Responding to Distressed or Distressing Graduate Students and Postdocs

BRET Psychological Services
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An Information booklet
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BRET Psychological Services supports the mission of Vanderbilt University by helping graduate students and postdoctoral fellows gain the most from their education and training. Services offered include individual and couples counseling, conflict resolution, psychological assessment, stress management, consultation, and referrals to outside agencies.

WHO IS ELIGIBLE FOR BRET PSYCHOLOGICAL SERVICES
All graduate students and postdoctoral research fellows (i.e., postdocs) in the School of Medicine are eligible for BRET Psychological services. Services are provided for those with typical developmental needs to those with complex, serious psychological problems with a focus on symptom resolution, enhancement of interpersonal relationships, improvement of coping skills and development of personal insight.

COST
Graduate students and postdocs in the School of Medicine do not pay individual fees for psychological services offered through the BRET office.

CONFIDENTIALITY
With exceptions (e.g., imminent suicide, homicide, suspected child or senior abuse), Dr. Germek is required by law and by professional ethics to protect the confidentiality of all communication between the client and the client’s faculty/PI/staff/partner/parents. Consequently, Dr. Germek cannot discuss with others the details of a graduate student or postdoc or even indicate whether the individual is in counseling. In order for information about a client to be released, the individual must provide written permission.

LOCATION
Services are provided in the Zerfoss Student Health Center, Room SS4401F. To use these services, graduate students and postdocs should contact Dr. Germek by phone at 615-875-2228 or email at mistie.d.germek@vanderbilt.edu.

24-HOUR CONSULTATION LINE
When BRET Psychological Services are unavailable, graduate students and postdocs can call the VU Psychological and Counseling Center at 615-322-2571, the Crisis Call Center at 615-244-7444 or the Vanderbilt Psychiatric Hospital at 615-327-7000. If the situation is a life-threatening emergency, please call 911, the VU Police Department Emergency Line (615) 421-1911 or go to the nearest emergency room.

CONSULTATION
Faculty, staff, graduate students and postdocs who are concerned about someone, or desire consultation or assistance in making a referral, are encouraged to contact Dr. Germek at 615-875-2228 or mistie.d.germek@vanderbilt.edu. During a consultation, strategies for dealing directly with the person of concern or making referrals for further help may be explored.

YOUR ROLE IN ASSISTING DISTRESSED OR DISTRESSING GRADUATE STUDENTS AND POSTDOCS
You play a central role in a graduate student's/postdoc's help-seeking efforts as you are often in a direct position to observe their behavior. Graduate students and postdocs frequently turn to those close to them, including faculty, staff and PI's, to obtain advice and support. Although you are not expected to provide psychological counseling, it is helpful for you to understand the critical role you can play in supporting graduate students and postdocs in need of help. Indeed, at different times in your career, you are likely to find yourself having to advise graduate students or postdocs on issues other than purely academic and training matters.
Sometimes it is very clear when a graduate student or postdoc is having difficulty coping and sometimes their distress is masked with less obvious characteristics. Some obvious and not-so-obvious signs of distress to look for are:

**PROBLEMS WITH ACADEMIC PERFORMANCE**
- Poor academic performance and preparation, particularly if such behavior represents a change in previous functioning
- Excessive absences or tardiness, especially if representing a previous change in functioning
- Chronic indecisiveness or procrastination
- Repeated requests for special considerations
- Increased concern about grades despite satisfactory performance
- Increased dependence – grad student/postdoc hangs around you or makes excessive appointments to see you during office hours

**TRAUMATIC CHANGE IN PROGRAM STATUS**
- Probation
- Dismissal

**UNUSUAL BEHAVIOR**
- Lack of energy, or falling asleep in class/lab
- Disruptive behavior
- Marked changes in personal hygiene
- Impaired speech or disjointed, confused thoughts
- Aggressive or threatening behavior
- Extreme mood changes or excessive, inappropriate display of emotions
- Hyperactivity, irritability, or heightened anxiety
- Prolonged or extreme emotionality
- Dramatic weight loss or weight gain with no apparent physical illness / reason
- Bizarre or strange behavior indicating a loss of contact with reality
- Use of mood altering chemicals (e.g. alcohol or drugs)

**TRAUMATIC CHANGE IN RELATIONSHIPS**
- Death of a family member or close friend
- Difficulties in marriage or close relationships
- Problems with family or roommates

