

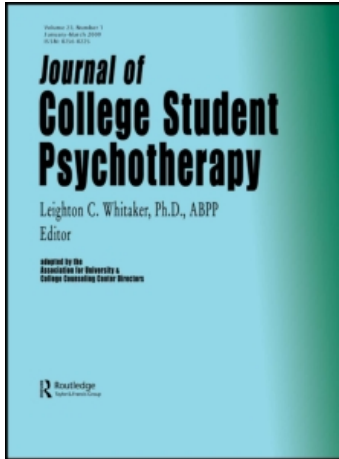
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Assessing and Responding to Disturbed and Disturbing Students: Understanding the Role of Administrative Teams in Institutions of Higher Education

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Behavioral and mental health issues challenge institutions of higher education with difficult decisions around response. Interests of the individual and safety of the community must be constantly considered and balanced. A primary way institutions of higher education are responding to these challenges is through the formation of campus assessment teams. This article will address the legal and ethical issues relevant to these teams, and different models for structuring them. Reviewed are potential team names, models, missions, review procedures, documentation, dispositions, group dynamics, and messages to campus. The article concludes with recommendations about the threat assessment process and key concepts relevant to these teams.

KEYWORDS *behavioral intervention, college mental health, disturbing behavior, threat assessment*

The prevalence and severity of mental health issues, and concerns about suicide and student, faculty, and staff violence, have drawn increasing attention at institutions of higher education (IHEs) over the past several years. Sensitivity to these issues has been increasing in the aftermath of high profile

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cases such as the Shin case at Massachusetts Institute of Technology (MIT) and the devastating violence at Virginia Tech, Northern Illinois University, and the University of Alabama Huntsville. In responding to these issues, staff at IHEs are confronted with making decisions about members of their communities who may have a chronic mental illness, are distressed related to a loss, have engaged in a conduct violation, are experiencing suicidal ideation and intent, or in rare cases threaten or act violently. The decisions that staff must make are difficult on many levels, and always involve balancing the interests of the individual student with the interest and safety of the community at large. Any decisions must take into account what is nondiscriminatory and permitted by the law as well as what is good practice in the field of higher education.

One of the primary ways IHEs have responded to these situations for decades, and increasingly after recent high profile incidents of targeted violence, is to develop teams of key staff to collect information and make appropriate administrative decisions. Governor Kaine of Virginia recently signed a state law requiring IHEs to establish threat-assessment teams (Associated Press, 2008). A similar law has been passed in Illinois as well. However, there continues to be considerable variability in the models used and a lack of understanding about the role and function of these teams. The team name, which serves an important role in communicating intent of the team, varies widely, ranging from "Campus Assessment Team" to "Behavioral Intervention Team" to "Threat Assessment Team." The present article will attempt to clarify some of these concerns by outlining basic legal and ethical issues relevant to these teams; examining potential team names; exploring various team models, missions, and purposes; discussing team responsibilities; reviewing team composition; exploring procedures for case review and documentation; outlining potential dispositions and referral sources; and examining potential group dynamics. The public message the team sends out to campus about its mission and how to shape the IHE culture will also be addressed. The article will close with a discussion of the threat assessment process and the key concepts relevant to these teams' operation.

LEGAL AND ETHICAL ISSUES

The primary consideration in responding to a student's behavior and determining an institutional course of action is understanding that assessment and actions must be determined on a case-by-case basis. Any institutional policy that requires an automatic dismissal or withdrawal of a student who is exhibiting troubling behavior is legally vulnerable and ethically questionable. The Office of Civil Rights (OCR) in previous rulings has offered important guidance on this issue. In a ruling to DeSales University (Pearthree, 2005) the OCR set the standard of significant risk by defining

it as “a high probability of substantial harm, not just a slightly increased, speculative, or remote risk.” The OCR has also determined that there needs to be an individualized and objective assessment as to whether the student can safely be a member of the community. Any assessment must be “. . . based on a reasonable medical judgment relying on the most current medical knowledge and/or the best available objective evidence” (Pearthree, 2005). The assessment must consider the nature, duration and severity of the risk, the probability that the risky behavior will actually occur, and whether reasonable accommodations will sufficiently reduce the risk.

