



Assisting the Emotionally Distressed Student

A guide for Staff, Faculty,
and Administrators at
Imperial Valley College

2022-2023

v.6

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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.

INTRODUCTION

Dear Colleagues,

Attending college is a journey that brings moments of excitement, challenge, and reward for many of our students. At times, however, our students' educational path is impeded by psychological, financial, social, and family pressure that overwhelms many, even the well-adjusted student.

At Imperial Valley College, we have several programs in place to address our students' myriad needs. Included in these programs are ongoing mental health counseling, crisis support, campus safety, student services, and student development.

Additionally, IVC has a Behavioral Care Team (BCT), comprised of campus members trained and experienced in working with students who pose a risk to the safety of the campus community. Clinical Mental Health Counselors are also available and will be called by Campus Safety Officers as needed.

We, as faculty, staff, and administrators, are often students' first point of contact when they are experiencing emotional distress. This guide was created to provide you with resources in the event that you encounter a student who demonstrates a need for support outside of your scope of duties. If you are unsure about how to handle a student situation on campus, please feel free to contact any of the individuals on page 19 for guidance.

On behalf of our students, we thank you for your ongoing support of student success, wellbeing, and safety.

Warm Regards,

Guadalupe Castro, LMFT
Director of Student Health Services
Chair of the Behavioral Care Team

YOUR ROLE AS FIRST RESPONDER

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.

Be Prepared

- Be aware of early signs of distress
- Locate the closest phone to your work site
- Know your surroundings
- Memorize emergency numbers
- Read confidentiality and mandated reporting laws

Emergency Numbers

- IVC Deputy Sheriff: 760-483-7411 (Cell phone) or ext. 1111 (from ShoreTel)
- IVC Campus Safety: 760-355-6308
- Sure Helpline Crisis Center: 760-352-7878
- Imperial County Crisis Line (24/7): 1-800-817-5292
- Imperial County Crisis Referral Desk: 442-265-1525
- National Suicide Prevention Lifeline: 1-800-273-8255 (988)
- For TTY: Lifeline Option for Deaf or Hard of Hearing dial 711 then 988

SIGNS OF AN EMOTIONALLY DISTRESSED STUDENT

- Missed classes/assignments
- Inability to concentrate
- Confusion
- Persistent worrying
- Social isolation
- Depression
- Increased irritability
- Restlessness
- Bizarre behavior
- Procrastination
- Dangerous behavior
- Disheveled appearance
- Mood swings
- Indecisiveness
- Suicidal or violent references in class assignments

CRISIS INTERVENTION

The Behavioral Care Team’s major goal is to link students of concern to campus and community resources. This includes assisting in an **Imminent, Urgent, or Uncertain** situation involving anyone on campus. The Behavioral Care Team team also works with the Crisis Team members, who are trained 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.

In case of experiencing or witnessing imminent danger, please contact the IVC Deputy Sheriff and/or Campus Safety Officer (CSO) at 760-483-7411 or 9-1-1.

For Urgent situations, contact the IVC Deputy Sheriff and/or Campus Safety Officer at 760-483-7411 or extension 1111. They will act as first responders to evaluate the situation. Then, they will contact the appropriate campus or external resources (e.g. Student Health Center or paramedics) for further assistance. All other non-emergency concerns necessitate a referral using the *Student of Concern form* (see p. 6).

EXAMPLES OF CRISIS

Imminent Danger	Urgent	Uncertain
IVC Deputy Sheriff (760) 483-7411 Or, extension 1111 (from ShoreTel) Or, 9-1-1	IVC Deputy Sheriff (760) 483-7411 Or, extension 1111 (from ShoreTel) Or, Campus Safety (760) 355-6308	Submit Student of Concern form or, Contact Mental Health Counseling Services 760-355-6310
Threats of Physical Violence	Injury Due to Medical Condition	Recent Death of Friend
Witness to Physical Assault	Concern for Life: of Self or Others	Recent Death of Family Member
Witness to an Accident	Abuse: Child, Spousal, Elder	Anger or Hostility
Immediate Threats of Suicide	Sexual Assault/Harassment	Anxiety/Depression
	Under the Influence	
	Erratic Behavior	

MENTAL HEALTH COUNSELING SERVICES

IVC Mental Health Counseling Services are designed for students who can benefit from a short-term mental health intervention. If the initial assessor determines the student requires longer term counseling, she or he will likely be referred to a more appropriate off-campus resource.

Early intervention is always preferable to crisis intervention.

When you do discuss a referral for Mental Health 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 mental health counseling services (covered by the student health fee) for currently 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. **Child Abuse Reporting** (Please see Administrative Policy 3518 under General Institution) (<https://www.boarddocs.com/ca/caiccd/Board.nsf/Public#>).

