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Welcome to *In Session*
The University Life Professional Development Series

Providing Students with Trauma-Informed Support

Panelists:
Majory D. Fisher, JD
Lisa Haileselassie, LCSW
Diana Morrobel, PhD

Trauma Informed Support

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Clinical Psychologist
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Columbia Health

Trauma Informed Support

* Is an intervention and organizational approach that focuses on how trauma may affect an individual's life and creates an atmosphere of respect, safety and acceptance.
* Our interventions are influenced by an understanding of the impact of interpersonal violence and victimization on an individual’s life and development and is consistent with the recovery process and reduces the possibility of retraumatization.

Components

* 1. Awareness of the prevalence of trauma
* 2. Understanding how trauma affects all individuals involved
* 3. Responding- Putting knowledge into practice

Trauma

* Trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that can have lasting adverse effects on the individual's functioning and physical, social, emotional or spiritual well-being.

Prevalence

Going through trauma is not rare. About 6 of every 10 men (or 60%) and 5 of every 10 women (or 50%) experience at least one trauma in their lives. Women are more likely to experience sexual assault and child sexual abuse. Men are more likely to experience accidents, physical assault, combat, disaster, or to witness death or injury.

Most recover from trauma without developing PTSD.

Post traumatic stress disorder

* People with PTSD continue to have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended.
* In the U.S. PTSD affects 3.5% of the U.S. population.
* It is estimated that approximately 1 in 11 will experience PTSD at some point in their lifetime.

* National Comorbidity Survey. (2005). NCS-R appendix tables: Table 1. Lifetime prevalence of DSM-IV/WMH-CIDI disorders by sex and cohort. Table 2. Twelve-month prevalence of DSM-IV/WMH-CIDI disorders by sex and cohort. Accessed at: http://www.hcp.med.harvard.edu/ncs/publications.php

Risk Factors for PTSD

* Experienced childhood trauma
* Heavy stress load
* Recently suffered a series of losses

Biology of Trauma

* When individuals are faced with a traumatic event certain areas of the brain are affected.
* Amygdala- home of the fight, flight or freeze response, plays a key role in the processing of memory, decision-making and emotional responses.
* Prefrontal Cortex- involved in executive functioning and regulation of emotions. It's responsible for abilities including rational thought, problem-solving, personality, planning, empathy, and awareness of ourselves and others. When this area of the brain is strong, we are able to think clearly, make good decisions, and be aware of ourselves and others.
* Hippocampus- plays a key role in memory and how knowledge is obtained.

Emotional

* Anger
* Irritability
* Shame
* Sadness
* Hopelessness
* Anxiety
* Humiliation
* Low self esteem
* Feeling disconnected or numb
* Feeling powerless and vulnerable
* Guilt
* Mood swings
* Dysregulated affect
* Incongruent affect

Cognitive

* Confusion
* Difficulty concentrating
* Flashbacks
* Disturbing memories
* Why me?
* If I forget it..it will go away
* Blame themselves
* How will others react?
* Will others believe me?
* Difficulty recalling
* Dissociation

Physical

* Sleep disturbance
* Disrupted eating
* Fatigue
* Being startled easily
* Racing heartbeat
* Restlessness or agitation
* Aches and pains
* Muscle tension
* Shortness of breath
* Injury from trauma
* Increased sensitivity to sensory experiences
* Substance use

Social

* Withdrawal
* Afraid to be alone
* Uncomfortable to be around others
* Afraid/nervous in crowds
* Difficulty trusting others
* Afraid to leave the house especially alone
* Less productive
* Difficulty relaxing
* Disruptive personal relationships
* Avoidant of individuals and environments that remind them of the event

Responding by putting knowledge into practice

* Listen empathically.
* Maintain a supportive, respectful, and collaborative stance.
* Identify ways to support their immediate safety.
* Be patient and understanding: Not everyone's response to trauma is the same.
* Create an atmosphere of respect, validation, and support.
* Acknowledge their strengths and resilience.
* Empower them by giving them information about the resources available and let them make their own decisions.
* Do not try to "make sense" of what happened.
* Do not pressure them into retelling – it can cause further trauma.

Responding (continued)

* Encourage them to seek out their already established social support networks, such as: family, friends, and colleagues.
* Encourage them to take care of their basic needs and engage in their own health seeking efforts.
* Respect boundaries and have clear roles.
* Manage your own reactions and expectations of yourself.
* Seek support for yourself when needed.

Counseling and Psychological Services CPS

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  * 2920 Broadway
  * 8th and 5th floor
    * 212-854-2878
* https://health.columbia.edu/content/counseling-and-psychological-services

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FETI (*Forensic Experiential Trauma Interview*) and the Influence of Trauma on Sexual Assault Investigations

In Session: The University Life Professional Development Series.
Providing Students With Trauma-Informed Support

Marjory Fisher, Columbia University Title IX Coordinator
June, 2018

Office of University Life
COLUMBIA UNIVERSITY

Marjory Fisher

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- Title IX Coordinator, Columbia University since June 2016
- Consultant to colleges and universities on the issues of sexual assault and domestic violence from 2013-2016
- Served as Bureau Chief of the Queens District Attorney's Office Special Victims Bureau for over 23 years
- Investigated and supervised thousands of sexual assault, abuse and harassment cases and trained and educated innumerable attorneys, law enforcement officers, students, parents, faculty, health care professionals and the public at large
- Published The Prosecutor's Manual for Sex Crimes, a how-to guide for investigating and prosecuting sexual assaults
- Served on the New York State Children's Justice Task Force, the New York City Mayor's Committee on Child Abuse and the Mayor's Sex Crimes Task Force
- Adjunct Professor of Law at St. John's University Law School
- Graduate of Indiana University and George Washington University's National Law Center
- Title IX consultant at colleges and universities across the country
- Mother of three

Rape Trauma Syndrome

- PTSD symptoms that were first described by Burgess and Holmstrom (1974) as a “rape trauma syndrome,” which involved two phases.

