Tabletop Exercises for Threat Assessment Teams

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Magna Situation-Based Learning

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About the Author

Dr. Van Brunt began his career in psychology by assessing suicidal and violent patients and conducting psychiatric evaluations to determine their level of risk and appropriate disposition plan. This work included assessments as mandated by the court system and the administration of commitment paperwork in the state of Massachusetts. He also worked provided treatment and pre-trial monitoring of at-risk youth as part of the Lynn Department of Mental Health and Probation.

Following his work in medical psychiatric screening and case management, Dr. Van Brunt served as a director of two counseling centers located at New England College (2000-2007) and Western Kentucky University (2007-current). His work involved coordinating care for at-risk and court involved students who posed a danger to themselves, others or had been court ordered for substance abuse evaluation and treatment.

Dr. Van Brunt has presented at dozens of academic conferences, given keynote addresses and consulted with various universities and institutions on the topic of forensic psychological assessment and treatment within the college and university communities. He has authored several papers and book chapters on the topics of conducting mental status examinations, improving communication between judicial affairs and counseling centers and the importance of validity scales and deception detection as an element of assessment. He is a frequent presenter at the National Association of Forensic Counseling (NAFC) on topics of testing, aggression, assessment and strength based treatment.

As a counseling director and practicing forensic counselor, Dr. Van Brunt works closely with students to determine their overall risk to the campus community at Western Kentucky University. This involves clinical interviews, blending various psychological assessments and bringing together diverse departments and off-campus agencies to provide the most accurate assessment of risk and aftercare for students who remain on campus. Past cases have involved threats of violence against the community, alcohol and drug abuse, stalking behavior and terroristic threatening.

In addition to working directly with clients, Dr. Van Brunt oversees a staff of psychologists and counselors who perform these assessments. He also trains graduate students in the application of psychological testing, clinical documentation and report writing.

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Introduction to Tabletop Exercises for Threat Assessment Teams

Many campuses have developed threat assessment and behavioral intervention teams following recent school shootings in order to improve information sharing between team members. While threat assessment teams (TATs) and behavioral interventional teams (BITs) are still developing their policies and procedures, there has been no delay in cases coming to our teams needing immediate attention.

These eight tabletop exercises are designed to provide colleges and universities an opportunity to review eight different cases and discuss possible outcomes for their campus. These scenarios can be used as discussion "jumping-off points" for teams or as required reading for teams looking to ensure that their processes and decision-making criteria are consistent with current industry standards. Basic, moderate and advanced discussion questions are included for each scenario to encourage team members to consider the various issues and viewpoints involved in each case.

Each case study also includes five-question pre- and post-tests to assess team members' knowledge both before and after reviewing the scenario. Overall pre- and post-tests are also included that assess an individual's knowledge before being exposed to the case studies and after completing all the exercises.

As research develops in the fields of violence and threat assessment, standard practice changes. To address this issue, each case study provides opinions from experts in higher education to help teams gain perspective on legal, counseling, residential life, health and conduct aspects. These opinions were generously donated by the 20 different experts listed with a brief description and contact information in Appendix C. Readers are encouraged to contact them for clarification, comments or consulting/training opportunities.

Case studies were chosen to represent the variety of individual cases each behavioral intervention team may encounter. They can be used as tabletop exercises for your team to discuss or as independent reading assignments for team members to review and improve their knowledge in the field. To this end, each case scenario includes a ***Lessons Learned*** section that summarizes the key points of the case study and provides some guidance on current practice standards.

It is my hope that these case studies provide a starting point for you to build strong, healthy communication skills among your team members. If I can provide any clarification or assistance in understanding these cases or how they may impact your policies and procedures, please contact me at www.brianvanbrunt.com.

How to Get Started

- A well-established team should use these tabletop exercises as a starting point to discuss how it would handle a similar case.

- If your team is just starting, it may make sense to assign the team a particular scenario to read and review before discussing it as a group.

- The pre- and post-tests for each case scenario are included as an optional assessment tool. They will help you measure the gains in your teams' understanding of the concepts.

- The full versions of the pre- and post-tests (30 questions each) may be useful to administer to the team before giving them any of the case studies and then after you complete reviewing all of the cases.

- When having group discussions about the scenarios, don't rush through the cases all in one meeting. A better approach would be giving at least 20 minutes for discussion of each case study.

- If you assign individual cases to team members, give them at least two weeks per case study. It might be helpful to assign the additional task of checking in with their listservs or professional organizations and searching for articles related to the case outcome and how other schools might handle the cases. This information could be brought back to the team for further discussion.

- Questions are included for each of the case scenarios. These are designed to encourage discussions among team members. Don't feel as if you need to answer every question or stop a useful discussion to return to the questions. They are included to help get team members talking.

Overview of Tabletop Exercises

1: Suicidal First-Year Student

This case involves a depressed, struggling young woman against the backdrop of several complicated systems issues. Issues of information sharing among various departments, providing services and connections to a nonresidential student, and involving parents in the care of their daughter while she's on campus are covered. (**Experts**: Carolyn Wolf, Darcy Haag Granello, W. Scott Lewis)

2: Violent Video Game Talk

This case involves a misunderstanding and overreaction to a situation with two students discussing a video game during class time. There is some concern that both Mitch and Eric exercised poor judgment talking about killing and explosives (albeit in relation to a video game) in front of their classmates.
(**Experts:** Mitchell Levy, John Byrnes, Ryan Lombardi)

3: Eating Disorders

This case illustrates how online tracking software can be helpful in reviewing cases through the campus BIT. Izzie's eating disorder has reached a serious level and needs a medical intervention. This case also reviews how multiple-department engagement of the issues involved with eating disorders is essential to help mitigate the risk.
(**Experts:** Carolyn Wolf, Bethany McCraw, MJ Raleigh)

4: Drug and Gun Violence

This case reviews the issues of gun possession on campus as they relate to drug sales. Discussions include how to address the policy, police response and how to address the impact of a police response to a gun on campus.
(**Experts:** Ron Chesbrough, James Cawood, David Denino)

5: Domestic Violence

This case illustrates the dangers of domestic violence and alcohol consumption. The case initially is taken by the counseling center at the request of an off-campus referral from the court systems, but the on-campus conduct process quickly becomes involved as well. There seems to be little hope of change in Aaron's behavior, and Lara enables his drinking and fails to confront him on how he treats her.
(**Experts:** Brett Sokolow, Jason Buck, Perry Francis)

6: Odd Social Behavior

Odd behavior as a result of personality disorders and Asperger's disorder is being encountered more on college campuses. The associated behaviors (as in Phil's case)

often cause difficulties with students in terms of counseling, conduct, residential life and student activities. Most students with personality disorders and Asperger's do not pose a threat on a college campus, though some come in contact with the campus BIT.
(**Experts:** Mitchell Levy, Jason Ebbeling, Brett Sokolow)

7: Bipolar Assault

Young adults can experience their first bipolar or psychotic episode as a result of the stress and excitement of college. These episodes often involve dangerous and out-of-control behavior that put the student into contact with the campus BIT. Sydney's case involves a manic episode where she assaults a police officer and is hospitalized.
(**Experts:** Gregory Eells, Gary Pavela, Jim Cawood, Michael Sachs)

8: Anxiety and Panic Attacks

Carter's anxiety worsens during his college career, and the counseling center alone is unable to manage his anxiety. Carter's behavior necessitates an inpatient evaluation, but since the counseling center is separate from the BIT, the reports do not impact his hospital stay. Likewise, since the counseling center does not communicate with the BIT, the BIT is limited in its interventions.
(**Experts**: Gregory Eells, Saundra Schuster, Dennis Black)

1 Case 1: Suicidal First-Year Student

Pretest

1) In suicide cases, teams should focus on all of the following except:
   a. The initial assessment and hospitalization
   b. Involving parents as part of the process
   c. Following FERPA/HIPAA and avoiding sharing information with parents
   d. The initial crisis, but realize the ongoing management of an at-risk student on campus can be even more important

2) FERPA
   a. allows a wide latitude for teams to share information in a crisis.
   b. restricts counselors from sharing information with parents.
   c. has a long history of lawsuits against colleges and universities.
   d. should be completely ignored and does not apply to team records.

3) What factor impacts a team's ability to assess and monitor at-risk student behaviors?
   a. The gender of the team members
   b. Where the team meets on campus
   c. Whether a student lives on or off campus
   d. None of these impacts a team's ability to assess and monitor

4) Family and parents
   a. are often the cause of students' problems and should not be involved.
   b. have no place when dealing with students who are over 18.
   c. are often essential to involve when working with at-risk students.
   d. can be involved only if a student signs a release of information.

5) BITs and TATs should
   a. have a clear hierarchy and leadership when it comes to making unilateral decisions.
   b. debate and discuss cases to find the best creative solution that supports both the community's and the individual's needs.
   c. function best when all team members come to the same decision and often have no areas of disagreement.
   d. need to meet only once a month if there are no critical problems to review.

Narrative

Carla goes to college with the hopes that things will be different in her family. She is the youngest of three siblings, all of whom have been successful in their careers. Carla's parents have been supportive of her throughout school, but she has always struggled and worries that she doesn't live up to their expectations. She feels that she certainly doesn't live up to the successes of her older brother (who is in law school) and sister (who works for a successful publishing company).

Carla sees a therapist early in her first year at college when she begins to worry her friends in the sorority with her depression. She is reluctant to go to parties on campus and often is withdrawn and thinking about suicide. She tells her best friend, Mary, "I don't think I can go on living. I shouldn't be this sad. I have had everything I need to be happy—money, clothes and a good family. But I just... I don't know."

Soon after this, Carla attempts an overdose with three bottles of Tylenol and half a bottle of rum left over from the previous night's party. Mary and two other sorority sisters find Carla and call an ambulance. Carla is hospitalized for a week and meets with the campus dean of students after her case is reviewed by the behavioral intervention team. She agrees to complete a required psychological evaluation prior to returning to campus. He parents are called and involved in the discussion about Carla remaining on campus.

Carla begins therapy with Dr. Peterson with the support of her family and her sorority sisters. She is able to talk about her sadness and begins taking Zoloft to help with her depression. She completes her classes with a 2.9 GPA in the fall and returns in the spring semester after many long talks with her family and siblings about what happened. She returns in the spring a bit exhausted but ready to start school.

Carla does not meet with Dr. Peterson in the spring semester, despite her agreement to continue therapy. She finds that the Zoloft made her gain some weight and makes her feel jumpy all the time, so she stops taking it. Mary notices that Carla stopped going to see Dr. Peterson but hopes that things are getting better for Carla.

Carla begins missing classes, and several reports from professors go to the behavioral intervention team about her seeming "withdrawn, sad and, tearful." The team meets and decides to see if the sorority advisor could talk Carla into going back to therapy. The advisor waits two weeks to meet with Carla. When she stops by to talk with Carla one evening, she finds Carla in her room with several bottles of pills. Carla tells her, "I just can't go through it again. I can't go to the hospital, but I can't keep living like this. I know I should be happy... But I'm not. I'm just not." Her advisor calls the DOS and Carla is taken to the local hospital for an assessment. She is once again admitted to the hospital. The BIT meets to discuss her potential for a return to campus.

Discussion

Summary:

This case involves a depressed, struggling young woman against the backdrop of several complicated systems issues. Issues of information sharing among various departments, providing services and connections to a nonresidential student, and involving parents in the care of their daughter while she's on campus are covered. Basic questions are focused on understanding the nature of depression and its impact on both Carla and the campus community. Moderate questions involve communication with others about Carla's suicide attempts and thoughts about her ability to stay on campus. Advanced questions encourage discussion about larger community issues and decisions about Carla's future.

Basic:

1) What signs and symptoms of depression does Carla exhibit?

2) What kind of supports should be put in place for Carla's friends after her first suicide attempt? What about Mary?

3) How does Carla's behavior impact the community?

Moderate:

4) How does your team approach the concept of mandated assessment?

5) What are some of the pros and cons of involving Carla's parents?

6) If Dr. Peterson participated on your team, at what point would she share details about the case with other team members? What are the limits to her sharing confidential information? What are some pros and cons of having an informed consent or release of information that allows Dr. Peterson to share information with the team?

Advanced:

7) How does this case change with Carla living off campus? How would it be handled differently if she lived on campus?

8) What would be some exceptions to involving Carla's parents in this case?

9) Should Carla be allowed to remain on campus after the planned second suicide attempt?

An Expert's Perspective

Legal: Carolyn Wolf, Esq.

This case highlights a variety of issues confronting schools of higher education in regard to suicidal students. First and foremost is the issue of the sharing of and access to information among school officials and between the school and families—specifically parents, in most cases. It is vitally important for students, parents and the schools themselves to be familiar with both state and federal education and health care laws, particularly those governing confidentiality.

Equally important is for those persons to be familiar with the exceptions to these laws so that the exceptions can be used to assist schools in acting in the best interest of the student and intervene in an urgent or emergent situation with a student, used as a sword instead of a shield. Another important issue in this case is that of education and training of students themselves, faculty and other staff of the institution as to what are "red flag" behaviors, how to identify these and, once identified, where to take this information and concern so that appropriate campus officials can effectively and efficiently act upon it.