**REFERENCES TO SUICIDE OR HOMICIDE**
- Overt references to suicide - verbally or in writing
- Statements of helplessness or hopelessness
- Indications of persistent or prolonged unhappiness
- Isolation from friends and family
- Pessimistic feelings or statements about the future
- Homicidal threats
- Organization of written material may be bizarre or incoherent
- Exhibits dark, negative, or jarring themes or images
- Work behavior is markedly different from their usual demeanor or affect

**OTHER COMMON STRESSORS THAT GRADUATE STUDENTS & POSTDOCS EXPERIENCE**
- Isolation and loneliness
- Identity confusion
- Break-up of intimate relationship
- Sexual identity issues
- Body image concerns
- Sleep deprivation / insomnia
- Struggles with realization of academic inabilities
- Low motivation or inability to establish goals
- Serious illness
- Academic/Research pressure or failure
- Parenting responsibilities
- Cultural oppression / discrimination
- Outside work or family pressures
- Rejection by family
Because you come in frequent contact with many graduate students and postdocs, you are in an excellent position to observe them, identify those who are in distress, and offer assistance if needed. Your care, concern, and assistance will often be enough to help the individual. At other times, you can play a critical role in referring a graduate student or postdoc for appropriate assistance and in motivating him/her to seek such help. A few guidelines for responding to distressed or distressing graduate students and postdocs are summarized below:

**OBSERVE**
The first important step in assisting distressed graduate students/postdocs is to be familiar with the symptoms of distress and attend to their occurrence. An attentive observer will pay close attention to direct communications as well as implied or hidden feelings.

**INITIATE CONTACT**
Don’t ignore strange, inappropriate or unusual behavior – respond to it! Talk to the person privately, in a direct and matter-of-fact manner, indicating concern. Be specific with the graduate student/postdoc about the behavior or observations that have caused you concern. Early feedback, intervention, and/or referral can prevent more serious problems from developing.

**CLARIFY YOUR ROLE**
When you assume or are placed in the helping role, role conflicts are possible and must be understood. Some graduate students/postdocs may see you as a figure of authority and this perception may influence how helpful you can be. You may feel friendly with a graduate student or postdoc, which may make it difficult for you to act objectively in the academic, mentor or administrative role.

**LISTEN OBJECTIVELY**
Listening has frequently been called an art, but it is also a skill that can be acquired with practice. To listen to someone is to refrain from imposing your own point of view, to withhold advice unless it is requested, and to concentrate on the feelings and thoughts of the person you are trying to help, instead of your own. Listening is probably the most important skill used in helping and can be facilitated by allowing the graduate student or postdoc enough time and latitude to express thoughts and feelings as fully as possible. Some things to listen for include an individual’s view of him/herself, view of his/her current situation or environment and the view of the future. Negative comments about these issues indicate a graduate student or postdoc may be in trouble.

**OFFER SUPPORT AND ASSISTANCE**
Among the most important helping tools are interest, concern, and attentive listening. Avoid criticism or judgmental comments. Summarize the essence of what the individual has told you as a way to clarify the situation. Encourage positive action by helping the graduate student or postdoc define the problem and generate coping strategies. Suggest resources that the individual can access: friends, family, clergy, or professionals on campus.

**MAINTAIN COMPOURSE**
It is especially important that you keep calm and focused in a crisis situation, as you play a critical role in diffusing the situation or providing appropriate referrals. When responding to a crisis situation, there are three features that are particularly important: confidence, competence, and preparedness. Be confident in your abilities to respond. Become competent by educating yourself about ways to respond to emergencies and crisis situations, such as those outlined within this pamphlet. Be prepared to respond quickly by having knowledge of campus resources and the BRET Office’s emergency response plan.
KNOW YOUR LIMITS

As a help-giver, only go as far as your expertise, training, and resources allow. If you are uncertain about your ability to help someone, it is best to be honest about it. Trust your feelings when you think an individual’s problem is more than you can handle. When a graduate student or postdoc needs more help than you are able or willing to give, it is time to make a referral to a professional. Below are some signs to look for in your feelings that may suggest the assistance of a professional is warranted:

- You find yourself feeling responsible for the individual
- You feel pressure to solve their problems
- You feel you are over-extending yourself in helping the individual
- You feel stressed-out by the individual’s issue(s) or behavior
- You see a behavioral pattern repeating itself in your interaction with the individual
- You feel that the problems an individual brings to you are more than you can handle
- You feel anxious when the individual approaches you

WHAT YOU SHOULD KNOW ABOUT MAKING A REFERRAL TO BRET PSYCHOLOGICAL SERVICES

Faculty and staff are not expected to provide psychological counseling. BRET Psychological Services provides access to a psychologist who is trained in assessing and intervening with emotional problems and psychological disorders. In some instances you may wish to refer distressed or distressing graduate students or postdocs to BRET Psychological Services.

