



# Balancing Safety and Support on Campus:

A GUIDE FOR CAMPUS TEAMS

# Acknowledgments

## *About the Higher Education Mental Health Alliance (HEMHA)*

Envisioned and formed in September 2008 under the leadership of the American College Health Association (ACHA), the Higher Education Mental Health Alliance (HEMHA) is a partnership of organizations dedicated to advancing college mental health. The Alliance affirms that the issue of college mental health is central to student success, and therefore is the responsibility of higher education. The current membership is:

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### **The American College Counseling Association (ACCA)**

The American College Counseling Association, a division of the American Counseling Association, is made up of diverse mental health professionals from the fields of counseling, psychology, and social work whose common theme is working within higher education settings.

### **The American College Health Association (ACHA)**

Since 1920, The American College Health Association has linked college health professionals in order to provide advocacy, education, communications, products, and services, as well as promote research and culturally competent practices to enhance its members' ability to advance the health of all students and the campus community.

### **The American College Personnel Association (ACPA)**

American College Personnel Association (ACPA), headquartered in Washington, D.C. at the National Center for Higher Education, is the leading comprehensive student affairs association that advances student affairs and engages students for a lifetime of learning and discovery.

### **The American Psychological Association (APA)/Society of Counseling Psychology (SCP)**

The American Psychological Association was founded in 1892 with 31 members and grew quickly after World War II. Today, APA has more than 150,000 members and 54 divisions in subfields of psychology. The mission of the APA is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives. Division 17: Society of Counseling Psychology brings together psychologists, students, professional and international affiliates who are dedicated to promoting education and training, scientific investigation, practice, and diversity and public interest in professional psychology.

### **The Association for University and College Counseling Center Directors (AUCCCD)**

The Association for University and College Counseling Center Directors works to assist college/university directors in providing effective leadership and management of their centers, in accord with the professional principles and standards with special attention to issues of diversity and multiculturalism.

### **The Jed Foundation**

The Jed Foundation is the nation's leading organization working to promote emotional health and prevent suicide among college and university students.

### **The National Association of Student Personnel Administrators (NASPA)**

NASPA is the leading association for the advancement, health, and sustainability of the student affairs profession, serving a full range of professionals who provide programs, experiences, and services that cultivate student learning and success in concert with the mission of our colleges and universities.

## **Advisory Board**

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## **Introduction**

ACROSS THE COUNTRY, MILLIONS OF COLLEGE STUDENTS navigate a path through their college years, experiencing the ups and downs associated with the transitions of late adolescence and early adulthood. For the majority of these students, college life is bound to include temporary distress over academic failures, financial pressures, roommate disputes, worries about a post-collegiate future, or an acutely painful break-up. These challenging episodes may be intense and difficult when they occur, but generally cause no lasting harm and little disruption in a college trajectory.

For others, though, the college years will coincide with far more serious problems that can be destructive for those who experience them, as well as those around them. These may be problems students bring with them to college that are exacerbated during these years, or problems that are newly manifested or diagnosed on campus. Significant alcohol and drug abuse, mental health issues such as depression or anxiety, personality disorders, various forms of self-injury (such as cutting), eating disorders, stalking behaviors, and suicide or violence against others fall into this category.

Whether a campus is rural or urban, large or small, private or public, community/technical or four-year traditional, administrators within institutions of higher education face difficult decisions about how to respond to these problems as they arise among members of the campus community. Even though campus officials may have grappled with similar questions for decades, they have done so with increasing urgency and scrutiny in the wake of lethal campus shootings over the last decade. The most violent episodes — such as shootings at Virginia Tech in 2007 and Northern Illinois University in 2008 — have drawn the most anguish and media attention, sparking more formal campus efforts to anticipate and respond to threats. In fact, in these two states, state laws now mandate that public campuses convene formal teams to assess and respond to potentially violent threats, with more states expected to follow their lead.

While dramatic and tragic, the loss of life and extreme violence associated with events like those in Virginia and Illinois are quite rare. Violence on campus draws attention and headlines, but overall, the incidence of violent crime is generally lower on campus than off campus (The Academy for Critical Incident Analysis, 2010a). While the prevention of campus violence may have been the catalyst for improving coordination and communication across campus departments with the creation of “campus teams,” breaking down silos has other benefits. The creation of campus teams that identify and monitor students whose behaviors may be troubling is an opportunity to engage them sooner rather than later, so that they can receive needed referrals or other appropriate assistance and treatment.

Despite post-Virginia Tech improvements in coordination and communication on many campuses, the position of campus teams is a somewhat tricky balancing act, with few formulas or rules to follow that apply to every case. Fundamentally, assessing each individual situation to devise an appropriate, case-by-case response has become the essential role for campus teams.

As campus teams have become more widespread, the Higher Education Mental Health Alliance (HEMHA) recognized the need for a resource that would help both existing and new teams make informed decisions about their structure, scope, functions, and day-to-day operations. This guide summarizes the existing literature

on campus teams and suggests some of the key issues that should be considered when creating or managing a campus team. The guide may be particularly useful to new teams considering various options for how they should be organized and led, but should also be helpful to existing teams interested in assessing their current functions, operations, or emphases.

To make the guide as practical and accessible as possible, **examples** from existing campus teams and suggestions by an expert Advisory Board are included throughout this resource. An **appendix** includes links to additional resources and tools that could not be included in their entirety.

The guide is organized into five sections:

- **Team mission and purpose** – choosing a scope and emphasis for your campus team
- **Naming the team** so that it accurately reflects mission and purpose
- **Team composition, size and leadership**
- **Team functions** – forming a team, developing policies and procedures, promoting a culture of caring, and ongoing team functions
- **Common pitfalls and obstacles** that teams can anticipate

## ***Mission and Purpose: Choosing a Scope and Emphasis for Your Campus Team***

EACH SCHOOL WILL HAVE UNIQUE NEEDS that a campus team may meet, depending on its size, history, resources, and potential overlap with other existing campus committees and procedures. Overall, the primary catalyst for creating these teams is to provide a mechanism for improved coordination and communication across a campus or system, especially when various departments are perceived to be or are actually operating in their own silos. The academic success, health and safety of individuals within the community, and the safety of the community overall drive the activities and focus of most campus teams. Teams that have adopted a broader charge than assessing threats and preventing violence also see their role as marshalling school resources to promote student success, health, and development by intervening in various ways that could help a struggling student continue his or her education.

In general, the mission and purpose of campus teams encompasses:

- **Gathering information** about students of concern. This may specifically focus on threats with the potential to become violent (as is the case with threat assessment teams) or a broader range of behaviors. As noted below, this may also expand to include behaviors by others on or off campus, besides students.
- **Assessing the information about each case** in a systematic way to determine the most effective response for that particular person and situation.
- **Defining the plan/response** to address the needs of both the student and the safety of the community. The plan should consider specifics about who, when, where, and how the response will occur.
- **Implementing the response** in a way that de-escalates a potential crisis, reduces or removes threats, and attends to the needs of the individual who is demonstrating disturbed and/or disturbing behavior. Note that for many campus teams, the actual implementation of a response may be carried out by other individuals or departments; the team itself often acts in an advisory and coordinating role.
- **Monitoring the disposition of the case** to gauge whether any additional follow-up is needed, whether the response was effective, and what lessons may be learned for future cases, especially in terms of implications for school policies and procedures.

The dual purpose of housing these functions under one team's purview is:

- to **prevent** any particular instance of disturbed or disturbing behavior from falling through the organizational cracks; and
- to **connect** disparate (and therefore seemingly innocuous or less troubling) pieces of information that may indicate a more serious or acute problem, in the hope of preventing a dangerous or critical outcome or event.

### ***Scope of the Team***

Campuses have chosen various structures for their teams. After the tragedies at Virginia Tech and Northern Illinois University, there was a natural inclination to form teams with a specific focus on threat assessment



and management. The appeal of this approach was its direct responsiveness to the inciting events and the ability to focus the attention and energy of the teams on the “worst case.” This would likely also result in a more streamlined and focused team membership and process, as this team would only be monitoring for the most extreme and worrisome activities and behaviors. Disadvantages of this approach may include: 1) the team might not find out about cases until there is a serious and acute problem, and 2) given the relative safety of college campuses, the team might actually have little opportunity to meet and may become “stale” from lack of practice.

Some schools, on the other hand, have decided to take a broader approach and expand these teams to search for and attempt to address a much wider range of student (and for some schools, faculty and staff) problems. Areas of concern include psychosocial and behavioral problems that may both interfere with adequate and successful functioning that, if unaddressed, might lead to a dangerous outcome to the student or the community. The appeal of this approach is the possibility of identifying problems and intervening before they have become severe and potentially dangerous. This broader approach may present challenges for schools in balancing the intensity of interventions with necessary respect for student privacy and autonomy. Communication in a non-emergency is more limited than in a health and safety emergency (see discussion of FERPA in the “Legal Considerations” section of [Developing Policies and Procedures to Govern the Team’s Work](#)) and a team that consistently responds to non-crises in an intrusive or aggressive manner may erode the campus’s trust in the team function (Bower & Schwartz, 2010).

Both of these approaches may be helpful and effective. Each presents certain advantages and challenges to be considered and addressed. Some schools have created programs in which there is a larger, widely focused team and also a sub-team that deals specifically with risk and dangerous situations. This sub-team is convened whenever a case comes to the larger committee that suggests the possibility of risk or threat to the community or the student.

Cornell University's Alert Team offers a statement of mission, purpose, and responsibilities that reflects many of these points:

***Sample Statement of Mission, Purpose, and Responsibilities  
Cornell University Alert Team***

**MISSION**

The mission of Cornell University's Alert Team is to promote: 1) the health and safety of the campus community, and 2) community member health, well-being, and successful experiences by coordinating information and developing support plans for people of concern.