- The initial, acute phase was distinguished by a high degree of disorganization in lifestyle, with prominent physical symptoms, a subjective state of fear or terror, and overwhelming fear of being killed. During the first several weeks after a rape, victims reported numerous physical problems, including soreness, bruising, tension headaches, sleep disturbances, stomach pains, and gynecological symptoms. In addition, many … felt fear, humiliation, embarrassment, anger, and had thoughts of revenge and self-blame.

- The second phase typically began about 2–3 weeks after the rape and reflected the survivor’s beginning to reorganize her life. During this long-term process of reorganization, an increase in physical activity was common, and many … changed residences. In addition, … women in the study routinely expressed fear of situations that reminded them of their rape. Finally, many women experienced sexual dysfunction and described nightmares related their traumatic experiences (Hembree&Cohen, 2008, p. 565).

How is Rape Trauma Syndrome Different from PTSD?

Although rape trauma syndrome can be conceptualized as a post-traumatic stress disorder, victims of rape may exhibit symptoms that are not commonly exhibited by victims of other trauma (e.g. fear of men).

Why Is Rape Trauma Syndrome Admissible?

For the same reasons investigators must understand it…victims of rape sometimes exhibit counter-intuitive behaviors. Doesn't mean they are lying or not accurate….

- Jurors have misconceptions about sexual assault
- Behavior of victim after sexual assault not within ordinary understanding of jurors, so it is admissible to explain counter-intuitive behavior, which may interfere juror's ability to make a credibility assessment
- Jurors might view certain behavior of victim as inconsistent with claim of sexual assault (e.g. delay in reporting, calm demeanor)
- Expert testimony that unusual behavior can be explained by rape trauma syndrome assists jury in fairly assessing victim's credibility

May 2013 Revised Definition of PTSD in DSM V

(Symptoms relevant to investigations in red)

- Criterion A: Trauma survivors must have been exposed to actual or threatened
  - Death
  - Serious injury
  - Sexual violence
  - Exposure can be direct, witnessed, indirect, or repeated
- Criterion B: Intrusion or Re-experiencing
  - Intrusive thoughts
  - Nightmares
  - Flashbacks
  - **Psychological and physical reactivity to the traumatic event**

May 2013 Revised Definition of PTSD in DSM V (Symptoms relevant to investigations in red)

- Criterion C: Avoidant Symptoms
  - **Avoiding thoughts or feelings or people or situations connected to the event**

- Criterion D: Negative alterations in moods or cognitions
  - *New addition*
  - **Memory problems** that are exclusive to the event
  - **Negative thoughts or beliefs about one's self** or the world
  - Distorted sense of blame for ones self or others related to the event
  - **Being stuck in severe emotions related to the trauma** (horror, shame, sadness)

May 2013 Revised Definition of PTSD in DSM V
(Symptoms relevant to investigations in red)

- Criteria E: Brain remains on edge, wary, and watchful
  - **Difficulty concentrating**
  - Irritability, anger, temper
  - Difficulty with sleeping
  - **Hyper-vigilence**
  - Easily startled

- Criteria F, G, H: Describes severity of the symptoms. They have to last at least a month, seriously impede functioning, and cant be due to anything other than the event itself.

Another possible overlay to the experience is:

The Neurobiology of Sexual Assault

- Many parts of brain are impacted by trauma
- During a sexual assault, the brain detects a threat to survival
- **"Hormonal activation**," a rush of hormonal activity, can lead to impaired rational thought, reduced energy, emotional swings, monotone/flat affect and even the shutdown of body activity during an assault
- This shutdown is called "**Tonic Immobility**"
  - According to a recent study, a majority of female rape survivors who visited the Emergency Clinic for Rape Victims in Stockholm reported they did not fight back. Many also did not yell for help. During the assault they experienced a kind of temporary paralysis called tonic immobility. And those who experienced extreme tonic immobility were twice as likely to suffer post-traumatic stress disorder (PTSD) and three times more likely to suffer severe depression in the months after the attack than women who did not have this response.
  - Tonic immobility (TI) describes a state of involuntary paralysis in which individuals cannot move or, in many cases, even speak. In animals this reaction is considered an evolutionary adaptive defense to an attack by a predator when other forms of defense are not possible. (experienced by 12-50% of rape victims, more if this is not the first time.)
- Some people try to negotiate or accommodate in an effort to prevent the assault or to survive it
- Afterwards, the memory of a sexual assault is often fragmented and impaired due to these changes in brain chemistry and accounts for the **"jumbling"** of accounts that leads to skepticism of their accounts.
- But this does not necessarily alter the accuracy or truthfulness of their memory and therefore lead to false reports, and is often outside the control of the victim.

How does the neurobiology of trauma affect the investigation? What do we tell our investigators?

- Rapid change in brain chemistry as a result of neurobiological response to trauma may also impact a person's memory of a sexual assault.

- This neurobiological reaction may prevent a person from "encoding" an experience in the same way that a person who is not under stress or exposed to a threat may encode an experience, which is generally done in proper context and sequence of events i.e., the experience may be encoded as fragments or kernels of the overall experience.

- Therefore, during an investigation, Investigators must give Complainant time to collect their thoughts, consolidate their memories of events, and practice **patience** in questioning.

The take away…Rape trauma and the neurobiology of trauma

- May prevent the person from remembering an event in an organized, sequential and contextual manner.
- It may seem that the victim is "jumbling" an account of events or omitting information, and that conclusion may lead to skepticism from the Investigator.
- These biological responses do not necessarily alter the accuracy of a victim's memory. Instead, the account may simply be confused, patchy in parts or out of order.
- On the other hand, must be mindful that these behaviors **may** be evidence of sexual assault, or **they may be evidence of some other, previously experienced trauma**.