It is not enough to identify a problem and pass the information along; those reporting the problem and those responsible for follow-through are all in it together and must take action sooner rather than later.

Finally, knowledge of a proposed plan of intervention and timely follow-up are key. If a problem has been identified, then it must be addressed and dealt with, otherwise there is potential liability for "knew or should have known" or "foreseeability" of a negative outcome and serious injury to self or others. It is not enough to identify a problem and pass the information along; those reporting the problem and those responsible for follow-through are all in it together and must take action sooner rather than later, again with a goal of a positive outcome, if possible, or "reasonable under the circumstances" action should a negative outcome occur. The question is not "Will I get sued?" but rather "Am I in the most defensible position if and when I get sued?" But lawsuit potential should not be the issue here; the best interest of the student and the most positive outcome for the student should be uppermost in the minds of everyone on campus in dealing with a student who may be or become suicidal, as in this case.

Counseling: Darcy Haag Granello, Ph.D.

Carla clearly is a young woman in need of a more structured and intentional approach to her clinical care. There is clear evidence in this case study that she is really hurting, and if an appropriate level of intervention is not initiated, there is every reason to believe that the lethality and/or frequency of her suicide attempts will increase.

Unfortunately, her friends and sorority sisters have been put in a difficult position by the university, where they have become the de facto clinical support for Carla, placing them in an untenable situation. If Carla were to take her own life, these sorority sisters would be at elevated risk for suicide themselves.

Rather than a passive approach (where it takes two weeks for a sorority advisor to make contact, or Dr. Peterson simply waits for Carla to continue therapy), I would recommend a much more active and involved approach to treatment. For example, Dr. Peterson (or her treating therapist) needs to have releases signed to talk with academic program faculty or advisors about Carla's classroom attendance and participation. In addition, releases with the prescribing psychiatrist are essential to monitor Carla's compliance with medication. If the side effects of Zoloft are difficult to manage, there are certainly other antidepressants that may be helpful.

However, the overriding message is that the university counselor needs to be more active.

However, the overriding message, I believe, is that the university counselor needs to be more active; reach out to Carla if she misses an appointment; develop a system of check-ins, whereby Carla interacts with either the counselor or a university administrator on a daily basis; and step in quickly with clinical care if the suicide risk escalates. Carla needs information and education about depression and suicide, as well as an active approach to treatment. Because her sorority sisters are so enmeshed with this situation, it may be useful to hold a few group psycho-education sessions with them about setting boundaries, suicide prevention and education, and appropriate ways they can reach out if they are worried about the safety of one of their members.

Student Affairs Administration: W. Scott Lewis, J.D.

Reviewing Carla's case from the beginning, it appears that the BIT and the campus initially did an adequate job of trying to address her issues. After Carla's first suicide attempt, the BIT made the correct determination that she mandated an assessment, involved her parents (assuming there was no substantive and substantial evidence from the mental health side that this would exacerbate the situation) and, once Carla agreed to the assessment and continued treatment (per the recommendation of the treating counselor/institution's

mental health professional), allowed her to continue, with conditions. All these communications are permitted by FERPA, and any communication from her counselor should be with consent. It is assumed that appropriate support was offered to the friends, hallmates and sorority sisters.

It is noteworthy, however, that there does not appear to be any discussion about the BIT, Carla and her family discussing the academic consequence of her remaining on campus. In other words, although Carla finishes with a 2.9, it is not clear if she was capable of better. In any event, she is now saddled with a 2.9 to begin her academic career. This could dramatically impact her ability to get into graduate or professional school in the future, and this generally warrants more discussion than BITs usually afford it. She may have been a good candidate for a medical withdrawal at that point, with any refunds, support, etc., given to allow that to occur (and arguably, in retrospect, she probably should have).

I can count on one hand the number of times I have had to resort to the IWP in the hundreds of cases I have managed and assisted with.

At this juncture, Carla is a candidate for an involuntary withdrawal, if necessary, but the campus should first reach out again to her and her parents to have them seriously consider and support a voluntary medical withdrawal first. As always, your campus must follow its policies, which should include an involuntary withdrawal policy grounded in support for the student and the institution, as well as the elements of the direct threat test to meet ADA requirements (see examples at NCHERM.org and NaBITA.org). There are those who would move toward instantly utilizing the conduct code for some sort of "failure to comply" violation (the student has stopped attending required meetings, and this could be a legitimate possibility). I would recommend taking a moment to engage the student and her family before proceeding with this approach.

If done properly, the institution will not need to utilize the IWP (or possibly the conduct process either), as experience bears out that an honest discussion with her and the family of the possible ramifications should inform her/their decision. I can count on one hand the number of times I have had to resort to the IWP in the hundreds of cases I have managed and assisted with, but if you have to use the IWP, you should strongly consider implementing the conduct process as well. But remember, make student development and education first priorities, and that will likely yield the best result.

Lessons Learned

Carla struggles with severe depression. This is the central and core issue to the case. Without treatment and support, Carla will likely continue to struggle and make another serious suicide attempt. Dr. Haag Granello stresses this point around Carla's increasing illness. Assessment, monitoring and engagement are key aspects to how a team needs to best handle this case.

The case is complicated by Carla's off-campus housing situation. There is often a stark difference in the resources available for students who live on campus (monitoring by the RA, reports from other students living around her, the ability of the school to use her on-campus housing as leverage to comply with the team's suggestions) and those who live off campus. It is harder to manage off-campus students.

The team correctly finds additional supports and friends to assist with Carla's case. They involve her sorority sisters and advisor (people who know Carla well) to assist in making sure she is receiving the care she needs. While Dr. Haag Granello cautions about an over-reliance on these friends, these concerned students are expressing their heartfelt concern over their friend's mental health problems. They provide a useful resource, but it is one that needs to augment treatment by Carla's clinical team—not replace it.

Though Carla is over 18, her behavior and struggles related to her depression are clear warning signs that necessitate parental notification and involvement.

The team also demonstrates a caring, concerned approach to working with Carla. They clearly demonstrate an awareness of the ADA regulations prohibiting a separation from college, based on her mental health problems. Ms. Wolf stresses the importance of creating a plan and moving forward with the plan in the face of Carla's struggles.

Carla's parents are also involved in the team's process, which is key. Though Carla is over 18, her behavior and struggles related to her depression are clear warning signs that necessitate parental notification and involvement. This increases the chance of Carla complying with treatment and reduces the risk of a lawsuit from the parents asking, "Why was I not told about my daughter's increasing suicidal behavior?"

Mr. Lewis raises the question of a discussion by the BIT concerning Carla's academic performance and the consideration of a medical withdrawal. Indeed, the outcome in this case is less important than is a carefully considered deliberation about Carla's needs (both academically and emotionally) and the impact on the community. In either case, involvement of the parents as partners in this decision is stressed by both Wolf and Lewis.

Final Points

1) Address serious suicidal threats and involve parents in the process.

2) Nonresidential students are harder to assess and monitor and often require additional effort by the team (such as reliance on faculty, advisors and friends) to reach out for assistance. Be cautious to avoid over-reliance on these supports, as they are not clinical staff.

3) A clear decision (involuntary medical withdrawal, medical withdrawal, conduct process, further assessment, ongoing therapy) is often secondary to developing an engaged and interactive process with the student and family to find common ground for academic success.

4) While assessment is important, don't neglect ongoing connection and management of at-risk behaviors and mental health concerns. Teams run the risk of becoming overly focused on the assessment and lose sight of how the student is cared for after the initial crisis or hospitalization.

Post-test

1) In suicide cases, teams should avoid
   a. talking to parents about issues that involve students over 18 years old.
   b. focusing on what will keep the student safe and keep FERPA and HIPAA regulations in their proper context.
   c. keeping parents out of the case just because a student is over 18.
   d. involving family, friends, professors and staff in helping at-risk students stay safe on campus and rely only on psychologists and doctors to keep students safe.

2) FERPA should
   a. restrict any information about a student, even in crisis.
   b. prevent release of all student records, including medical files and conduct reports.
   c. be taken in context and not stop teams from involving parents where this involvement will help support the student.
   d. be completely ignored because it does not apply to team records.

3) Residential students who live on campus
   a. are often harder to manage and monitor by teams.
   b. make no difference in terms of assessment and management by teams.
   c. require a special FERPA release before talking to counselors.
   d. are easier to assess and monitor than those living off-campus.

4) Family and parents
   a. are often the reason a student is suicidal.
   b. can be helpful in supporting suicidal students.
   c. should be involved only if a student signs a release.
   d. often make things worse and should not be involved.

5) BITs and TATs
   a. should follow a clear set of policies and procedures and come to the same decision for every student they see who presents with suicidal behavior.
   b. should meet several times a week for two hours to closely monitor all students on campus.
   c. function best when all team members come to the same decision and often have no areas of disagreement.
   d. work best when team members can work creatively to come up with the best solution for both the individual and the community.

2 Case 2: Violent Video Game Talk

Pretest

1) A zero-tolerance policy on weapons possession
   a. will lead to a safer campus.
   b. is not a good approach. Each situation needs to be examined in context.
   c. should be approved and decided on by the responding police officer.
   d. goes against free speech. Students can say whatever they want.

2) Off-campus forensic assessments
   a. are a best practice and should always be used when weapons are mentioned.
   b. should always be paid for by the students. After all, they are the ones who engaged in the behavior.
   c. have no place in a college setting.
   d. are one tool of many in a BIT/TAT tool kit.

3) Violent video games
   a. are always present with campus shooters and are one of the main reasons for school shootings.
   b. are commonly played by college students.
   c. provide a release for violent and angry feelings, and playing them should never be cause for alarm.
   d. should not be something BITs/TATs concern themselves with.

4) Police should
   a. be a central part of any campus BIT or TAT.
   b. never be involved in speech issues; students can say what they want.
   c. are often essential to working with at-risk students.
   d. arrest students first, ask questions later.
   e. be involved only if a student signs a release of information.

5) Faculty are best when they
   a. keep to their teaching and stay out of student affairs issues.
   b. report any and all behavior that frustrates them or disrupts the classroom to the conduct office or BIT/TAT.
   c. have specific training in identifying and managing potentially aggressive behavior in the classroom.
   d. attend BIT and TAT meetings each week.

Narrative

While Eric is walking with his friend Mitch to his next class, engaged in a discussion of their favorite video game, Call of Duty: Black Ops, he says to Mitch, "There is no way the FAMAS is better than an AK47. The FAMAS doesn't do the same kind of damage. It takes twice as many shots to kill someone."

Eric and Mitch continue to talk about the game, discussing the best places to hide for sniper positions, the benefits of the fragment grenade versus C4 explosives and the best place to set a Claymore to get a good kill. They talk about loading explosives onto small RC cars and driving them around to kill people without putting themselves at risk.

Eric and Mitch continue to talk about the game, discussing the best places to hide for sniper positions...

Several students overhear this conversation and are not familiar with the game. They report what they hear to the police, who come into the classroom and arrest Eric and Mitch for terroristic threatening. They interview Eric and Mitch in the dean of students' office and ask about their conversations. Eric tells the officer he has an AK-47 back at his house and several other firearms, including a Glock 17, pistol-grip shotgun, and .45 and .22 pistols. He says that he lives in a rural area of the county and that he often goes target shooting.

Mitch also reports playing Call of Duty with Eric most weekends. They often talk about online game strategy and ways they can work together to get more kills. Neither Eric nor Mitch has any plans to hurt anyone on campus or has any history with the police. They explain that this was just all "a big misunderstanding and something that is getting blown way out of proportion."

The campus behavioral intervention team (BIT) meets to review the case. Both Eric and Mitch are suspended from school until the following week. The team requires both to complete a psychological forensic assessment off campus before they are able to return to campus.

Mitch completes his evaluation with the help of his family. The evaluation costs $800, and his insurance does not cover this cost. Eric is unable to pay for this assessment and instead meets with a therapist at the local emergency room and is able to have a letter written that says, "Eric is not a danger to himself or others."

The professor calls during the process and says, "There is no way I'm teaching these two students again. I just read in the paper about a student shooting his professor. What are you going to do to keep us safe?" The team meets to make a decision about letting Mitch and Eric to return to campus.

Discussion

Summary:

This case on the first reading seems to be a misunderstanding and an overreaction to a situation with two students discussing a video game during class time. There is some concern that both Mitch and Eric exercised poor judgment talking about killing and explosives (albeit in relation to a video game) in front of their classmates. Basic questions focus on reaction to the discussion. Moderate questions are related to the violence assessment. Advanced questions look at differences in residential and community colleges and how to address the communication with parents.

Basic:

1) What are your thoughts on how this case was handled? Was there an overreaction, in your opinion? Did the students need to be arrested in class?

2) Discuss the professor's reaction. What are some proactive ways to address this behavior on campus?

3) How does Mitch and Eric's discussion in the classroom impact the community?

Moderate:

4) What kind of assessment would your team require in this case? Would you accept an evaluation from an emergency room clinician or doctor?

5) When assessing violence, one challenge is dealing with false positives. Would you relate the playing of violent video games to a higher chance of being violent in real life?