- **When you have decided that professional counseling is indicated:**
  Inform the individual in a direct, concerned, straightforward manner. Because many graduate students and postdocs initially resist the idea of counseling, it is useful to be caring, but firm, in your judgment that counseling will be useful; be clear and concrete regarding the reason you are concerned; and to be familiar with the procedures and the counseling services or other help-giving agencies on campus. Except in emergencies, it is important to allow the individual to accept or refuse counseling.

- **Suggest that the individual email or call to make an appointment:**
  Give the individual the BRET Psychological Services phone number (615) 875-2228 or email mistied.germek@vanderbilt.edu. Remind the individual that the services are free and confidential. If they would like more information before calling, they can visit the BRET Psychological Services website at: https://medschool.vanderbilt.edu/bret/psychological-services

- **Sometimes it is useful and necessary to assist the student more directly:**
  In these instances, you can offer the use of your phone or call BRET Psychological Services yourself, while the graduate student or postdoc is in your office. Occasionally, you may think it be wise to actually walk the individual over to a mental health treatment location (e.g., BRET Psychological Services, VU Psychological and Counseling Center, VU Psychiatric Hospital). This can be especially helpful to those who are unsure about the location and/or are intimidated about meeting with a counselor for the first time.

- **Please note:**
  If you are concerned about a graduate student or postdoc but unsure about the appropriateness of the referral, feel free to call BRET Psychological Services at 615-875-2228.
Emergency situations are rare and can be ambiguous (uncertain) or imminently (clearly) dangerous. The primary BRET Office resources for responding to mental health emergencies are BRET Psychological Services for ambiguous situations (615-875-2228) and the Vanderbilt Police Department (615-421-1911 or 911 from your office phone) for situations involving imminent danger. Generally, a psychological emergency involves one or more of the following conditions:

- A suicidal attempt, gesture, threat, or stated intention
- A homicidal attempt, gesture, threat, or stated intention
- Behavior posing a threat to self
- Behavior posing a threat to others
- Loss of contact with reality
- Inability to care for oneself

**In situations of imminent danger, immediate and decisive action is necessary. These simple guidelines will be helpful:**

- Stay calm.
- Call 911 from a campus phone and provide as clear a description of the situation as possible
- Make sure the staff is protected by following the BRET office’s safety plan
- Inform your supervisor
- Ensure that you are in a safe place to talk and that a co-worker is aware of your location
- Use non-confrontational speech and try to defuse the situation
- Do not try to remove the person from the area yourself; do not touch the individual
- Signal for help or excuse yourself from the situation to get assistance
- Do not mention disciplinary action or police intervention if you are concerned about the person’s angry or dangerous response

**In the event of an ambiguously dangerous situation:**

- Stay calm, as this will help you respond more effectively, and also help to reduce the individual’s anxiety or agitation
- If possible, provide a quiet, private place for the individual to rest while further steps are taken
- Talk to the individual in a clear, straightforward manner
- If the individual appears to be dangerous to self or others, do not leave him/her unattended
- Make arrangements of appropriate intervention or aid

The following pages contain descriptions and practical guidelines for responding to specific distressed or distressing graduate students and postdocs. If you ever have any questions or concerns and need consultation, please call Dr. Germek at 615-875-2228 or email mistie.d.germek@vanderbilt.edu.
Anxiety is a normal response to a perceived danger or threat to one's well being. For some people, the cause of their anxiety will be clear; but for others, it is difficult to pinpoint the source. Regardless of the cause, the resulting symptoms may include rapid heart palpitations; chest pain or discomfort; dizziness; sweating; trembling or shaking; and cold, clammy hands. The individual may also complain of difficulty concentrating, obsessive thinking, feeling continually “on edge,” having difficulty making decisions, or being too fearful/unable to take action. In rare cases, an individual may experience a panic attack in which the physical symptoms occur so spontaneously and intensely that the person may fear he/she is dying. The following guidelines are appropriate in most situations.