How do these symptoms affect the investigation?

See the work of Rebecca Campbell and Russell Strand.

"Enough is Enough" on Trauma

- New York Education Law § 6444(5)(c)(ii):
  - students have the right to have complaints "investigated and adjudicated in an impartial, timely, and thorough manner by individuals who receive annual training in conducting investigations of sexual violence, [and] the effects of trauma ." (emphasis added).

OCR, September, 2017

"The topic of the content of training is not a topic that OCR has spoken to much, and it is a topic that I think deserves a great deal more examination and input and discussion heading into a regulatory framework around this. So it's of concern to OCR that adequate and reliable training that goes into these investigations is benefitted from both a trauma-informed approach grounded in science and a rigorous commitment to not using the premises of trauma-informed investigation techniques to bleed over into presumptions that bias and make less [im]partial the way that an investigation is going to proceed." Candace Jackson

The Atlantic Story

The Bad Science Behind Campus Response to Sexual Assault

“Assertions about how trauma physiologically impedes the ability to resist or coherently remember assault have greatly undermined defense against assault allegations. But science offers little support for these claims.” **EMILY YOFFE,** SEP 8, 2017

- Jim Hopper, Ph.D. authored a rebuttal to the *Atlantic* story, posted on the *Psychology Today* web site:
  - *See* https://www.psychologytoday.com/blog/sexual-assault-and-the-brain/201801/sexual-assault-and-neuroscience-alarmist-claims-vs-facts (posted January 22, 2018). "In fact, the science on the neurobiology of stress and trauma is actually quite good, and the real issues are how that science is taught to university staff who aren't scientists, and how they, in turn, apply that teaching on their campuses."

- Dr. Hopper cites research papers that he argues:
  - demonstrate that trauma can cause reflexive behaviors (such as "tonic immobility") and habit-based behaviors in humans, and
  - that trauma can also cause fragmentation of memory.
  - He notes that gaps and inconsistencies in memory "are never, on their own, proof of *anyone's* credibility, innocence, or guilt."

Bottom Line for Investigation Purposes

- Investigators do not have to resolve scholarly debates about potential effects of trauma, or subscribe to a particular scientific theory

- Instead, they should understand enough about the potential effects of trauma to avoid misperceptions, and use a fair, thorough approach that will appropriately gather and analyze information from individuals who may have experienced trauma

- APA DSM-5 defines "trauma" as: "Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s) . . . ."
- During a traumatic event, the brain may detect a threat to survival
- The body may respond to this threat by producing hormones that can affect a person's reaction to the event, during and after
- It may also affect a person's ability to recall and recount the event

Potential Effects of Trauma on Reaction

The hormones released during a traumatic event may interfere with how a person reacts to the event.

- Decrease in pre-frontal cortex functioning
- Disassociation
- Tonic Immobility
- Flat affect

Potential Effects of Trauma on Memory

The hormones released during a traumatic event may interfere with how memories are encoded. Thus,

- Some details may be recalled in great detail, others details not so much (central v. peripheral).
- Memory of sexual assault may be fragmented and impaired
- Recall may be partial and asynchronous
- Memories related to survival

- Delay in acknowledging/reporting that trauma happened
- Compromised ability to function academically or socially
- Unexpected emotional affect
  - going blank
  - giggling or
  - “freezing”
- No show at appointments
- **There is no consistent/normal reaction**

How can we use a trauma-informed approach to elicit information about the incident?

Use the Forensic Experiential Trauma Interview (FETI)

- What is it?
- Applies science of memory and psychological trauma to interview approaches and techniques
- Recognizes that an individual cannot necessarily recall information that requires "higher-level thinking and processing"
  - E.g., expectation that victim will immediately remember the who, what, where, why, etc.
- Experience of trauma = encode experiences differently than non-traumatic events
- "*Certified FETI is a science-based methodology designed to educate professionals to use empathic listening and brain-based cues to facilitate collection of psychophysiological evidence from those that have experienced trauma or high stress. Certified FETI accurately captures an individual's high stress or trauma enabling others to understand the experience.*"

ONE FULL SLEEP CYCLE BEFORE INTERVIEWING, IF AT ALL POSSIBLE

Components

- Acknowledge the victim's trauma and/or pain
- Ask the victim/witness what they are **able** to remember about their **experience**
  - Tell more more about… or help me understand…
- Ask the victim/witness about their thought process at particular points of the experience
- Ask about tactile memories before, during, and after the event such as
  - Sounds
  - Sights
  - Smells
  - Feelings

Components of FETI

- Ask the interviewee how this experience affected them physically and emotionally
- Ask the victim/witness what the most difficult of the experience was for them
- The interviewer should inquire, what, if anything, the interviewee cannot forget about the experience
- Clarify other information and details *after* facilitation and collection of the forensic psychophysiological experiential evidence

Historically, investigations of sexual and interpersonal violence:

- Included belief in rape myths
- Focused on actions of the Complainant
- Focused on the investigator's perception of the Complainant's credibility
- Belief that false reporting was common

Many investigators felt that rape victims:

- Were only raped by strangers (New York Times, June 24, 2018…88% of all rapes committed by someone known to the victim, Bureau of Justice Statistics)
- Always present emotionally
- Always have physical injuries

"Seemingly Inconsistent" Behaviors by complainants (not necessarily neurobiological reactions)

- Engaging in consensual sexual or social activities with the accused after assault
- Engaging in apparently normal texting and other communications after assault
- Continuing contact when first becoming concerned about stalking behavior
- Continued relationship with reportedly abusive person

- Appearing “normal” to others after an assault
- Behaving “normally” around other party while deciding what action to take
- Initiating contact with other party to convince self it didn’t happen or get an explanation or apology
- Delaying reporting, if report at all