6) Why is it important for the team and police to share information with the people who are doing the forensic assessment?

Advanced:

7) How would this case be different if this situation occurred on a residential campus rather than a community college?

8) Should your school pay for an assessment for the students?

9) Is there a duty to talk to the parents of Eric and Mitch in this case? Should the local police be notified about Eric's weapon collection kept at home?

An Expert's Perspective

Aggression and Violence Expert: John Byrnes

This is a prime example of why the current methods of addressing aggression on campus are failing us. In this case, there appears to be a wholesale fear of aggression and violence, so that aberrant or simple misunderstanding is met with an overreaching response. This is further exacerbated by the remaining body of participants who are also caught up in this mania of fear. It is not until aggression is identified and measured independently and specifically that this overreaching behavior will end. Until then, institutions will too often respond to aberrant, disruptive behavior and misconduct with too heavy a hand, and those behaviors that are aggressive and truly pose a threat will too often be missed under the presumption that campus police and mental health counselors will rid their campus of aggression and violence.

It is not until aggression is identified and measured independently and specifically that this overreaching behavior will end.

Other than the misjudgment of Eric and Mitch to discuss such a matter among their classmates without first telling them that they were discussing a game, I don't see any glaring representation of a threat posed due to aggression.

Counseling: Mitchell Levy, Ph.D.

Given that many community colleges are "open campuses" without designated security checkpoints, the office of public safety, in collaboration with the police, should confirm whether Eric has licenses for his weapons. This can be viewed as a "teaching moment": Can a member of the counseling center educate Eric and Mitch about the impact of their conversation and why it impacted the environment? Perhaps the counselor can help Eric and Mitch draft an apology to their classmates. I would also make sure Eric and Mitch understand that if they continue to communicate in a way that disrupts the environment, they could be at risk for further disciplinary action. Given the hardship this causes financially, and the fact that there was no threat made, I believe the school should explore options regarding covering the cost.

Community colleges have seen a significant increase in veterans coming to campus, so I would be concerned of the potential for a PTSD reaction by a classmate who is a combat vet. The BIT should work with the counseling center to do a debriefing with classes these students are in to provide services to other students who might be distressed due to conversations they heard. I would communicate to faculty that all reasonable and possible steps have been taken. I would explain that the students have been informed of the negative impact that their communication may have had on the environment.

Student Affairs Administration: Ryan Lombardi, M.S.

Many college-aged students participate in online gaming on a daily basis. Many of these games and communities are focused on violent activities and scenarios. In my opinion, it is not appropriate to suggest that one's participation in these activities leads to an increased likelihood of actual violent tendencies. If so, many institutions would face immediate and drastic declines in enrollment! While the need to monitor the overall safety of a campus community is paramount, the fundamental rights of students must also be considered at all times.

There are several concerns that are presented when reviewing this case study. First, the police department arresting the students in front of a class without any question, discussion or interviewing is concerning. A more appropriate response would have been to send a plain-clothes officer to the class and subtly remove Eric and Mitch from the environment, so as not to create bias on the part of the faculty member and classmates. After this, the interview could take place in a private and appropriate location.

A more appropriate response would have been to send a plain-clothes officer to the class and subtly remove Eric and Mitch from the environment.

Further, to give these students an interim suspension without any clear violation of law, code of conduct policy or otherwise seems to lack basis. An alternative would be to ask them to participate in an assessment with the university counseling center as a condition of their continued enrollment at the institution.

Ultimately, a situation like this should be handled seriously but with tact and appropriateness. As a dean of students, I would have a candid conversation with these young men about the reality of today's climate of violence on campus and try to help them understand how these conversations could be concerning to some of their peers.

Lessons Learned

As Mr. Lombardi points out, violent video games are commonplace on college campuses. First-person shooters (FPSs) are a big business, and there is no data that supports identifying those who play these games as more at risk to commit their own on-campus shooting spree (in fact, this author enjoys these games himself, as do many police officers and other professionals). This case, at its heart, is one that points out the problems that can occur when a school overreacts to a potential threat, based simply on language that is taken out of context. John Byrnes rightly asserts the dangers of becoming caught up in the mania of aggression and teams adopting a too-heavy-handed approach.

What this case calls for are judicious interviews of Eric and Mitch. Too often, BITs and TATs move forward, requiring evaluations when a simple conversation with the student would suffice. A $800 forensic assessment will certainly be a more powerful tool to assess Eric's and Mitch's behaviors, but resorting to this Cadillac level of assessment too early and without a proper conversation first with the conduct office, counseling center or dean of students is a heavy-handed approach to managing this case—and one that likely will make the situation in the end worse, not better.

Many students have knowledge of and/or access to firearms and weapons. This does not put these students at a higher risk for going on a shooting spree. While this situation is a serious one that requires a response, Dr. Levy cautions that a response must have a degree of "tact and appropriateness." One such option could be a conversation or assessment at the on-campus counseling center.

This does not put these students at a higher risk for going on a shooting spree.

Too often, counseling centers are avoiding taking part in these assessments and explaining that this is beyond their scope of practice or they are not trained in forensic assessment. But predicting future violence isn't exactly what is being asked. It would be reasonable for counselors or psychologists to give their considered opinions about the events that transpired (with access to the details and police reports). Many times, this is exactly the kind of opinion that the BIT or TAT is looking for—not a guarantee that the student will not commit any future violence.

When schools do need to access expensive, off-campus forensic evaluations, the schools should pick up the cost, as Dr. Levy suggests. This also provides the BIT/TAT with some incentive to use this extreme level of assessment only for serious cases rather than as an initial reaction to each case.

Final Points

1) Match the intervention of the team with the severity of the behavior. Simply mentioning video game weapons should not trigger a forensic assessment.

2) One function of BITs and TATs is the education of the community concerning what should be reported and why certain behaviors and attitudes may be of concern. A well-functioning BIT will have a large number of false positives—cases that should be reviewed but likely will necessitate no further action.

3) Common sense and conversations with students are key tools that BITs and TATs must put into practice. A "one size fits all" assessment approach or "zero tolerance" policy for talk about weapons will not make our campuses any safer.

Post-test

1) Talk about weapons on campus
   a. should lead to an immediate suspension.
   b. is a conduct or police issue and not one for the BIT/TAT.
   c. should always be taken seriously and followed up on with a conversation with a BIT/TAT member.
   d. can be truly assessed for dangerousness only by an off-campus forensic assessment.

2) A mandated psychological evaluation
   a. should always be paid for by the student.
   b. is used judiciously on a case-by-case basis.
   c. can provide an accurate prediction of future violence.
   d. should never be used by a BIT/TAT since it violates a student's right to privacy.

3) Violent video games
   a. are the number one red flag for campus shooters.
   b. lead directly to an interest in guns and violence.
   c. are OK unless the student plays them for more than an hour a day.
   d. may be a concern. We can know only when we talk to the student.

4) True or False: Police are a central part of the BIT/TAT and should be used frequently to address student conduct issues, classroom disruptions and annoyances that faculty encounter.

5) When working with faculty,
   a. it is ideal to follow up with them to ensure that they continue to report concerning behavior.
   b. they should be allowed full access to all decisions and discussions conducted by the BIT/TAT.
   c. they should be told to control their own classrooms and handle their own problems.
   d. they should report concerns only if they are 100% sure a student is planning something dangerous or violent.

3 Case 3: Eating Disorders

Pretest

1) True or False: Eating disorders are really beyond the scope of what a BIT and a TAT should be managing. These are mental health problems that are best handled by health and counseling centers and should not be referred to a BIT/TAT.

2) Collecting information from the community
   a. isn't something the BIT/TAT needs to try to do; the information will flow naturally to a team once it is available.
   b. is best when they clearly advertise their function and membership and take phone calls and reports from the campus website.
   c. works best when teams work behind the scenes to keep the community safe. While not secretive, the team should keep what it does quiet and removed from the public eye.
   d. each team has to balance how they address communication and information collection given their schools mission and history.

3) Eating disorders
   a. are difficult to address and treat even after the student has been identified.
   b. aren't handled by a BIT or TAT. They are handled by health and counseling centers.
   c. should be handled with the individual student and his or her parents (since parents often are the cause of eating disorders).
   d. should be addressed by the police and the campus conduct process.

4) When addressing eating disorders, all the following are true except:
   a. They often have an impact on both the student and the community at large.
   b. There are no successful treatments for eating disorders.
   c. Parents can have a negative impact on treatment, and while they should be involved, they should be included cautiously.
   d. Eating disorders are covered by ADA.

5) Conduct and judicial responses
   a. are the best ways to hold students with eating disorders accountable.
   b. should never be used in addressing eating disorders.
   c. can be used to address the community impact of eating disorder behaviors if they violate the student code of conduct.
   d. are restricted by FERPA, HIPAA and state confidentiality laws.

Narrative

Izzie has been using the gym excessively over the past month. She uses the treadmill for over two hours a day (taking five-minute breaks every 20 minutes), then lifts weights, swims, and runs on the track. The fitness center staff keeps an eye on her but doesn't talk to her about it, because she technically isn't breaking any of the usage rules. They report the concern through the online threat assessment software out of worry she may be experiencing some problems in other areas.

Izzie's RA is also having trouble on her floor with someone making herself sick in the bathroom. It isn't clear who is doing this, but Izzie's RA has received several reports from other students that they have heard the sounds of vomiting, and the maintenance staff has reported finding bags of vomit in the bathroom garbage. They suspect that someone has caught on to the reports of vomiting in the bathroom and now is doing it in her room and putting the bags into the trash. The RA puts the report into the online threat assessment software.

Dining service staff notice that Izzie takes very small portions of food. She makes a point of taking a small portion, and they notice her plate and tray being returned day after day without any food being eaten. The food service staff reports this to their supervisor, and the supervisor mentions it to the counseling director.

The food service staff reports this to their supervisor, and the supervisor mentions it to the counseling director.

The counseling director, who is a member of the behavioral intervention team, brings up Izzie's name as a concern, and the two reports are discovered in the system. The team decides to have a talk with Izzie about her behavior and require a meeting with the on-campus physician. She meets with the doctor, who then reports back, "Izzie has very unstable labs and is very sick. We are requiring her to go by ambulance to the hospital."

The team meets to discuss the case and develops a plan to address Izzie's behavior on campus. Izzie's parents are called to notify them about the hospitalization. Izzie is stabilized and requesting to come back to campus. The BIT asks the health services doctor to review Izzie's medical stay and assess her stability to return to campus. The hospital reports she is now stable but should have some intensive eating disorder treatment in order for her to remain safe on campus.

The BIT suggests that the dean of students, health services doctor and counseling director meet with Izzie and her parents to review what happened and come up with a plan for her to complete the semester safely.

Discussion

Summary:

This case illustrates how online tracking software can be helpful in reviewing cases through the campus BIT. Izzie's eating disorder reached a serious level and needed a medical intervention. Basic questions are focused on understanding the foundational information related to an eating disorder and the impact of this problem on campus. Moderate questions center on how the team makes decisions about assessment and the return to campus. The advanced questions look at how technology is used as part of the BIT to improve communication.

Basic:

1) What are some signs and symptoms of eating disorders? How did Izzie put her health at risk?

2) Discuss the concerns raised by the fitness center and residential life staff. How would your campus handle these concerns?

3) How does Izzie's eating disorder affect the community?

Moderate:

4) Review the team's decision to mandate an assessment at health services. What threshold would be used at your campus to make a similar decision?

5) What are your feelings about involving Izzie's parents on this case and in the final disposition post-hospitalization?

6) How might your team come to a decision about Izzie being allowed to stay on campus? What steps could be taken before the situation escalated to a medical withdrawal?

Advanced:

7) What concerns might you have about the civil liberties of such a reporting system to a centralized BIT for processing?

8) Should a school allow students, faculty and staff to report similar concerns like these without giving their names (i.e., anonymous reports)?

9) How does the software help reduce the silo effect that campus BITs struggle against?

An Expert's Perspective

Legal: Carolyn Wolf, Esq.

It appears that the system and communication worked very well in this case. The salient points to this case, I believe, involve efficient and effective communication and information sharing, as well as training and education of staff throughout the campus specific to mental health concerns. Also important in this case is that the community values and emphasizes information sharing on and off campus, between and among mental health and/or health care practitioners. I generally suggest what I call a "class trip," where members of the counseling staff and other school officials actually go off campus to those in- and outpatient referral sites to introduce themselves; share policies and procedures related to confidentiality, releases of information, return to campus, etc.; and develop a rapport with members of the professional staff of a hospital and/or outpatient program where students are taken in an emergency or referred for ongoing follow-up. In return, the referral facilities should share their information with campus staff.

Also important is knowledge on both sides of names and contact information of on-call staff and point people on campus and at the health care facility, for whenever an urgent or emergency situation occurs. It is always better to be proactive than reactive and to work in routine mode than crisis mode. It is also important for staff to understand eating disorders, as many of the symptoms can differ from those of bipolar disorder or depression, which many are more familiar with in this setting. Although there can be some shared symptoms, such as psychosis, in some cases, there are specific symptoms or red flags to look for in an eating disorder scenario. There are also potentially serious medical consequences in this disorder. Finally, notifying parents, taking a team approach, and knowing the federal and state education and health care laws and their exceptions can assist, not delay or detract from, a timely intervention in the best interest of the student, his or her family, staff and the higher education institution itself.