Other more specific legal issues are related to disability law, laws that govern student privacy and confidentiality, and concerns about liability for student suicide and violence. All members of these teams must have an understanding of these legal issues. It is also recommended that they have some mechanism to regularly consult with their IHE’s counsel’s office or some other source for legal advice.

With respect to disability law, Dunkle, Silverstein, and Warner (2008) provide an excellent summary of the relevant issues. In responding to potential disability concerns, teams should ask the following questions:

- 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? (Jed Foundation, 2008)

With respect to student privacy and confidentiality, there are three primary sources of legal standards that govern how campus personnel can communicate about students among themselves and with others. The first and most relevant to assessing and responding to students’ troubling behavior across IHE departments is The Family Educational Rights and Privacy Act (FERPA), which protects the privacy of students’ “education record.” This federal law applies to all campus personnel and all IHEs that receive federal funds. An education record covered by FERPA includes all written and electronic records directly related to a student and maintained by an IHE. Of note, mental health records that are only used for treatment and are not shared with anyone other than treatment providers are *not* part of an educational record (Jed Foundation, 2008).

Information necessary to protect the health or safety of students or other persons can be shared under FERPA. Information communicated to any school official who has a legitimate educational interest in having such information may also be shared. These two exceptions are very important for team members to understand to facilitate open communication.

A second source of confidentiality protections is state law and professional practice guidelines that govern the circumstances under which medical and mental health records can be shared. These statutes stipulate the most restrictive confidentiality protection and do limit communications

between campus health and mental health care professionals and others on- or off-campus (including parents), unless a student provides consent or poses a substantial risk of harm to themselves or others. By emphasizing the importance of treatment, these confidentiality obligations are essential to providing care and ultimately to saving lives. Privacy is what allows students to feel comfortable coming to the college counseling or health center and engaging in the critical conversations and planning necessary for reduction of risk. All team members should be aware of these protections and understand that IHE mental health clinicians are not being obstructive by withholding information, but rather are complying with relevant laws and ethical standards.

The third source of confidentiality protection is the Health Insurance Portability and Accountability Act (HIPAA). The goal of HIPAA is to establish national standards for protecting medical records and other personal health information. HIPAA covers three types of entities: health plans, health care clearinghouses, and health care providers who conduct certain types of electronic transactions. While there has been much conversation and anxiety about HIPAA, frequently pre-existing state confidentiality statutes are more conservative and restrictive than HIPAA requirements.

A final legal issue for these teams is fear about the IHE's legal liability in the event of a student suicide and/or violence to other students. The actual potential for an IHE to be held liable for a student's suicide is still remote. Traditionally the law has held that suicide was a wrongful act, solely the fault of the suicidal individual (Jed Foundation, 2008). Gary Pavela (2009) provides a review of decisions involving student suicide in IHEs, stating that "courts remain reluctant to expand legal liabilities for failure to prevent suicide," and that IHEs are generally not held to the standard of a "special relationship" (p. 1) that is inherent in hospital or prison settings.

However, an IHE's responsibility regarding students who commit violence against others and/or recklessly put the lives of others at risk is more significant. The standard is that an IHE must use reasonable care to protect against foreseeable danger (Jed Foundation, 2008). The development of administrative teams is one of the most effective ways IHEs have found to use reasonable care to determine if a danger is foreseeable. These teams, to a greater or lesser extent, engage in a process often referred to as "threat assessment," a process that will be addressed later in the article.

Fear of lawsuits is frequently not in proportion to actual risks and should not be the guiding factor in IHEs' response to these difficult situations. When fear of lawsuits becomes paramount there is a risk of defensive practice, which can paradoxically increase risk by detrimentally impacting the decision-making process. What is critical is doing a reasoned and ethical analysis and coming to the best decision, guided by the individual considerations of the specific situation.