The Trauma Informed Investigation: Interviewing the Parties

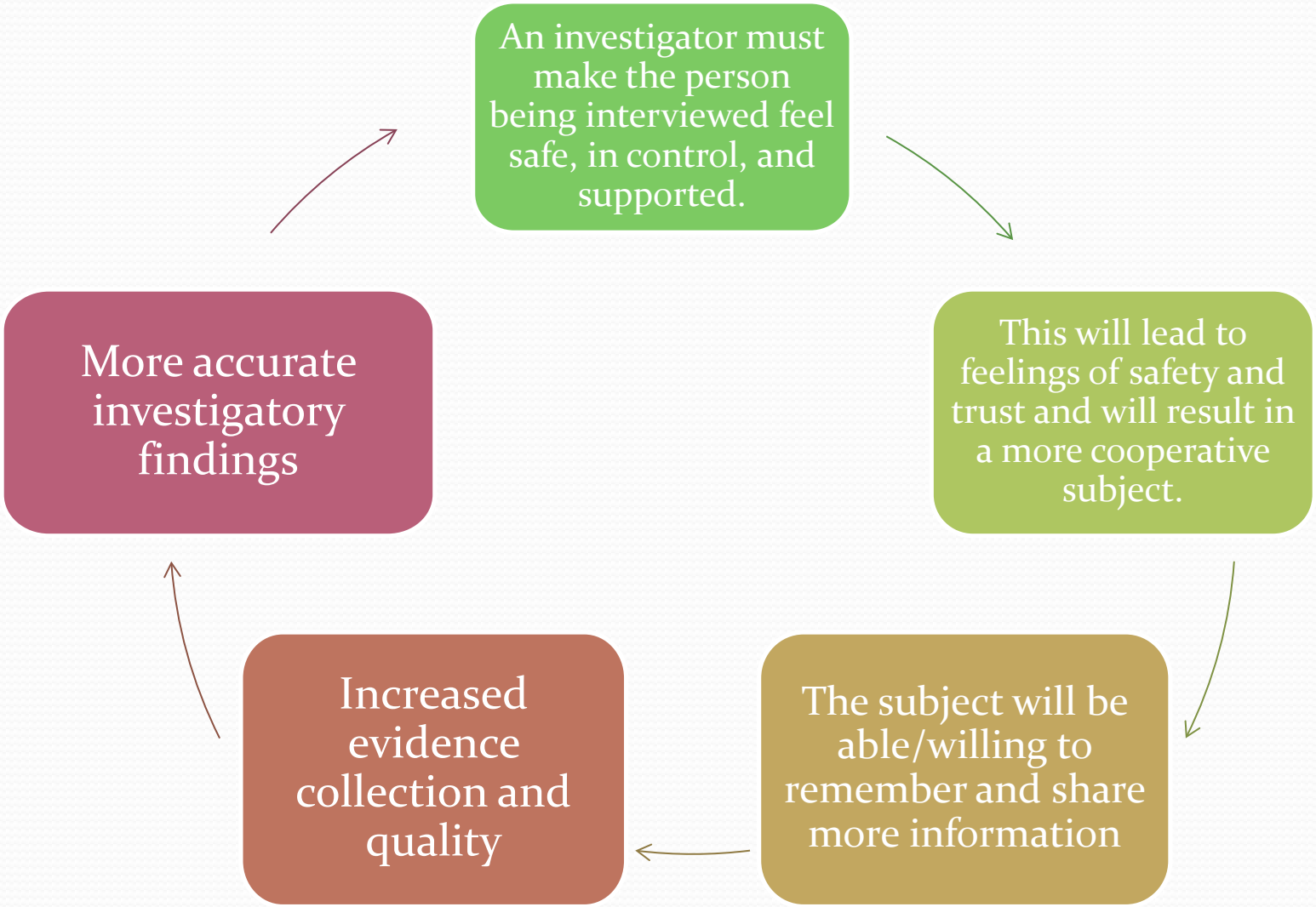
Trauma-Informed Interview

- Places a **premium** on the creation of a safe space in order to build TRUST
- Places appropriate control in the hands of the person being interviewed
- **Understands** that traumatic memory recall may have gaps

Trauma-Informed Interview

- Information gathering may take TIME
- **Utilizes** trauma-informed language such as "able" and "experience"
- Is **mindful** of the impact of complex trauma histories that individuals may be carrying

The Importance of Empowerment and the Power of Empathy



The Investigator's approach to interviewing the Respondent should mirror approach to interviewing the Complainant….Why?

Prior to the Interview

Remember:

- The potential effect of trauma on the brain and how that may affect ability to recall and recount their experience
    - Inability to recall details is common
    - Inability to recall sequentially is common
    - Details may develop over time
- To put aside any biases
- Listening is more important than speaking
- Goal during this interview is to **capture their entire experience**, before, after, and during the event

The Essential Introduction to a Trauma-Informed Interview

Empower

- "Where would you like to sit?"
- "Is it ok if I sit here?"
- "Would it be alright if I closed the door?"
- "If at any point you need a moment, please just let us know."
- Actively listen and address concerns.

Explain

- Your role as an impartial investigator.
- Your goals during the interview.
- Why you are taking notes/recording and what will happen with that material.
- What will happen with the information they share
- Their ability to review your report
- That you may have to ask difficult questions.