**Do**
- Encourage the individual to discuss his/her feelings and thoughts, as this alone often relieves a great deal of pressure
- Provide reassurance without being unrealistic
- Remain calm
- Be clear and direct
- Provide a safe and quiet environment until the symptoms subside

**Don't**
- Minimize the perceived threat to which the individual is reacting
- Take responsibility for the individual’s emotional state
- Overwhelm the individual with information or ideas to “fix” his/her condition

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**The Graduate Student/Postdoc Who Inflicts Self-Injury**

Self-injury is intentional harm of one’s own body without conscious suicidal intent. Most types of self-inflicted violence (SIV) involve cutting of one’s own flesh (usually the arms, hands, or legs), burning one’s self, interfering with the healing of wounds, excessive nail biting, pulling out one’s own hair, hitting or bruising one’s self, inserting objects in body, and intentionally breaking one’s own bones. SIV is more common than you might think with roughly 1% of the general population engaging in these behaviors (and this is likely to be greatly underestimated). The explanations for why people intentionally injure themselves are numerous and diverse. However, most explanations indicate that SIV is used as a method of coping and tends to make life more tolerable (at least temporarily). Self-injurious behavior may be used as a means to restore or preserve a person’s emotional equilibrium.

**Coping Strategies for People Who Self-Injure:**
- Keep dangerous things away
- Make a list of friends/family to call and call them when feeling the temptation to engage in SIV
- Use music/exercise/other activities as a diversion
- Call a crisis line
- Create an internal safe place
- Develop self-soothing routines
- Seek counseling

**Do**
- Talk about self-inflicted violence
- Be supportive and available
- Refer to BRET Psychological Services

**Don't**
- Ignore the situation
- Encourage the self-injury behavior
- Overreact
The Depressed Graduate Student/Postdoc

Depression, and the variety of ways it manifests itself, is part of a natural emotional and physical response to life’s ups and downs. With the busy and demanding life of a graduate student or postdoc, it is safe to assume that most of these individuals will experience periods of reactive depression during their training. It is when the depressive symptoms become so extreme that they begin to interfere with the individual’s ability to function in school, work, or social environments, that the individual will come to your attention and be in need of assistance. Due to the opportunities that faculty/staff/PI’s have to observe and interact with graduate students and postdocs, you are often the first to recognize that an individual is in distress. Look for a pattern of these indicators:

- Dependency (a graduate student or postdoc who makes excessive requests for your time)
- Markedly diminished performance
- Lack of energy/motivation
- Infrequent or sporadic class/lab attendance
- Tearfulness/general emotionality or a marked lack of emotion

**Do**
- Let the individual know you’ve noticed that s/he appears to be feeling down and you would like to help
- Reach out and encourage the individual to discuss how s/he is feeling
- Offer options to further examine and manage the symptoms of depression (e.g., referral to BRET Psychological Services)

- Irritability
- Deterioration in personal hygiene
- Alcohol or drug use
- Problems eating (loss of weight/gain of weight)
- Problems Sleeping
- Increased anxiety (test or performance anxiety)

**Don’t**
- Minimize the person’s feelings (e.g., Don’t worry. Everything will be better tomorrow”)
- Bombard the student with “fix it” solutions or advice
- Chastise the individual for poor or incomplete work
- Be afraid to ask whether the grad student or postdoc is suicidal if you suspect s/he may be (e.g. “Have you had thoughts of harming yourself?”)

The Suicidal Graduate Student/Postdoc

Suicide is the second leading cause of death among college students and the third most common cause of death for those between 15 and 24 years of age. This group also has the highest rate of attempts of any other age group and although three times more females than males attempt suicide, males are three times more likely to succeed at their attempts than females (Comer, 2011). It is important to take all suicidal comments or behavior seriously and respond appropriately. Overall high risk indicators include: feelings of hopelessness, helplessness, and futility; a significant loss or threat of loss; a suicide plan; a history of a previous attempt or knowledge of someone who has attempted suicide; history of alcohol or drug abuse; feelings of alienation and isolation; and preoccupation with death. Suicidal behavior can be classified as either imminent or ambiguous. In the case of imminent threat (e.g., individual tells you s/he has taken pills), stay calm, get the individual’s name, location, what s/he has taken and call 911. In the case of an ambiguous situation, inform your supervisor and contact BRET Psychological Services for consultation.