**PURPOSE**

The purpose of the Alert Team is to serve as the coordinating hub of a network of existing resources, focused on prevention and early intervention in community situations involving members experiencing distress or engaging in harmful or disruptive behaviors. The Team will develop intervention and support strategies and offer case coordination. This team will regularly review and assess these situations and recommend actions in accord with existing university policies.

**RESPONSIBILITIES**

- Receive, review, and catalogue information about community concerns regarding community member behavior
- Perform initial assessment of risk and refer cases to offices and officials as needed for additional assessment
- Develop specific strategies to manage potentially harmful or disruptive behavior to protect the safety and rights of both the individual and the university community
- Make recommendations to university officials on appropriate actions consistent with university policies and procedures
- Engage in ongoing refinement of Team procedures and protocols to foster optimal Team functioning and interface with the university community
- Identify university policy and procedural issues warranting further examination and refer such matters to appropriate entities including the Mental Health Policy Group

A team constituted specifically to carry out the process and functions of threat assessment may choose a mission statement that reflects that emphasis. In a handbook for campus threat assessment and management teams, Gene Deisinger (Virginia Tech Police Department) and colleagues suggest the following sample mission statement for such teams (Deisinger, Randazzo, O'Neill, & Savage, 2008):

***Sample Mission Statement for Threat Assessment and Management Teams***

The Threat Assessment and Management Team is committed to improving community safety through a proactive, collaborative, coordinated, objective, and thoughtful approach to the prevention, identification, assessment, intervention, and management of situations that pose, or may reasonably pose, a threat to the safety and well-being of the campus community.

An important decision about the campus team's scope and purpose involves how broadly or narrowly to define the population on which the team will focus. The behavior of any member of the campus community – students, faculty, or staff – could become a concern of the campus team. Proponents of this broader scope argue that campuses are not only learning environments but also workplaces, in which the conduct of faculty and staff may warrant similar interventions and responses to those triggered by students' behaviors. Others suggest that the responses and interventions geared to faculty and staff behaviors are different enough from those geared to students that they are best dealt with through other mechanisms (such as a school's human resources functions).

Another consideration for the team's scope is the population that may affect the safety and well-being of those on campus, without any official affiliation with the school. The most common example of this is romantic relationships in which an estranged partner stalks or threatens a student, staff, or faculty member. Another is the population of those formerly, but not currently, affiliated with the school – such as former students and employees. While a team may receive information about non-students (or former employees) who may present a danger to the campus, in all likelihood, there will need to be coordination between campus security, local law enforcement, and relevant campus offices to manage these situations.

Many campus teams also must contend with the complexities of their geographic and academic alliances in considering which population should concern the campus team. Commuting students and faculty, satellite campuses, and other arrangements (such as online course and degree students) should be considered as the team makes decisions about its focus.



### **Mission and Purpose: Key Points and Action Steps**

- ✓ Establish the campus team's unique mission and purpose, especially related to overlap with formal threat assessment processes
- ✓ Decide on the team's focus and scope (e.g., broad at-risk? threat assessment only? students only? faculty and staff?)
- ✓ Delineate the campus team's main responsibilities, and how these are distinct from other campus committees or departments

## ***Naming the Team***

IN A 2010 SURVEY OF 175 SCHOOLS ABOUT THEIR CAMPUS TEAMS, a variety of team names and acronyms surfaced, reflecting some of the different missions and emphases described above (Gamm, Mardis, & Sullivan, 2011). These included:

- Behavioral Intervention Team (BIT) — the most common name in this survey
- Student Crisis Action Team (SCAT)
- Communicating Action Response for Emergency (CARE)
- Care and Action for Students Team (CAST)
- Student Protection Response Team (SPRT)
- Action for Students in Suffering Team (ASIST)
- Ensuring Action for Students in Emergency (EASE)
- Action Crisis Team for Students (ACTS)
- Care Team

Eells and Rockland-Miller (2011) compiled several other names, including:

- Students of Concern Committee
- Campus Assessment Team
- Campus Assessment, Response and Evaluation (another CARE acronym) Team
- Student Behavior Consultation Team (SBCT)
- Assessment and Care Team (ACT)
- Behavioral Assessment Team (BAT)
- College Concerns Team

Ohio State University's team is called the Consultation and Assessment Team (CAT) to highlight the team's advisory role. Cornell University's team is called the Alert Team — again, emphasizing a particular role for the team. Building on the idea that the teams alert others to potential problems, some have suggested that the most descriptive name for these teams (albeit perhaps impractical for day-to-day use) might be the Canary in the Coal Mine Team (Lake, Deisinger, Eells, Miller, & Rypkema, 2010).

Many of these teams co-exist with other teams, sharing responsibilities for responding to various types of distress and disturbing or disruptive behavior. Among the 175 survey respondents above, 60 (34%) indicated that their campus had more than one team, and eight had three teams. These could include conduct review boards, critical incident and emergency management teams, and separate teams to address faculty and staff or threat assessments if these were not incorporated into existing campus team functions.



## Naming the Team: Key Points and Action Steps

- ✓ Choose a name that reflects the campus team's mission and purpose.
- ✓ If the term "Threat Assessment" is to be part of the team's name, make sure the implications of this are clear and that the team is indeed going to function in this specific way.

Naming the team is the first and most visible communication of the team's purpose, so the name should be chosen with care. Ideally, it should accurately capture the team's scope and purpose, avoid stigma, and avoid being inflammatory (Dickerson, 2010). Because the term "threat assessment" applies to a specific process that may or may not be practiced by these broader teams, it may not be advisable to use "threat assessment" in the team's name (unless that is its specific purpose and approach). On some campuses, teams avoid the term "threat assessment" because they worry that it may imply that the campus is a dangerous place. Others, even if they are explicitly following the threat assessment approach, may want to signify that those who pose threats are also people in need of help, choosing instead a name such as "At-Risk Student Support" (The Academy for Critical Incident Analysis, 2010c).

## Who's On the Team?

SINCE AN IMPORTANT FUNCTION OF CAMPUS TEAMS is to improve coordination and communication across various campus departments, it makes sense for teams to be multi-disciplinary. Ideally, teams blend those with proximity to information about what is going on around the campus (i.e., a finger on the campus pulse), those who have expertise in assessing and managing troubled or troubling students, and those who have the authority to recommend or take action.

### Team Composition and Size

Among the 175 schools who responded to a 2010 survey (Gamm et al., 2011), the most frequently mentioned representatives on campus teams included:

- Deans of Students (114 teams), sometimes synonymous with Vice Presidents of Student Affairs (61)
- Counseling Center Directors (153 teams)
- Directors of Departments of Public Safety (139 teams)
- Housing Directors (125 teams)
- Student Conduct Officers (112 teams)
- Health Services Directors (81 teams)
- Faculty Representatives (72 teams)

Additional team members reported by survey respondents included: representatives of Academic Advising, Financial Aid, the Disabilities Office, Legal Counsel, University Ministry, Athletics, International Office, Women's Services, the Registrar, Wellness Director, and Career Services.

Human Resources may participate if faculty and staff are included within the team's purview. On some campus teams, many of these roles are represented not among the core team, but on an *ad hoc* basis, depending on the specifics of an individual case. For example, Legal Counsel and representation from the Disabilities Office often are included in a consultative role, rather than as core team members who regularly attend meetings. Teams also may find it useful to establish connections to community counterparts in law enforcement and health care, since some cases may require coordination with or intervention by these offices and there is great value in their understanding the campus structure and function (Glick & Schwartz, 2007).

Some teams cultivate relationships with staff that interact with specific student populations or groups of students on campus, bringing them in as needed. These could include, for example, medical or coaching staff from departments of Athletics or Physical Education, representatives from the Office of Minority Affairs, the Office of Fraternity and Sorority Affairs, or Graduate and Professional Schools. Cases involving international students can become especially complex as cultural and language differences come into play. International students may be particularly vulnerable to multiple and varied psychosocial stressors (Fauman & Hopkinson, 2010). The team's actions can raise difficult issues about returning to a home country where treatment options may be more limited, or of potentially affecting an international student's visa status through disciplinary procedures and leaves of absence (LOA).

Including everyone on this list quickly creates a large and perhaps unwieldy team. While each campus team's situation will vary, experts generally recommend keeping the core group fairly small (between five and eight participants). The group should be small enough that information can be shared comfortably and routinely, but large enough to incorporate the different perspectives that make teams so valuable.

If multiple teams are addressing (or could potentially address) similar issues, it may be worthwhile to share at least one team member across teams. For example, one campus has two teams — one for students and one for faculty and staff. The representatives from the Office of Legal Counsel and Campus Law Enforcement attend both sets of meetings to ensure coordination and consistent policies across the two teams. Another alternative might be to appoint co-chairs who preside over more than one group. When these overlapping teams are in place, it is crucial that each understands its scope and responsibilities, and that extra efforts are made to communicate among the teams.

## Team Leadership

Among those responding to the survey (Gamm et al., 2011), senior student affairs officers were the most common chairs of their campus teams (66%). Counseling Center Directors were the chairs of approximately 10% of teams. Senior student affairs administrators are particularly well positioned to lead these teams since many of the functions and concerns involved typically reside in their areas of oversight. Further, their leadership of the team should primarily demonstrate a student support focus, which will help to build trust for this process in the campus community. While experts agree that it is helpful to have a chairperson with enough seniority to offer both authority and an understanding of the school's various administrative structures, policies, and procedures, the campus team's leader also must demonstrate strong facilitation skills.

