I. Introduction

The Behavioral Awareness Guide (BAG) was created by the Health and Human Development Committee in University Housing at the University of South Carolina and has been adapted for use, with permission, for the College of Charleston. Edits and amendments have been overseen by Lindsey Barr, Manager of Substance Abuse Services at the Counseling and Substance Abuse Services of College of Charleston. This is a living document that will continue to be revised to best reflect the ever-changing needs of the students at the College of Charleston.

The BAG is a guide that provides tools for listening and understanding the basics of different behavioral issues, how to talk about these issues, and where staff members and students can go for assistance. It is meant to serve only as a reference for Residential Life staff members. It is important to remember to always seek consultation and help in difficult and/or unfamiliar situations. Also, remember to communicate with your supervisor on any student who may be experiencing any of the potential issues or concerns outlined in this guide. Every individual deals with situations/challenges in his/her own way and there will be different levels of severity for different students; therefore information in this guide may not be applicable to everyone. It is important to note that staff members are not expected to fix or clinically counsel students, but rather listen to them, provide a source of support, and offer them the proper resources and information for help.

Please keep in mind that self-care is vital and creates a more positive environment for the students you work with, and it’s important to make use of the provided on and off-campus resources if needed. A list of resources is provided at the end of each potential issue and concern section.

II. Potential Issues and Concerns

The following is a general list of potential issues and/or concerns you may face when working with students. Some issues may be more common than others, and as previously mentioned the severity of each case will vary from student to student. Again, you are not expected to “fix” or clinically counsel students, but listen, provide support, and offer information on resources. Some basic tips to keep in mind are to 1) ask the student what they need/want, 2) don’t offer solutions, 3) talk about what has already happened, 4) acknowledge the difficulty in talking about concerns, 5) work with the student in a way that is convenient for everyone, and 6) know your own level of comfort and limitations.

For more information regarding College of Charleston’s Policies on these issues please refer to your Student Handbook.
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A) Alcohol, Drug, and Tobacco Use/Abuse

What is it?

Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor. The National Institute on Alcohol Abuse and Alcoholism defines binge drinking/alcohol abuse as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or above. This usually corresponds to more than 4 drinks on a single occasion for men or more than 3 drinks on a single occasion for women, and is usually within about 2 hours. Drug/substance abuse involves the repeated and excessive use of prescription and/or street drugs. Tobacco smoking is the inhalation of smoke from burned, dried, or cured leaves of the tobacco plant, and is most often in the form of a cigarette.

Possible signs of alcohol, drug or tobacco use problems in students

Common warning signs of alcohol use/abuse:

- Getting drunk on a regular basis/frequent hangovers
- Lying about things (i.e. where he/she was, who he/she was with, how much he/she had to drink)
- Avoiding you in order to get drunk
- Giving up activities he/she used to do (i.e. sports, attend class)
- Hanging out with friends who drink excessively
- Having to drink more to get intoxicated
- Believing they need to drink to have fun
- Pressuring others to drink
- Drinking and driving, or getting in trouble with authorities/law enforcement
- Taking risks, including sexual risks
- Feeling rundown, hopeless, depressed, or even suicidal

Common warning signs of drug use/abuse:

- Decline in school performance/grades, increased absences, reported truancy
- Withdrawal from hobbies, teams, friends, and/or family
- Marked change in behavior ranging from hostility to violence
- Changes in energy level (i.e. unusual amounts of energy or increased fatigue)
- Increased secrecy about possessions/activities
- Use of incense/room freshener/perfume to hide smoke or chemical odors
- Wearing new clothes that highlight drug use or suggest inappropriate conduct
- Lack of concern for appearance/grooming
- Possession of drug paraphernalia (i.e. pipes, rolling papers)
- Repetitive use of eye drops to mask bloodshot eyes or dilated pupils
- Unusual requests for money (with no reasonable explanations)
- Reports from fellow students reporting stolen money, objects, and/or prescription drugs

Tips for helping/approaching/talking with students

- Review the following four questions with the student to see if he/she or someone else has a drinking problem:
  - Have you ever felt you should cut down on your drinking?
  - Have people criticized or expressed concern about your drinking?
  - Have you ever felt bad/guilty about your drinking?
  - Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

  One "yes" answer suggests a possible alcohol problem, and more than one "yes" answer suggests it is highly likely that a problem exists.

- Ask the student if you can set up a time to chat in the next few days when you may have a few minutes talk alone. The goal is to have a two-way conversation where you share with the student your concerns and let the student express his/her perception of the situation.

  When you meet, tell him/her you care and state the behavior you have observed that has lead you to have the particular concern. Remember your goal is not to convince him/her that there is a problem, but to let them know you feel there may be an issue based on what you have observed. If he/she states there is no problem let them know that you would like to talk again in the near future. If the student agrees that they may have an issue give them a list of resources and information on Counseling and Substance Abuse Services.

- Don't bring up the subject when the person is under the influence of alcohol or other drugs. When people are high, they are less able to understand logic and are more likely to be impatient, dismissive, angry, and blaming. Some people have poor impulse control and may act irrationally or violently.

- Don't be under the influence of substances yourself.

- Don't try to speculate or explore motives. It can sidetrack you from the main point.

- Don't expect a dramatic shift in thinking or behavior right away as this may be the first time the person has thought about this problem.
If a student is working to quit the use of tobacco/smoking try to see it from his/her perspective as cigarettes/smokeless tobacco may have been a steady “friend” for a long time. Let them know you understand his/her fears, and are there for support.

- Give praise and rewards for getting through a day/week/month without smoking (it does not have to cost money, but do it right away when they’ve accomplished something)
- Offer to do things together to get them out of the usual smoking environments (i.e. going to a restaurant, movie or for a walk)
- Discuss with them the benefits of quitting
- Work with them to set a target quit date

If they are struggling to quit on their own encourage them to seek free tobacco-cessation assistance from the Health Education Department in the Counseling and Substance Abuse Services Center.

Frequently Asked Questions

a) How does alcohol affect a person?

Alcohol affects every organ in the body. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. Alcohol is metabolized in the liver by enzymes. However, the liver can only metabolize a small amount of alcohol at a time, leaving the excess alcohol to circulate throughout the body. The intensity of the effect of alcohol on the body is directly related to the amount consumed.

b) Why do some people react differently to alcohol than others?