Placing the initiative on the student to seek an appointment increases his/her personal responsibility and commitment for counseling treatment. However, there may be urgent times when it is best for you to call the Student Health Center (SHC) 760-355-6310 to make an appointment in presence of the student. Or, escort the student to the SHC to make an appointment in person.

To refer a student for Mental Health Counseling Services, please instruct the student to complete a Mental Health Counseling Request form located in the Student Health Center. A Mental Health Counseling Services provider will contact the student within 48 business hours.

STUDENT HEALTH CENTER HOURS AND CONTACT INFO

Student Health Center Office Hours:

Monday-Thursday 8:30 a.m. to 4:30 p.m.

Friday 8:30 a.m. to 12:30 p.m.

Location:

Building #1536 (Next to the Assessment Center)

Phone Contact:

Nurse or Mental Health Counselor(s): 760-355-6310

BEHAVIORAL CARE TEAM (BCT) & REFERRAL FORM

BEHAVIORAL CARE TEAM MISSION

The mission of the IVC Behavioral Care Team is to promote a safe and healthy learning campus environment by coordinating a response to the student whose behavior raises concern for the health and/or safety of themselves or other members of the campus community.

PURPOSE

The purpose of the BCT team is to provide consultation to staff, faculty, and administration focused on prevention and early intervention in campus situations involving students experiencing extreme distress or engaging in harmful or disruptive behaviors. The Team will provide collaborative support and develop strategies to address concerns regarding students' well-being or behavior that is potentially harmful to self and/or others or is disruptive and/or threatening. This team will regularly assess these situations in the college community and will recommend action in accordance with existing college policy.

Typical consultations may involve students with suicide risk, eating disorders, alcohol and drug problems or aggressive/disruptive behavior. Behavior of concern may be demonstrated physically, verbally, or in writing.

STUDENT OF CONCERN REFERRAL FORM

If you have identified a student in need of assistance from the BCT team, *but the situation does not warrant an emergency response*, you must complete a Student of Concern Referral (SOC) Form.

1-Go to the IVC Website

2-Select Faculty and Staff Tab

3-Go to "Tools for the Job"

4-Scroll down to the "Student of Concern Form"

5-Type password: concern

6-If there is an active danger to self or others, please contact (760) 483-7411 or 911

Note: The SOC form is NOT to be used for emergency assistance.

IDENTIFYING STUDENTS IN NEED OF ASSISTANCE

THE DEPRESSED STUDENT

Depression 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, most students will experience periods of reactive depression in their college careers. When the depressive symptoms become so extreme or 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 refer him/her for Mental Health Counseling, and submit a Student of Concern Referral form.

Don't:

- ✓ Minimize the student's feelings (e.g. "Don't worry.")
- ✓ 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.

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 do it.
- ✓ Be available to listen.
- ✓ Activate the Crisis Protocol by contacting the Campus Deputy Sheriff or Safety Officers at 760-483-7411.
- ✓ You can always call 9-1-1 if threat of suicide is imminent.

Don't:

- ✓ Assure the student that you are his/her best friend (it is ok to 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.

THE ANXIOUS STUDENT

Anxiety is a normal response to a perceived danger or threat to one's well-being.

For some student 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 refer him/her for Mental Health Counseling, and submit a Student of Concern Referral form.

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.

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 *Crisis Protocol* by contacting Campus Safety at 760-483-7411 or extension 1111.
- ✓ 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.

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 think your rights have been 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 vent, 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."
- ✓ Activate response by contacting Campus Safety at 760-483-7411.
- ✓ 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!"
- ✓ Pressure for explanations of their behavior.
- ✓ Ignore the situation.
- ✓ Touch the student.

THE VIOLENT STUDENT

Violence due to emotional distress is rare, but it might happen.

It typically occurs when the student's level of frustration has been so intense or of such an enduring nature as to erode the student's entire 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 9-1-1 and Campus Deputy Sheriff or Safety Officer at 760-483-7411.

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.

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 to 3 minutes.
- ✓ Offer to refer him/her for Mental Health Counseling Services, and submit a Student of Concern Referral form.

Don't:

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

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. Alcohol abuse by a student is most often identified by faculty. Irresponsible, unpredictable behavior affecting the learning situation (i.e., drunk and disorderly in class), or a combination of the health and social impairments associated with alcohol abuse noticeably sabotages student performance. Because of denial that exists in most substance abusers, it is important to express your concern to the student in terms of specific changes in behavior/performance rather than terms of suspicions about alcohol/drug use.