In addition:

**Do**
- Take the threat seriously — 70% of individuals who attempt suicide give warning of their intent
- Be direct — ask if the student is suicidal, if s/he has a plan and if s/he has the means to carry out that plan. This exploration may actually decrease the impulse to commit suicide
- Be available to listen but refer the individual to

**Don’t**
- Minimize the situation
- Leave the individual alone if s/he has a plan
- Be afraid of planting the idea of suicide in an already depressed mind by inquiring about it (the person will very likely feel relieved that someone has noticed and cared enough to discuss it with him/her)
The Violent Graduate Student/Postdoc

Violence due to emotional distress is rare and typically occurs when the individual’s level of frustration has been so intense or of such an enduring nature as to erode all of his/her emotional controls. The adage “An ounce of prevention is worth a pound of cure” best applies here. Violent 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 and may be tempted to lash out”
- Explain clearly and directly what behaviors are acceptable without denying his/her feelings, e.g., “You certainly have the right to be angry, but breaking things is not OK”
- Get necessary help (send someone for other staff)
- Stay safe: easy access to a door; keep furniture between you and the individual; keep door open if possible

**Don’t**
- Ignore warning signs that the individual is about to explode (e.g., yelling, screaming, clenched fists, threats)
- Threaten or corner the individual
- Touch the individual
- See the individual alone if you fear for your safety

The Suspicious Graduate Student/Postdoc

Typically, these graduate students/postdocs complain about something other than their psychological difficulties. They are generally tense, anxious, mistrustful, isolated, 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 view everything that happens as having special meaning to them. They are overly concerned with fairness and being treated equally. Feelings of worthlessness and inadequacy underlie most of their behavior, though they may seem capable and bright.

**Do**
- Express compassion without intimate friendship. Remember, suspicious individuals have trouble with closeness and warmth
- Be firm, steady, punctual, and consistent
- Be specific and clear regarding the standards of behavior that you expect

**Don’t**
- Assure the individual that you are his/her friend. Instead, acknowledge that even though you are not a close friend, you are concerned about him/her
- Be overly warm and nurturing
- Flatter or participate in his/her games; you don’t know his/her rules
- Be cute or humorous
- Challenge or agree with any mistaken or illogical beliefs
- Be ambiguous
The Verbally Aggressive Graduate Student/Postdoc

Graduate students and postdocs may become verbally abusive when they encounter frustrating situations which they believe are beyond their control. They can displace anger and frustration from those situations onto the nearest target. Explosive outbursts or ongoing belligerent, hostile behavior become this individual's way of gaining power and control in an otherwise out-of-control experience. It is important to remember that the individual is generally not angry at you personally, but is angry at his/her world. You may have become a convenient object for his/her 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., “It appears you are upset because you feel your rights are being violated and nobody will listen”
- Allow them to tell you what is upsetting them
- Be directive and firm about the behaviors you will accept, e.g., “Please stand back; you’re too close,” and/or “I cannot listen to you when you are yelling”
- Help the individual problem-solve and deal with the real issues when they become calm, e.g., “I’m sorry you are so upset; I’d like to help if I can”
- Be honest and genuine; do not placate aggression

Don’t

- Get into an argument or shouting match
- Become hostile or punitive yourself, e.g., “You can’t talk to me that way”
- Press for explanations for their behavior
- Ignore the situation
- Touch the individual, as this may be perceived as aggression or otherwise unwanted attention

The Dependent or Passive Graduate Student/Postdoc

You may find yourself feeling increasingly drained and responsible for this individual in a way that is beyond your normal involvement. It may seem that even the utmost time and energy given to these individuals is not enough. They often seek to control your time and unconsciously believe the amount of time received is a reflection of their worth. It is helpful if the individual can be connected with proper sources of support on-campus and in the community in general.

Do

- Let graduate students and postdocs make their own decisions
- Set firm and clear limits on your personal time and involvement
- Offer referrals to other resources on- and off-campus

Don’t

- Get trapped into giving continual advice, special conditions/treatment, etc.
- Avoid the individual as an alternative to setting and enforcing limits
- Over commit
The Graduate Student/Postdoc in Poor Contact with Reality

These individuals 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 or disturbing. They may experience hallucinations and may report hearing voices. If they are speaking in class/lab or turning in assignments, their work may be unintelligible and they may use words that don’t make sense. While this individual 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 work or their speech, they may be in need of immediate assistance.

