Network for Battered Women</td>
<td>1-800-572-2782</td>
<td>24/7</td>
</tr>
<tr>
<td>Adult Protective Services</td>
<td>408-975-4900</td>
<td>24/7</td>
</tr>
<tr>
<td>Child Protective Services</td>
<td>408-299-2071</td>
<td>24/7</td>
</tr>
<tr>
<td>Poison Control</td>
<td>1-800-876-4766</td>
<td>24/7</td>
</tr>
<tr>
<td>GATEWAY – Alcohol &amp; Drug Screening Information &amp; Referral</td>
<td>1-800-488-9919</td>
<td>24/7</td>
</tr>
<tr>
<td>Alcoholics Anonymous Helpline &amp; Meeting Referral</td>
<td>408-374-8511</td>
<td>24/7</td>
</tr>
<tr>
<td>Planned Parenthood Mar Monte</td>
<td>408-287-7526</td>
<td>M-F 9a–5p for appt.</td>
</tr>
<tr>
<td>NAMI Psychiatric Emergency</td>
<td>408-885-6100</td>
<td>24/7</td>
</tr>
<tr>
<td>Santa Clara County 211: Food, Shelter, Medical, etc.</td>
<td>Dial 211 or <a href="http://www.211scc.org">www.211scc.org</a></td>
<td>24/7</td>
</tr>
</tbody>
</table>

*When in doubt, consult.*
From the West Valley College Catalog 2013-2014

5500 STANDARDS OF CONDUCT

It shall be the policy of the District to enforce a student code of conduct the purpose of which is to promote and maintain orderly conduct of a responsible student body in a manner compatible with the District and College function as an educational institution (Education Code 76030).

5.19.1 Students are subject to State and Federal laws and to the specific regulations established by the District and/or each College in the District. Violators shall be subject to disciplinary action, including possible cancellation of registration, and may be denied future admission to the Colleges of the District. Criminal actions may also result in referral for prosecution.

5.19.2 Prohibited actions that may result in disciplinary action against a student include, but are not limited to, the following:

a. Continued disruptive behavior, continued willful disobedience, habitual profanity or vulgarity, or the open and persistent defiance of the authority, or persistent abuse of, College or District personnel.

b. Assault, battery, or any threat of force or violence upon a student or College/District personnel.

c. Physical or verbal abuse or any conduct that intimidates, endangers, or threatens the health or safety of any person (either on campus or at any event sponsored or supervised by the College/District).

d. Theft of or damage to property (including College/District property or the property of any person while s/he is on the College campus).

e. Interference with the normal operations of the College/District.

f. Unauthorized entry into, or use of, College/District facilities.

g. Forgery, alteration, or misuse of College/District documents, records, or identification.

h. Dishonesty (such as cheating, plagiarism, or knowingly furnishing false information to the College or to a College/District official).

i. Disorderly conduct or lewd, indecent, or obscene conduct or expression on any College-owned or controlled property or at any College-sponsored or supervised function.

j. Extortion or breach of the peace on College/District property or at any College/District-sponsored or supervised function.

k. The manufacture, possession, sale, distribution, or use of narcotics or other dangerous or illegal drugs, as defined in California statutes, on College/District property or at any function sponsored or supervised by the College.

l. Possession or use of alcoholic beverages on College/District property or at any function sponsored or supervised by the College/District.

m. Illegal possession or use of firearms, explosives, dangerous chemicals, or other weapons on College/District property or at College/District-sponsored or supervised activities.
n. Smoking in classrooms or other unauthorized areas on College/District property as designated by the District non-smoking policy (See Chapter 2.9).
o. Failure to satisfy College/District financial obligations (including fines, loans, borrowed property, et cetera).
p. Failure to comply with verbal directions or posted regulations of College/District officials, faculty, staff, or District Police officers who are acting in performance of their duties.
q. Failure to identify oneself when on College/District property or at a College/District-sponsored or supervised event, upon request of a College/District official acting in the performance of his/her duties.
r. Gambling in any form.
s. Violations of College or District policies or regulations concerning the registration of student organizations, the use of College/District facilities, or the time, place, and manner of public expression.
t. Acts of physical, verbal, or sexual harassment.
u. Acts of discrimination based on sex, color, religion, age (for individuals 40 years and over), physical or mental disability, ancestry, national origin, race, creed, medical condition, marital or parental status, or sexual orientation.
v. Violation of other applicable federal and state statutes and District and College policies.
Quote by Dr. Karl Menninger

“We all have chosen work that impacts lives. In doing so, we must draw from many sources to acquire the skills needed to be effective.”

Dr. Karl Menninger devoted his life to working with people whose lives were in trouble. He saw a side of life that many of us will never experience. The following comments were taken from an address he gave at the United Nations in 1981.

People are unreasonable, illogical, self-centered. Love them anyway.
If you do good, people will accuse you of selfish, ulterior motives. Do good, anyway.
If you are successful, you will win false friends and true enemies. Try to be successful, anyway.
The good you do today will be forgotten tomorrow. Do it, anyway.
Honesty and frankness make you vulnerable. Be honest and frank, anyway.
People favor underdogs, but I notice they follow the top dogs. Fight for some underdogs, anyway.
What you spend years building may be destroyed overnight. Build, anyway.
People really need help, but they may attack you if you help them. Try to help people, anyway.
Give the world the best you have, and you’ll get kicked in the teeth. Give the world the best you have, anyway.

Karl A. Menninger, M.D.
From United Nations Address - 1981