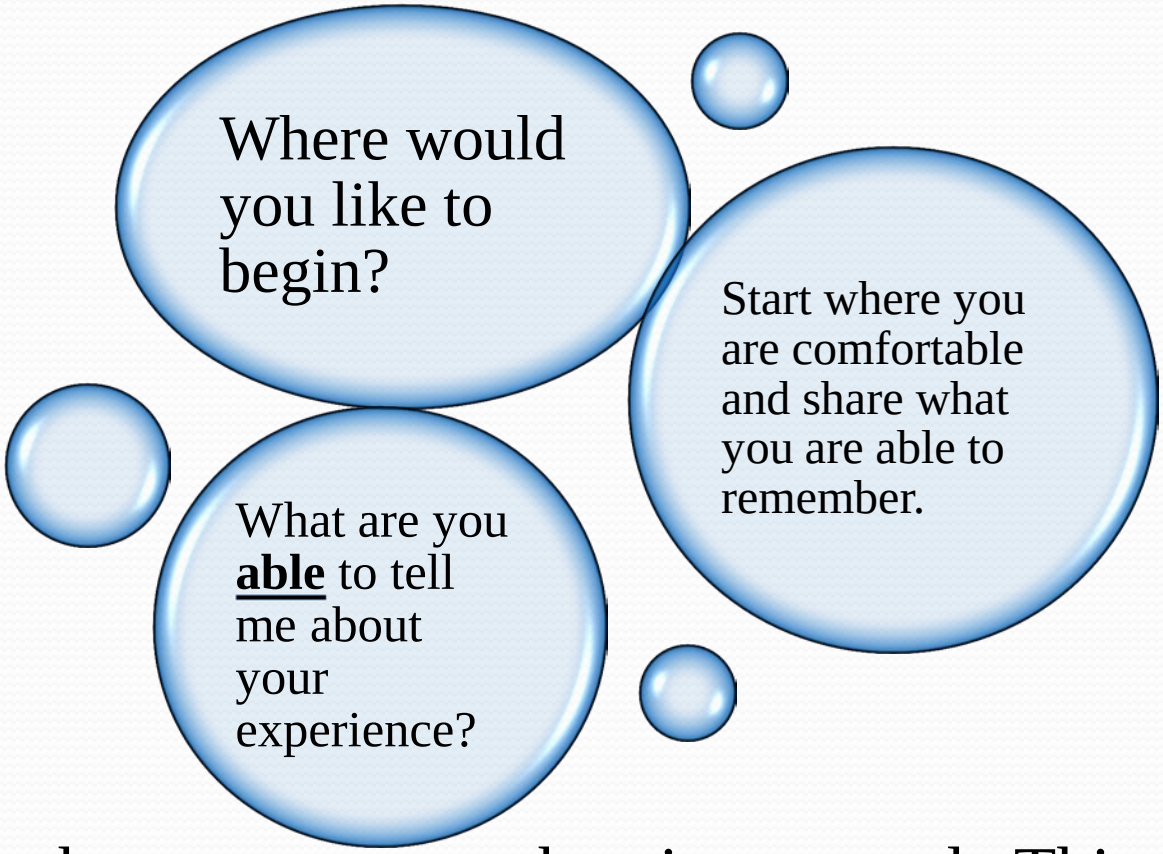
Emphasize

- The need for you to be impartial.
- That you understand how difficult the conversation will be for them.
- That you appreciate that they are sharing their experience with you.
- That they should not read into your questions or your reaction/lack of reactions.
- the need for honesty and accuracy
- That they are in control.

Interview Ground Rules

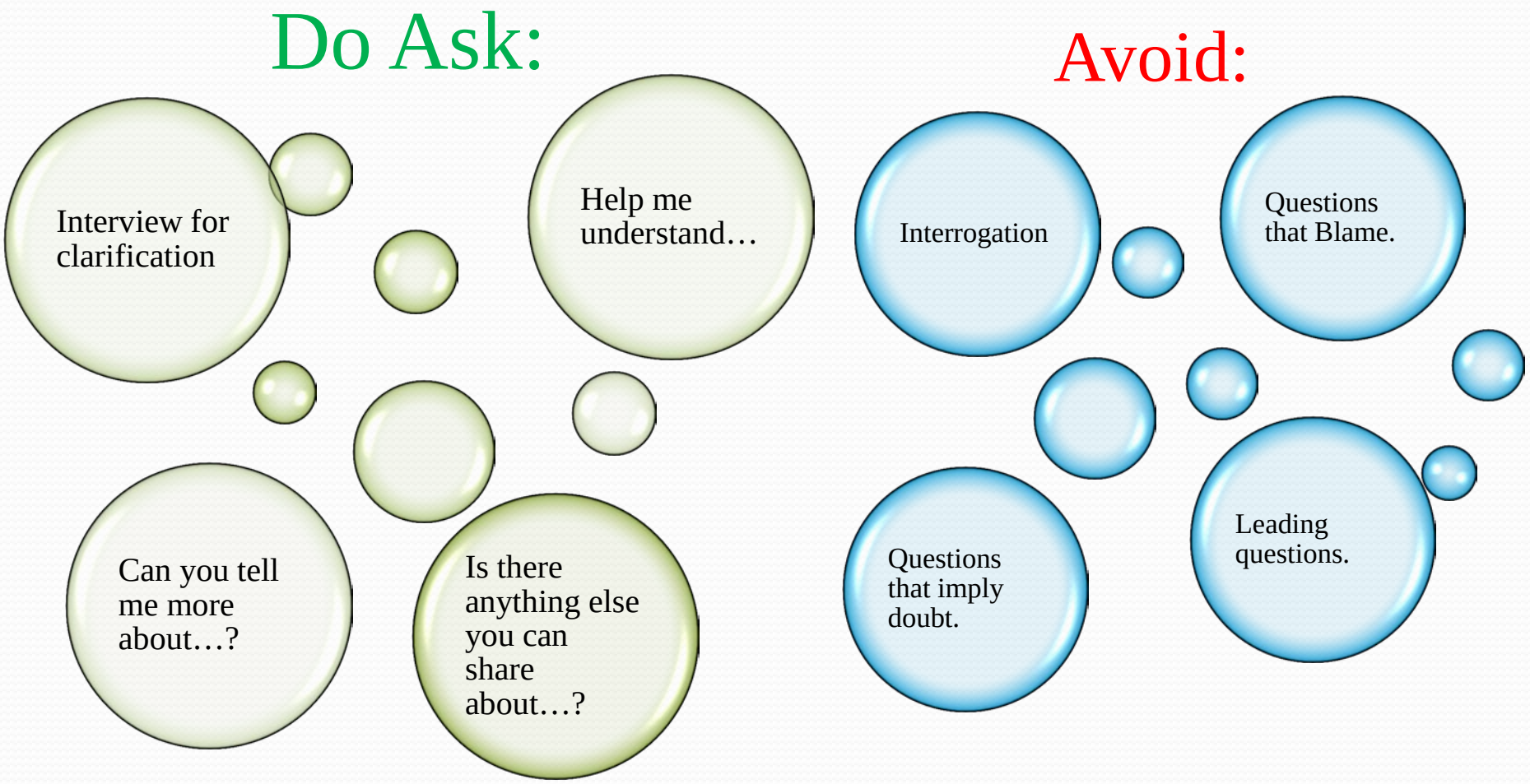
- Establish the importance of being truthful, accurate, and complete.
  - *"If you are not able to answer one of my questions, it is perfectly ok to say, 'I don't know, or I'm not sure, etc.'"*
  - *"I understand that you may not be able to answer all of my questions, and that is ok. What I don't want you to do is try to fill in the blanks."*
  - *"I understand how difficult it is to talk about your experience with a stranger. However, it is important that you not leave anything out. Please know that this is my job and there is nothing that you can say that will make me uncomfortable or that will make me think badly of you."* (Amnesty Policy).
- Encourage them to ask clarifying questions
- Grant permission to provide additional details or clarifications
  - If account changes materially, investigator will need to inquire about reasons for changes and make credibility determinations based on explanations, corroborating/contradicting information, etc.