There are also potentially serious medical consequences in this disorder.

Counseling: MJ Raleigh, Ph.D.

There are some obvious and not-so-obvious behavioral cues that this person may have an eating disorder. The first obvious indicator of purging behaviors that may be related to an eating disorder is the compulsive exercise. The fact that Izzie has a set routine with breaks, in order to comply with the facility's rules, indicates that she is calculating the behavior in order to continue her purging without interruption. Second are the small food portions that are taken, moved around the plate but not eaten. Izzie may be seeking the social connections of mealtime and want to maintain the appearance of a normal relationship with

food, but ultimately she throws away substantial amounts of what she takes. Less obvious is the vomiting behavior, primarily because we have only circumstantial evidence that she is the student vomiting. Until we have verbal confirmation or an eyewitness, we can only guess that she is purging through vomiting and exercise.

Izzie puts her health at risk in several different ways. Exercise without proper nutrition can result in cardiac complications, increase injury risk and cause possible death. Physical damage to her teeth, esophagus and stomach lining may result from her vomiting behaviors. Cognitive impairment can be the result of physiological changes related to improper nutrition and injury to the body. She is also at increased risk for depression, anxiety and disordered sleep patterns, all of which affect academic functioning.

The decision to return to campus is made keeping in mind several factors: Izzie's willingness to accept help, on-campus resources appropriate to the need, accessibility of off-campus resources, the level of disruption to the community that re-entry may cause, the level of academic disruption to Izzie herself, demonstration of commitment to therapy and demonstrated stable behavior over a set period of time. The final decision to allow a return to campus is made by our dean of students. In situations such as this, recommendations for parameters for return are made by the director of counseling services. Steps that the BIT may take to prevent the need for a medical withdrawal include but are not limited to mandated re-assessment; evidence of continued therapy; and assignment of a BIT member to have scheduled contact with the student, or if a case manager position exists, utilizing that person for oversight of the individual's progress.

Student Affairs Administration: Bethany McCraw

Institutions should have policies in place that address issues related to threats or harm to self or others separate from disciplinary policies, because student conduct action should always be based on behavior, not on a mental or physical health condition. Sometimes both policies (disciplinary and nondisciplinary) may be implemented simultaneously, such as in a case where a student is threatening to harm another. But when it comes to self-harm issues such as eating disorders and suicidal ideation, disciplinary action should not come into play unless the student's actions are violating institutional conduct policies. In this particular case study, the student's actions in the community bathroom could become a conduct issue if the conduct were or were to become disruptive to the community.

Regarding the student's request to return to campus, the institution could require the student's agreement to comply with certain guidelines that would facilitate her safety (e.g., reporting to the health center weekly to be weighed and seen by a physician). The institution could inform her that failure to comply with the mutually agreed-upon guidelines could result in her removal from school. Institutional policies will determine what approaches can be taken in a case such as this one.

Lessons Learned

As Dr. Raleigh points out, there are both some obvious and not-so-obvious signs of eating disorders in the case of Izzie. There are some very serious concerns in this case that may, indeed, cross over into life-threatening behaviors. While BITs/TATs may deal mostly with issues of suicide or violence on campus, it is important to remember that other mental health problems and at-risk behaviors, such as eating disorders and self-injury, can also pose a concern to the individual and, in this case, can cause a disruption to the community at large.

Parental involvement, as Ms. Wolf suggests, is an important aspect of this case. Involving Izzie's parents brings them on board as part of her treatment team and demonstrates that the college is seeing them as essential in addressing Izzie's mental health concerns and behaviors. Ms. Wolf also stresses the point of making sure that the BIT/TAT and treatment team are aware of the resources in the area and make use of training and downtime to learn more about existing resources.

Parental involvement is an important aspect of this case.

Ms. McCraw cautions against seeing this as a conduct case, though there are elements that could involve conduct (vomit left in the bathroom). The facts of the case regarding the over-exercise and reduced eating, along with the lab work, are enough to work toward a potential medical withdrawal. It would be helpful to engage Izzie in a discussion of how she can improve her behavior and be successful academically (and physically/emotionally) on campus.

BITs and TATs also are wrestling with the perception of how to collect information from their community about at-risk student behaviors without crossing the line into being seen as "Big Brother" or spying on students. Some teams develop advertisements and brochures to educate their community about their function. Others try to keep a low profile about their team's interventions and membership. Whichever approach is chosen, it is helpful for the team to review the benefits and limitations of each approach and how a BIT/TAT fits within the campus community and the school's mission.

Final Points

1) BITs and TATs should develop strong communication with departments and staffs such as health services, residential life, and the fitness and dining staffs in order to identify students who may have escalating at-risk eating disorder behaviors. Software can assist in keeping track of these communications and sharing them among team members.

2) Eating disorders can be life-threatening and require a BIT/TAT to respond accordingly. This starts with developing a relationship with Izzie and talking with her about ways to help. Many students respond well to these kinds of mutual respect-based conversations.

3) Eating disorders are notoriously difficult to treat and require coordinated efforts among health and counseling centers, parents and student affairs.

Post-test

1) True or False: Eating disorders are complicated to treat and are best handled by coordinated efforts among the student, health and counseling centers, and the BIT/TAT to ensure a student's safety on campus.

2) Collecting information from the community
   a. should be restricted to the police department and police officers.
   b. is best done through anonymous tip lines and website forms.
   c. can be tricky because it requires a balance between obtaining the information needed and maintaining the privacy of the individual.
   d. should not be a concern of the BIT/TAT.

3) Eating disorders
   a. impact both the individual and the community.
   b. are caused by parents, so parents shouldn't be included in the treatment process.
   c. are never life-threatening, so while they are important for counseling and health to follow up on, they are not important for the BIT/TAT.
   d. can't be addressed on campus and require students to take a medical leave until they have their problems in a manageable state.

4) When addressing eating disorders, staff should
   a. be careful about what they say, because only counselors should address this problem.
   b. refer the student to health services and keep them out of the BIT/TAT process.
   c. always use the conduct/judicial process to address the student's behavior.
   d. engage the student and parents in coming up with ways to assess the severity of the problem and keep the student safe.

5) Mandated psychological assessments
   a. are the best ways to hold students with eating disorders accountable.
   b. should never be used in addressing eating disorders.
   c. can provide some information regarding the severity of the eating disorder for the BIT/TAT.
   d. are restricted by FERPA, HIPAA and state confidentiality laws.

4 Case 4: Drug and Gun Violence

Pretest

1) When confronting a student reported to have a gun on campus,
   a. it is essential to move quickly and bring as much force to bear as possible to ensure everyone is safe.
   b. it is important to move quickly and talk with the student with law enforcement available.
   c. it is best to assume the worst (the student is planning a campus shooting event) and call SWAT.
   d. the situation is serious and requires the conduct office to issue a letter notifying the student that he or she must report to the conduct office for a hearing.

2) Drugs on campus
   a. are important for BITs and TATs to be involved with in the event the situation becomes dangerous.
   b. should not be handled by BITs or TATs.
   c. are best handled by a zero-tolerance policy, with a student being immediately expelled.
   d. are part of a normal college student's experimental process, and a campus should be cautious.

3) If a gun is found on campus with a student,
   e. the best policy is an immediate separation from school, with no exceptions.
   f. the BITs/TATs should not be involved in these cases. They should be a police matter.
   g. students should be notified by emergency broadcast immediately.
   h. each case should be reviewed to determine the context and the threat.

4) True or False: It is essential to respond quickly and freely to any level of threat or any type of weapon that may be on campus, regardless of the consequences to the community or how upsetting a police response may be to students.

5) In the event students are upset about a law enforcement response, a college should
   i. focus on what needs to be done and not concern itself with how people feel about what happens.
   j. avoid using police if students might be upset.
   k. always involve counseling immediately if the police are responding to an emergency (like the ambulance rolling with fire trucks).
   l. determine ways to minimize the community impact but always keep student safety at the forefront.

Narrative

Chris comes from a local city north of campus that is infamous for its gangs and drug trade. Chris has difficulty breaking free of his old life and is approached by several of his high school friends to sell weed on campus for them. Chris initially refuses, but as the semester gets under way and he begins to get into arguments at his on-campus job in food service, the idea of making some easy money seems more appealing to him.

Chris is clear from the start that he will sell only weed and is not interested in selling anything else. He feels that this is one way to keep his risk down, since he knows many people on campus already who smoke, and he feels safer selling to them and keeping his risk low. He begins selling on campus and soon has a few dozen people buying from him.

Chris is talking to a friend at the dining hall one evening and he reaches up and exposes the pistol in the waistband of his pants.

As Chris's contacts grow, he begins selling outside of the students he knows well and feels safe around. This brings in more money but also more risk. It doesn't help that his friends from the city start to pressure him to show them around campus so they can sell meth and cocaine. After a bad argument with a student who is overdue in payment, Chris starts to worry more about his own safety.

His friends loan him a .22 pistol so he can defend himself if things get rough. Chris is worried about having a gun on campus, but his friends tell him, "Listen, if you are carrying two grand in cash, it's just stupid to not carry a piece. Someone is going to hook you up and take the cash and your stuff." Chris reluctantly agrees and takes the pistol.

Chris is talking to a friend at the dining hall one evening and he reaches up and exposes the pistol in the waistband of his pants. Another student sees the gun and reports the incident to the campus behavioral intervention team. Since the campus doesn't have an armed police force with the power of arrest, the BIT notifies off-campus police. They arrive on campus with SWAT support, activate the campus alert system and arrest Chris while he is sitting in class. He has the .22 pistol on him at the time and is taken without incident.

The class is upset and scared when they see the SWAT team on campus in full-body armor, carrying high-powered assault rifles. The campus newspaper and student government organization, paired with some sociology professors, organize a rally protesting the overreaction by the local police.

Chris is expelled from school because of its zero-tolerance policy regarding weapons on campus.

Discussion

Summary:

If even one student out of 100 has a weapon on campus because he or she is a hunter, is worried about safety or has a concealed carry permit, this adds up to dozens of weapons on campus on any given day. The response to weapons on campus is a difficult one for any campus BIT. While no one wants an overreaction, we also do not want another mass shooting on campus. Basic questions encourage discussion about drugs and weapons on campus. Moderate questions center on how the BIT was used in this case and the SWAT response to campus. Advanced questions look at campus prevention and anonymous reporting.

Basic:

1) What are your campus policies about weapons on campus? How are they enforced?

2) Are drugs and violence always tied together? What implications does this have for a campus BIT in reviewing drug conduct cases as they arise on campus?

3) How might this situation shift in states where marijuana is legalized through a medical process?

Moderate:

4) Discuss the SWAT response of the officers. What are the pros and cons of this approach? How might you minimize the impacts?

5) When does your campus alert system get activated? Was this an appropriate use of the system? Did the risk of the situation warrant the alert to the students, faculty, staff and parents?

6) Discuss the role of encouraging other students to report information to your campus BIT. Should students have direct access to the BIT? What role does the BIT have in communicating back to the students?

Advanced:

7) What steps could have been taken to address drug sales on campus, particularly given the history with a more urban, gang-involved city so close to the school? Think about social norming prevention programs.

8) What kind of services should be offered to the students who saw the SWAT officers on campus and the arrest in the classroom? What are the pros and cons to encouraging discussions on campus on this issue?

9) Discuss the benefits of allowing students to report anonymously to the campus BIT. What are some of the challenges?

An Expert's Perspective

Violence and Risk Assessment: James Cawood

From a violence risk assessment prospective, this is an interesting case. There were no previous threats or other behavior that a BIT would have heard prior to the sighting of the gun. Therefore, assessment would have to be done after the initial interaction with Chris. Based on this vignette, there is no indication that Chris had any interest in committing a violent act at this time. A gun was seen and reported, and the police acted. However, the SWAT team put everyone in that classroom at risk by entering it and arresting Chris when he possibly had a weapon with him. Though it is true that less than half of the individuals who commit campus mass murder have a documented history of violence, and police did need to be concerned with the possible presence of a weapon, putting students in harm's way by invading a classroom raises the issue that the violence risk assessment and management process "first should do no harm."

They could have slipped an undercover officer into the classroom to monitor the situation until the class was over and then interacted with him in a more controllable location.

This vignette also highlights that a good working relationship with local responders needs to be a priority for every organization, and this includes discussing response plans for different scenarios so that risk is not escalated by the response. In this case, they could have chosen several other options, including locating Chris's class and calling the classroom to ask the instructor to inform Chris that he was requested at the department office or another location, and then interacting with him outside the lecture hall. They also could have slipped an undercover officer into the classroom to monitor the situation until the class was over and then interacted with him in a more controllable location. Either one of these would have been preferable to what occurred. Finally, prior to Chris's expulsion, a violence risk assessment should have been conducted so that the risk he posed could be assessed and management plans for intervention prepared. Just because Chris is off campus does not mean that he could not still pose a risk to the campus and the members of the campus community.