TEAM DEVELOPMENT

For years prior to the more recent high profile campus events, many IHEs have had committees or teams charged with responding to students who are disturbed or disturbing, conducting threat assessments, and/or managing campus tragedies. Some have suggested that community colleges have led the way in developing these teams and managing security (McClure, 2009). There is a growing consensus about the utility of these teams and how they operate. According to the most recent survey of the Association for University and College Counseling Center Directors (2009), 80% of respondents report some type of on-campus administrative team to respond to students of concern. In many ways these teams are becoming the standard of care, with some states going as far as requiring IHEs to have them (Associated Press, 2008). However, the practices and cultures across IHEs vary greatly, as reflected in the names and operations of these teams. What these teams are called, and their operational differences, can have a considerable impact on their utility and efficacy.

Team Name

The diversity of practices across IHEs is reflected by the lack of consensus about what to call the team. One of the most common names is Behavioral Intervention Team or some permutation such as Student Behavioral Intervention Team. Also common is Students of Concern Committee. The name is a communication to the campus about the team's intention. Names should be accurate, avoid stigma, and not be inflammatory (Dickerson, 2010). Lake et al. (2010) suggest they be called the "Canary in the Coalmine Teams," because they often serve as a first indicator of potential difficulties. Other common names include the following:

Campus Assessment Team (CAT); Campus Assessment, Response, and Evaluation (CARE); Student Behavior Consultation Team (SBCT); Assessment and Care Team (ACT); Alert Team; Behavioral Assessment Team (BAT); and College Concerns Team

Naming the team is the first step in communicating to the campus community the team's purpose. Thus, some teams have been labeled threat assessment teams or have included "threat assessment" in the title. We recommend that "threat assessment" not be included in the team name because of potential negative reaction on campus and because threat assessment is a well defined and researched process that these teams may or may not actually practice.

Mission and Purpose

The next step in team development is determining the mission and purpose of the team. The Student Affairs Leadership Council (2009) found that generally institutions have formed three types of teams which have overlapping but somewhat different missions. The first type serves as a platform for campus leaders to assess behavior and support troubled students. The second focuses primarily on crisis management. The third addresses both behavioral intervention and threat assessment. All three types serve as a venue for sharing information and streamlining protocols across departments as well as a decision-making platform for staff to determine the best institutional response. The mission and purpose of these teams have been based on history and culture of the IHE, law enforcement models, and behavioral intervention models developed specifically in reaction to the recent high profile incidents of targeted violence.

One of the first and still most relevant and useful models is the Assessment-Intervention of Student Problems (AISP) Model (Delworth, 1989). This model has three essential components; the formation of a campus assessment team, an assessment process for directing students to the appropriate on- and off-campus resources, and specific interventions with the student of concern. The model identifies appropriate members and outlines each one's roles and responsibilities. It also provides a useful diagnostic tool for team members to differentiate between behavioral issues and mental health issues by proposing that students be categorized as "disturbing," "disturbed" or both "disturbing and disturbed." Disturbing students are those in violation of the IHE's code of conduct but who do not have any apparent mental health concerns. Disturbed students have mental health concerns but are not violating the code of conduct. The student who is both disturbing and disturbed is both in violation of the IHE code of conduct and experiences mental health difficulties. This system provides clear direction for the IHE's response.

In a seminal article, Dunkle et al. (2008) updated the AISP model (Delworth, 1989) to respond to the current IHE climate. They suggest that these teams should develop appropriate policies governing team operations including frequency of meetings, serve as consultants to campus constituents who have concerns about students, educate and train the campus community to know how and when to bring issues to the team, determine the best system both inside and outside the IHE to assess students of concern, determine who is best to intervene with students, develop a system to monitor students, and review the results of assessments to track trends and evaluate team performance.

The AISP model (Delworth, 1989), with the adaptations and suggestions of Dunkle et al. (2008), has influenced team development at many IHEs. Other IHEs have focused on the development of behavioral intervention

teams, using a mission and purpose based on the College and University Behavioral Intervention Team (CUBIT) model espoused by the National Behavioral Intervention Team Association (NaBITA). According to the organization's web page (www.nabita.org), NaBITA "is an organization for the support and professional development of behavioral intervention team members" and "is committed to providing education, resources, and support to professionals in schools and in the workplace who endeavor every day to make their campuses and workplaces safer through caring prevention and intervention." NaBITA currently has 53 institutional members and is sponsored by The National Center for Higher Education Risk Management (NCHERM), a for-profit "law and consulting firm that is dedicated to best practices for campus health and safety."