Do

• Respond with warmth and kindness, as well as with firm reasoning  
• Remove extra stimulation from the environment (turn off the radio, step outside of a noisy room)  
• Acknowledge your concerns and state that you can see they need help  
• 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”  
• Acknowledge your difficulty in understanding them and ask for clarification or restatement.

Don’t

• Argue or try to convince them of the irrationality of their thinking. This commonly strengthens the defense of their false perceptions  
• Play along with or encourage further discussion of the delusion processes, e.g., “Oh yes, I hear the voices” or “I can see the devil too.”  
• Demand, command, or order  
• Expect customary emotional responses

The Graduate Student/Postdoc Diagnosed with Asperger’s Disorder

Asperger’s is a developmental disorder that affects a person’s ability to socialize and communicate effectively with others. Graduate students or postdocs with Asperger’s may exhibit a tendency to fixate on or be absorbed by specific topics, have difficulty picking up on social cues/norms, show impairments in nonverbal communication, have mild abnormalities in speech/language, and display awkwardness in social interactions. However, there are great differences between individuals with Asperger’s and how the syndrome manifests. As the mental health and educational community become more aware of the signs/symptoms of Asperger’s syndrome, more cases are being diagnosed and treated. It is likely you will encounter graduate students, postdocs or other individuals with Asperger’s while working at Vanderbilt. Given the social nature of Asperger’s, it is helpful to be aware that a graduate student’s or postdoc’s unusual behavior may require a supportive response.

Do

• Educate yourself about Asperger’s at http://www.nami.org  
• Consult with BRET Psychological Services to help you determine how to be most helpful to the individual  
• Monitor your expectations of social norms - individuals with Asperger’s might not respond in the ways that you are accustomed  
• Remain patient... Those with Asperger’s have a tendency to fixate on or narrow topics, which can be frustrating to some people. You can gently redirect the individual to listen if s/he becomes fixated on a topic in class and is talking a great deal.

Don’t

• Punish, criticize, or demean the individual for not picking up on social cues or fixating on a specific topic  
• Assume that the syndrome affects the individuals level of intelligence or ability to be successful in an academic or research setting. There are many brilliant and successful professionals with Asperger’s Syndrome.
Sexual harassment involves unwelcome and unwanted sexual attention and/or advances, requests for sexual favors, and other inappropriate verbal or physical conduct. It is often 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 that counts. As long as the conduct interferes with an individual's academic/lab performance or creates an intimidating, hostile, or offensive learning environment, it is considered sexual harassment. Sexual harassment can occur in many environments. It is important to keep in mind that work and learning environments go beyond the classroom or office (e.g., lab, conferences, etc.). Sexual harassment usually is not an isolated case but a repeated pattern of behavior that may include:

- Comments about one's body or clothing
- Questions or comments about one's sexual behavior that are personal in nature
- Demeaning references to one's gender
- Sexually-oriented jokes, including those over email or other electronic means
- Conversations filled with innuendoes and double meanings
- Offering benefits of some sort (e.g., employment, educational, financial, etc.) in exchange for personal attention
- Displaying sexually suggestive pictures or objects (e.g., posters, screen savers, pictures, etc.)
- Repeated non-reciprocated attempts or demands for dates, sex, or to turn a professional relationship into a personal one
- Inappropriate and unwelcome touch
- Looks, gestures, or sounds that are sexually suggestive

Common reactions by graduate students and postdocs who have been harassed is to doubt their perceptions, wonder if it was a joke, or question whether they have brought it on themselves in some way. An individual may begin to participate less in the classroom and/or lab, drop or avoid classes and/or lab time, or even change their degree program or lab placement. The impact of sexual harassment on the individuals directly involved can be emotional, physical, and financial. Others around these individuals can also be affected (e.g., co-workers, classmates, family members, friends, supervisors, roommates, etc.). In fact, a third party may be an indirect victim of the sexual harassment because s/he may be negatively affected by the behavior.