Cornell University's Alert Team lists the following responsibilities for its chair, who is the Associate Dean of Students for Student Support:

### Sample Chair Responsibilities Cornell University Alert Team

- Set the agenda for and facilitating meetings
- Facilitate meeting discussions and managing meeting time
- Work with University Counsel to assure appropriate record keeping and other procedures
- Oversight of case management/support coordination process
- In cooperation with existing relevant systems, coordinate and triage referral of students of concern from offices across campus
- Coordinate activation of the threat assessment team and the involuntary leave committee as appropriate
- Post-meeting follow-up
- Assure relevant policy issues are brought to the attention of the Mental Health Policy Group



### Who's on the Team? Key Points and Action Steps

- ✓ Review list of most common departments and identify initial list of core and *ad hoc* members
- ✓ Identify a team leader/chair and delineate specific responsibilities for that person, as well as for individual team members

## Team Functions

### Forming a Team

The key steps to forming a team involve several of the steps discussed above: clarifying the team’s mission and purpose, choosing a name for the team that reflects its mission and purpose, identifying core and *ad hoc* members and delineating their roles and responsibilities, and choosing an effective team leader.

In addition, the team will have to outline the policies and procedures summarized below, as appropriate to each campus, and make sure that these meet the school’s legal and operational standards. An early team task could be to assess how existing school policies support or hinder the campus team’s work and coordination. These might include policies and procedures on involuntary withdrawals, disciplinary procedures, misconduct, weapons on campus, workplace violence, responses to threatening behavior and statements, and trespassing, among others. Even when policies and procedures cannot be changed, some advance warning of how they could affect various scenarios common to campus teams would be useful information to review before the team begins to function (Nolan, Randazzo, & Deisinger, 2011).

By design, campus team members represent different departments and disciplines. Training for the entire team should be organized as the team is formed, and at regular intervals thereafter. Topics could include threat assessment, legal issues, insights into different professional approaches/perspectives (e.g., mental health and law enforcement), risk management, documentation, and any other policies and procedures that the team will need to understand in order to function effectively. Orientation and training are particularly important when the team has a broader focus and includes members who do not generally work in student services, mental health, and campus security. In any case, as has been noted, there will be a need for cross-disciplinary training so that all members have an adequate understanding of the essential tasks, functions, and limits of the areas of concern of the other team members. It may be helpful for the team to engage in several “tabletop” practice cases before actually managing real life situations (Van Brunt, 2012).

It is important to highlight that teams often will have changing membership over the course of time. Therefore, ongoing training and review and dissemination of information regarding new and emerging trends in the relevant fields are essential. Reviewing this Campus Teams Guide and using resources listed at the conclusion of this guide can serve as a good starting point for orientation and training. Nevertheless, because these issues are challenging and complex by their nature, each case should be approached as an opportunity for ongoing training and education for team members.

The team will have to decide on some logistical matters, including how often to meet and how to document their discussions. Depending on the volume of cases to be reviewed, many teams find it useful to meet weekly, while others are convened on an *ad hoc* basis as cases are identified. The frequency of meetings will also depend on the scope of the team and the size of the school. It is worth noting that if the meetings are sufficiently infrequent, the team might lose its effectiveness and the members may lose their enthusiasm. At the same time, meeting too frequently may result in team burnout. This is one of the issues that will need to be monitored by the team leader.



Like any ongoing team or group, the dynamics of campus teams will warrant attention from each member and from the team's leader. By design, campus teams bring together individuals with different areas of expertise. Campus teams are most effective when team members feel comfortable questioning each other's assumptions, without inappropriately venturing into someone else's area of expertise (e.g., making judgments about legal or mental health issues). This can be a tricky balance to maintain, but doing so is the responsibility of every team member and requires active management by the team leader.

## Before, During, and After an Intervention

The basic sequence of events for campus teams is that behaviors that concern someone on campus are brought to the team's attention, assessed, and then addressed through some combination of immediate intervention and/or monitoring, depending on the results of the initial assessment. In practice, this isn't always as linear a process as it may sound. Each step — identification and communication of behaviors, assessing, intervening, and monitoring — raises many complex issues and possible responses. Below are summaries of common approaches to these steps.

### Before an Intervention

#### Receiving Information

Teams receive information about behaviors of concern through various channels, including online reporting, phone calls, e-mails, and individual conversations. (See the screenshot, right, of an online reporting form from Ozarks Technical Community College.) Educating the entire campus community about which behaviors are cause for concern and how and under what circumstances to contact the team is an important ongoing team function.

While it is advantageous for the team to receive information directly,

**OZARKS TECHNICAL  
COMMUNITY COLLEGE**

**Student Concern/Incident  
Report**

Use this form to submit student behavior concerns and/or to report an incident. If this situation requires immediate attention, please contact OTC's Safety & Security office at (417)447-6911.

**Background Information**

Your full name:

Your position/title:

Your phone number:

Your email address:   Email me a copy of this report

Your physical address:  Your office address (if applicable)

Nature of this report:

Urgency of this report:  Normal

Date of incident:    must be formatted YYYY-MM-DD

Time of incident:  :  :

Location of incident:  Please select a location ...

Specific location:

**Involved Parties**

Please list the person(s) of concern or otherwise involved (excluding yourself), including as many of the listed fields as you can provide. For non-students, please list a SSN or Drivers License number in the block labeled SID (Student ID#) if available. **The most important fields are the name and ID number.**

Name or Organization	[Select Gender]	[Select Role]	ID Number
DOB (YYYY-MM-DD)	Phone number	Email address	Hall/Address

**Description / Narrative**

Please provide a detailed description of the incident/concern using **specific concise, objective language.**

[Check Spelling & Preview](#)

**Supporting Documentation**

Photos, video, email, and other supporting documents may be attached below. **Maximum 12 megabytes per file. Attachments require time to upload, so please be patient after you click to submit this report.**

No file chosen


**Select copy recipients**

If other departments or individuals should receive a copy of this report, please select them below: [\(click to expand\)](#)

**One last step ...**

**Help us prevent spam reports.** Prove you're a human by typing the letters and numbers exactly as you see them in the block to the right.

Type it here:



[I can't read it: let's try a different one.](#)

it is likely that at times, other offices might be first to receive reports of worrisome situations. A concerned student might report an issue to a resident assistant who conveys this to the Director of Housing. Or, a faculty member may be worried because of the content of a student’s essay and discuss this with the Dean of Students or Counseling Center Director. In each of these situations, there could be several intermediate steps between identification of a concern and a report to the team. It is essential then that there be multiple routes through which information can reach the team. Those individuals and offices likely to receive reports about concerning students or staff must be particularly well informed about the process for contacting and relaying information to the team.

Often, gathering information about concerning students from their respective areas of responsibility is a function that team members pursue between meetings (Eells & Rockland-Miller, 2011). Note that the added value of campus teams is not only to respond to isolated behaviors that cause concern, but also to be able to recognize — in a timely way — when a cluster of troubling behaviors or warning signs might exist, which would otherwise go unrecognized. For this reason, the input from different team members representing different aspects of campus life and operations becomes crucial, especially for deciding whether behaviors warrant a formal threat assessment and more urgent response.

### *Sample Campus Team Website University of Texas at Austin*

- Introduces the communication process and clearly explains the function of the campus team
- <http://www.utexas.edu/safety/bcal>

Given the popularity of various forms of social media among college-aged students — and the insights these media potentially offer into a student’s social milieu and state of mind — some teams conduct an initial Google search once a student has come to their attention (Van Brunt, 2012). Some colleges and universities have utilized software called ‘listening platforms’ in a preventative stance to search for pairings of their school name with terms such as ‘bomb’, ‘shooting’ and ‘kill.’ Campus teams also will need to consider how to handle reports that originate outside the campus boundaries. In addition, teams should have a process in place for providing feedback to those who submitted information or reports, letting them know the report was received and is being evaluated.

### ***Thresholds for Action and Investigation***

The thresholds for acting, investigating, and intervening will depend on the campus team’s scope and the specific degree to which the team considers itself a threat assessment team most concerned with the potential for violence on campus (as opposed to those concerned about a broader range of behaviors). Whether or not a campus team considers itself a threat assessment team, it should be prepared to differentiate warning signs or behaviors that appear to indicate an imminent threat from those that generate lower levels of concern. It is also worth noting that [some more broadly defined teams have used drop-off in academic performance](#) as a “red flag” to bring a student to the attention of the “at-risk” system. While not every student who is floundering academically will be at risk, it is certainly reasonable to consider this as a possibility worthy of attention.

Noting that faculty and staff may be the first to notice that a student is struggling in some way, Cornell’s Alert Team compiled separate, comprehensive handbooks for each of these audiences, entitled *Recognizing and Responding to Students in Distress*. As both handbooks explain, faculty and staff are not expected to take

on the roles of counselors or diagnosticians. If they notice signs of distress, they can express concern directly to the student and gather more information if they feel comfortable doing so. Alternatively, they can seek consultation and help from the Academic Advising or Student Services Office (which funnels to the Alert Team). The faculty handbook lists potential indicators of student difficulties that might be academic, behavioral, physical, or even a hunch or gut-level feeling that something is amiss — all of which would be appropriate for referral (Karr, 2009).

Once the behavior of concern reaches the campus team, the team members must assess the meaning and acuity. The following questions are useful to begin framing the discussion:

- What is the behavior?
- Where is the behavior occurring?
- How does the behavior affect the community?
- Is the identified student in imminent danger or an imminent danger to the community?
- Are there any past documented incidents/behaviors?
- What do we know of the student’s academic (or job for employee) performance or mental health history?
- Is there a documented disability?
- What are the ethical/legal issues?
- What systems need to be involved in finding more information or responding (Dunkle, Silverstein, & Warner, 2008)?