Sokolow and Lewis (2008), two of the founders and leaders of NaBITA, argue that they are espousing "Second Generation Behavioral Intervention Teams." Distinguishing characteristics of second generation teams include the following:

- Using formalized protocols of explicit engagement techniques and strategies.
- Viewing their role as nominally to address threat and primarily to support and provide resources to students.
- Utilizing mandated psychological assessment.
- Having the authority to invoke involuntary withdrawal policies.
- Being undergirded by a sophisticated threat assessment capacity that goes beyond law enforcement and psychological assessment tools.
- Using risk rubrics to classify threats.
- Fostering a comprehensive reporting culture within the institution.
- Training and educating the community on what to report and how.
- Being technologically advanced and supported by comprehensive databases that allow the team to have a longitudinal view of a student's behavior patterns and trends.
- Focusing not only on risks from students, but faculty and staff as well.
- Integrating with campus risk management programs and risk mitigation strategies.
- Focusing on "minding the gap" when troubled students are quiet and are not acting out.

The standardized model offered by NaBITA is based on work of two professors, Amy Andersen and Harry Hueston at West Texas A&M University, whose original focus was violence prevention in public schools. Many schools have used the structure and webinars sponsored by NaBITA in the development of their teams.

The differences between second generation behavioral intervention teams and first generation teams, which are based on the AISP model, raise important questions. One concerns whether to emphasize supporting students or conducting threat assessments, which entails utilizing standardized threat assessment procedures. A related question is about the team's responsibility to students versus its role in supporting the entire campus, including faculty and staff, and communicating with risk managers. These roles at times may seem to be in conflict. A well-crafted mission statement may help to resolve such dilemmas.

A mission statement of a more traditional first generation team may read as follows: "The mission of State University's team is to coordinate information and develop support plans to promote student health, well-being, and a successful academic experience."

A mission statement of a second generation team would be quite different: "The mission of State University's team is to coordinate information and develop an institutional response to promote campus safety through an active process of threat assessment and behavioral intervention."

Responsibilities

Another set of issues concerns specific responsibilities of these teams. One practical question is how often the team should meet. Many teams meet weekly to review cases, while others meet only when there appears to be a need. The authors recommend weekly meetings, especially when the group is just forming, which allows the group to come to a common understanding about its mission and purpose, discuss and refine the team's role on campus, and explore what messages the team will send out to campus. Moreover, regular meetings foster the critical relationships necessary to smooth team functioning and clear communication around potentially challenging issues. Generally, these teams serve in a coordinating role around pre- or early crisis services. They facilitate campus communication and gather relevant information. In addition, they play a role in case management as well as identifying, training, and supporting academic units and other reporting sources to develop a campus culture of caring. These teams also play a role in identifying policy issues for others on campus. It is important they carefully document their observations and interventions with students of concern.

Team Composition

Critical to successful team operation is selection of team members, which depends on the mission of the team and specifics of the community, e.g., residential vs. commuter. In a United Educators (Keehan, 2009) survey,

it was found that 100% of surveyed IHEs had a representative from the judicial administrator /student discipline office, 93% included a counseling service representative, 87% included campus safety, 87% included student affairs, 67% included a residence life representative, 67% included health services, and 27% included a representative from academic affairs (possibly the Provost's office). Others sometimes included are representatives from student disabilities services, legal counsel's office, athletics, and Greek life.

A related question is how large these teams should be. Most range in size from 5–15 members (Student Affairs Leadership Council, 2009). Many teams choose to keep their core group closer to five members so that they can act rapidly and develop a functional group dynamic. They then bring in other representatives as needed to facilitate reporting and connections to the campus community.