Individual reactions to alcohol vary, and are influenced by many factors, including but not limited to: age, gender, race/ethnicity, physical condition (weight, fitness level, etc.), amount of food consumed before drinking, how quickly the alcohol was consumed, mixing with use of drugs/prescription medicines, and family history of alcohol problems.

c) What does it mean to be above the legal limit for drinking?

The legal limit for drinking is the alcohol level above which an individual is subject to legal penalties (e.g., arrest or loss of a driver's license). Legal limits are measured using either a blood alcohol test or a breathalyzer. Legal limits are typically defined by state law, and may vary based on individual characteristics such as age and occupation. All states in the United States have adopted 0.08% (80 mg/dL) as the legal limit for operating a motor vehicle for drivers aged 21 years or older. However, drivers under age 21 years are not allowed to operate a motor vehicle with any level of alcohol in their system. Legal limits do not define a level below which it is safe to operate a vehicle or engage in other activity, and impairment due to alcohol use begins to occur at levels well below the legal limit.
d) What is the difference between alcoholism and alcohol abuse?

Alcoholism or alcohol dependence is a diagnosable disease characterized by several factors including a strong craving for alcohol, continued use despite harm or personal injury, the inability to limit drinking, physical illness when drinking stops, and the need to increase the amount one drinks in order to feel the effects. Alcohol abuse is a pattern of drinking that results in harm to one’s health, interpersonal relationships or ability to work. Certain manifestations of alcohol abuse include failure to fulfill responsibilities at work/school/home, drinking in dangerous situations such as while driving, legal problems associated with alcohol use, and continued drinking despite problems that are caused or worsened by drinking. Alcohol abuse can lead to alcohol dependence.

e) What does it mean to get drunk?

Getting drunk or intoxicated is the result of consuming excessive amounts of alcohol. Binge drinking typically results in acute intoxication.

f) What health problems are associated with excessive alcohol use?

Excessive drinking both in the form of heavy drinking or binge drinking is associated with numerous health problems including but not limited to: impaired brain function resulting in poor judgment, reduced reaction time, loss of balance and motor skills, and/or slurred speech, dilation of blood vessels causing a feeling of warmth, but resulting in rapid loss of body heat, increased health risks such as liver cirrhosis (damage to liver cells), pancreatitis (inflammation of the pancreas), various cancers, including liver, mouth, throat, larynx (the voice box), and esophagus, high blood pressure, and psychological disorders, damage to a developing fetus if consumed by pregnant women, increased risk of motor-vehicle traffic crashes, violence and other injuries, and coma and death can occur if alcohol is consumed rapidly and in large amounts due to depression of the central nervous system.

g) What is the first thing I need to do once I’ve decided to quit smoking/use of tobacco?

Set a quit date (the day when you will break free of your addiction). You should consider visiting your health care provider or campus health services because they provide practical advice and information on tips and possible medication options.

h) Could medication help me quit smoking/use of tobacco?

Different methods work for different people, but the FDA has 5 approved medication options to help smokers quit: a non-nicotine pill, nicotine gum, a nicotine inhaler, a nicotine nasal spray, and/or a nicotine patch.
How will I feel when I quit smoking? Will I gain weight?

You can experience a variety of symptoms within the first few weeks of quitting smoking including: trouble sleeping, lack of concentration, and feelings of anxiety or restlessness. Many smokers will gain weight when they quit, but it is usually less than 10 pounds. To help reduce weight gain eat a healthy diet and stay active. Try not to let the weight gain distract you from your main goal of quitting smoking. Some medications may help delay weight gain.

Available Resources

Substance Abuse Prevention and Education
http://www.sa.sc.edu/adp/programs.htm

Counseling and Substance Abuse Services - College of Charleston
Robert Scott Small Scott Building, 3rd Floor. 843-953-5640

Student health Services - College of Charleston
181 Calhoun Street. 843-953-5520

Public Safety - College of Charleston
81-B St. Philip St. 843-953-5611

Charleston Center – 24 hour helpline
843-722-0100
843-958-3300

Alcoholics Anonymous
Lowcountry/South Carolina
(843) 554-2998
www.alcoholics-anonymous.org

Narcotics Anonymous
Charleston Area phone: 866-744-4036
www.na.org

National Drug and Alcohol Treatment Referral Routing Service
1-800-662-HELP
(Will provide information about local treatment options in your area)

The Unabridged Student Counseling Virtual Pamphlet Collection: http://www.dr-bob.org/vpc/
B) Anxiety, Depression, and Grief

What is it?

Anxiety is a feeling of nervousness, apprehension, fear, or worry. Some fears and worries are justified, such as worry about a loved one or in anticipation of taking a quiz or test, but anxiety can also become a problem when it begins to interfere with one’s ability to sleep or function and severe anxiety can have a serious impact on daily life.

Depression is a disturbance in mood characterized by feelings of sadness, loneliness, worthlessness, hopelessness, and/or guilt. Many people occasionally feel sad or have “the blues”, but these feelings are usually brief in duration and have minimal effects on everyday activities. When these feelings are experienced at a deeper, more pervasive level, and for longer durations they could be signs of clinical depression. For some, daily activities may become more difficult, but the individual can still cope. While for others the feelings of may become so intense that they experience extreme fluctuations in mood or a desire for complete withdrawal from daily routine. At times the depression may become so severe that suicide may seem the only solution.

Grief, also known as bereavement, is a term used to describe the intense and painful emotions experienced when someone or something a person cares about either dies or is lost. The emotional pain from losing a loved one can be the most severe suffering a person must endure, and at its most intense moments it can dominate every facet of a person's life making the carrying out of ordinary responsibilities impossible. However, grief is a normal response to loss and generally resolves with the passage of time.