### Indicators of Student Distress

Excerpted from Cornell University’s [\*Recognizing and Responding to Students in Distress\*](#) — *Faculty Handbook*

#### ACADEMIC INDICATORS

- Repeated absences from class, section, or lab
- Missed assignments, exams, or appointments
- Deterioration in quality or quantity of work
- Extreme disorganization or erratic performance
- Written or artistic expression of unusual violence, morbidity, social isolation, despair, or confusion; essays or papers that focus on suicide or death
- Continual seeking of special provisions (extensions on papers, make-up exams)
- Patterns of perfectionism: e.g., can’t accept themselves if they don’t get an A+
- Overblown or disproportionate response to grades or other evaluations

#### BEHAVIORAL AND EMOTIONAL INDICATORS

- Direct statements indicating distress, family problems, or loss
- Angry or hostile outbursts, yelling, or aggressive comments
- More withdrawn or more animated than usual
- Expressions of hopelessness or worthlessness; crying or tearfulness
- Expressions of severe anxiety or irritability
- Excessively demanding or dependent behavior
- Lack of response to outreach from course staff
- Shakiness, tremors, fidgeting, or pacing

-continued on the next page

**PHYSICAL INDICATORS**

- Deterioration in physical appearance or personal hygiene
- Excessive fatigue, exhaustion; falling asleep in class repeatedly
- Visible changes in weight; statements about change in appetite or sleep
- Noticeable cuts, bruises, or burns
- Frequent or chronic illness
- Disorganized speech, rapid or slurred speech, confusion
- Unusual inability to make eye contact
- Coming to class bleary-eyed or smelling of alcohol

**OTHER FACTORS**

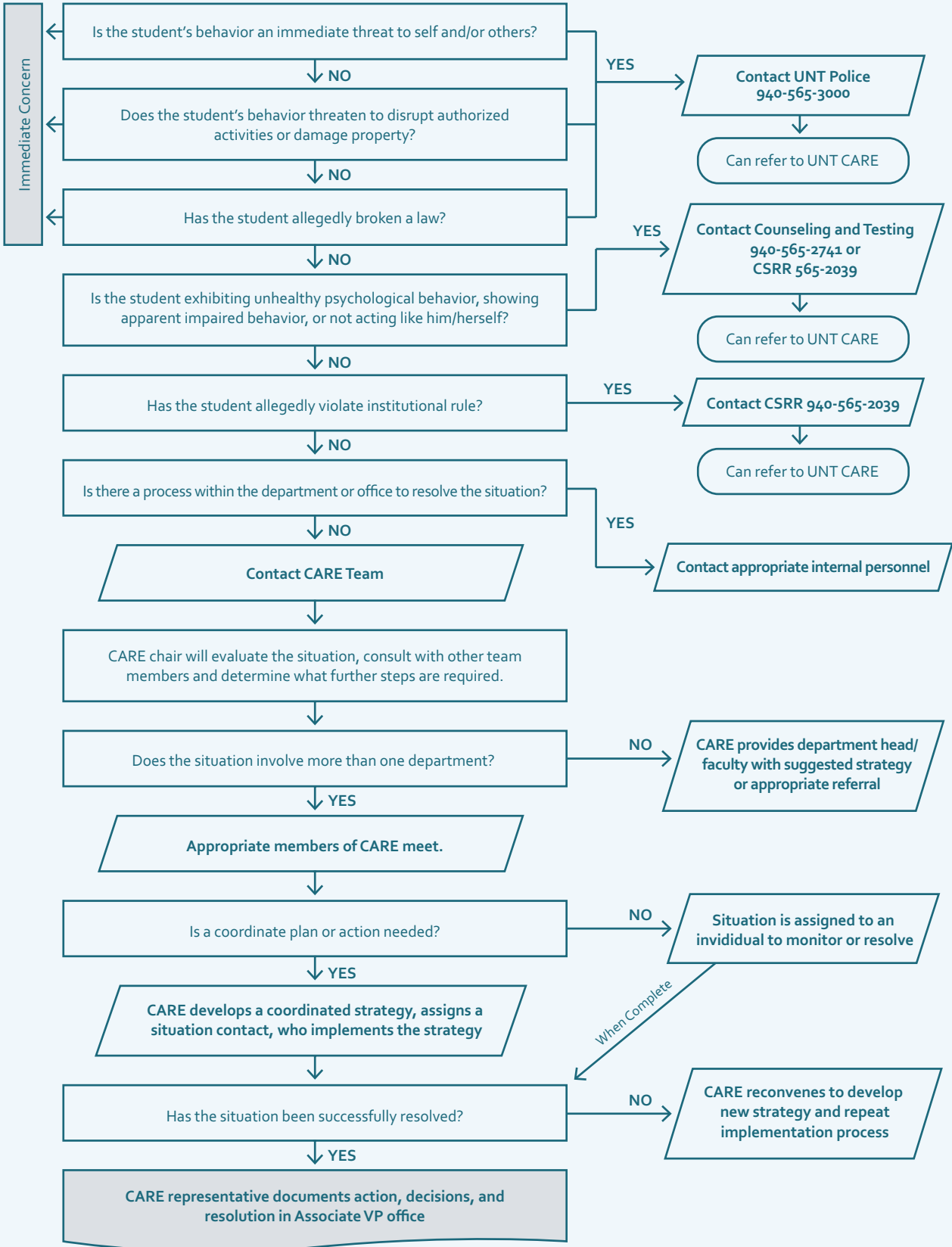
- Concern about a student by his/her peers or teaching assistant
- A hunch or gut-level reaction that something is wrong

Depending on the behavior and its implications, the next steps might involve a more formal assessment of the student (either voluntary or mandatory) or engaging the campus mental health and/or student conduct systems, as described in the next section. Of course, if any direct and immediate threat is involved, a crisis management process would be activated that usually involves campus law enforcement.

While there are no precise predictors of dangerousness, there are behaviors and risk factors that might indicate an acute emergency. These might include: past history of violent or aggressive behavior, evidence of significant impulsivity, substance abuse, psychosis, bizarre and inappropriate affect, fascination with guns or violence, being a loner. A more thorough discussion of this issue can be found in the [M Appendix of the Virginia Tech Review Panel Report](#).

While a complete review of assessment is beyond the scope of this guide, it is worth noting that the situations should be examined from the following perspectives: a) health and safety of the student and the community, b) psychosocial and educational situation of the student, and c) the legal ramifications of the specific situation. Teams are encouraged to examine basic principles of action, but each case should be assessed based on its own particular set of needs, concerns and circumstances.

### University of North Texas CARE Team General Process Flowchart



## Intervening

Once the team has received and assessed information, it can consider whether or not further action or monitoring is needed – and what form it should take. A range of common options is listed in the figure at right. At one end is the option of continuing to monitor the situation, but taking no immediate action. The team may help faculty or staff develop a plan of action that they can pursue, with support, or the issue could be referred to other departments – academic advising, clinical services, crisis management, judicial administration, residential programs, or others as needed.

If mental health assessments are warranted, several issues arise, including whether they are voluntary or mandated, who conducts them, and who pays for them. Some are offered through the school’s counseling center or by contract with a clinician in the community. It will be helpful and may expedite the process if the school covers the costs of assessments or at least arranges for a sliding fee scale if students are expected to cover the costs themselves. Care must be taken to communicate the nature and range of the assessment to both the student and the assessors and to clarify what information will be shared and with whom. The student also should understand the range of possible outcomes of the assessment process.

Some teams are able to draw upon a separate case management resource as a way to monitor and support students who do not accept referrals to counseling within the campus’s existing health services (Eells & Rockland-Miller, 2011). Case managers may be incorporated within the team, affiliated with the campus counseling services, the Dean of Students office, or a community resource. Case management is an important trend with implications for campus teams, because this approach “wraps services directly around the at-risk student rather than requiring the student to attend appointments in a specific office. This is particularly useful when initially trying to connect to students who need to attend a conduct meeting, counseling evaluation or meeting with a Dean or Vice President of Student Affairs. Case managers seek to overcome treatment obstacles, build connection between campus departments and improve students’ access to community resources” (Van Brunt, 2012, p. 285).

### A SPECTRUM OF POSSIBLE CAMPUS TEAM INTERVENTIONS / RESPONSES

- 
- The figure is a vertical list of interventions and responses, with a double-headed arrow on the right side indicating a spectrum. The interventions are listed from top to bottom:
- Monitor the situation —
  - Engage directly with the person to de-escalate —
  - Work with a trusted peer or ally to monitor more closely —
  - Work with other departments to coordinate a plan of action (e.g., assessment, counseling, case management, disciplinary action) —
  - Voluntary referral for mental health assessment or treatment —
  - Mandated psychological assessment —
  - Involuntary hospitalization for evaluation and/or treatment —
  - Disciplinary review/action —
  - Notify family member(s) —
  - Convene Threat Assessment Team —
  - Separate from IHE (voluntary leave, interim suspension, involuntary leave) —