The vast majority of teams include either the counseling services director or some other mental health professional. Ethical codes and legal guidelines around confidentiality preclude the mental health professional from sharing information with the team, absent patient consent or some assessed level of imminent risk. However, the mental health professional can receive information and, most critically, act as a psychological consultant. Given confidentiality concerns, these teams work best if the mental health professional is not the chair of the team. The perception by members of the community that there are risks of a breach in confidentiality can have a potentially damaging impact on the likelihood that students will seek out services at the counseling center. In the role of consultant the mental health professional can help the team understand the relevant mental health context of a situation. Furthermore, the consultant can serve as a conduit back to the counseling service, informing therapists of campus concerns about a student client, or placing alerts with critical information about a student who is being referred. Another difficulty on smaller campuses for mental health professionals on these teams is the issue of dual relationships. Periodic discussion by team members of the potential ethical dilemmas inherent in this work is critical to effective team functioning.

This raises the question of who should be the team leader. Dunkle et al. (2008) propose that the leader should be a senior student affairs administrator with a high level of authority to manage cases and a strong understanding of the IHE's administrative structure, relevant policies and procedures around the student code of conduct, and the complexity of the issues in these cases. Dickerson (2010) argues that the team leader should be well respected and have outstanding communication skills and judgment. Having a senior student affairs officer as team leader has the added benefit that he or she is not being limited by the strict confidentiality laws that apply to mental health information. While we believe this model is optimal, it is true that at some IHEs the director of the counseling service or another mental health professional is asked to lead the team. This

arrangement can be effective as long as confidentiality restrictions are understood by all team members and the mental health professional in the chair role focuses primarily on team facilitation.

Procedures for Case Review

The procedures for case review also vary. Team members usually are asked to submit the names of students of concern in advance of, or at the start of, the team's weekly meeting. Some teams have established phone and/or online capabilities for faculty, staff, and students to report potentially troubling behavior to the team. Other teams have chosen to accept only phone reports due to concerns about infringing on students' privacy. Members often gather and review, prior to the meeting, relevant information about students of concern from others in their respective administrative areas, such as the Residence Life Director gathering incident and verbal reports from Residence Life staff. Teams generally discuss each student of concern until a course of action is decided upon, which may include setting appropriate behavioral boundaries within existing university policies. Teams may consider issues such as potential violence, some type of threat assessment, mental health contributions to the behavior, containment of any disruption, contributing environmental factors, and appropriate referral options. Some teams have suggested using background checks as part of the assessment, but for others this raises red flags about student privacy and criminalizing mental health issues. A team member then usually provides some type of monitoring, follow-up, and case management as needed. For monitoring to be effective a single, centralized, data management system is required. Ongoing meetings include time for presenting new student situations and reviewing the status of students previously discussed.

Documentation

It is essential for teams to document their deliberations, actions considered, and decisions made. Many teams have used "homegrown" or existing software packages from their own institutions or developed their own system of written documentation. Others have purchased software packages, such as Maxient and StarRes. Most teams use some process to document the discussion; Appendix A shows the form used at University of Massachusetts Amherst. Critical information to document includes date of discussion, student identifying information (using double identifiers to avoid potential confusion), reason for concern, offices involved, interventions considered and decided upon, and follow-up response.

Concerns are sometimes raised about whether or not to document teams' deliberations and actions, given that in the event of a bad outcome

the records could be subpoenaed in a court proceeding. Though there is some inherent risk in documenting any activity, in our opinion it should still be the preferred option to document careful deliberations and courses of action rather than having members called to testify without an accurate record of what was discussed and agreed upon.

Disposition and Referral Sources

There are a variety of disposition and referral options teams can employ. Each specific situation requires considering a variety of responses and coming up with an individualized plan. The least invasive action is to continue monitoring the situation without making any further interventions. Other dispositions can involve assisting faculty, student affairs staff, or an academic advising office in developing a plan of action. A plan may also include team members from the judicial office, the dean of students' office, or residential life. Referrals might be made to the counseling service or other sources of support.