Start the interview by eliciting a narrative…



Allow the person to speak uninterrupted. This takes patience!!

Next, ask questions that are intended to clarify and more deeply explore the information and details provided by the individual in their narrative.



Explore the individual's implicit memories by asking questions about the sensory experience and peripheral details.

- **What are you able to tell me about:**
  - **What you saw?**
  - **What you heard?**
  - **What you smelled?**
  - **What you felt?**
  - **What you tasted?**
- **What are you able to tell me about any images, smells, or sounds that keep coming back to you?**

Capture the Entire Experience

Notice and document psychological evidence of trauma.

- *"I felt like I was floating above my body."*
- *"I went some where else."*
- *"I wanted to scream and fight, but I literally could not move."*
- *"I felt like I was a rag doll just being moved around."*

Capture the Entire Experience

- If you have to, ask about the physical and emotional reactions to the incident.

- Conclude with a very open ended questions:

  - *What was the most difficult part of this experience for you?*
  - *Is there something that stands out/that you just can't stop thinking about?*
  - *Is there anything more that you would like me to know?*

"The whole thing only lasted 529 seconds. It felt like the longest 529 seconds of my life."

Before…

At some point during the interview, it is also important to explore the prior history, if any, between the Complainant and the Respondent.

…and the After

It is also important to explore the events following the incident. Often times, the best evidence is produced after the incident.

- The Complainant's psychological reactions
- Changes in behavior
- Witnesses to the psychological reaction.
    - *"Has anyone expressed concern about you since the assault?"*
- Communication/contact between the Complainant and Respondent

Throughout the interview

- Explain your questions, especially the difficult ones
  - How much did you drink? What they hear- this is your fault because you were drinking
- Do not ask leading questions
- Watch your tone
- Do not rush.
- LISTEN!!!!!!!!!

Interviewing for Clarification: EXPLAIN!

We have a duty to obtain accurate and thorough information. In order to do this, we must seek clarification for inconsistencies and we must confront explanations that are in conflict with known evidence, information, or witness statements, etc.

Interviewing for Clarification

- In order to be fair, thorough, and impartial you will have to address inconsistencies and portions of the account that conflict with other items of evidence.
- Acknowledge…You may have to press harder. Might be difficult.
- Do this in a follow up interview.

Interviewing for Clarification

- Seeking clarification of inconsistencies is crucial
- Where inconsistencies and/or "counterintuitive" evidence or behaviors are present, interviewers should:
  - Ask interviewee to "help you understand" such information, and
  - Weigh interviewee's responses with all other evidence in determining whether policy was violated

Interviewing for Clarification

- Start by explaining that you will be asking hard questions, why you will be asking them, etc.

- Be deliberate and mindful in your questions

  - Can you tell me what you were thinking when…
  - Help me understand what you were feeling when…
  - Are you able to tell me more about …

- Additional details may be remembered over time
- Recollection may be a process
- Make sure they know that if they recall additional details, they can and should contact investigator
- Let them know that you will likely be back in touch after interviewing others, gathering evidence

At the Conclusion of all Interviews

- Managing expectations – come to agreement with witness
- "If you recall additional details write them down and contact"
- Safety planning / interim actions
- Next steps, manage expectations
- Exchange contact information, details

At the Conclusion of all Interviews

- How would you like to be kept informed, how often?
- Is it okay to leave messages?
- Work with advocate to ensure parties understand resources and how to find support
- Document sooner rather than later