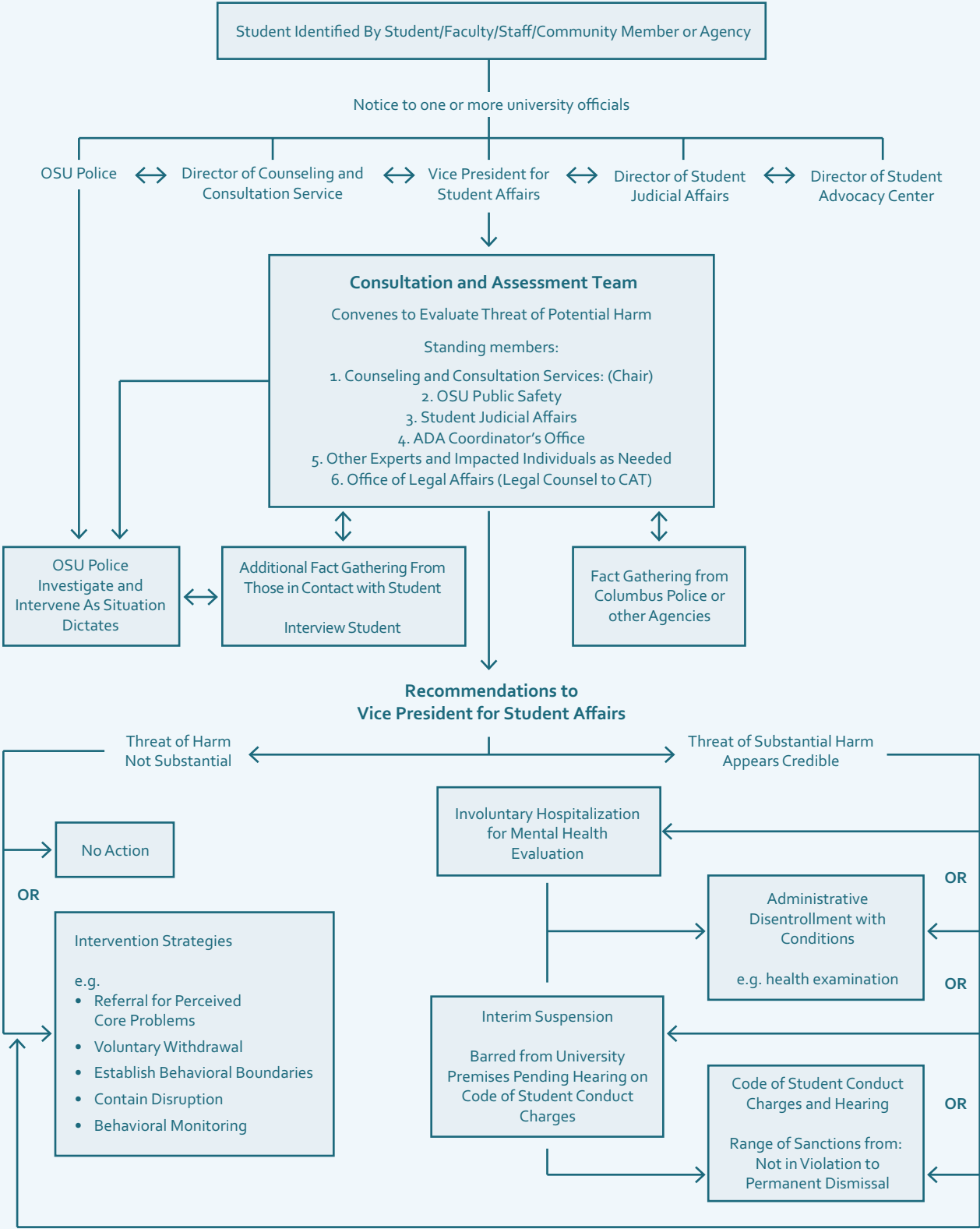
Source: Compiled from Eells and Rockland-Miller (2011) and Nolan, Randazzo, and Deisinger (2011)

Situations that are more serious and complex could begin to engage the office of the Dean of Students, at least in a coordination role, as multiple offices and departments become involved. Depending on the nature of the unfolding crisis or situation, at this point the team could recommend involving a student's family members. The most helpful and knowledgeable family member is not always a parent or guardian. (For example, it might be a trusted sibling.) Regardless of the family member who is contacted, care needs to be taken when deciding who will make the first contact. There are advantages and disadvantages to having an administrator as opposed to a campus clinician make the first contact. A non-clinician (such as the Dean of Students) may have a greater range of ability to communicate than the counseling center director, especially if the student is a client of the center. Then again, if there are complex mental health issues (and especially if the student is not currently a counseling client) a clinician may be in a better position to explain the mental health status of the student and the possible clinical steps needed to address these issues.

It is worth noting that the team may frequently decide on more than one course of action. A student who appears to be withdrawn and sullen and has been missing many classes may be referred to both Academic Advising and the Counseling Center, while Residence Life may monitor the student's daily functioning. Further steps could be taken sequentially. Often, when there is no suggestion of an acute or dire situation, it is useful to consider intervening from the "bottom up." The interventions might begin with the least intrusive option. For example, observation by Resident Advisors or the Residence Life staff or a conversation with an academic advisor will be less likely to feel intrusive, embarrassing, or frightening than a referral directly to the Counseling Center or a Dean of Students. It is important to note, though, that when sequential or multiple referrals are made, there is a greater need for tracking and coordination by the team of both what has occurred and what the outcome might have been. However, this is precisely the context in which the team can be most useful and helpful.



### The Ohio State University Office of Student Affairs Case Management Involving Students\* Who Pose a Potential Risk of Substantial Harm



\*Similar Process Established through the Office of Human Resources to Address Cases Involving Faculty and Staff under HR Policies and Faculty Rules



## After the Intervention

As noted above, no matter what the team’s decision may be regarding the necessary interventions, it is essential that the team realize that this is simply a first step. The process of managing student problems and crises is dynamic and unfolds over a period of time and through a series of actions and events. The team needs to be considering results and responses to the series of interventions and refining both assessments of the problems and responses to them as things progress. The team needs to follow each case until there is a consensus that either the problem has resolved to a great extent or the student is connected to the full array of services that are needed and the problem is being actively addressed in these areas.

**“Rest assured that in any given situation, there are several ‘right ways’ to reach out to students in a caring manner. The only real risk is in doing nothing at all.”**

**Cornell University**

*Recognizing and Responding to Students in Distress: A Faculty Handbook*

## Developing Policies and Procedures to Govern the Team’s Work

### Legal Foundations of Campus Teams<sup>1</sup>

Currently, there is no national federal legal mandate requiring the creation or operation of campus safety teams. It is tempting to speculate that such a mandate might eventually arise under the Clery Act, but to date, campuses are only required to report some information regarding team activities if they have a team. The [Report to the President](#) following the tragedy at Virginia Tech clearly favors team creation, but it does not have the force of law (Leavitt, Spellings, & Gonzales, 2007). Changes in federal law may occur as good practices emerge and become widely adopted, or legal change could be driven by further incidents of violence associated with campuses. A harbinger of such change may be observed in recent Department of Education regulatory enforcement efforts with regard to ‘timely warnings’ under the Clery Act (U.S. Department of Education, 2011). Although timely warning requirements — and fines for late notifications — are not tied directly to the existence of campus safety teams, it seems pragmatically unrealistic for campuses to meet the new regulatory expectations without functioning safety teams.

A very limited number of states — most notably Virginia — have state legislative mandates relating to the creation, formation, or operation of campus teams (Va. Code Ann. §23–9.2:10). It is possible that more states will adopt mandates if political pressure arises from future incidents involving violence on campus and the federal government does not act first.

Perhaps the greatest pressure to form and operate campus safety teams comes from state-specific negligence law requirements. Campuses are typically responsible to provide a reasonably safe living and learning experience for students on campus, in co-curricular programs, and in campus housing (Areen, 2009). This includes the responsibility to use reasonable care — not all possible care — to prevent foreseeable violence (Lake, 2011). Violence can become legally foreseeable as a result of background patterns of previous violence on or near campus and/or from knowledge of a dangerous person’s propensities in some, often limited, circumstances (such as a history of violence and knowledge of imminent risk to an individual or discrete class of individuals)

<sup>1</sup> Thank you to Advisor Peter Lake, JD for his special contribution to this section.

(*Nova Se. Univ. v. Gross*, 2000; *Mullins v. Pine Manor Coll.*, 1983). The law does not require campuses to predict the future; instead, campuses must only use reasonable care with respect to legally foreseeable risks of violence (Areen, J. C., 2009). Legal definitions of foreseeability are state-specific and are not always intuitive, so it would be wise to consult the campus attorney on specific state law requirements.

The standard of care — reasonable care — is a non-specific, contextual mandate. It is possible that many different compliance steps are reasonable. Moreover, the mandate is context specific: what is reasonable here and now may not be tomorrow or in another setting. Reasonable care also varies with exigency: reasonable care should be determined according to real-time parameters. The uncertainty of the application of the reasonable care standard is compounded by the fact that there is no well-established body of state negligence case law approving or disapproving of campus safety teams at this time. However, there are many reasons to believe that the use of campus safety teams, in conjunction with other campus services such as campus safety and security, are good practices from the standpoint of legal compliance. In particular, campus teams can facilitate the flow, processing, and synthesis of safety related information, which in turn helps decision-makers identify foreseeable risks and construct and implement reasonable responses.

Reasonable care is also informed by well-established safety customs and practices of an industry (Diamond, Levine, & Madden, 2008). As the use of campus teams spreads, it is increasingly likely that having some form of team will become a good and customary safety practice of the industry. Much like legislative mandates, this area of the law is forming and may soon congeal to a more definitive state.

Of course, there are legal risks to team operation as well. To the extent that teams collect information, they must use reasonable care with that which is collected. There may be privacy law issues to manage and there is the very real danger that a team may collect data but fail to synthesize it properly, or act upon it in a timely fashion. Compliance error is a risk of attempting compliance, even if campuses do so voluntarily. Campuses must protect the operation of their teams — from risks such as burnout or overload — or face potential litigation arising from preventable mistakes made by teams under duress. On balance, utilizing campus safety teams is a good and promising practice in which the risks that a team may err are usually outweighed by the benefits of silo-breaking, efficiency, and improved decision-making.