Possible signs of anxiety, depression, or grief in students

Common warning signs of anxiety, depression or grief:

- Expressed, consistent feelings of hopelessness, helplessness, or worthlessness
- Expressed feelings of anxiety or panic
- Frequent crying spells or, at the other extreme, lack of appropriate emotional responsiveness
- Recurrent thoughts of suicide or death
- Exaggerated sense of guilt or self-blame
- Inability to find pleasure in anything
- Loss of warm feelings toward family, friends, or previously enjoyed activities
- Changes in behavior and attitudes
- Irritability or complaints about matters previously taken in stride
- Dissatisfaction with life in general
- Neglect of responsibilities and/or appearance
- Impaired memory, inability to concentrate, indecisiveness, confusion
- Decreased appetite, often with undesired weight loss, or compulsive eating, often with undesired weight gain
- Chronic fatigue, lack of energy, or restlessness
- Insomnia, early morning wakefulness, or excessive sleeping

**Tips for helping/approaching/talking with students**

- If it appears as though several residents are experiencing anxiety issues it may be a good idea to set up a session for relaxation therapy
- Discuss with student why they are feeling anxious
- Provide methods of reducing their anxiety
  - Deep breathing
  - Exercise/Yoga
  - Avoid caffeine, alcohol, and other drugs
  - Set aside a specific time and place to worry, and leave worries there
  - Count backward from 100
  - Counseling
- Do not tell a depressed person that you know what he/she is feeling as this may make them angry
- Be supportive and patient, and let them know you are concerned and you will be there for them
- Do not encourage the student to get over it or move on
- When the student begins to share information stay relaxed, do not squirm around or be in a rush - take the proper time and devote it to the student
- Acknowledge your limitations, and encourage the person to seek professional help if symptoms are persistent and seem to interfere with activities for daily living

**Available Resources**

Counseling and Substance Abuse Services - College of Charleston
Robert Scott Small Building, 3rd Floor. 843-953-5640

Peer Counseling Helpline (Monday – Thursday 6:00pm – 9:00 pm)
843-953-7411

_The Unabridged Student Counseling Virtual Pamphlet Collection: http://www.dr-bob.org/vpc/_
C) Bizarre Behavior, Self-Harm, and Suicidal Concerns

What is it?

_Bizarre Behavior_ - being out of touch with reality, and grouped into classifications that describe different disorders and/or associated features of disorders. The common feature of these disorders is that the person demonstrates impairment in determining what reality is.  
_Self-Harm_ (a.k.a self-injury or self-mutilation) is the deliberate, injury of one's own body that causes tissue damage or leaves marks for more than a few minutes. It is usually done to deal with an overwhelming or distressing situation.  
_Suicidal States_ are time limited and usually associated with major depression, a combination of acute anxiety and/or severe depression, post-traumatic stress disorder, or bipolar disorder. Suicidal persons tend to give clues to those around them, and embedded within those clues can be many things including a reason, method, location, and possibly a time when the student may take his/her life. The result of these clues is the concern for the wellbeing of the student.

Possible signs of bizarre behavior, self-harm, or suicidal states

**Common warning signs of bizarre behavior:**

- Disorganized speech or behavior  
- Increase in odd or eccentric behavior  
- Inappropriate expressions of emotion  
- Bizarre thoughts that could involve auditory or visual hallucinations  
- Withdrawal from social interactions  
- Inability to connect with people or process thoughts

**Common warning signs of self-harm:**

- Unexplained frequent injury (cuts, burns, scratches, etc.)  
- Wearing long pants and sleeves in warm weather  
- Difficulty handling feelings, relationship problems, and poor functioning at work/school/home

**Common warning signs of suicidal states:**

- Talking about suicide or death in general  
- Talking about "going away"  
- Talking about feeling hopeless or guilty  
- Pulling away from friends/family and losing the desire to socialize  
- Loss of desire in favorite activities  
- Having trouble concentrating
- Experiencing changes in eating or sleeping habits
- Engaging in self-destructive behavior (i.e. excessive drinking of alcohol or using drugs)

**Tips for helping/approaching/talking with students**

**Bizarre or Distressing Behavior Concerns**
- Do not compromise your own safety to help, and remember it is important to reduce the tension, remain calm, and avoid agitating the student
- Ask simple questions: name, where they live, contact information, and allow the student enough time to process your question prior to asking again - Don’t assume that they understand and comprehend your words
- Don’t assume that they will be able to take care of themselves in this state, and do not allow a friend of the student to care of him without professionals
- Remember that the student may also be afraid in this situation, so be sensitive and patient

**Self-Harm Concerns**
- Be supportive and patient when approaching a student who may be self-harming, and let the student know that you are there and that you are concerned about the behavior
- Explore other outlets that the student can use instead of self-harm (i.e. walking, exercising, journaling, talking with others, art therapy, etc.)
- Don’t assume that the student is suicidal - most people who self-injure are not trying to commit suicide
- Understand that the person may not have words to describe what they feel so don’t push
- It is important to remember that even though it may not be apparent to an outside observer, self-injury is serving a function for the person who does it. Figuring out what functions it serves and helping someone learn other ways to get those needs met is essential to helping people who self-harm

**Suicidal Concerns**
- Ask if he/she is thinking about suicide
- Allow the person to talk and be heard; don't try to "make it all better"
Don’t argue about whether he/she should live or die. Instead, try to listen patiently to his/her feelings.

Take every suicidal act, threat, or comment seriously.

Be sensitive to your own needs and limits. Dealing with a suicidal person can be an emotional and physical drain.

Encourage the person to seek professional help, and if the individual refuses to get help, call or visit the campus Counseling Center yourself for support and consultation.

Frequently Asked Questions

a) What are some of the reasons self-injurers have given for their acts?
   - Dealing with emotions
   - Maintaining control and distracting the self from painful thoughts or memories
   - Self-punishment
   - Expression of things that can’t be put into words
   - Expression of feelings for which they have no label (this phenomenon, called alexithymia, literally no words for feelings, is common in people who self-harm)

b) What should I say?
   - I’ve noticed some injuries on your “arm, leg, etc”, and wondered if you wanted to talk about anything?
   - Have you had thoughts about wanting to kill yourself? This may be difficult to ask, but it’s good to know. If you aren’t comfortable asking this consult with your supervisor for assistance.
   - Encourage the student to seek professional help and continue to serve as a support system and resource for the student. Refer them to the campus’s Counseling Center.

c) What should I do if I suspect a student is suicidal?

In a severe situation such as suicide it is important to remain calm when speaking with the Student; follow this 3 step procedure:

1. Ask: Most often, people thinking about suicide are willing to discuss it if you ask them out of concern. Find out what has gone in their life that has gotten them to this point. To ease into the conversation you can begin by saying, —”I’ve noticed you have been talking a lot about wishing you were dead. Are you contemplating suicide?” This question should be based on an observation you have made, and it will serve to reaffirm the connection with the student that he/she matters to you.
2. **Listen:** This step is the most important and should be your behavior for the bulk of the conversation. Allow the student to open up and express him/herself, and let them speak as much or as little as they want. If you believe the situation is severe enough stay close, and do not leave them alone.

3. **Tell:** You should not promise someone that what they tell you is strictly confidential. Even if you have sworn not to tell and believe you will betray your friend by doing so you must make sure you tell the proper authorities; get into contact with your supervisor immediately, as well as University Police if you are concerned for their immediate health and/or safety.