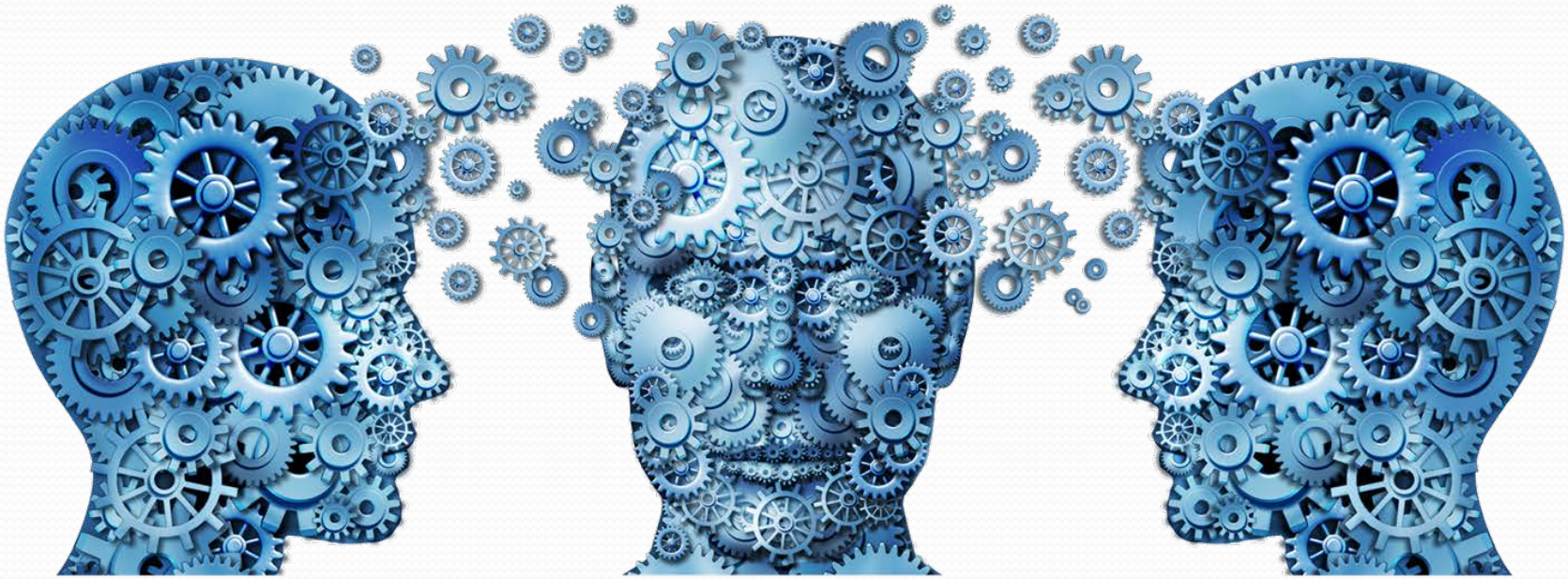
To sum up…structure of the interview

- Open with Empathy…meet the complainant where they are
- What are you able to tell me about your experience?
- Tell me more about…
- Help me understand your thoughts…
- What are you able to remember about sight/smell/sound/taste/touch/body sensation
- What were your reactions to this experience, emotionally and physically.
- What was the most difficult part of this experience for you?

Avoid…

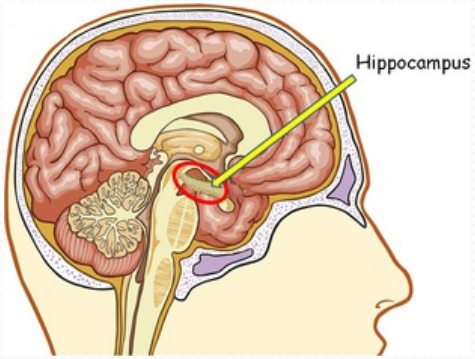
- Leading questions
- Why questions
- Confrontational questions…But you said…Witnesses said that you….
- Yes/No questions…Choice questions
- Two questions at the same time (Where did you meet and what time did you get there)
- Paraphrasing or rephrasing
- Minimizing
- Sharing personal information, advice or opinions.

Another overlay….Alcohol also affects memory….



How does alcohol affect memory?

- **Disrupts activity in the hippocampus** (a structure located in the forebrain that is critically involved in the formation of memories) via several routes—directly, through effects on hippocampal circuitry, and indirectly, by interfering with interactions between the hippocampus and other brain regions.
- **Interferes with the transfer of information** from short-term to long-term memory.
- May **impact** an individual's ability to create **short-term memories**.
- May render the Reporting and/or Responding Person **incapable of recalling** all, some, or many of the events surrounding a sexual assault.



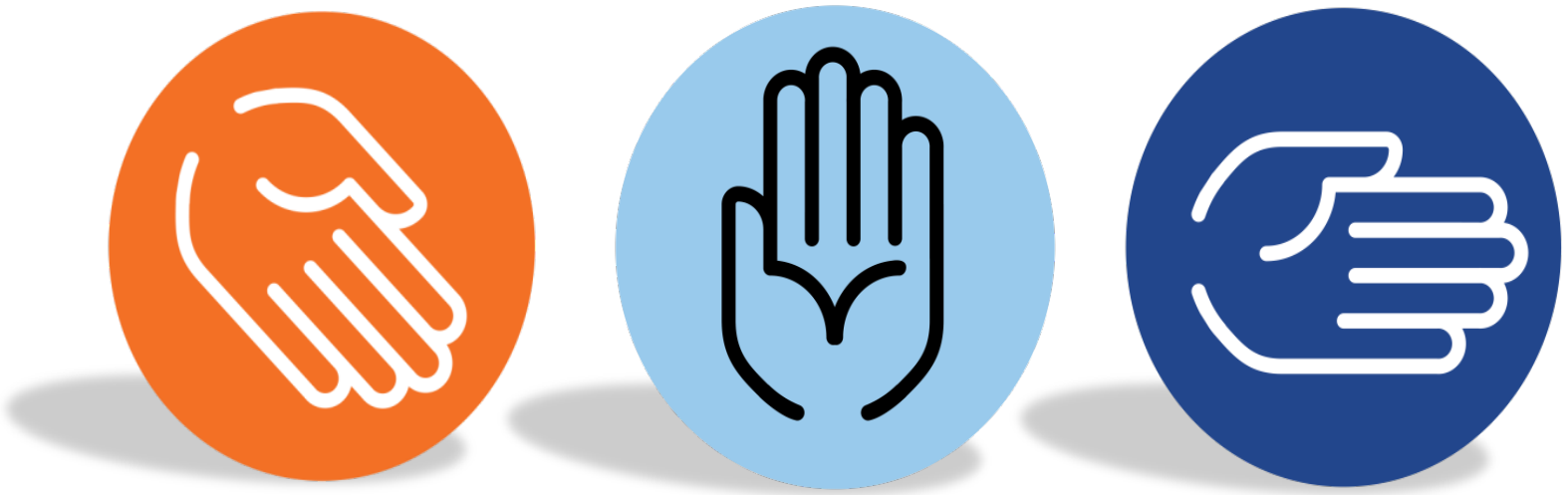
Blackout: Remember the Things I Drank to Forget
Sarah Hepola