**Do**
- Separate your personal biases from your professional role
- Listen carefully to the individual and assure him/her that you understand and support him/her
- Encourage the individual to keep a log or find a witness and provide resources
- Direct the individual to the VU Anti-Harassment Policy and to sexual harassment campus and community resources
- Maintain the individual’s privacy rights and share the information ONLY with appropriate persons and with the individual’s knowledge that the information will be shared

**Don’t**
- **Overreact.** Instead, listen, support, and guide the student to appropriate channels.
- Ignore the situation. Taking no action reinforces the individual's already shaky perception that s/he has been wronged. Ignoring the issue also can have legal implications
Eating disorders represent complex physiological and psychological difficulties, which are typically characterized by unhealthy and/or obsessive thoughts and behaviors linked to food, eating habits, and body image. The three most common eating disorders, Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder, can be health and/or life threatening. Anorexia can best be characterized by voluntary self-starvation; Bulimia is a disorder in which the individual becomes entrapped in a vicious cycle of alternating food binges and purges (e.g., vomiting, laxative abuse, excessive exercise); and Binge Eating is when an individual overeats beyond a physical comfort level, but does not purge. While individuals struggling with Anorexia are usually severely underweight, those struggling with Bulimia and Binge Eating are often normal weight, or even overweight. These disorders often become the major preoccupying theme in an individual’s life, causing numerous interpersonal and medical problems, often interfering with his/her academic and/or lab performance. Due to the opportunities that faculty, staff, and PIs have to observe and interact with graduate students and postdocs, you are often the first to recognize that an individual may be struggling with an eating disorder. Look for a pattern of indicators, such as:

- Obsession with food / dieting
- Low self-esteem
- Ritualistic behavior around food
- Distorted body image
- Extremely regimented life
- Excessive exercise
- Perfectionist expectations of self
- Bingeing / purging
- Excessive dental / medical problems
- Compulsive behavior
- Difficulty concentrating / focusing
- 15% weight loss, growth of fine downy hair on body, gaunt and pale (Anorexia)
- Isolation / withdrawal from friends
- Secretive eating

**Do**
- Let the individual know that you are concerned about him/her
- Remember a person with an eating disorder is just that -- first a person, and secondarily, one who has trouble with food
- Be available to listen - one of the best ways to help someone gain control over eating is to reach out as a friend instead of focusing on his/her eating behavior
- Be supportive and encourage the person to get help
- Recommend resources such as BRET Psychological Services, the VU Psychological and Counseling Center, or the VUMC Eating Disorder Program

**Don’t**
- Spy on the person or nag about eating / not eating
- Hide food to keep the person from binging
- Let yourself be convinced that the person really doesn’t have a problem
- Be afraid to let the person know that you are concerned about him/her
There are numerous individuals and departments on and off campus whose primary role is to provide information, assistance, or the support needed for graduate students and postdocs. Some of these resources are listed below:

**24-Hour Crisis Call Center (615) 244-7444**
24/7 crisis counseling services provided over the phone.

**Alcoholics Anonymous Referral Service and Treatment Program (800) 711-6375**
24/7 service line for information about treatment options for alcohol abuse or dependence.

**Bret Psychological Services (615) 875-2228**
Confidential psychological services for graduate students and postdoctoral research fellows in the School of Medicine.

**Nashville Mobile Crisis Team (615) 726-0125**
24/7 over the phone crisis counseling

**Psychological and Counseling Center (PCC) (615) 322-2571**
The VU Psychological and Counseling Center offers services to Vanderbilt students that include counseling, psychiatric services, and psychological assessment

**Sexual Abuse Crisis Line (615) 256-8526**
24/7 crisis and support line for individuals affected by sexual assault. Also provides services aimed at ending sexual violence through counseling, education and advocacy

**Student Health Center (615) 322-2427**
Provides wellness, illness and injury care for registered students

**The Office of LGBTQI (615) 322-3330**
The Office of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Life at Vanderbilt University serves all members of the Vanderbilt community (students, faculty, staff, and alumni) by creating educational, cultural, and social opportunities

**TN Domestic Violence Hotline (800) 356-6767**
24/7 hotline for individuals affected by domestic violence

**VUMC Eating Disorder Program (615) 936-8200**
Services include evaluation and management of patients’ conditions in addition to providing medical, psychological, and nutritional treatment

**VU Police Department:** Non-Emergency: (615) 322-2745 Emergency: (615) 421-1911 or 911

**VU Psychiatric Hospital (615) 327-7000**
24/7 crisis counseling and mental health services

**VU Recovery Support (615) 343-8772**
Information and services about substance abuse recovery

**VU Women’s Center (615) 322-4843**
Leads co-curricular campus initiatives related to women’s and gender issues, creating innovative opportunities to make the Vanderbilt community safer, more inclusive and equitable

**Work Life Connections (EAP) 615-936-1327**
Provides short-term counseling to assist those who are dealing with acute life stressors, performance coaching and critical incident stress management interventions