There are some specific professional legal mandates to consider, as well. Some campus team members may be licensed health care professionals. Their conduct may be measured under specific state law professional standards of care. Mental health professionals usually function as highly useful consultants to teams and not as direct treating clinicians (Bower & Schwartz, 2010); as such, mental health professionals are unlikely to run afoul of professional standards in most instances. Professional standards also typically protect the privacy of patients with respect to confidential medical information and also provide safety notification mandates with respect to certain dangerous individuals. Professionals face potential legal and/or licensure discipline for failure to comply with these mandates.

Licensed health care professionals often operate in teams as service providers and can be valuable resources in helping teams form identities, engage in self-evaluation exercises, etc. Nonetheless, campus safety teams should be careful about transforming into health care service delivery teams. This could have the undesirable impact of placing the entire team, or multiple members of a team, under mandates related to professional health care service delivery. The risk of sending the wrong impression to the legal system that teams are health care delivery units can be mitigated by having a clear mission statement and operational protocols, which

demonstrate that the teams have an administrative and not clinical function. There is tremendous value in including health care professionals on teams, but teams that do include health care professionals must be vigilant in identifying and managing the legal issues surrounding blending health care service providers with campus safety administrative services.

### ***Documentation and Recordkeeping***

One of the main purposes of a campus team is to share information, but this can pose legal and other challenges when put into practice.

“TAM [Threat Assessment and Management] teams must understand that unless a privilege against disclosure applies, most of the documents they create, including e-mails, personal notes, and other relatively informal documentation, would be subject to disclosure in the event of litigation” (Nolan et al., 2011, p. 116). Nevertheless, a fear of having to release records should not prevent documentation of careful deliberations. “Documentation that states the rationale for the team’s decisions at various points in an assessment and management process and summarizes the factual basis for those decisions can serve to memorialize the team’s thought process if its decisions are ever questioned” (Nolan et al., 2011, p. 116).

No matter what aspects or details of a team’s discussions are captured, some basic mechanism needs to be in place to track individual cases and their disposition. Some schools rely on secure databases (either created for this purpose or purchased from a software vendor) to track cases and document discussions and action. For example, the University of Massachusetts Amherst tracks the following on a documentation form:

- Date
- Student’s Name and Two Identifiers (Date of Birth and Student ID Number)
- Residence Hall
- Student Status
- Presenting Issue
- Known Relevant History (mental health, drug and alcohol, judicial, police, academic, behavioral, etc.)
- Offices Involved
- Assessment
- Plan

During the team’s conversation about how to assess the behavior and its possible consequences, a number of issues and options may be discussed, but these do not need to be documented. “While teams must ‘think out loud’ when weighing options in a particular case, they do not need to document every passing thought and preliminary deliberation” (Nolan et al., 2011, p. 116).

Some campus team discussions (and their documentation) may be subject to attorney-client privilege under state law if a school’s counsel is involved. The situations in which this might apply should be reviewed with a school’s counsel, along with advice on recordkeeping and documentation.

### ***Legal Considerations***

As noted below, **misunderstanding** about state and federal laws governing the privacy of student educational and medical records, interpretations of disability laws, and negligence laws all create difficulties

for campus teams seeking to amass and share information. The laws themselves — when properly understood — create a reasonable and sensible framework in which teams can function (Bower & Schwartz, 2010).

Below are some of the most common legal considerations and the experts' guidance on how they apply to campus teams.

### ***The Family Educational Rights and Privacy Act (FERPA)***

FERPA guidelines cover the privacy of a student's education record, which is actually a compilation of many different pieces of recorded information about a particular student. These may be recorded electronically and/or in writing and could include items such as academic records (exams, papers, attendance records), documentation of disciplinary complaints and actions, financial information, records about disability accommodations, and even parking tickets.

Not all records about students are covered by FERPA. For example, if a faculty or campus team member takes personal notes about a student, with no intent to share them with others, these would not be covered by FERPA. The same is true of medical and mental health records that are used exclusively for treatment purposes. (The confidentiality of these "medical" records is, in most cases, governed by more stringent state law.) Once these are shared with others — as might be the case with a student's medical withdrawal — the records that were shared for that purpose (i.e., not the entire medical record) would be subject to FERPA. Observations that are not written down or recorded in some way — such as a conversation about a student — are not subject to FERPA. However, if a concerned administrator or faculty member jotted down notes about a student's behavior and e-mailed these to a colleague, the observations would then become subject to FERPA (because they were shared). As noted below, information gathered by campus clinicians in a clinical setting is typically governed by state laws addressing medical and therapy information privacy.

Under FERPA, students have the right to request access to their education records and to limit the disclosure of records covered by FERPA to third parties — with several important exceptions that are relevant to campus teams. These include emergency situations in which the information is considered necessary to protect a student's health and safety, or the health and safety of others. Records also may be shared with any school official who has a legitimate educational interest in the information — including concerns about a student's safety and well-being. Following the confusion about this issue that was noted in the Virginia Tech inquiries, FERPA guidelines were revised to specifically designate campus police as school officials who have a legitimate educational interest, making them eligible to receive information from a particular student's education records (when there is an issue relevant to campus security) (U.S. Department of Education, 2007).

FERPA applies to all campus personnel (e.g., staff, faculty, and administrators) who work in schools that receive federal funds, as well as to contractors and volunteers acting on a school's behalf.

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#### **The bottom line:**

Under FERPA, information from a student's education record can be shared if sharing the information is necessary to protect the health and safety of an individual student or those around him or her. Information can be shared with any school official who has a legitimate educational interest in the information — including campus police.

## **Confidentiality between Students and Clinicians**

Strong confidentiality protection for whatever is shared between clinicians and clients is a crucial aspect of treatment; without this assurance and safeguard, students might be understandably reluctant to seek treatment. The confidentiality requirement for campus clinicians is governed by a combination of FERPA (in most cases), state law, and the code of ethics of each clinical discipline. The most stringent standard is the one which is decisive. In almost all cases, state law governing clinical confidentiality is more stringent than FERPA demands.

Clinicians may be able to (and, in fact, may be required to) disclose confidential treatment information under specific emergency situations – when there is an imminent risk of self-harm to the patient, when third parties are in danger, during commitment proceedings, or in situations in which the client is not competent to consent. A clinician may ask a student to permit the release of information by signing a Release of Information (ROI) form, which specifies exactly what information can be released and to whom (and how long the ROI remains in effect). Without this consent, The Jed Foundation’s guide on students and mental health laws notes, “a clinician is rarely able to discuss information learned as part of the therapeutic relationship with campus administrators or even acknowledge that the student is in treatment” (The Jed Foundation, 2008, p. 10). This applies to communication with a student’s parents or other family members as well.

Although clinicians may not divulge information gleaned from treatment without the client’s consent they can *receive* information. In the context of a campus team, mental health professionals can contribute their expertise by helping other team members understand the therapeutic process in general, without violating an individual client’s confidentiality or even confirming whether or not a particular student sought treatment. Further, campus clinicians can often provide helpful guidance about management in the community of students struggling with emotional and behavioral problems, especially when the problems are caused or impacted by mental health issues.

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### **The bottom line:**

Campus clinicians have more stringent limits on information sharing than do college administrators if information was obtained in a clinical setting. The exceptions to confidentiality for campus clinicians are generally determined by state law governing the privacy of medical/therapy records and information. Clinicians can function effectively on campus teams without compromising the privacy of student treatment.

## **The Health Insurance Portability and Accountability Act (HIPAA)**

HIPAA was enacted in 1996 and includes a Privacy Rule designed to set forth standards for protecting medical records and personal health information. The Privacy Rule covers health plans, health care clearinghouses, and health care providers who share certain information electronically. Often, existing state confidentiality statutes are stricter than HIPAA’s requirements (Eells & Rockland-Miller, 2011).

The important implication for campus teams is that “HIPAA privacy rules do not apply to student treatment records created on campus, whether they are shared with others or used solely for treatment” (The Jed Foundation, 2008, p. 10). HIPAA’s definition of protected health information excludes student treatment

records created on campus, since these records already are protected under federal and state laws covering medical confidentiality and disability.

The Jed Foundation’s guide on student mental health and the law notes that as long as a student’s campus treatment records are used only by those directly involved in the student’s treatment, they are not subject to either HIPAA or FERPA (The Jed Foundation, 2008). As noted above, FERPA only applies once this information is shared — and even then, only to the portion that is shared (not the entire treatment record).

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**The bottom line:**

Student treatment records created on campus are excluded from HIPAA requirements.

## ***Disability Laws***

The 1990 federal Americans with Disabilities Act (ADA) protects both students and school employees from discrimination based on disability, including mental illness, as does the ADA Amendments Act (ADAAA) and Section 504 of the 1973 Rehabilitation Act. These laws are enforced by the Office for Civil Rights (OCR) within the U.S. Department of Education and prohibit a school from discriminating against a student with a disability. These laws define disability as a physical or mental impairment that substantially limits one or more major life activities. This includes those who have a record of an impairment or are regarded to have such an impairment.

Disability laws have some specific implications for campus teams, particularly in the areas of using medical information about a student’s disability, initiating disciplinary procedures, and placing students with disabilities on either a voluntary or involuntary leave of absence. (The Jed Foundation’s [Student Mental Health and the Law](#) guide provides more detailed guidance on these topics.) As with other aspects of a campus team’s legal obligations, consultation with a school’s legal counsel is strongly recommended, as is consultation with a school’s disability services office or coordinator responsible for a school’s compliance with disability laws.