For additional support call the Counseling Center.

**Additional Resources**

In case of an emergency dial 911 and page the on call counselor

Counseling and Substance Abuse Services - College of Charleston
Robert Scott Small Building, 3rd Floor. 843-953-5640

Student Health Services - College of Charleston
181 Calhoun Street. 843-953-5520

Public Safety - College of Charleston
81-B St. Philip St.
Campus Emergencies 843.953.5611 Non-Emergencies 843.953.5609

Peer Counseling - College of Charleston
843-953-7411
www.cofc.edu/peercounseling

211 hotline – 24 hours
Dial 211
www.tuw.org

National Suicide Prevention Lifeline
1-800-273-8255
www.suicidepreventionlifeline.org

*The Unabridged Student Counseling Virtual Pamphlet Collection:* http://www.dr-bob.org/vpc/

For mental health screenings: http://counseling.cofc.edu/counseling or http://counseling.cofc.edu/ulifeline
D) Health Concerns, Sexual Health, and Eating Issues

What is it?

Health Concerns — refer to student’s physiological well-being. In residential halls it is likely for germs and illnesses to spread. Two common illnesses found in residential halls include the common cold and the flu. The common cold is a virus that attaches to the cells in the nose and throat, and Influenza (a.k.a the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness and is best prevented by getting a flu vaccination each fall.

Sexual Health - is "a state of physical, emotional, mental and social well-being related to sexuality; a person does not have to be sexually active to learn about or need resources for sexual health.

Eating Disorders - may begin with preoccupations with food and weight, and progress into more serious issues. They are complex conditions that arise from a combination of long-standing behavioral, emotional, psychological, interpersonal, and social factors. The main eating disorders effecting college students are anorexia and bulimia.

Possible signs of Health Concerns, Sexual Health, and Eating Issues

Health Concerns:

- Flu Symptoms include -
  - Fever (usually high)
  - Headache
  - Fatigue
  - Dry Cough
  - Sore Throat
  - Congestion
  - Muscle Aches
  - Nausea/Vomiting/Diarrhea

Eating Issues/Disorders:

- Preoccupation with body appearance or weight
- Moodiness, irritability
- Reduced concentration, memory, and thinking ability
- Anxiety, depression, or suicidal thoughts
- Guilt or self-dislike
- Dieting or making frequent excuses not to eat
- Overeating
- Obsessive rituals such as drinking only out of a certain cup or eating certain food on certain days
- Wearing baggy clothes, or a change in clothing style
- Hoarding food
- Frequent trips to the bathroom after meals
- Social withdrawal or isolation, and avoidance of social situations involving food
- Decreased interest in hobbies
- Weight loss or rapid fluctuation in weight
- Changes in hair, skin, and nails (dry and brittle); dehydration
- Edema (retention of body fluid, giving a puffy appearance)
- Loss or irregularity of menstrual periods (females)
- Reduced metabolic rate (can lead to slow heart rate, low blood pressure, reduced body temperature, bluish-colored extremities, or sensitivity to the cold)
- Hypoglycemia (low blood glucose levels), which can cause confusion, illogical thinking, coma, shakiness, and irritability
- Faintness, dizziness, or fatigue

Tips for helping/approaching/talking with students

Encourage all students to go to the Health Services Center located at 181 Calhoun Street, 843-953-5520. It is generally best to make an appointment, but walk-ins are welcome. Students are responsible for notifying professors/instructors of absences caused by illness or injury. Student Health Services does not write medical excuses, and the providers there are not authorized to write an excuse for a student that misses class. However, they can supply the necessary documentation for extended illnesses or injuries.

By Federal HIPAA law, medical information and records for students over 18 years of age are strictly confidential. If a student gives the health center written authorization the providers can talk to a parent about the student’s particular health issue. In the event of a life threatening emergency Student Health Services will attempt to notify a parent, if possible.

Advising a student with a cold/the flu

- Drink plenty of liquids (no alcohol)
- Gargle with warm salt water – ½ tsp. table salt in 8 oz. glass of water
- Take Tylenol or Advil for fever, aches, & pains
- Don’t smoke
- Get plenty of rest
- Eat well balanced meals
• Don’t take antibiotics unless prescribed by your healthcare provider

• Discard toothbrush & get a new one

• If they have an upset stomach seek medical attention if symptoms (i.e. nausea, vomiting, and/or diarrhea) persist longer than 24 hours or become severe
  o Let stomach rest for a while (nothing to eat/drink for 6 hours)
  o Try not to become dehydrated (water usually does not stay down). Use ice chips initially for dehydration and advance to clear liquids as tolerated (i.e. Gatorade, PowerAde, Jell-O, and popsicles).
  o Eat bananas, applesauce, crackers, or cereals after vomiting or diarrhea have subsided
  o Do not eat raw fruit or vegetables, fatty, greasy or spicy foods
  o Do not eat or drink dairy products, or drink alcoholic beverages
  o Tylenol may be taken with small amounts of liquid

• Head Injuries: Seek medical attention immediately at MUSC or Roper St. Francis Emergency Rooms
  o Apply icepack to injured area
  o Do not take aspirin

• Strains & Sprains: Seek medical attention if pain and/or swelling persist
  o Cold compresses for 24 hours reduces pain and swelling
  o Elevate the affected part above the heart
  o Take Tylenol or Advil per package directions
  o Limit weight bearing or use of the extremity until pain and swelling decrease

**Sexual Health**

There are many different types of contraceptives that prevent pregnancy. The most reliable types of birth control are birth control pills, the Nuva Ring, implants, and IUDs. Latex condoms for men are only slightly less reliable for preventing pregnancy if used consistently and correctly however it is EXTREMELY important to use condoms along with contraceptives to reduce the risk of contracting a Sexually Transmitted Infection (STI). Abstinence is the only guaranteed way to prevent pregnancy and contracting an STI.