Some teams have case managers or other programs to monitor and offer support to students who are reluctant to seek care. Cornell University has developed the Community Consultation and Intervention model, which is staffed by two psychologists who focus on problem solving, support, advice and advocacy. Their work is informed by mental health practice but does not focus on processing emotions or other typical aspects of psychotherapy (Mier, Boone, & Shropshire, 2009). If an institution's team does not have a case manager or a specific program to support students who are reluctant to seek it out, other team members can be assigned the case management role on a case-by-case basis.

In high-risk situations teams should consider involving family members or the student's emergency contact. This is ideally done by the leader of the team, never a mental health professional, given the latter's requirement to maintain a higher level of confidentiality. Involving families can be a valuable option in mobilizing and providing support to the student, but can have negative impact if the student comes from a family with significant disruption or abuse. In some cases a temporary separation from the IHE may be appropriate. The team can work with the student to facilitate taking a voluntary health leave or a personal leave, assuming those options are available at the IHE. Many IHEs also have implemented involuntary leave policies that focus on an individual's behavior and how that behavior indicates an inability to be safe within the IHE community. Deliberations about resorting to an involuntary leave often occur in these teams, although the actual implementation of the leave is best carried out by a student affairs professional.

If a direct threat is involved, a team can ask campus police to prohibit a student from being on campus. This step can be taken even before a formal

threat assessment process is completed. As part of this process a mandated assessment may be required (Van Brunt & Ebbeling, 2009).

Messages to Campus

All team models suggest the team has a responsibility to educate the campus community about its purpose and functioning, and most importantly about how to make referrals to the team. Sokolow and Lewis (2008) suggested working to foster a comprehensive reporting culture within the IHE. However, we suggest developing messages to create a caring and supportive campus culture rather than one that focuses on reporting per se.

The concept of the bystander effect from social psychology is useful in considering the process of fostering a community culture of caring. Researchers into the bystander effect argue that the primary ways to facilitate helping is to get people to define a critical situation as an emergency, assume personal responsibility, and realize that the costs are low and there are benefits to providing assistance to others (Aronson, 1999). Team members can work directly or with campus prevention professionals to disseminate messages to the campus about the severity and prevalence of student mental health issues, to help craft clear messages from campus leaders about the responsibility of all faculty, staff, and students to notice and respond to problems others may have, to send clear messages about what to do, and to reinforce that the cost of a phone call or electronic message is very low, while the potential benefits to a distressed individual and the community can be very significant.

One way to emphasize this last point is to share information that getting students help succeeds in reducing suicide risk. Campus gatekeeper training, such as Campus Connect or QPR, can help get across this message and complement the work of the team. Research has found that students who receive counseling are six times less likely to kill themselves (Schwartz, 2006). This message can be a powerful means of overcoming the bystander effect.

THREAT ASSESSMENT

The issue of threat assessment is a complex one for administrative teams. Threat assessment has traditionally been within the purview of law enforcement, not colleges and universities. Today some administrative teams make threat assessment a core part of their mission, while other IHEs have separate teams to respond quickly to threats. All teams that are involved in a threat assessment process should involve campus police. There are many other resources in this area that are too extensive to go into in this article.

Some authors have adapted threat assessment principles to IHE settings. Deisinger, Randazzo, O'Neil, and Savage (2008) argue that it is possible

to prevent violence as well as other undesired outcomes. They write that violence is a dynamic process in which it is critical to consider context and pay attention to changes, such as changes in circumstance and their impact on the person. They emphasize that targeted violence in particular is often a function of the subject characteristics, the vulnerability of the person targeted, various environmental elements, and precipitating events or triggers. They discuss the importance of corroboration, how assessment teams must check facts across multiple sources while gauging the credibility of the sources and constantly maintaining a healthy skepticism. The authors further emphasize that threat assessment is about behaviors and not profiles. They state that threat assessment teams must work as cooperating systems with other local agencies for identification, information gathering, assessment, and case management.

A paramount question is “Does the person pose a threat?” In other words, is the person on a pathway to violence, which may not be the case, despite having made a threat. The authors also emphasize the importance of keeping potential victims in mind; their safety and overall well-being must be paramount. It is critical to focus on early identification and intervention as a means of increasing safety and managing fear in the community and developing multiple reporting mechanisms to enhance early identification.