Do:

- ✓ Confront the student with the behavior that is of concern.
- ✓ Address the substance abuse issue if the student is open and willing.
- ✓ Contact the Campus Deputy or Safety Office at 760-483-7411 if you encounter a student under the influence on campus.
- ✓ Offer concern for the student's overall well-being.

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.

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.
- ✓ Offer to refer him/her for Mental Health Counseling, and submit a Student of Concern Referral form.

Don't:

- ✓ Assure the student that you are his/her friend (it is ok to 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.

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, and repeated non-reciprocated demands for dates or sex.

Sexual harassment of students is defined by the California Education Code, Section 89535. 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 to Campus Safety at 760-483-7411.
- ✓ Encourage the student to approach the person directly or in writing to let him or her know that the behavior is unwelcome.
- ✓ Encourage the student to keep a log or find a witness.
- ✓ Help student seek informal advice through a department chair, supervisor or advisor.
- ✓ Offer to refer him/her for Mental Health Counseling Services.

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.

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** (Please see Administrative Policy 3518 under General Institution)
<https://www.boarddocs.com/ca/caiccd/Board.nsf/Public#>).

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

PSYCHOLOGICAL CRISIS PROTOCOL

The following information describes the procedures to apply when a student or individual presents anywhere on campus with signs of experiencing a psychological emergency.

Crisis Procedure:

1. For the quickest response call the Campus **Deputy Sheriff** or Campus Safety Officers (CSO's) at **extension 1111 or cell phone (760) 483-7411 or Radio Channel 1**. You may also call the Campus Safety office at extensions 6308 or 6307.
2. The caller should provide the following information to the Campus Safety responders: **Brief description of the incident and location (i.e. office or room #)**.
3. Campus Deputy Sheriff and/or CSO's will respond immediately to the requested location.
4. Campus Deputy Sheriff and/or CSO's will interview the student/individual to determine the type of emergency or threat.
5. Campus Deputy Sheriff will assess the student/individual when the situation relates to a potential 5150.
 - W & I 5150 if applicable under the following code definition: *California Welfare and Institutions Code allows a Peace Officer may, upon probable cause, take the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention.*
 - In the absence of a Campus Deputy Sheriff, a CSO may request the assistance of an IVC Mental Health Counselor to assess the student/individual and determine the type of emergency or appropriate intervention.
6. Campus Deputy Sheriff may proceed with appropriate safety standards including:
 - Link the student to one of the IVC Mental Health Counselors or off-campus mental health treatment.
 - Activate the Imperial County Crisis Response Team.
 - If upon student/individual's request, call the student's/individual's emergency contact or family to provide appropriate follow up care and transportation.

CAMPUS EMERGENCY SUPPORT CONTACTS

STUDENT HEALTH CENTER TEAM

*****Main Contact Information:
760-355-6310, Building #1536**

Angie Garcia, MSW
Office Assistant II
760-355-5704 or 760-355-6310

Guadalupe (Lupita) E. Castro, M.S.C., LMFT
Director of Student Health Services
Chair of the Behavioral Care Team

Jacqueline Cortez, M.S.C., LMFT
Licensed Marriage and Family Therapist (LMFT 108775)
Clinical Mental Health Counselor

Gabia Ambrocio, M.S.C., LMFT
Licensed Marriage and Family Therapist (LMFT 114501)
Clinical Mental Health Counselor

Ana V. Beltran, LVN
Licensed Vocational Nurse
Pioneers Memorial Healthcare District
760-355-6128

BEHAVIORAL CARE TEAM (BCT) REPRESENTATIVES

Guadalupe (Lupita) E. Castro
Director of Student Health Services
Chair of the Behavioral Care Team
(760)355-6196, Bldg. 1536

James Dalske, Ph.D.
Dean of Student Affairs and Enrollment Services
Co-Chair of the Behavioral Care Team
760) 355-6457, Bldg. 100

CAMPUS SAFETY ADMINISTRATOR

Edgar Quiñones
Risk, Safety and Security Manager
(760)355-6436, Bldg. 10

COMMUNITY RESOURCES

RESOURCE	PHONE	AVAILABILITY
National Suicide Prevention Lifeline	800-273-8255	24/7
Imperial County Behavioral Health Crisis Line	800-817-5292	24/7
National Sexual Assault Hotline	800-656-4673	24/7
Imperial County Behavioral Health	442-265-1525	M-F, 8am-5p
Adult Protective Services	760-337-7878	24/7
Child Protective Services	760-337-7750	24/7
Imperial County Victim/Witness Assistance	760-336-3930	M-F, 8a-5p
Imperial County Public Health Department	442-265-1444	M-F, 8a-5p

**Text HOME
to 741741**

for free, 24/7 crisis
support in the US.