Sexually Transmitted Infections are also known as Sexually Transmitted Diseases. If a student approaches you with a concern that he/she may have an STD please refer them to the Student Health Services Center at 181 Calhoun Street. Some common STIs and STDs among college students include –

• Bacterial Vaginitis
• Chlamydia
• Genital Herpes and Genital Warts
• Gonorrhea
• Syphilis
• HIV/AIDS

Other tips for dealing with sexual health concerns –

• Do not assume that students are sexually active, and do not assume that he/she is ignorant to the facts

• Develop a strong, positive relationship with the student prior to the discussion because surveys suggest that students want to talk about Sexual Health with someone they trust

• Meet with the student in a comfortable setting, and be confident - nervousness can easily be detected

• Be direct, ask meaningful questions, and express your concern for the student

• If the student opens up do not judge him/her for his/her behavior

_Eating Issues/Disorders_
An individual’s inner feelings, personality characteristics, and personal history can contribute to anorexia. For example, the following personality traits are associated with anorexia: perfectionism, obsessiveness, approval-seeking, low self-esteem, withdrawal, irritability, and black-or-white/all-or-nothing thinking. Major events in a person’s life such as transitions or emotional upsets can contribute to anorexia. Relational or early life trauma affects the brain, which in turn can impact both biology and psychology. Symptoms of trauma can include low self-esteem and obsessive compulsive eating disorders like anorexia. Physical or sexual abuse can trigger anorexia. According to mental health experts, the feelings during adolescence of being overwhelmed and powerless can bring about a desire to maintain control in some realm of life, such as control of body weight. Being in total control of what enters the mouth can give an adolescent a feeling of powerfulness. Thus, the period of adolescence may be when anorexia first arises.

_Additional Resources_

_Counseling and Substance Abuse Services - College of Charleston_
Robert Scott Small Building, 3rd Floor. 843-953-5640

_Student Health Services - College of Charleston_
181 Calhoun Street. 843-953-5520
_Healthy Life Student Self-Care Guide_
_http://student.health.cofc.edu/my-health_
Lowcountry AIDS Services
http://www.aids-services.com
3547 Meeting Street Road, N. Charleston, SC 29405. 843-747-2273

DHEC – Testing and Information
www.scdhec.gov/health/region7
Planned Parenthood
www.plannedparenthood.com
200 Rutledge Ave
Charleston, SC 843-628-4380

www.familydoctor.org

*The Unabridged Student Counseling Virtual Pamphlet Collection: http://www.dr-bob.org/vpc/*
E) Self-Esteem, and Relationship/Roommate Issues

What is it?

*Self-Esteem* – a widely used concept both in popular language and in psychology. It refers to an individual's sense of his/her value or worth, or the extent to which a person values, approves of, appreciates, prizes, or likes him/herself. The most broad and frequently cited definition of self-esteem is a favorable or unfavorable attitude toward the self. *Relationship/Roommate Issues* - a healthy relationship is defined involving characteristics such as, promoting positive self-esteem, a mutual respect, trust, nonviolence, open communication, personal responsibility, having individual interests and friendships outside of the relationship, shared decision-making, accepting each other’s individual rights and the right to change their opinions, and no abuse of drugs or alcohol existing between all parties involved in the relationship.

Possible Signs of Self-Esteem Issues or Relationship/Roommate Issues

**Self-Esteem:**
A student with low self-esteem tends to –

- Demean his/her own talents
- Feel that others don’t value him/her
- Feel powerless
- Be easily influenced by others
- Express a narrow range of emotions
- Avoid situations that will provoke anxiety
- Become defensive and easily frustrated when challenged
- Blame others for their own weaknesses

Additionally, there tend to be 3 different types of people with low self-esteem -

1. **The Imposter**: Acts happy and successful, but is really terrified of failure. This person lives with the constant fear that he or she will be "found out." This person needs continuous successes to maintain the mask of positive self-esteem, which may lead to problems with perfectionism, procrastination, competition, and burn-out.

2. **The Rebel**: Acts like the opinions or good will of others - especially people who are important or powerful - don't matter. They live with constant anger about not feeling "good enough." Continuously needs to prove that the judgment and criticism of others do not hurt. This may lead to problems like excessively blaming others, breaking rules or laws, or fighting authority.

3. **The Loser**: Acts helpless and unable to cope with the world. They constantly sit and wait for someone to come to their rescue. This person uses self-pity or indifference as a shield against fear of taking responsibility for changing his or her life. They look
constantly to others for guidance, which can lead to such problems as lacking assertiveness skills, under-achievement, and excessive reliance on others in relationships. Low self-esteem has been correlated with low life satisfaction, loneliness, anxiety, resentment, irritability and depression.

Roommate/Relationship Issues:
A roommate can present many challenges including conflicts over-

- Neatness (i.e. a “neat freak” vs. “organizationally challenged”)
- Noise
- Company/Guests
- Study arrangements
- Sharing possessions
- Money matters
- Giving/Receiving Messages
- Value conflicts
- Social type (i.e. homebody vs. partygoer)
- Schedule
- Sexual Orientation

Tips for helping/approaching/talking with students

- Encourage open communication from the beginning
- Have students write down what they are and are not comfortable with in a living situation
- Discuss with students what they have written down, —”Are we understanding that you are ok with sharing your hairbrush?” and have them post this in their room or keep handy, as well as filing it in your Housing Area Office
- Talk to individual students in a calm surrounding, and bring students together in a neutral territory
- Establish ground rules for the mediation process, in terms of respect and allowing each party to speak uninterrupted
- Have students communicate by using —”I” statements
- Ask students not to name call or point their finger at the other person, proclaiming fault
- Remember the three steps to better self-esteem:

1. Have the student challenge their inner voice telling him/herself negative messages, and convert the negative message into a realistic one, focusing on the positives.
2. Practice Self-Nurturing - since part of self-esteem is based on past experiences it is important to start a new and treat yourself as a worthwhile person and give yourself the credit you deserve for the effort put into a situation.
3. Get Help from Others - understand that you have limitations and utilize all resources available including websites, books, and counseling.

- Have the student list 5 of their strengths or 5 of their greatest achievements.

- Have them make a list of 10 things that make them laugh, will be a reward for good work, they can do to help someone else, or that makes them feel good about themselves.

Additional Resources

Counseling and Substance Abuse Services - College of Charleston
Robert Scott Small Building, 3rd Floor. 843-953-5640

National Mental Health Information Center

University of Texas-Austin: Counseling and Mental Health Center
Better Self Esteem
http://www.utexas.edu/student/cmhc/booklets/selfesteem/selfest.html

Office of Residence Life and Housing - College of Charleston
40 Coming Street. 843-953-5523
- Berry Residence Hall, 953-3253
- College Lodge, 953-5104
- Craig Residence Hall, 953-5107
- Kelly House, 953-4447
- Liberty Street, 953-8506
- McAlister Hall, 953-4443
- McConnell Residence Hall, 953-5151
- Rivers Residence Hall, 953-5105
- Warren Place, 953-3800

Peer Counseling – College of Charleston
843-953-7411 - Instant chat: http://spinner.cofc.edu/~peercounseling
http://spinner.cofc.edu/~peercounseling/links
F) Campus Crisis/Violence, Hate Crimes, and Hazing

What is it?

*Campus Crisis* - an event that can cause death or significant injuries to faculty, staff, students, or the public; or an event that can suspend business, disrupt operations, create significant physical or environmental damage, or that can threaten the University’s financial standing or public image. College of Charleston’s Division of Law Enforcement and Safety lists several cases that may be classified as a campus crisis including –

- Fire
- Active Shooter
- Power Outage
- Flooding
- Bomb Threats
- Weather
- Hazardous Materials
- Suspicious Activity and Packages
- Some Medical Emergencies

*Hate Crimes* - occur when a perpetrator targets a victim because of his/her membership in a certain social group, usually defined by race, religion, sexual orientation, disability, ethnicity, nationality, age, gender, gender identity, or political affiliation. Hate crimes are carried out against individuals because of their real or perceived identity. Hate crimes are acts of physical violence, injury, sexual assault, or damage to property where crimes are committed motivated by hatred. Bias incidents are often verbal harassment and general acts of vandalism where obvious crimes are not committed.

*Hazing* - any activity undertaken by a group or a member of a group, which subjects members to harassment, intimidation, physical exhaustion, pain, undue mental fatigue or distress, or mutilation or alteration of parts of the body.

Possible signs of campus crisis/violence, hate crimes, and hazing

**Possible signs of a campus crisis:**

- The appearance of something where it should not be; it can be anything from a parked car, bag, boxes, etc.
There are three categories that suspicious people fall into –

1. **Strange Behavior** - The most obvious, this describes anybody that is acting strangely. This could be as subtle as someone doing work in an area that does not usually have maintenance performed, or as obvious as irrational behavior.

2. **Correlation Over Time** - Describes someone you may see in a car near your office, and see them the following day on a bench outside your office, and again two days later reading the paper outside your office building. This pattern of behavior should be reported.

3. **Correlation Over Distance** - Describes the process of seeing someone in several different locations. Perhaps you see them at a restaurant one night, then later that evening near your apartment, and again at the movie theatre. If you spot this pattern it should be reported immediately.

**Possible signs of hate crimes:**

- Damage to campus or personal property
- Personal Injury
- Insults about a person’s -
  - Race
  - Gender
  - Sexual orientation
  - Religion
  - Ethnicity
  - Disability

**Possible signs of hazing:**

- Behaviors that emphasize a power imbalance between new members and other members of the group or team are often taken for granted or accepted as harmless. Subtle hazing typically involves
  - activities or attitudes that breach reasonable standards of mutual respect and place new members on the receiving end of ridicule, embarrassment, and/or humiliation tactics
  - New members often feel the need to endure subtle hazing to feel like part of the group or team
- Behaviors that cause emotional anguish or physical discomfort in order to feel like part of the group, and causes undue stress for new members
- Behaviors that have the potential to cause physical and/or emotional, or psychological harm
- Silence period/social isolation
- Revoking of privileges
- Quizzes on meaningless information
- Expecting certain items be carried at all times
- Requiring members to address senior members as —Mr. or —Miss
- Name calling, and verbal abuse/threats
- Wear embarrassing attire
- Performing humiliating acts
- Personal service (carry books, laundry, cleaning, errands)
- Sleep deprivation
- Being expected to humiliate someone else
- Sexual simulations
- Forced or coerced alcohol consumption, or consumption of other food/fluids, including water
- Beating, paddling, or branding
- Public nudity
- Abductions/kidnapping, or bondage
- Exposure to weather without protection

Tips for helping/approaching/talking with students

**Campus Crisis**
- Never knowingly put yourself into a situation that elevates your level of risk!
- Call Campus Police immediately
- Remain calm
- Identify all exits to buildings
- Make sure your residents are aware of all procedures in case of an emergency
- Do not speak to the media

**Hate Crimes**
- It is important to let students know that hate crimes are unacceptable and that if they are a victim to hate crime, it is not their fault
- Let them know that you support them, and you are there to help
- Bias motivated crimes are not always made directly toward a person verbally. It is possible that crimes can be identified in Graffiti art or in comments on web based social networking sites such as Facebook or MySpace
- Inform the student that you are obligated to inform proper authorities
**Hazing**

- According to law, a student cannot use the defense that “he/she willingly partook in the activity” in matters of hazing. This cannot be used as defense because there is no accurate way of determining whether the student’s consent was actually peer-pressure based on the desire to be in the group, or if it was legitimate consent. If physically harmed call Public Safety or have someone drive the student to the hospital or health center.

- Do not play off hazing as a rite of passage, and understand that hazing is a traumatic event for a student.

- Keep in mind that the sex of the resident may be an issue, so be sensitive to the fact that the student may be feeling humiliated and avoid making the student feel any more alienated.

- Do not go beyond your own comfort level.

- Suggest counseling if it appears necessary to the Counseling and Substance Abuse Center on the 3rd floor of the Robert Scott Small building.

- If possible, try to find out as much information to tell your supervisor – this may include questions to ask the next day when following up with the resident:
  - The nature of the hazing (what was done)?
  - At what time and where did the hazing occur?
  - Which organizations were involved?
  - Names or titles of those who performed the hazing?
  - Names of others who were hazed?

**Additional Resources**

Office of Victim Services - College of Charleston  
67 George St, 2nd Floor. 843.953.2273

Counseling and Substance Abuse Services - College of Charleston  
Robert Scott Small Building, 3rd Floor. 843-953-5640

Student Health Services - College of Charleston  
181 Calhoun Street. 843-953-5520

Public Safety - College of Charleston  
81-B St. Philip St.
Campus Emergencies 843.953.5611 Non-Emergencies 843.953.5609
Anonymous crime reporting: http://publicsafety.cofc.edu/silent-witness

People Against Rape (PAR)
www.peopleagainstrape.org

24-hour Crisis Hotline
843-745-0144

*The Unabridged Student Counseling Virtual Pamphlet Collection: http://www.dr-bob.org/vpc/*
G) Relationship Violence, Sexual Assault, and Stalking

What is it?

Relationship Violence – physical behavior (i.e. slapping, pulling hair, punching), threats of abuse (i.e. threatening to hit), verbal abuse, and emotional abuse directed toward a current or former partner or spouse

Sexual Assault – one or more of the following:

1. **Offensive Touching Sexual Assault** – the touching of an unwilling or non-consensual person’s intimate parts (such as groin, breast, buttocks, mouth, and/or clothing covering them), touching an unwilling or non-consensual with one’s own intimate parts, or forcing an unwilling person to touch another’s intimate parts.