CASE VIGNETTE

John Doe was a 19-year-old sophomore when he came to the attention of the administrative team early in the fall semester, following a series of complaints for harassment. When campus police went to interview John, he became agitated and appeared confused and incoherent. Following a consult with the on-call mental health clinician, he was briefly hospitalized. His mother, an immigrant who lived locally, was very angry—she stated that her son had no mental health issues, that his presentation was cultural. Upon further team discussion it was revealed that he had been having behavioral issues in many forums across campus, which previously had been seen as isolated incidents. In fact, there had been a significant incident of agitated behavior the year before that had gone unreported. As the picture became clearer, the Dean of Students invited the mother and student to speak with her immediately upon hospital discharge. The behavioral concerns from across campus (residence life, classroom, advising) were reviewed, and mother and son agreed to on-campus voluntary mental health intervention and gave the psychologist consent to speak with the Dean of Students. The mother then began to explore her son’s behavioral changes over the prior two years, and began to shift from her perspective that this was cultural, acknowledging that there were significant psychological concerns. During the next month the team continued to monitor the situation. Several more concerning incidents were reported. Since a partnership with the family had developed, the parents

began to intervene with their son, who they now saw as struggling with a major mood disorder with psychotic features. They arranged for him to have a subsequent voluntary hospitalization and start on medication (which they had resisted previously), to take a voluntary health withdrawal from the university, and to start his first consistent outpatient treatment course.

RECOMMENDATIONS

Based upon our review of the literature and our experience serving on campus assessment teams, we recommend the following:

- Identify key team members that will serve on the committee, keeping in mind the specific needs of the individual IHE.
- Determine the team size, keeping it small for better functionality. Appoint a team leader who is a senior student affairs administrator.
- Provide training so all team members understand the need for case-by-case analysis, as well as the relevant disability law and other laws governing student privacy and confidentiality.
- Select a team name that meets the unique needs of the campus culture, bearing in mind that any reference to threat assessment in the name may negatively impact campus response and perception of team functioning.
- Have an understanding of various team models and select a model that fits the campus's unique needs.
- Develop a clear mission and purpose that addresses the issues of support versus threat assessment and of responsibility for individual students versus the entire university community.
- Have the team meet weekly to develop the necessary group functioning.
- Develop clear procedures for case review, outlining team members' responsibilities in the process.
- Develop clear procedures for documentation of team decisions, preferably an electronic database that allows for some form of longitudinal tracking.
- Outline potential dispositions and have a clear understanding of how case management will be assigned.
- Attend to dynamics within the team with an understanding of typical stages of group development.
- Craft messages to the campus community that considers ways of overcoming the bystander effect.
- Present to critical campus constituencies the purpose of the group and how to refer students of concern.
- Consider gatekeeper trainings to further expand the net of caring and referral.
- Provide training and information for team members, ensuring that all have a basic understanding of threat assessment principles.

CONCLUSION

All aspects discussed in this article regarding forming administrative teams are essential for creating a vehicle that is becoming a standard of care at many IHEs. Administrative teams provide a venue for making caring, well-reasoned, and appropriate decisions about students who may be disturbing or disturbed. The more thoughtfully they respond to these students and the more they educate the campus community, the more the risk of harm can be reduced, and the often-complementary goals of keeping students safe and protecting their rights can be balanced. Thoughtfully addressing disturbing and disturbed students is essential, since it is unlikely that the prevalence and difficulty of these cases will diminish in the future.

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APPENDIX: UMASS AMHERST DOCUMENTATION FORM

At-Risk Student Workgroup: Discussion Documentation

DATE:

STUDENT NAME:

STUDENT IDENTIFIERS: DOB: STUDENT #:

Residence Hall:

STUDENT STATUS:

PRESENTING ISSUE:

KNOWN RELEVANT HISTORY (*MH, ETOH/drug, judicial, police, academic, behavioral, etc.*)

OFFICES INVOLVED:

ASSESSMENT:

PLAN: