If immediate safety is a concern or the person acts in a highly irrational or disruptive way, call 911.

If immediate safety is not a concern, you may respond in the following ways:

- Speak with the student privately.
- Be empathetic and listen to their thoughts and feelings in a nonjudgmental way.
- Ask about the student’s intentions directly (e.g., “Are you thinking about suicide?” or “Are you thinking about harming someone else?”).

Offer hope through discussing treatment at CAPS (e.g., “I think that meeting with someone at CAPS could make a big difference in how you are feeling”).

Follow up with the student and provide support as appropriate. This can really show you care and increase the student’s willingness to complete treatment.

Talk with your supervisor for additional assistance and determine if there are existing departmental policies and/or procedures in place that may assist you in resolving the issue. If you are uncertain or uncomfortable at any point, please consult CAPS at 713.743.5454.

If it is after business hours and it is an imminent crisis, please call 911 or CAPS at 713.743.5454 and you will be connected to the after-hours counselor.

**HOW TO REFER**

Call CAPS at 713.743.5454 to speak with the Consultant on Duty (CoD) to indicate that you are concerned about a student’s well-being and that you will be walking with them to CAPS.

You may then walk with the student to CAPS. The CoD will help determine the best way for you to connect the student with our services.

If it is after business hours and it is an imminent crisis, please call 911 or CAPS at 713.743.5454 and you will be connected to the after-hours counselor.

**IMPORTANT CONTACT NUMBERS**

<table>
<thead>
<tr>
<th>Contact</th>
<th>Phone Number</th>
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</thead>
<tbody>
<tr>
<td>CAPS</td>
<td>713.743.5454</td>
</tr>
<tr>
<td>Equal Opportunity Services</td>
<td>713-743-8835</td>
</tr>
<tr>
<td>Dean of Students Office</td>
<td>832-842-6183</td>
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</tbody>
</table>

The Conduct Assessment and Response Team (CART). This is the behavior intervention team for UH. It is in place to provide a proactive, multidisciplinary, and collaborative approach to assessing and responding to students who exhibit threatening and/or concerning behaviors.

(uh.edu/CART)

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These behaviors may indicate that a student is struggling:

- Marked changes in academic performance
- Tardiness and excessive absences inconsistent with prior history
- Changes in emotional states, e.g., sadness, crying, lethargy, irritability, rapid speech, preoccupation, increased and more intense disagreement with peers and instructor, sense of confusion
- Changes in physical well-being, e.g. swollen eyes from crying, increased illness, poor self-hygiene, rapid weight loss/gain, sleeping in class
- Repeated requests for special consideration, e.g. deadline extensions, changes in requirements, grade changes
- Behaviors which may interfere with management of the learning environment, e.g. outbursts of anger, domination of discussion, derailing the focus of the course

These behaviors may signify an obvious crisis and necessitate more immediate intervention. Examples include:

- Highly disruptive behavior (e.g. verbal hostility, aggression, disregard for classroom decorum and expected conduct, etc.), failure to comply with corrective feedback
- Inability to communicate clearly (garbled, pressured speech, disorganized, confused, or rambling thoughts)
- Loss of contact with reality (seeing or hearing things which others cannot see or hear; irrational beliefs or fears that others may be conspiring against them)
- Stalking behaviors and inappropriate communications (including threatening letters, e-mail messages harassment)
- Suicidal thoughts and/or threats to harm others (may be communicated orally or in written formats through e-mail, assignments, or on social network or academic sites)
- Highly disruptive behavior (e.g. verbal hostility, aggression, disregard for classroom decorum and expected conduct, etc.), failure to comply with corrective feedback
- Inability to communicate clearly (garbled, pressured speech, disorganized, confused, or rambling thoughts)
- Loss of contact with reality (seeing or hearing things which others cannot see or hear; irrational beliefs or fears that others may be conspiring against them)

Additional Risk Factors:

- Previous suicide attempts
- Significant alcohol or drug use
- Threatening or communicating thoughts of suicide, death, dying or the afterlife
- Sudden increase in moodiness, withdrawal, or isolation
- Major change in eating or sleeping habits
- Feelings of hopelessness, guilt or worthlessness
- Poor control over behavior
- Impulsive, aggressive behavior
- Giving away important possessions
- Lack of interest in usual activities
- Hinting at not being around in the future or saying good-bye
- A recent death or suicide of a friend or family member
- A recent romantic break-up or conflict with loved ones
- Feeling rejected or alone