2. **Non-consensual Sexual Assault** – Unwillng or non-consensual penetration of any bodily opening with any object. This includes, but is not limited to, penetration of a bodily opening without consent.

3. **Forced Sexual Assault** – Unwilling or non-consensual penetration of any bodily opening with any object that is committed either by force, threat, intimidation, or through exploitation of another mental or physical condition of which the assailant was aware or should have been aware.

Parameters of Consent:
- Both are equally free to act (if one person in pinning down the other then both are not free to act)
- Both people are fully conscious
- Both individuals are positive and sincere in desires
- Both are clear about their intent (often people are taught to say certain things or be manipulative in order to get what they want)

Stalking - a pattern of conduct that is intended to cause or does cause a person to fear the following actions to themselves or people important them: death, assault, bodily injury, sexual assault, involuntary restraint, damage to property, confinement, threats of harassment via electronic devices (email, phone calls). The relationship between the perpetrator and the victim may be a current or former partner, dating relationship, acquaintance, or stranger.

Possible signs of Relationship Violence, Sexual Assault, or Stalking

Relationship Violence:

- Emotional abuse: putting the other person down, using mind games
- Isolation: controlling what the partner does and who he or she sees
- Intimidation: using looks, actions, and/or gestures that instill fear (i.e. using a loud voice, smashing things)
- Economic Abuse: trying to keep the partner from being financially independent, from getting or keep a job, making the partner ask for money, taking the partner’s money, and/or giving the partner an allowance
- Using Children: making the partner feel guilty about the children, using the children to relay messages
- Making threats to the partner or to themselves
- Making the partner be sexual in ways the partner doesn’t want

**Sexual Assault:**

- Flash Backs- reliving the moment of the assault
- Developing fears, usually related to some aspect of the assault
- Depression
- Nightmares
- Feelings of vulnerability, isolation
- Low self-esteem, self-blame
- Unable to feel safe
- Crying for "no reason"
- Problems with memory
- Difficulty with intimacy
- Eating Disorders
- Drug or Alcohol abuse
- Anxiety Attacks
- Risk-taking behaviors

**Stalking:**

- Assaulting the victim
- Violating protective orders
- Sexually assaulting the victim
- Vandalizing the victim’s property
- Burglarizing the victim’s home; stealing from the victim
- Threatening the victim
- Stealing the victim’s pet(s)
- Following the victim
- Waiting outside the victim’s home and/or work
- Using technology to gather information about the victim

**Tips for helping/approaching/talking with students**

- Let the student know they are not alone - 30-40% of relationships report some form of intimate partner violence
• Let the student know it is not his or her fault, violence is the sole choice of the abuser, and listen and give the student ample opportunity to say whatever they are feeling.

• Be supportive, and offer to go with the student to the Victim Services Office if they choose to do so. Listen and give the student ample opportunity to say

• Remember that after a sexual assault, the student needs to feel safe, believed, obtain medical assistance, and know they are not at fault

• Accept the student’s choice about his or her actions

• If a student feels he/she is being stalked encourage them to go to the police at the first sign of stalking, and explain that the chances of the police catching the stalker are greater the earlier and the more information they have. Also, encourage them to develop a safety plan with the police

• Try to avoid touching the student, because they are already feeling that their personal space has been violated and it may make them more uncomfortable

Additional Resources

In case of an emergency call 911

Office of Victim Services - College of Charleston
67 George St, 2nd Floor. 843.953.2273

Lowcountry AIDS Services
http://www.aids-services.com
3547 Meeting Street Road, N. Charleston, SC 29405. 843-747-2273

Counseling and Substance Abuse Services - College of Charleston
Robert Scott Small Building, 3rd Floor. 843-953-5640

Public Safety - College of Charleston
81-B St. Philip St.
Campus Emergencies 843.953.5611 Non-Emergencies 843.953.5609
Anonymous crime reporting: http://publicsafety.cofc.edu/silent-witness

Student Health Services - College of Charleston
181 Calhoun Street. 843-953-5520

Charleston Domestic Violence Services (Charleston Police Department)
180 Lockwood Blvd, Charleston, SC 29403. 843-720-2473

People Against Rape (PAR)
www.peopleagainstrape.org

24-hour Crisis Hotline
843-745-0144

My Sister’s House
http://mysistershouse.org
843-744-3242

The Unabridged Student Counseling Virtual Pamphlet Collection: http://www.dr-bob.org/vpc/
H) Weapons

What is it?

A weapon is a tool employed to gain a tactical advantage over an adversary, usually resulting in injury. Weapons may be used to attack and threaten, or to defend and protect

Possible Signs of a Weapon

NOTE: Public Safety Officers and other campus personnel, such as school counselors and faculty members, have often been taught how to identify the specific indicators that a person may be armed. Below are a few of the most common, however they do not always indicate the presence of a weapon:

- Gun violators in particular will typically touch and/or adjust the weapons concealed on their bodies numerous times during the day
- Gun violators may walk with an awkward gait; they may fail to bend their knees because they have rifles or shotguns in their pants, or they may walk uncomfortably because they have guns, knives or other weapons hidden in their boots or shoes
- When you place a handgun in a jacket pocket, the coat typically hangs lower on the side where the weapon is located. In addition, you will often see the fabric pulled tight from the weight of the gun, and the weapon may swing as a violator walks. Often, the outline of the weapon may be observed in the pocket area, and in some cases the violator will attempt to hold the weapon if it begins to swing or beat against their body
- When trying to conceal a shotgun, rifle or submachine gun under a coat while walking, the butt of the weapon will often cause a noticeable bulge behind the armpit; additionally, the jacket does not move naturally because it is supported by the outline of the weapon. Also, when someone wears a shoulder holster or straps on a sawed-off rifle, shotgun or submachine gun under his or her arm, a bulge in front of or behind the armpit will often be visible
- Clearly the most reliable of all the indicators is when the weapon can actually be seen. It is astounding how many times an armed intruder has entered a facility with a rifle or shotgun protruding from under his or her jacket without being observed by staff. Most often observed with a bladed weapon, but occasionally seen with gun violators.
- Palming behaviors often indicate imminent risk to the observer, the knife violator may run the blade of the weapon up along the arm or behind the leg to conceal it from frontal view, and just before a target is attacked, a violator will also typically have his/her eyes fixed on the intended victim
- In a residence hall it will be hard to conceal all the things associated with having/owning a weapon. Be wary if you observe any large cases, sheaths, cleaner, or ammunition.
Weapons present an uncomfortable situation for residents. Although they may not come directly to you, it is likely that they will talk about it on the floor with other residents. It is important to be aware of these conversations and alert your supervisor accordingly. As always, being present on the floor will clue you in on any issues that may be present.

Tips for helping/approaching/talking with a student

If you suspect a student is in possession of a weapon of any kind it is important to call campus police immediately. Notify your supervisor of the situation immediately, and do not try to contact the student. If you feel you are in any danger remove yourself from danger and then call the proper authorities.

Additional Resources

Public Safety
College of Charleston
81-B St. Philip St. 843-953-5611

Office of Residence Life and Housing
College of Charleston
40 Coming Street. 843-953-5523
- Berry Residence Hall, 953-3253
- College Lodge, 953-5104
- Craig Residence Hall, 953-5107
- Kelly House, 953-4447
- Liberty Street, 953-8506
- McAlister Hall, 953-4443
- McConnell Residence Hall, 953-5151
- Rivers Residence Hall, 953-5105
- Warren Place, 953-3800

Office of Victim Services
College of Charleston
67 George St, 2nd Floor. 843.953.2273
I) Adjustment, Transitional Issues, and Homesickness

What is it?

Adjustment/Transitional Issues - a transition is an event that results in changed relationships, routines, assumptions, and roles, and can sometimes cause a sense of confusion, uncertainty, or feelings of anxiety which can affect students in a negative way. College is a time when students can be more likely to experience adjustment or transitional issues because the college life can be a big adjustment from their life back home.

Homesickness - distress or impairment caused by separation from the home environment. It is a normal process, especially for college students living away from home for the first time.

Possible Signs of Adjustment, Transitional Issues, or Homesickness

- Irritability or fits of anger over minor inconveniences
- Isolation or withdrawal from other students
- Signs/feelings of depression
- Inappropriate emotional outbursts
- Complaints of feeling sick all the time
- Disconnect from others
- Inability to get into a routine
- Student complains of feeling overwhelmed, constantly stressed, angry, or sad
- Constant discussion of people at home
- Frequent trips home or desire to leave school to visit home
- Poor performance in class

Tips for helping/approaching/talking with students

- Be sensitive and understanding of the student, and let them know that this a normal transition and many students get homesick or struggle with the adjustment at first

- Ask the student questions such as:
  - What types of adjustment issues are you experiencing?
  - How have you been dealing with your feelings of homesickness?
  - Have you socialized, or gotten involved in campus life?

- Some suggestions for residents on how to cope:
  - Admit it – allow yourself to be sad, but don’t drink or party to make feelings go away
  - Explore the campus and surrounding community and discover new places
  - Get involved in things around campus you are interested in and attend events
  - Keep familiar things from home to help you feel more comfortable while you adjust
o Have realistic expectations because not everything will be perfect, and try to have a sense of humor about your challenges and mistakes
o Be open to new situations, opportunities, people, classes, and choices, and don’t compare your new environment to home
o Keep in touch with family and friends and share your new experiences with them
o Talk about it with others, and they will support you, and you may find that they feel the same way
o Give it time – overcoming homesickness is a gradual process, and everyone adjusts differently

- Also be sure to let students know that if they are struggling to a point where it interferes with their academic performance, relationships, or general well-being, they may need to consider talking with a counselor

**Additional Resources**

**Office of Residence Life and Housing**
College of Charleston
40 Coming Street. 843-953-5523
- Berry Residence Hall, 953-3253
- College Lodge, 953-5104
- Craig Residence Hall, 953-5107
- Kelly House, 953-4447
- Liberty Street, 953-8506
- McAlister Hall, 953-4443
- McConnell Residence Hall, 953-5151
- Rivers Residence Hall, 953-5105
- Warren Place, 953-3800

**Counseling and Substance Abuse Services**
College of Charleston
Robert Scott Small Building, 3rd Floor. 843-953-5640

*The Unabridged Student Counseling Virtual Pamphlet Collection: http://www.dr-bob.org/vpc/*
J) Class Attendance and Study Problems

What is it?

*Class Attendance* - all College of Charleston students are expected to attend class regularly, and absence from more than 10 percent of scheduled class sessions, whether excused or unexcused, is excessive and the instructor may choose to exact a grade penalty for such absences.

*Study Problems* - Students experiencing study problems may encounter one detailed issue or an extremely wide range of concerns. Depending on the student, study problems may stem from anxiety, poor study skills, lack of time management, not understanding course material, or more serious issues such as learning disabilities.

Possible signs of poor class attendance or study problems

- Student is up all night on multiple nights during the week and sleeps during the day
- Student has poor academic performance
- Student misses several classes
- Student is constantly cramming for exams
- Poor grades
- Poor study skills
- Fear of losing scholarships and/or financial aid
- Student mentions trouble concentrating

Tips for helping/approaching/talking with students

- Acknowledge the situation and express concern about their missing classes, and express care and show encouragement
- Get a sense if they are concerned about missing class
- Ask the student questions such as:
  - Does he/she enjoy their chosen major?
  - How are they currently spending their time?
  - What is causing him/her to not attend class?
  - Does he/she enjoy this school?
  - What time management techniques is he/she using?
  - What are his/her academic/career goals?
- Gain an understanding about the degree and cause of their study problems (i.e. is the concern more emotional, physical, lack of motivation, lack of study skills etc.)
• Ask if he/she has used any resources on campus, and inform him/her of the various free resources on campus to help them succeed in their academics, and develop more effective study/time management skills

Additional Resources

Counseling and Substance Abuse Services - College of Charleston
Robert Scott Small Building, 3rd Floor. 843-953-5640

Center for Disability Services/SNAP - College of Charleston
Lightsey Center Suite 104, 160 Calhoun Street. 843-953-1431

Center for Student Learning - College of Charleston
Addlestone Library, Room 116. 843-953-5635

Center for Excellence in Peer Education - College of Charleston
Education Center, Suite 104-106. 843-953-2017

Undergraduate Academic Services – College of Charleston
Lightsey Center, Room 101. 843-953-5674

Office of the Dean of Students - College of Charleston
Stern Student Center, 3rd Floor. 843-953-5522

The Unabridged Student Counseling Virtual Pamphlet Collection: http://www.dr-bob.org/vpc/