Some key points for campus teams to consider include the following:

- **Schools cannot require students to give them full access to medical or mental health records, but are entitled to information if needed to evaluate a student’s condition and determine appropriate accommodations or mitigating measures**, if the student has self-identified as having a disability or if the student raises his or her disability as a mitigating factor for his or her behavior in the context of a disciplinary hearing or procedure. (Note that once this medical information has been used for these purposes — i.e., not solely for treatment — it becomes part of the student’s education record, subject to FERPA.)
- **Medical information also may be used to determine whether a student poses a direct threat to others, and to assess the likelihood that a direct threat would occur.** (A direct threat assessment includes specific components and must be applied before a school takes certain actions, such as placing a student on involuntary leave.)



- **Students with disabilities can be held accountable for their behavior even if it does not meet the criteria for a direct threat, because — like any other student — they are expected to comply with academic standards and codes of conduct.** However, schools must be careful to ensure that disciplinary or other procedures are not the result of any type of discrimination. The Jed Foundation’s guide (The Jed Foundation, 2008) suggests these questions can help determine whether disciplinary procedures are being applied fairly:

- » Would you tolerate the same behavior from a student without a disability?
- » Have you provided reasonable accommodations for the disability?
- » Should you consider mitigating factors?

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#### The bottom line:

Disability laws have some specific implications for campus teams, particularly in the areas of using medical information about a student’s disability, initiating disciplinary procedures, and placing students with disabilities on either a voluntary or involuntary leave of absence but present no specific impediment to the functioning of these teams.

### ***Voluntary and Involuntary Leaves of Absence (LOA), Assessment, and Treatment***

Leave of absence (LOA) protocols are recommended, covering students with and without disabilities, for both voluntary and involuntary LOAs, and including conditions for re-entry to the school. In some cases of suicidal behavior — staying on campus may be protective for an individual student. Again, such determinations require a case-by-case analysis; campus teams provide a strong mechanism for helping to conduct such an analysis in a comprehensive, fair way.

If a student poses a direct threat to others, he or she may be suspended while the school considers other actions, but due process procedures must be in place and followed — both immediately (notifying the student and giving him or her an initial opportunity to respond) and as additional steps are taken (providing an opportunity for a hearing and appeal). If the student has a disability, as noted above in the section on disability law, it behooves a school to consider whether or not the same steps — interim or final — would be taken for a student without a disability. In any case, due process procedures are highly recommended.

In the past, schools have interpreted guidance from OCR to mean that students with or without disabilities who are a threat to themselves (not just others) could be disciplined or dismissed, as long as some kind of due process standards are in place and followed and the decision is based on an individualized assessment. Under a recent change to the ADA Title II regulations (which cover public institutions), it appears that schools can no longer remove or withdraw students involuntarily if they are deemed to pose a threat to themselves based on a “direct threat to self” analysis. The National Association of College and University Attorneys (NACUA) suggests that this may also apply to private institutions (under Section 504 of the Rehabilitation Act) (Lannon & Sanghavi, 2011).

NACUA’s analysis concludes, “OCR’s rejection of the ‘direct threat to self’ analysis does not mean that colleges and universities are necessarily prohibited from taking action against students who are at risk of self-harm. What it means is that the analysis will be different” (Lannon & Sanghavi, 2011, p. 5). Until further

guidance is issued, NACUA suggests the following guidelines to amend a school’s existing student removal, withdrawal, and discipline policies:

- Focus on conduct, not disability
- Ensure that an individualized assessment is made
- Ensure consideration of reasonable accommodations
- Ensure due process to the student

“Zero tolerance” policies that automatically respond to student expressions of troubling behavior – including suicidal ideation or a suicide attempt – by triggering automatic dismissal or withdrawal are “legally vulnerable and ethically questionable” (Eells & Rockland-Miller, 2011, p. 9). In addition to being ethically dubious, adds The Jed Foundation’s guide, such policies are clinically questionable and may have the unintended effect of discouraging students who need help from seeking it. For the same reason, The Jed Foundation recommends that student conduct codes avoid stigmatizing language that prohibits suicidal ideation or self-harm and makes these disciplinary offenses. Such rules not only discourage help-seeking behavior, but may also violate disability laws (The Jed Foundation, 2008).

Schools may require students (including those with disabilities) to complete a mental health assessment as a condition for remaining in school or returning after an LOA, but may also base the decision on the opinions of non-healthcare professionals, as long as these are “fair, stereotype-free, and based on reasonably reliable information from objective sources” (The Jed Foundation, 2008, p. 16). Whether or not treatment can be mandated by a school varies from state to state. OCR has ruled in the past that if a student was assessed as a direct threat and mental health professional recommends a specific treatment as one likely to mitigate the threat, the student can be required to undergo treatment as a condition of re-entry or of remaining in school. The Jed Foundation’s guide notes that students who choose not to participate in mandated assessment or treatment are protected by disability law and thus have the right to due process procedures, including receiving official notification and having the opportunity for hearings and appeals.

Concerns about mandating treatment include the potential adverse effect on help-seeking behavior, a lack of effectiveness (because the student has little input in a plan for staying in or returning to campus), and building unrealistic expectations (among administrators and others) about what campus counselors can achieve. Advantages of mandating treatment may include preventing self-harm in a student who might not otherwise seek or avail himself or herself of needed treatment.

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#### **The bottom line:**

Protocols that spell out the specific procedures and conditions for voluntary and involuntary leaves of absence (as well as conditions for re-entry), including due process safeguards, are always a good idea. Zero tolerance policies are not. Schools considering mandated treatment policies should proceed with caution and make these determinations on a case-by-case basis.



## Special Challenges for Commuter and Community Colleges

One irony about campus teams is that the types of campuses most in need of them are the ones for which it can be most difficult to create and manage them. Students of community colleges or schools that are primarily commuter schools typically live off campus and on their own. In these settings, campus services may not be seen as the primary resource for addressing personal and social needs. As a result, students may present even less frequently for help or support or may not think to report their concerns to their school. Student support services are usually less resourced than at residential colleges. This means that there are usually fewer student support staff on hand to populate the areas that participate in campus teams; support staff who are on hand are stretched thinner than at residential schools. At the same time, students at commuter schools and community colleges struggle with mostly the same stressors as residential students — and in many cases are dealing with other challenges as well. Many community college students are older and financially independent and are thus also managing jobs (and, in some cases, relationships and families as well).

For more information on supporting at-risk students, visit *The Academy for Critical Incident Analysis'* 2010 Conference website and go to "[Supporting At-Risk Students – A Model Program.](#)"

Nevertheless, it seems likely that time spent organizing and promoting these teams and addressing the support needs of students will pay long-term dividends in student success and campus functioning and safety. Student affairs personnel in these settings may need to be particularly creative in finding resources in the college and outlying community to help support team functions. This might include, for example, bringing in consultants from local community mental health centers on a regular basis to address mental health questions if there is no counseling system on campus. Bringing in local law enforcement support may also be necessary if this area is not very well developed on campus.

Further, because many of the types of student activities and events that may bring students to the attention of faculty and staff (and other students, for that matter) may not be as robust on these campuses, careful thought and planning should be given to identifying useful sources of information. Faculty who teach smaller-size classes and may have more direct contact with students should receive attention and training in identifying students in distress. Also, academic advisors, career advisors, financial aid/bursar and registrar office staff may have the most regular contact with students and see them when they are in particularly stressful circumstances. It would be most helpful to train staff in these offices in identifying students in distress and in need of support and to make them aware of campus resources and the campus team. Finally, the campus team must examine the services and activities that students use for communication with each other on campus and make efforts to make student support services and the student team known to these communication centers and outlets.

Student services and administration can be demanding and challenging in these settings; creating student teams will require careful thought and planning. But as noted above, these are precisely the settings in which teams can provide the most needed help to students and to the school community. If support can be obtained from the administration to provide minimally adequate resources for these activities, it is likely that the benefits will become clear as the program yields some positive results.

## *Promoting a Culture of Caring*

Campus teams (including threat assessment teams) sometimes have to counter the misconception that “reporting” someone to the team automatically results in adverse consequences (such as expulsions or punishment) or that such reporting constitutes inappropriate tattling or snitching (Nolan et al., 2011). To address these types of misconceptions, campus teams need to conduct specific (and continuous) outreach and education that reassures everyone on campus that they have a role, and even an obligation, to notice and respond when they observe someone experiencing difficulties.

Some observers see this as part and parcel of creating a healthy campus culture overall. “The need goes beyond just offering help for troubled students,” notes a summary of presentations at The Academy for Critical Incident Analysis’ 2010 conference. “When people care about each other and feel their institution cares about them, the odds of detecting someone who is emotionally disturbed and intervening before a tragedy occurs become much better” (The Academy for Critical Incident Analysis, 2010b).

Although the campus team wants to encourage a “notice and respond” culture in which people see the costs and risks of involvement as low, they do not necessarily want those who make a call or referral to the team to conclude that the student or colleague is no longer their problem. This is particularly true when a faculty member or other individual is in the best position to observe future behavioral changes (or lack thereof). The campus team does not want to ask anyone to engage in observations or reporting that make them uncomfortable, but some level of continued engagement may be appropriate (Fusch, 2011).

To promote transparency and confidence in the team, it is also appropriate for campus teams to explain how they operate (without revealing the details of any particular case) and to reassure the entire campus community that their role is to provide needed help and support, not to punish those who are “reported.”

How can campus teams communicate this message? At the Ohio State University, the campus team offers a two-page list of key phone numbers (911, university police, student conduct, employee assistance program, human resources, suicide prevention hotline), as well as basic “do’s and don’ts” in responding to disruptive or distressed individuals. The guide is reviewed regularly at faculty and staff meetings and distributed to residential advisors and deans. The team also offers coaching and training opportunities by request, including an online simulation training for helping students in distress, QPR (Question, Persuade, Refer) suicide prevention workshops, and 1- or 2-hour workshops specifically on dealing with disruptive and disturbed individuals.

Many counseling centers offer presentations suitable for faculty department meetings, focusing on awareness about signs of distress, specific ways to assist students within the college, and campus-wide resources available for consultation or referral. Depending on the school’s configuration, special outreach and education efforts may be required for audiences not regularly on campus — such as adjunct faculty or students who commute or are on campus temporarily for continuing education. Given the turnover of students, faculty, and staff, continuous and frequent outreach is appropriate.

## *Ongoing Team Functions*

In addition to the outreach and training described above, campus teams must attend to ongoing functions besides their immediate tasks of assessing and responding to behaviors of concern. As noted above, following

up on the disposition of cases to find out what was effective and identify opportunities for improvement is a key function that is too often overlooked.

Just as a new team might conduct an initial scan of a school's policies and procedures to learn which support or hinder the team's functions, an existing team might consider a similar review at regular intervals. Another periodic scan might include attention to other institutions — local hospitals and clinics, satellite campuses, or other locations linked to the school — that should be included or at least informed of the campus team's work. A final set of ongoing functions has to do with the team itself. If done well, the work of campus teams can be intense and consuming. Attending to group dynamics, offering caring and support for individuals who participate on the team, and considering rotations of leadership and membership are all part of the team's ongoing activities and considerations.



## Team Functions: Key Points and Action Steps

### Forming a Team

- ✓ Review school policies and procedures relevant to the campus team's operations (e.g., involuntary withdrawals and other disciplinary procedures)
- ✓ Identify campus team training needs
- ✓ Determine campus team logistics — e.g., frequency of meetings
- ✓ Develop internal team procedures (documentation/recordkeeping; receiving and assessing information; determining interventions; following up)
- ✓ Meet with school legal counsel to review state and federal legal issues and interpretations for campus team

### Before, During, and After an Intervention

- ✓ Determine procedures for receiving and evaluating information (e.g., team member responsibilities to gather information between meetings)
- ✓ Identify thresholds for action and communicate these to referral sources
- ✓ Identify spectrum of possible interventions/dispositions
- ✓ Identify post-intervention activities, particularly following up

### Promote a Culture of Caring

- ✓ Craft messages about the campus team and its functions to share across campus
- ✓ Conduct specific outreach and training for key audiences (e.g., faculty, staff, residential advisors, deans)

### Ongoing Team Functions

- ✓ Follow up after disposition of cases to identify opportunities for improvement
- ✓ Continue scanning school policies and procedures
- ✓ Pay attention to team dynamics and nurturing/care of team members

## Common Pitfalls and Obstacles

EXPERTS INTERVIEWED FOR THIS GUIDE identified a number of common pitfalls and obstacles that campus teams might encounter, whether they are newly formed or well-established. They include:

- **Failure to properly select, prepare and orient team members.** The team membership needs to reflect the mission and goals of the team and be properly prepared to do this work.
- **Failure to create clear and well-publicized processes and pathways for reporting.** If the team cannot get good and accurate information, it will be unable to even begin to pursue its tasks.
- **Focusing exclusively on reporting as the end goal.** “Reporting is the tool to facilitate the goal, which is to improve the safety and well-being of the campus community” (Fuchs, 2011)
- **Misinterpreting legal restrictions on sharing information within the team.** Correcting misperceptions about confidentiality laws, FERPA, and HIPAA through training, communication with the school’s legal counsel, and continued discussion can help counter these misperceptions.
- **Stigmatizing mental illness, instead of focusing on behaviors.** Sadly, misconceptions about mental illness persist on campuses as they do elsewhere. Education about mental illness, suicide prevention (e.g., gatekeeper training), and the availability of counseling and other resources on campus can help debunk common myths about mental illness and encourage treatment-seeking behavior.
- **Relying on a single intervention or approach, instead of a more integrated approach.** Many situations that campus teams address are complex and require prolonged and integrated responses. Campus teams should be prepared for this outcome.
- **Failure to follow up.** A truly multi-disciplinary approach — including periodic follow-up in the team’s ongoing functions — can help the team monitor cases to make sure that crises are addressed and future ones prevented.
- **Neglecting team dynamics and stress.** Like any other team, campus teams may be vulnerable to problems related to how they deal with conflict, personality clashes, and lack of shared purpose. Building trust among team members, selecting an effective leader with strong facilitation skills, respecting different areas of expertise, learning to deal with conflicting opinions in constructive ways, recognizing the difficulties and stresses inherent in team membership, and supporting team decisions once they are made are all suggestions for avoiding internal team problems.

## Conclusion

RISKS OF VARIOUS KINDS ARE PART OF DAILY LIFE, and campuses are no exception. A campus team and its many partners may be as prepared, alert, and dedicated as humanly possible, and still some level of suffering and tragedy may not be entirely preventable, because human beings are unpredictable. The way to prevent violence is not to try to design a way to prevent violence, but to provide good, comprehensive health services for all medical and emotional problems.

It is useful to note that when prevention works, its results are often hidden from view. But when prevention fails and a tragedy occurs, our tendency is to review the path to that tragedy and find out what went wrong. Certainly, such reviews can yield useful insights and concrete improvements — as was the case with the threat assessment teams formed in the wake of the Virginia Tech shootings.

Yet sometimes this turns into a search for blame: “Trying to find a particular barn door that was left unlocked.” Is this the most useful approach? Instead, “a better approach is to build a better barn.” Specifically, “that means a prevention plan that guards against common risks, rather than the sensational ones that are much less likely to occur; that relies on a network of collaboration and clear communication; and that contributes to campus-wide awareness and a sense of community, trust, and meaningful human connection” (The Academy for Critical Incident Analysis, 2010b). Campus teams cannot accomplish all of this very tall order alone. Still, on many campuses, they have the potential to serve as the nexus for the collaboration, communication, awareness, and trust that a better barn entails.

Members of campus teams are privy to a wide variety of adversity experienced by students, faculty, and staff. When they relate their proudest moments as members of such teams, they marvel at the tragedies they believe their team most likely prevented, but they also express satisfaction with another type of outcome: helping a distressed person return to campus and, sometimes against all odds, complete his or her course of study or remain working as a faculty or staff member. These outcomes reflect the true potential of campus teams — not just removing or resolving a problem, but preventing and ameliorating distress on campus long before it escalates, so that the real purpose of being on a campus in the first place can continue to be fulfilled.

## Resources and Tools

For an **overview of campus teams** and their evolution, see:

Eells, G. T. & Rockland-Miller, H. S. (2011). Assessing and responding to disturbed and disturbing students: Understanding the role of administrative teams in institutions of higher education. *Journal of College Student Psychotherapy*, 25:8-23.

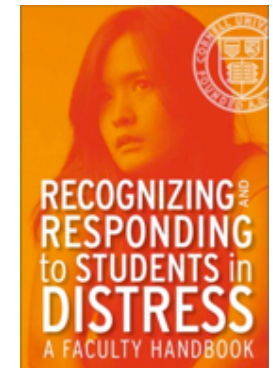
For details on the **threat assessment process** and **threat assessment and management teams**, a comprehensive guide is:

Deisinger, G., Randazzo, M., O'Neill, D., & Savage, J. (2008). *The handbook for campus threat assessment and management teams*. Massachusetts: Applied Risk Management.

While geared to threat assessment in particular, many of the concepts and suggestions are relevant to campus teams in general.

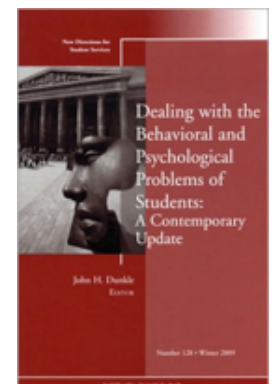


For helpful and detailed **information geared to faculty and staff**, see Cornell University's handbooks for these audiences: *Recognizing and Responding to Students in Distress* ([available in full online](#)).



For an overview of **responding to a troubled student as a student affairs professional**, see:

Dunkle, J. (2010). *Dealing with the Behavioral and Psychological Problems of Students: A Contemporary Update: New Directions for Student Services*. New York: Wiley, John & Sons, Incorporated.



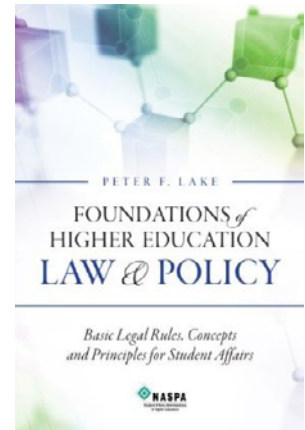
For information on **legal issues related to mental health and students**, see:

The Jed Foundation. (2008). *Student mental health and the law: A resource for institutions of higher education*. New York, NY: The Jed Foundation.

Bower, K. & Schwartz, V. (2010). Legal and ethical issues in college mental health. In J. Kay & V. Schwartz (Eds.). *Mental health care in the college community*. Chichester, UK: Wiley-Blackwell.

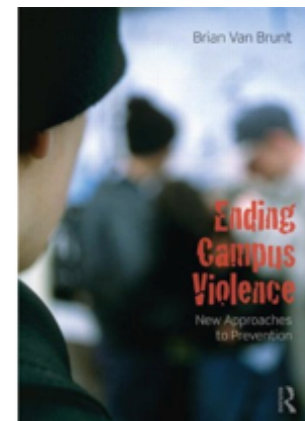
For information regarding **risk management and liability** within a school, see:

Lake, P.F. (2011). *Foundations of higher education law and policy: basic legal rules, concepts and principles for student affairs*. Washington, D.C.: NASPA.



For **case studies** and a wealth of other information on threat assessment teams, see:

Van Brunt, B. (2012). *Ending campus violence: New approaches to prevention*. New York and London: Routledge.





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