"and people in a blackout can be surprisingly functional, since the most common misperception about blacking out is confusing it with passing out, losing consciousness after too much booze."

"The blood reaches a certain alcohol saturation and shuts down the hippocampus, like a children's book character. I imagine a beast, with a twitching snout and big, flapping eyelashes. But its actually the part of the brain responsible for making long-term memories. You drink enough, the beast stops twitching. Shutdown. No more memories."

Questions and Answers

COLUMBIA HEALTH
Sexual Violence Response



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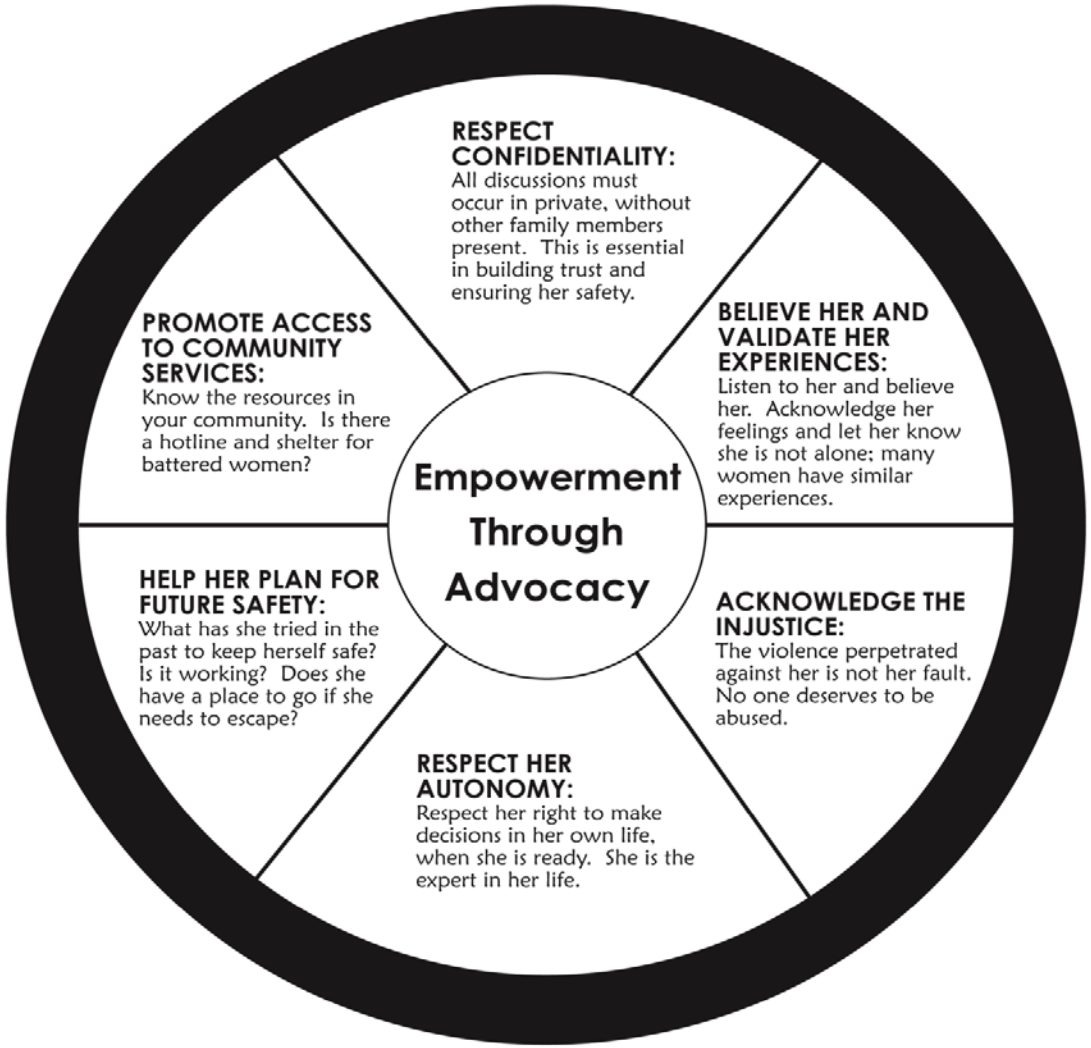
HEALTH.COLUMBIA.EDU/SVR

Advocacy Empowerment Wheel



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Questions & Answers

Scenario

In passing, a student mentions to you that she went to a party last weekend with some friends and “something terrible happened.”

You have also been told by a faculty member that this student has missed some of her classes.

When speaking with you she appears distracted.

She tells you that she has not been herself lately but offers no further details.

Thank you for attending, and please complete the Evaluation Forms before you leave!