Counseling: David J. Denino, LPC, NCC

As members of BIT committees and general response teams on campus, counseling centers should typically be part of the equation in addressing many types of trauma that impact the campus (e.g., student/faculty/staff deaths, fires, explosions, shootings on campus, elevated threat levels—national or local) and have general response* plans for these events. In Chris's case, the counseling center should be available to multiple constituencies on campus.

From a global perspective, and a paramount issue in this case, students/faculty/staff may have felt that their personal safety was at risk. A response that would be likely to involve counseling services might be to team up with public safety/police and the dean/VP of student affairs to offer open sessions about personal safety on campus, including referrals for students who may have been directly touched/traumatized by this experience. EAP referrals could be utilized for faculty and staff.

Of equal importance, staff (dean/public safety/police/counseling center) should offer to meet with the class and professor who had been directly affected by the police response. It would also be important to touch base with and offer support to the student who alerted the BIT. If Chris lived on campus, offering support to his roommates/floor mates in conjunction with residence life staff would provide another outreach to students. In all contacts with students, the offer could be made for them to access counseling services. For large-scale community impact, the counseling center may utilize an open group format as a response, as not to be overwhelmed with individual sessions.

Other support to Chris might be provided through the dean or judicial officer (issuing the expulsion) to provide a list of community/counseling resources for Chris to access while dealing with his current legal issue.

*Response plans for many kinds of campus emergencies can be found by searching for information through the ACCA Forum's threat and risk assessment and programming (www.collegecounseling.org), University of Buffalo's Counseling Centers Village's Lethality, Crisis, Students of Concern section (ccvillage.buffalo.edu) and NaBITA for BITs (www.nabita.org).

Student Affairs Administration: Ron Chesbrough, Ph.D.

From an administrative viewpoint, this case probably has the correct outcome despite a less-than-perfect process leading to that outcome. I agree that the actual intervention by law enforcement in their reaction to a report of a weapon on campus was probably excessive and caused undue anxiety and even a threat to safety among those around Chris. I agree also with alternate means by which this intervention could have occurred.

From an administrative viewpoint, this case probably has the correct outcome despite a less-than-perfect process leading to that outcome.

As to the outcome, Chris's expulsion from the college would certainly seem to be legitimate and fair based on a zero-tolerance policy with regard to weapons on campus. It might also have behooved college officials to add to the case for expulsion on the basis of charges of drug distribution on campus, as I would assume the same zero-tolerance policy would exist relative to this infraction.

This case points out the need, as has been said, for the establishment of close working relationships with local law enforcement in those cases where a police force does not exist on campus. This is true both in terms of the weapons response and in terms of Chris's alleged drug dealing on campus. And as in all such cases, one would expect the crisis intervention convened in the wake of this incident to review both process and response.

Lessons Learned

Two key elements come about in this case. The first is that the situation is dangerous. Even if Chris never drew the weapon or had plans to use it on campus, the possession of a firearm on campus is dangerous, and the potential for its misuse or mishandling is high. This case requires an immediate response and intervention with Chris.

The other aspect of the case is related to the extreme nature of the response. While the SWAT team did their job as trained, the trauma inflicted on the classroom and campus could have been avoided. While the presence of a handgun on campus requires an immediate response, on-campus police could have intervened with Chris. If the on-campus police force did not have the power of arrest and wasn't armed, then local police could have been called to provide back-up while the dean or campus safety confronted Chris.

While the SWAT team did their job as trained, the trauma inflicted on the classroom and campus could have been avoided.

As all three experts point out, this type of intervention would be preferred to the extreme law enforcement reaction. Mr. Cawood suggests some alternative approaches, such as placing an undercover officer in the classroom until the class is over, or waiting to confront Chris after class. He suggests that simply removing him from campus and expelling him will not protect the campus community. An embarrassing and violent separation from campus is more likely to cause problems than reduce the risk and impact to the campus community.

Mr. Denino highlights the importance of follow-up and addressing the impact of the arrest on campus. This includes the professor, students, class and campus community as a whole. The counseling center will likely be used to provide some of this support to the campus community.

Final Points

1) BITs and TATs should review cases that involve drug sales, because gun possession often surrounds these kinds of cases.

2) When a threat emerges on campus, an immediate measured response is essential. Whatever the BIT/TAT does, it should avoid making the situation worse.

3) When separating a student from school for gun possession, it is important to do so in a way that does not make the situation worse. If possible, allow the student to keep communication lines open and be clear about what he or she would need to do in order to return.

Post-test

1) True or False: If a student is found to have a gun on campus, the best approach is to have police surround him or her as quickly as possible.

2) BITs and TATs
   a. should not get involved with gun possession on campus.
   b. need to review drug cases on campus, because they may provide additional information about potential weapons on campus.
   c. should direct police and conduct offices to deal with drug cases.
   d. None of the above

3) Drugs on campus
   a. are important for BITs and TATs to be involved with in the event the situation becomes dangerous.
   b. should not be handled by BITs or TATs.
   c. are best handled by a zero-tolerance policy, with a student being immediately expelled.
   d. are part of a normal college student's experimental process, and a campus should be cautious.

4) If there is a rumor that a student has a gun on campus,
   a. the emergency warning system should be activated until the student is found.
   b. the BIT/TAT should review the case to validate the rumor, and the police should try to find the student to interview him or her and see if there is a gun.
   c. the BIT/TAT should not be involved in these cases. They should be police matters.
   d. the student should be found and parents called to help with the search.

5) If a student has a weapon on campus, after the weapon is collected,
   a. the student should be immediately expelled and banned from campus.
   b. the student should be handled by the conduct office and his or her parents immediately notified about the incident.
   c. the BIT/TAT should review the case and consult with the conduct office to assist in determining the student's status.
   d. the student should not be handled judicially but instead be referred to counseling to address his or her traumatic reaction.

5 Case 5: Domestic Violence

Pretest

1) True or False: Alcohol issues are the primary concern when a student drinks to the point of becoming out of control and assaulting someone. Treatment should focus primarily on addressing his or her drinking habits.

2) BITs and TATs
   a. need to refer alcohol cases to the conduct office and not be involved.
   b. are best when they do not have counseling as part of team membership.
   c. need to respond quickly and carefully to cases that involve alcohol and violence.
   d. should not get involved with students who have alcohol and violence issues when there is already an off-campus court addressing them.

3) FERPA
   a. limits conduct offices and BITs/TATs from talking to parents about a student's drinking habits.
   b. does not apply to communication from BITs/TATs when they share information with a parent.
   c. has clear allowances for BITs/TATs to notify parents when an under-age student is drinking excessively.
   d. is similar to HIPAA and prevents teams from talking to parents.

4) Counseling with resistant clients
   a. rarely works, because the student has to want to be in counseling.
   b. can be successful if the counselor is trained in motivational interviewing.
   c. is unethical, because a counselor can offer services only to those clients who choose to participate.
   d. can be done only when parents are notified.

5) Communication among BITs/TATs, counseling centers, conduct offices and off-campus courts
   a. should not occur unless the student gives permission.
   b. is required under FERPA when parents are notified.
   c. should occur open and freely with no regard for students' privacy, because they have caused the problems with their conduct violations.
   d. should occur within a narrow focus to ensure proper awareness to improve decision making by each of the entities involved.

Narrative

Aaron, a first-year, 18-year-old student, is referred to counseling for a domestic violence assessment through an off-campus legal process. He signs a release of information to have the results shared with the court, on-campus judicial affairs office and campus BIT. His case comes up on the campus BIT through a residential life and campus safety report. This report describes Aaron becoming very intoxicated and punching his girlfriend, Lara, in the back of the head while trying to stop her from flirting with another male at a party.

Aaron reports a long history of alcohol consumption and says, "I don't know, man. I just like to drink... I get crazy when I drink the hard stuff." He goes on to explain that he is "OK and fine" when he drinks beer and that he drinks 8-10 beers every other night. He says, "It's when I drink whiskey or bourbon... That's when I get into trouble. To be honest, I can't even remember what happened that night."

This report describes Aaron becoming very intoxicated and punching his girlfriend, Lara, in the back of the head while trying to stop her from flirting with another male at a party.

Aaron says he has been in trouble with the law before, getting a DUI when he was 16 and stealing his stepfather's car. He invites Lara into one of his counseling sessions (she has since forgiven him and they are still dating). Lara says, "He just gets that way when drinking hard liquor. I keep him away from that. And to be honest, I get flirty when I drink, and this wasn't all Aaron's fault." Both minimize the violence.

Aaron completes several on-campus conduct sanctions, including alcohol education, making amends to the residence hall where the party took place and writing a reflective essay on violence toward women. Aaron is listed as moderate risk by the BIT. The team reviews the case each week.

Aaron and Lara return to another counseling session and continue to exhibit poor insight and argue constantly about their relationship, friends, academics, parents, where they are living and how much time Lara spends talking to other guys. Aaron stops going to class and his drinking increases (although he is quick to say that he is drinking only beer now).

Aaron is arrested a second time for getting into a fight on campus while intoxicated. His BAL is reported at .23. The report describes Aaron punching another resident who was talking to Lara. The male resident is hurt badly and is treated at the local hospital. The police report that Aaron was so angry that five or six of his friends had to pull him off the other student.

The team reviews his case again and recommends a separation from the university, based on his behavior, alcohol consumption, the second incident of violence and a lack of class attendance. Aaron is upset by this and tells the counseling director and the dean of students, “You both betrayed me. This whole school is going to pay for what you did. You are going to regret this. And you are going to regret this soon.”

Discussion

Summary:

This case illustrates the dangers of domestic violence and alcohol consumption. The case initially is taken by the counseling center at the request of an off-campus referral from the court systems, but the on-campus conduct process quickly becomes involved as well. There seems to be little hope of change in Aaron's behavior and Lara's enabling of his drinking and failing to confront him on how he treats her. Basic questions focus on alcohol abuse and the counselor's responsibility. Moderate questions encourage discussion around parental notification and how the BIT handled the case. Advanced questions ask about substance abuse and violence and the pros and cons of requiring the victim of the attack to attend counseling.

Basic:
1) What are some signs and symptoms of alcohol abuse?

2) How does your college campus center handle off-campus requests for alcohol or domestic violence assessments? How do they handle information sharing?

3) While this case never crossed a counselor's "duty to warn" or illustrated "imminent harm to self," what other steps could have been taken to get out ahead of this problem from an information-sharing or conduct perspective?

Moderate:
4) There appear to be some attempts in the student conduct process to include developmental education and restorative justice principals. How do these concepts apply on your campus?

5) Parental notification is not mentioned in this case. How might your campus handle parental notification to Aaron's parents? To Lara's?

6) Discuss how the BIT handled this case. What might your school do differently?

Advanced:
7) Discuss the correlation between domestic violence and substance abuse. What are some ways colleges and universities can get out ahead of this problem through primary prevention?

8) Talk about the pros and cons of requiring a separate counseling visit (or assessment) for Lara following the attack in order to offer support and guidance to her. What are the benefits of requiring this through the conduct process (under the violation of her under-age drinking at the party)?

9) Does your school require all incoming students to complete an alcohol awareness class? Why or why not?

An Expert's Perspective

Legal: Brett A. Sokolow, Esq.

This situation escalated rapidly, in part, because of the failure of the BIT to accurately assess and intervene, and in part because of the inappropriate response from the office of student conduct. Reflection papers are not supported by the literature as being effective means to change behavior. And the alcohol-based sanctions in no way addressed the violent aspect of Aaron's conduct. There are also potential communication failures in play, with no indication that the court was brought up to speed on Aaron's status/progress. The BIT initially classified Aaron as a moderate risk and did so without any violence or aggression assessment, without mandating a mental health assessment and without meeting with Lara. Thus, they were just guessing based on his current behavior rather than taking in the full context of a pattern of violence and alcohol abuse that was clearly occurring over time. His rapid recidivism and current threat indicate that he was likely more than a moderate risk at the time he hit Lara, and a higher than moderate risk now. Taking his latest threat in isolation, it is lacking in specificity, means and target, but it does have an aspect of imminence. It's elevated on that basis, though when combined with the alcohol abuse and history of violence, a classification of severe is more accurate.

This situation escalated rapidly, in part, because of the failure of the BIT to accurately assess and intervene, and in part because of the inappropriate response from the office of student conduct.

At this point, the BIT needs to be considering some or all of the following: making Aaron a persona non grata (trespass) in addition to the separation from campus, mandating that he have no contact with Lara (and encouraging her to get a restraining order), issuing potential timely warnings to the community (or targeted to involved individuals) with a description of Aaron and his threat, seeking parental involvement, re-engaging with the court on the first assault, complaining to law enforcement about his illegal threat, encouraging Aaron's second victim to pursue criminal charges for the assault, and having the college's attorney call the judge to express the college's opposition to the granting of bail.

Counseling: Perry Francis, Ed.D.

Aaron's presenting issues are hard to miss: alcohol abuse, domestic violence and violence toward others, especially when frustrated and/or intoxicated. Added to this potent mix is the denial of his problems, an all-too-common response for someone with a developing or ongoing alcohol abuse issue. While the counselor in this case focused on the relationship in the second session, it is the alcohol problem that needs to be addressed immediately, given Aaron's history of alcohol use and lack of insight into his problems. An immediate clinical interview assessing his history and use of alcohol, how alcohol is used in his family, how he copes with frustration, and his use of violence (followed possibly by a more formal paper-and-pencil assessment) is needed to help him gain insight into the depth of the problem.

Rather than confront Aaron directly and thus reinforce his resistance to any treatment, and to help him develop some insight into the ramifications of his behavior, the use of motivational interviewing would be beneficial. The counselor could help Aaron develop a list of the pros and cons of his behavior, focusing on the impact alcohol and violence are having on all those areas that are most important to him (relationships, education, etc.). In this way, the counselor and client can work as a team to head off a growing problem in Aaron's life and relationships.

Student Affairs Administration: Jason Buck

Focusing on the immediate "what do we do now?" question, given the seriousness of this second report, a formal conduct process is necessary. In light of the statements toward the staff members, an interim suspension or other measure should be considered to address the safety issues.

This could become a time when the conduct staff might ask itself, "What could we have done differently?"

This case study gives us a few points to consider. First, the fact that Aaron has learned of the BIT's recommendation before the hearing process has begun will likely leave him feeling that the hearing outcome is predetermined and, ultimately, unfair or biased. A BIT recommendation is not a hearing decision and, depending on the campus, might not even be entered into the hearing process at all. How and whether these recommendations are shared with the responding student and the board or hearing officer are issues conduct administrators should address.

Second, the BIT's recommendation seems to be focused more on the final outcome (which it cannot control) than on referring this matter to the appropriate office (about which it likely has significant input). BITs should focus on getting students and situations to the correct

office, professional or process and should rely on their colleagues to take the matters from there.

Last, this could become a time when the conduct staff might ask itself, "What could we have done differently?" The restorative justice and educational components of the first sanctions seem appropriate, but the overall set of sanctions seemed weak and incomplete. A serious domestic violence case requires substantial intervention, and an essay on violence is not an adequate response to Aaron's use of violence in the first case. Staff should regularly ask themselves, "If this were to happen again, what would I wish I would have done?" In this case, that should have minimally meant intensive intervention with a counselor or therapist, and more likely a strong consideration of suspension from residence halls or the institution.

Lessons Learned

This case illustrates the dangerousness that is often involved in cases of domestic violence. It is difficult to predict how these cases will ultimately resolve, and while victims of assaults may initially show concern, they often change their minds and may pair again with the abuser.

Alcohol abuse paired with violence is a dangerous and unpredictable combination that requires the BIT/TAT to respond carefully as the case first reaches the team. As Mr. Sokolow mentions, early intervention that addresses the violence and not just the alcohol abuse is important. The violence and the impulsivity are the core issues of this case that create a risk to the individual and to the community as a whole.

As the case goes on, the lack of appropriate assessment and counseling puts the team in a difficult position as Aaron's behaviors worsen. At the end of the case study, the team is forced into protection and response mode, separating Aaron from the school and working with the court in an attempt to have him seek further treatment and thus keep the college community safe. Earlier intervention, as Mr. Buck points out, may have had a chance at better addressing the violence, alcohol abuse and relationship problems. Parental notification, for instance, may have also impacted Aaron's drinking and subsequent violence.

As the case goes on, the lack of appropriate assessment and counseling puts the team in a difficult position as Aaron's behaviors worsen.

Counseling becomes involved through Aaron seeking it out to comply with an off-campus court requirement. The BIT/TAT and conduct office missed an opportunity early in the process to mandate their own assessment of violence and alcohol testing to better develop a set of on-campus sanctions and requirements that would have addressed Aaron's behavior. While there is no guarantee that this would have stopped the case from escalating, it would have left the BIT/TAT in a better position to document a series of assessments, interventions and treatments that may have impacted Aaron's further drinking and acts of violence.

Dr. Francis suggests that a counseling approach such as motivational interviewing could help Aaron understand his drinking behavior and violence. This approach involves working more creatively with the student rather than trying to address his or her behavior through direct confrontation.

Final Points

1) BITs and TATs should take an early and involved role in any case involving alcohol abuse and domestic violence. While treating the alcohol issue may be easier, it is essential to address the issues of impulsivity and violence.

2) While students may come into counseling for assistance on their own, this does not preclude the importance of a BIT/TAT or conduct office requiring a student to receive an assessment with more specific conditions.

3) Parental involvement and meetings with the student and conduct/counseling when a severe case occurs can help bring everyone onto the same page in setting expectations.

4) Communication is important among those involved with addressing a student's at-risk behavior. This especially includes forming relationships and discussing information with off-campus courts and between counseling and judicial affairs.

Post-test

1) BITs and TATs should avoid
   a. getting involved with cases that center on alcohol. This is a conduct issue.
   b. requiring any type of mandated psychological evaluation when an off-campus court process is already involved.
   c. becoming overly focused on alcohol issues to the detriment of addressing threats of violence.
   d. calling parents and taking the responsibility off the student who has violated the policy.

2) FERPA
   a. creates restrictive limits on what BITs/TATs can do during emergencies.
   b. does not apply to conduct issues, just counseling-related issues.
   c. was developed to protect parents from finding out what their students are doing.
   d. offers a number of exceptions for BITs/TATs to communicate with others if there is a foreseeable danger.

3) True or false: Teams should respond quickly to threats of domestic violence that involve alcohol.

4) Mandated psychological assessments
   a. rarely work, because the student doesn't cooperate with them.
   b. should be used in almost every case a BIT/TAT reviews.
   c. should be done only by off-campus professionals.
   d. can provide useful insight into the potential risks students may present to the community and to themselves.

5) Communication among BITs/TATs, counseling centers, conduct offices and off-campus courts
   a. is best when done exclusively by email and not over the phone.
   b. can occur only with parental permission.
   c. is one way to help make sure everyone is aware of changes that might increase a student's risk profile.
   d. can occur only if a HIPAA release is signed by the student.

6 Case 6: Odd Social Behavior

Pretest

1) Students who have Asperger's disorder
   a. should not attend college, because their behavior is often seen as odd and threatening to others.
   b. often respond well to clear limits and boundaries.
   c. are a protected class and able to engage in behaviors that break the code of conduct on campus as long as no one is threatened.
   d. can be talked to only through FERPA regulations when parents are notified because of the ADA.

2) Students who frustrate professors because of their mental illness
   a. should be referred to counseling, regardless of their behavior.
   b. are protected by ADA and should not be held accountable for their behavior.
   c. are just like any other students and have a responsibility to follow the code of conduct and classroom expectations.
   d. should not be handled by BITs/TATs but instead referred to counseling.

3) True or false: BITs/TATs need to take into account what a reasonable accommodation might be for a student with mental health concerns who is engaging in behavior that might upset or frustrate professors in the classroom.

4) The needs of the community
   a. always out-weigh the needs of the individual.
   b. should be taken into account and balanced against the needs of the individual.
   c. are the main focus of a BIT/TAT.
   d. should be taken into account and balanced against the needs of FERPA and the ADA.

5) When assessing a threatening statement made to a faculty member,
   a. it is best to suspend the student immediately until all the facts are known.
   b. mental health accommodations always trump threatening statements.
   c. each threat should be evaluated in terms of access to lethal means, the context of the threat and the likelihood of the student following through with the threat.
   d. only a police officer or counselor can make a determination of threat.

Narrative

Phil is a bit of an odd duck. He has trouble from the very first day of summer orientation on campus. A hypnotist is brought to campus to entertain the incoming first-year students. Phil volunteers to be hypnotized and takes the experience way too far. He ends up groping a female student, cursing loudly and threatening other students.

Several student leaders during the summer orientation "flag" Phil as a difficult student and report his behavior to the director of residence life. Phil and his father agree to a meeting with the housing director, counseling director and dean of students. Phil's father explains that Phil has Asperger's disorder and a history of social problems during high school.

Phil's father explains that Phil has Asperger's disorder and a history of social problems during high school.

The team decides to have Phil attend counseling throughout the semester, and the BIT reviews his behavior on campus over the first few weeks of school. Phil is also placed on probation for his touching and threatening of students at the orientation event. Phil gives permission for the counseling director to talk with his father as well.

Phil continues to have difficulty, acting odd and pushing boundaries around other students. He often asks out female students on dates and makes them feel uncomfortable. Professors complain about his off-topic questions in class, and his disheveled dress and poorly washed clothes contribute to his distance from other students and difficulty adjusting to college. Several students complain that Phil dances around the campus coffee house and doesn't respond to their requests for him to stop. He also brings out his LARP (live action role-play), Nerf-wrapped, PVC-pipe weapons and pretends they are swords and staffs. He practices on the quad, and the campus police are often approached by concerned students about Phil swinging his swords and staffs around.

The BIT asks the counseling director about Phil's behavior and progress in therapy. The counseling director shares his progress in treatment (Phil signed a release early in his stay at college); however, the director expresses concern to the team that it is likely Phil will not change his behavior, despite the frequency of counseling sessions. The counseling director also shares his concerns with Phil's father, who confides, "Honestly, I'm just glad he is still at college. I'm at a loss as to what to do with him at home."

Phil gets into an argument with a professor about an esoteric historical fact and ends up raising his voice and threatening the professor. The BIT reviews his case, and Phil is once again referred to the conduct office. He is suspended from campus and has to complete a psychological assessment prior to his application to return in the spring.

Discussion

Summary:

Odd behavior as a result of personality disorders and Asperger's disorder is being encountered more on college campuses. The associated behaviors (as in Phil's case) often cause difficulties with students in terms of counseling, conduct, residential life and student activities. Most students with personality disorders and Asperger's do not pose a threat on a college campus, though there are some who come in contact with the campus BIT.
Basic questions build a discussion around Asperger's, difficult behavior on campus and ADA protections. Moderate questions encourage discussion around how the campus should interact with a student like Phil. Advanced questions discuss Phil's dangerousness and prevention programming.

Basic:
1) What are some signs and symptoms of Asperger's disorder?

2) How does your campus determine the difference among odd, eccentric, disruptive and frustrating behaviors from students?

3) Should a college adjust its conduct code to allow for Phil's behavior, given that it is related to his mental health difficulties?

Moderate:
4) How might other students react to a student like Phil on campus? How does this exacerbate the situation?

5) What preventative approaches were done in this case to help Phil in his adjustments? Which would your campus use? What might you try that was not tried in this case?

6) What are some of the protections Phil has under the ADA for his mental health disability? How would your school determine what is a reasonable accommodation for Phil?

Advanced:
7) Counseling takes a supportive role for Phil on campus. Discuss the conflict between Phil's needs and the needs of the campus. How might a counseling director balance these competing needs?

8) Is Phil a danger on campus? What evidence do we have to support this?

9) What kind of prevention programming and education can be put in place to get ahead of situations like these?

An Expert's Perspective

Legal: Brett A. Sokolow, Esq.

I think this campus is on the right track here in terms of progressive discipline, though it would help to know the substance of Phil's threat to the professor in order to be able to assess its potency with any accuracy. Asperger's (a form of autism) students tend to have boundary issues and can have outbursts in frustrating situations, though it's very uncommon for those threats to manifest as violence. I would recommend continued consistency of consequences for misconduct. Asperger's students often can conform to boundaries, which need to be defined and reiterated with authority. The mental health assessment will help demonstrate whether that approach could be effective with Phil. Unless fake swords and staffs violate a campus weapons policy, Phil's use of these items publicly may be an outlet rather than a threat. Finding him an isolated, indoor location for using them could be less disruptive. I am missing the role of disability services here, and that piece is critical with Asperger's.

I have some concerns about the suspension, because it does not sound like it was done as an interim suspension, and that is how it should have been done. As a suspension with application to return, the college's actions here may provoke a disability-related complaint from Phil and his family. Separating an individual with a disability for threatening behavior should invoke a direct threat determination, as required by Section 504 of the Rehabilitation Act of 1973. It's unlikely that Phil's threat indicated a high probability of substantial harm such that a direct threat decision is supportable. A court or OCR would likely reinstate Phil if asked to do so. Direct threat determinations are strongest when undergirded by mental health assessments or violence assessments. Here, that determination seems to have preceded the assessment, which inverts the order I typically recommend to my clients. It could be argued that Phil's suspension was not on the basis of disability but rather on the cumulative consequences of the groping and threat at orientation, and now the threat against the professor. Frankly, my experience is that suspension for the cumulative effect of those three actions would be uncommon for most campuses (depending again on the nature and substance of the threats), and this campus might have a hard time defending this suspension unless it can show that other students have been sanctioned similarly for similar misconduct. I'd work to find a way to reinstate Phil with continued boundary setting and consistent and swift enforcement of any violation of those boundaries.

I have some concerns about the suspension, because it does not sound like it was done as an interim suspension, and that is how it should have been done.

Counseling: Mitchell Levy, Ph.D.

It would be important to understand if the student has self-disclosed or provided documentation to the office of disabilities. If so, they should be included in conversations. If documentation was provided, was there a diagnosis of Tourette's syndrome? If so, this should be taken into consideration in terms of his outbursts and cursing.
If a student has provided documentation, he or she is entitled under ADA to "reasonable accommodations." However, rights under ADA do not permit someone to violate college code of conduct, which some of Phil's behavior is most likely doing. He and his father need to be told that his condition does not permit him to interfere with or negatively impact the learning environment of others. This should be in the student handbook and discussed at orientation with parents.

Often, at open-enrollment institutions, families have students take classes because there is not a safe alternative in the environment. At some colleges, nonmatriculated students could fail classes for continuous semesters without academic probation. Mentally retarded students are allowed to fail semester after semester, without being removed, because they were not creating disciplinary disturbance. There is an ethical and moral problem with this policy.

Schools should review their policies regarding academic performance. The father should be made aware that college is not a "babysitting" service. Possibly, a referral to a college with programs providing social skills development (e.g., Marshall University) is needed. Many colleges mistakenly try to provide Asperger's syndrome students with academic skills development instead of social skills development.

From a cultural/socioeconomic perspective, some families encourage students with mental retardation to take classes because they can get refund checks via financial aid. This should be reviewed and/or considered with respect to this case.

It could be helpful to develop a prevention program like the one at Iona College. They developed the College Assistance Program for students with learning disabilities, which provides a three-week summer orientation program. This allows students to participate in mock college lectures and practice discussing their needs with faculty and administrators. Such an intervention would have allowed the college and the student's family to have a sense that there may be impending difficulty and then strategize.

Student Affairs Administration: Jason Ebbeling, Esq.

In considering this case, there is a tender balance between Phil's needs and the interest of the community as a whole, and more specifically the female student who was wronged. Clearly, Phil has some social issues that predate his enrollment at the college, and it is critical that he get the support and treatment necessary for him to coexist with other students. The critical question is whether his behaviors, regardless of the reasons why he engaged in them, were so egregious that he should be exited from the institution. It is one thing for Phil to engage in odd behaviors, but in this case, there was a physical interaction with another student, as well as a huge disruption to the community. In considering care for Phil, it might be advantageous to remove him from the college and provide some very clear boundaries and expectations prior to having him reenroll as a student. From a risk management perspective, we should consider whether a failure to suspend Phil might be something that could create liability on the college for failure to act. Additionally, without adequate care and controls, there is a risk that additional harm could result for other students.

There is a tender balance between Phil's needs and the interest of the community as a whole, and more specifically the female student who was wronged.

Ultimately, we want Phil, as well as all the students at the college, to be successful. I think that careful attention should be paid to whether there are conditions that would lead to his success at the college, and my instincts suggest that there needs to be a careful strategy for creating a developmental care plan (consistent with the college student code of conduct) and that his reintegration into the community have clear standards and benchmarks. Assuming that Phil can exhibit behaviors consistent with the responsibilities of being a college student and that he understands the consequences of certain behaviors, then there may be an opportunity for him.

Lessons Learned

It would seem that Phil's ultimate suspension came as a result of a culmination of frustrating experiences over the course of the semester. As Mr. Sokolow points out, this may not be enough to support a suspension unless the school has a policy on fake swords and odd behavior.

Phil is well-connected to the counseling department, and his father sees counseling (and the college experience as a whole) as a positive influence on his son. This provides counseling and the BIT/TAT a good deal of information regarding Phil's background, attitudes, and potential for acting out and violence.

Asperger's students often respond well to limits, as Mr. Sokolow points out. Depending on the severity of the latest incident, where he became upset and threatened the professor, this could be seen as yet another teachable moment for Phil. As Mr. Ebbeling suggests, there is a precarious balance between the needs of the individual and the needs of the community. What might be best for Phil (staying in school, having counseling support, being corrected and taught how to behave) may have too high of a cost for the community (disrupted classes, frustrated students, upset faculty).

Asperger's students often respond well to limits.

Dr. Levy is right to point out that a student with accommodations for a mental illness does not have the right to violate the student code of conduct. This is beyond what is considered a reasonable accommodation. A student in a wheelchair throwing rocks at another student is a good example here. The concern is not the fact the student is in a wheelchair but rather that he or she is assaulting other students by throwing rocks. The challenge, in Phil's case, is determining the level of dangerousness and lethality exhibited to the professor in class.

Final Points

1) Some students come to school with preexisting mental health problems that will require a level of management that will tax the very limits of what the school is capable of providing. This is a delicate balance between the needs of the individual and the needs of the community.

2) Connection with an at-risk student and the subsequent sharing of information with the team via a release of information provide a BIT/TAT with more information to weigh potential options and make decisions.

3) ADA sets limits on what a school can do when a student has a mental illness (such as Asperger's disorder) that impacts his or her ability to function in the classroom or the halls. Schools are required to work with students in terms of finding a reasonable accommodation. The challenge occurs when a student's mental illness threatens others or becomes a classroom disruption.

4) In the end, threat to others with a foreseeability of danger trumps a student's mental illness. If a student is threatening or violent, this goes beyond what would be considered a reasonable accommodation.

Post-test

1) Students who have Asperger's disorder
   a. are best handled through FERPA and HIPAA, not ADA.
   b. should always be accommodated through ADA, not FERPA.
   c. often engage in threatening behaviors and should be allowed to attend college only after a complete mental health evaluation.
   d. have trouble reading social cues and may get into difficulty by stepping beyond boundaries.

2) True or false: A student with mental health problems such as Asperger's has special accommodations that allow him or her to violate the code of conduct of a college as long as no one is threatened.

3) Students who frustrate professors because of their mental illness
   a. should be addressed in a similar manner to those students without mental illness, unless there is an ADA accommodation.
   b. are best handled through direct phone calls to the students' parents.
   c. are not handled by BITs/TATs but instead sent to counseling for mandated psychological evaluations to determine their risk.
   d. should be handled by calling the police.

4) The needs of the individual student
   a. always out-weigh the needs of the community.
   b. are the main focus of a BIT/TAT.
   c. can be determined only through a mental health evaluation and a conversation with the student's parents.
   d. should be taken into account and balanced against the needs of the community.

5) Counseling can assist a BIT/TAT working with a student with Asperger's by
   a. offering to perform or coordinate a psychological assessment.
   b. obtaining permission to talk with the student's parents.
   c. having the student sign a release of information and provide some background information to the team.
   d. All of the above.

7 Case 7: Bipolar Assault

Pretest

1) Students who have mental illness
   a. are at a higher risk than is an average student to commit an act of violence.
   b. must be evaluated by a mandated counseling assessment to assess their safety.
   c. are less likely than is an average student to commit an act of violence.
   d. are a protected class under ADA, and FERPA requires parental permission before conducting a mandated assessment.

2) True or false: After a student commits a violent act on campus, it often is the best-case scenario for the student to take a break from school and seek further treatment prior to returning to school.

3) A BIT/TAT should
   a. review all students' records from counseling to ensure that students don't pose a danger to the campus.
   b. always talk to the parents of a student with mental illness to obtain background information on his or her level of threat.
   c. frequently use the mandated psychological evaluation process in cases of mental illness that are brought to the team.
   d. encourage residential life, police and other front-line staff to have training to identify the signs and symptoms of a mental health crisis.

4) When an at-risk student returns to campus from the hospital
   a. the BIT/TAT should not concern itself, because the student has been assessed already.
   b. the BIT/TAT should communicate with the hospital, parents and treatment team to ensure a safe return to campus.
   c. the student should be required to meet with counseling weekly for the remaining time he or she is at school.
   d. the BIT/TAT should not be involved, because of FERPA. The return to campus should be handled exclusively by counseling.

5) A student who experiences a manic or psychotic crisis on campus
   a. should be required to immediately complete a mandated psychological evaluation in order to remain on campus.
   b. still requires attention from the BIT/TAT, even if the student has not threatened the community.
   c. immediately qualifies for ADA accommodations and should be given the opportunity to take extra time on exams and homework assignments.
   d. relinquishes his or her FERPA rights and parents should be contacted.

Narrative

Sydney is involved all around campus in clubs, organizations and the drama department. She is liked by many students but also described as kind of a "ditz" and is seen as unreliable in many of the clubs. She talks about being involved in a local church and that being a Christian is important to her.

As the semester goes on, Sydney becomes even more scatterbrained. Her closest friends and her resident advisor begin to notice her staying up later, missing classes and becoming more involved with her church. What once was seen as eccentric and lovable crosses over into obsessional and manic.

Sydney talks more and more about her church in town and how she "no longer respects those sinners. God causes a purge to all those who profess to be believers but backstab and act like a den of vipers." Her friends are scared about her language, and several go to the counseling center to see if there is something that they can do to help the situation.

When the officers arrive, Sydney begins to cry and says, "The persecution is beginning... Pray for me, Lord, in my hour of need...

Sydney's RA shares with the resident director her concerns. These are reported up through the channels and finally reach the campus BIT. Sydney takes to yelling at other students on her floor who are "sinners and harlots," and she stops bathing. She also writes cryptically in a large pile of journals on her desk about the sins of others; she calls this her "glorious work."

Everyone is concerned about Sydney's behavior, so they ask the campus police to perform a wellness check on her. Counseling is available to assess her for a hospital admission if campus police have concerns. When the officers arrive, Sydney begins to cry and says, "The persecution is beginning... Pray for me, Lord, in my hour of need... Allow this cup to pass from me and punish the sinners."

The police try to talk to her and she begins to half-mutter and half-cry with her head lowered. One officer moves close to her and lays his hand on her shoulder. He says, "Don't worry, it's going to be OK. No one is going to hurt you."

Sydney screams and jams a pair of scissors she had been hiding in her hands into the officer's leg. The other officer yells, "Taser! Taser! Taser!" and subdues Sydney. She is taken into custody and the officer is treated for his wound at the hospital. Sydney is committed to the local state hospital. The dean of students notifies her parents, and she is placed on interim suspension for the assault and her mental health problems.

Sydney is stabilized on medication and is diagnosed with bipolar disorder. The hospital clears her to return to campus, and she is apologetic about her behavior. She wants to return to school and complete her course work. She is willing to participate in therapy and have her medications monitored. The BIT reviews her case and allows her to return to school based on these conditions.

Discussion

Summary:

Young adults can experience their first bipolar or psychotic episode as a result of the stress and excitement of college. These episodes often involve dangerous and out-of-control behavior that brings the student into contact with the campus BIT. Basic questions encourage a discussion of bipolar disorder and what training should be offered to work with these students. Moderate questions focus on parent involvement, ADA issues and prevention efforts before her behavior escalated. Advanced questions are centered on issues related to her return to campus.

Basic:

1) What are some signs and symptoms of bipolar disorder?

2) How would your campus have responded to these behaviors when they first occurred?

3) What training should be offered to students, faculty and staff to identify the warning signs of a mental health crisis?

Moderate:

4) When would your college involve parents in Sydney's decomposition?

5) What kind of support could have been made available to her prior to her symptoms getting worse? How does your school balance the wants and needs of the individual and the safety of the community?

6) What are the ADA implications of Sydney's diagnosis? What kind of accommodations might be allowed and considered reasonable?

Advanced:

7) With Sydney's clear violent behavior, should she be allowed back on campus? Can the campus counseling center and conduct office be placed in the position of acting as Sydney's probation officer?

8) Discuss the school's legal liability by allowing Sydney back to campus. How might her return to campus impact other students who have heard about her assault on the officer?

9) Discuss how your college would have handled this case. Would Sydney be allowed to return to campus? Under what conditions?

An Expert's Perspective

Student Affairs, How to Use This Case: Michael C. Sachs, M.A., J.D.

This case is an example of a situation that requires coordination among multiple campus constituencies, including judicial boards, resident advisors, student mentors, club advisors and student leaders. The incident touches on topics ranging from FERPA and supervisory communication lines to free speech and student rights versus the institutional code of conduct. At the root are the challenges of how, by whom and when suspected mental illness should be addressed on campus. When does a student's behavior cross the line from eccentric to ill? At what point is intervention appropriate, and at what point is it intrusive? What is the appropriate body to spearhead any investigation or intervention into signs of trouble?

This case involves counseling, the dean of students and campus police. Administrators should reflect on how well their colleges are equipped to handle situations that require coordination among different departments on campus. Although less evident in this particular case study, there is the implicit question of when is it appropriate to involve a student's parents under the health and safety exceptions to FERPA. For the judicial board, this is an example of the delicate balance between issues potentially involving the future safety of students and faculty versus a student's right to express unconventional and disturbing opinions— more broadly, the tensions between personal autonomy and public safely.

There is the implicit question of when is it appropriate to involve a student's parents under the health and safety exceptions to FERPA.

Counseling: Gregory Eells, Ph.D.

This case represents one of the most challenging yet common issues BITs have to respond to, which is a case where some level of violence or serious community disruption is related to the onset of a major mental illness. Sydney appears to be experiencing a first major manic episode with psychotic features. When the concerns first reached the BIT, a potential disposition coming out of the team would have been to have residential staff or the dean of students share concerns with Sydney's family immediately. Her behaviors are observed and not protected by FERPA or HIPAA. Involving the family early could be protective. However, involving the police may still be necessary, given that in a best-case scenario the family could only encourage Sydney to get help, meaning the violent incident may not have been avoidable. The question of allowing her back on campus is really a judicial question of whether or not a mental illness should mitigate the consequences of violent behavior. Some type of required leave for a semester may be warranted and may be able to be served

concurrently with a health leave. Allowing the student to return without any significant time away to stabilize may not serve the community or the individual student.

Violence and Risk Assessment: James Cawood

This case is not unusual from a violence risk assessment prospective. The fact that she acted out when approached by campus police, who touched her, is also not unusual when someone is experiencing delusions involving paranoia and religious themes involving retribution. The stress and excitement of the environment will not diminish, and her condition is chronic; therefore, she most likely will be at a baseline of moderate risk for violence during her remaining time on campus and beyond.

The risk could increase at any time due to stress, noncompliance with medication or need for medication adjustments. This case should require close monitoring from the BIT. This might involve not just direct interactions with Sydney on a biweekly basis but also a requirement for her to continue to live in a residence hall, on an RA-monitored floor, for the rest of her education at the campus, as well as educating and checking in with her close friends periodically. With these close monitoring efforts in place and an understanding that the team should be ready to reassess and intervene as necessary, this should be a manageable risk. Also, campus police could use additional training in approaching and interacting with emotionally and/or mentally destabilized individuals, and thought should be given to teaming a mental health professional with them for these types of welfare checks.

Lessons Learned

The problem of students with mental health difficulties behaving violently on campus is a troubling one that has garnered a large amount of media attention in the past months. As Mr. Sachs suggests, this is a scenario that requires a great degree of communication and involvement from multiple on-campus departments. There are legal concerns in terms of Sydney's assault charges that likely expand to off-campus court, on-campus conduct sanctions, BIT/TAT involvement, and counseling assessment and treatment.

Two issues are central to this case: if this incident could have been prevented and, if Sydney is allowed to return to campus, how a future event like this can be prevented. There may have been a chance with early intervention to engage Sydney about her behaviors before they escalated to the point of paranoia and violence. This would require the RA staff to be trained to identify these subtle signs of mental illness earlier in the semester and develop some kind of counseling referral and response before her illness worsened. Dr. Eells suggests early involvement of the parents might have helped address Sydney's illness before it reached a crisis.

The problem of students with mental health difficulties behaving violently on campus is a troubling one that has garnered a large amount of media attention in the past months.

As it stands in this case, the behaviors escalated and required a police intervention. Increased training for police officers may help when working with potentially manic, psychotic or suicidal individuals, in terms of keeping focus on the individuals' access to potential weapons. This training often already occurs in the police force, and it is more likely that the officer could not have prevented this assault.

As Mr. Cawood suggests, a return to campus should include close monitoring of the student's behavior. It is the rare school that would welcome Sydney back after such an assault (regardless of her preexisting mental health concerns), and it is easy to imagine the outrage from professors, staff, students and their parents that would accompany her return. A break for a semester to seek treatment and demonstrate a period of stability would be preferable to a speedy return for the sake of grades and academics.

In the event Sydney is returned to campus, close monitoring by the conduct office and counseling center should be a top priority. The BIT/TAT should closely review her behavior and encourage residential life to look for the signs of decompensation that previously occurred (scattered thoughts, anger toward "sinners," paranoia, isolation, poor hygiene).

Final Points

1) Mental illness does not cause violent behavior, despite the correlation that occurs in this case. Students with mental illness are more likely to hurt themselves or be the victim of a violent crime than they are to commit such an assault.

2) Police and residential life staff are in need of special training to identify and intervene with students who may be experiencing a mental health crisis. Key points of the training would be the importance of having a heightened awareness and the need to scan for weapons and be cautious when touching a student who may feel cornered.

3) After an extreme event such as this assault, close assessment and monitoring of the student as he or she returns to campus is essential. This may require additional training for counseling staff to work with students who may be treatment-resistant.

Post-test

1) Students who have mental illness
   a. should be referred to counseling for medication.
   b. are often likely to cause classroom disruptions and should seek ADA accommodations.
   c. can have their medical records reviewed by the BIT/TAT under FERPA.
   d. are more likely to be a victim of violent crime than to be the perpetrator.

2) A BIT/TAT should
   a. review all student records from counseling to ensure that students don't pose a danger to the campus.
   b. work with a student who has a serious mental illness and consider involving his or her parents if the situation is serious.
   c. require mental health evaluations of all students with mental illness.
   d. avoid addressing mental illness at BIT/TAT meetings and refer these cases to counseling, the conduct office or the office of residential life.

3) When an at-risk student returns to campus from the hospital,
   a. parents should be called to bring the student home.
   b. communication should be left to the counseling department, and the BIT/TAT should not get involved, because of HIPAA laws.
   c. in most cases, the student should have some kind of review process to determine his or her safety on campus.
   d. he or she should face an involuntary medical withdrawal hearing prior to returning to campus.

4) A student who experiences a manic or psychotic crisis on campus
   a. is a clear risk to safety and should be handled by the police.
   b. should be asked to spend at least three days home with his or her parents prior to returning to campus to face a conduct hearing.
   c. should be contacted by counseling to inform him or her that he or she cannot return to campus until the completion of a mandated psychological evaluation.
   d. None of the above.

5) True or false: If a student commits a violent act on campus related to his or her mental health problems, he or she should be immediately subject to an involuntary medical withdrawal.

8 Case 8: Anxiety and Panic Attacks

Pretest

1) Communication between the BIT/TAT and counseling center
   a. is limited by client confidentiality and should not occur.
   b. can occur only when a client signs a release of information.
   c. is a key element in the success of a BIT/TAT preventing violence on campus.
   d. is permitted as long as the parents give permission under FERPA.

2) FERPA and HIPAA
   a. prevent the BIT/TAT and counseling/health services from sharing information.
   b. do not apply to conduct issues, just counseling-related issues.
   c. do not apply if the student is over 21.
   d. are designed to protect a student's privacy but should not be used to prevent communication during a life-threatening emergency to keep a student safe.

3) True or false: Counselors and psychologists should share information with a BIT/TAT only when they have a signed release of information from the client.

4) When a student is screened for the hospital and not admitted,
   e. the BIT/TAT should defer to the hospital's assessment and take no further action.
   f. the counseling center should then provide daily treatment for the student.
   g. the BIT/TAT should follow up with the student and consider a mandated psychological evaluation and the possibility of a brief separation from school.
   h. parents should be called and the student should be suspended.

5) A way to improve communication on the BIT/TAT is to
   i. have the student sign a release to allow free communication.
   j. have the BIT/TAT share information with counseling and health services on cases that might appear in their areas.
   k. have the student's parents give permission through FERPA.
   l. All of the above.
   m. Both a and b.

Narrative

Carter struggles with worry and anxiety. He is a junior and has been seeing a counselor since he came to college. Carter worries about his class assignments, he worries about what he is going to do when he graduates and he worries about his student loans that seem to be growing out of control.

His counselor sees him weekly and encourages him to keep taking his anti-anxiety medications through the health center on campus. Despite his long history of treatment, Carter is unknown to the campus behavioral intervention team.

Carter begins having some deeper questions about his sexuality after having feelings of attraction for a friend, Sid, who lives on his floor. Carter struggles with talking to him and feels his advances would be received well since Sid is gay and has often talked to Carter in a friendly way. He builds up the confidence to "make his move" and has a great conversation with Sid.

Carter begins having some deeper questions about his sexuality after having feelings of attraction for a friend, Sid, who lives on his floor.

After this, Carter becomes anxious and begins to worry that he made a mistake. He has a panic attack each time he sees Sid in the hall. His anxiety overflows into the classroom and he begins missing class, sitting alone and crying in the lobby, and talking to himself while walking across the quad. Carter doubles his therapy appointments, though this doesn't decrease his anxiety. He talks to his doctor at health services and increases his medications. His doctor and therapist confer.

One of Carter's professors brings up his behavior to the campus BIT. Carter's resident advisor supports the concern with a report about Carter crying in his room until the early morning. Carter also appears to have stopped eating and shares with his roommate, "I just can't eat. I can't even think of eating. I feel sick."

The campus BIT reviews Carter's case and invites his therapist to the team to discuss the best way to approach an intervention with Carter. His therapist and doctor both refuse to acknowledge that Carter has been seen and will not share any of Carter's treatment information. The team moves forward (without the doctor's or therapist's input) to set up a meeting with Carter and his parents to suggest a withdrawal.

Carter becomes increasingly paranoid that his parents were told that he is gay (the team did not do this, but Carter still worries). Carter begins to have suicidal thoughts and talks to his therapist (unknown to the campus BIT), who consults with his doctor. Carter's doctor and

therapist are unaware of his other on-campus behavior and move forward to pursue an involuntary commitment to the hospital.

Carter is transported to the ER and waits for five hours before being seen by the clinician who performs the evaluations for the hospital. Carter calms down and denies any suicidal intent. Carter is then returned to the halls and refuses to see his therapist again. The campus BIT is unaware of this development and calls Carter in for a meeting the following week.

Discussion

Summary:

Carter's anxiety worsens during his college career, and the counseling center is unable to manage his anxiety alone. Carter's behavior necessitates an inpatient evaluation, but since the counseling center is separated from the BIT, the reports do not impact his hospital stay. Likewise, since the counseling center does not communicate with the BIT, the BIT is limited in its interventions. Basic questions focus on anxiety and panic. Moderate questions address how the BIT and counseling communicate. Advanced questions center on how the case could be handled and how the parents could be involved.

Basic:

1) What are some of the signs and symptoms of anxiety and panic attacks? What makes these worse than normal worrying that happens for most college students?

2) What campus departments would come in contact with Carter's behavior?

3) How can these departments be better prepared to identify and report these signs of a mental health crisis?

Moderate:

4) Talk about the ways your campus BIT communicates with other departments. What are the expectations of the BIT and these departments?

5) How does your school handle conflicts regarding confidentiality among health and counseling centers, and when are these departments asked to report information to the campus BIT?

6) Discuss the pros and cons of having counseling and health staff on the campus BIT. Is the approach of "look and listen but don't speak" an appropriate role for the clinician on your team?

Advanced:

7) Should Carter's parents have been contacted in this case? What are the FERPA implications?

8) What limits did the counseling center have in moving forward with the involuntary commitment without enough information from the BIT? How can these groups work more closely in the future?

9) How would your campus address this case from here? Would Carter be allowed to continue? What office would follow up with Carter? How would his parents be involved in the case?

An Expert's Perspective

Legal: Saundra Schuster, Esq.

A significant problem in this matter is the lack of coordination among those individuals providing treatment and the campus BIT. There are multiple issues in this case, beginning with the structure and training involving the campus BIT. When a BIT is created, it must provide appropriate team representation as well as information and training to offices and services on campus that are likely to be engaged in diagnosis and treatment. The campus BIT would not necessarily have been notified about Carter receiving mental health treatment unless or until his behavior related to the mental health issues became problematic for his own adjustment on campus or a concern regarding the safety of others. Since Carter is a junior and has been receiving counseling support since his freshman year, the fact that his anxiety is escalating and he is exhibiting significant stress behaviors of crying, missing class, not eating and having suicidal ideations suggests that the counselor's concerns about Carter should have been reported to the campus BIT prior to the time the professor noted them and made a report (but kudos to the professor for noticing and reporting). While it was good that the RA concurred with the professor's concerns, the RA was in a position to catch this troubling behavior earlier (and it appeared he did) and should have reported it to the BIT sooner.

The fact that the student was required to wait five hours for a review involving an involuntary commitment is unconscionable.

The fact that the therapist (who may or may not be a campus employee) and the student health center doctor refused to engage in discussion with the campus BIT suggests that they are either unaware of the role of a BIT on the campus or have not been brought on board regarding how students may be helped through collaborative information sharing. Of course, while neither professional should be expected to provide treatment information without the student's written consent, they could either inform the BIT of this requirement or make contact with their client to seek permission (the BIT could also have requested a waiver of confidentiality regarding these two doctors). Simply refusing to answer any questions places the BIT, the student and the institution in a precarious position. Certainly, the therapist and the physician should have engaged other campus resources prior to implementing an involuntary commitment.

The additional fact that the student was required to wait five hours for a review involving an involuntary commitment is unconscionable. Based on the information provided, it appears that Carter has significant mental health issues and is moving into being a danger to himself as a result of his refusal to eat and his stated suicidal ideations. The BIT should have moved forward to an initial meeting with Carter and perhaps at that time recommended an

assessment with appropriate follow-up rather than immediately moving toward a meeting with the parents to discuss involuntary withdrawal. There is no indication that withdrawal is the most appropriate action at this time. In the absence of an assessment and recommendations by a trained professional regarding Carter's ability and suitability to remain enrolled, engaging in this type of discussion with the parents is premature. At the upcoming meeting with Carter, the BIT should describe the behaviors reported to them and explain that Carter must have an assessment conducted, including a report regarding his suitability for continued enrollment and additional recommendations regarding ways in which the institution may be of support if he remains enrolled.

Counseling: Gregory Eells, Ph.D.

Carter's case raises some very important issues for a BIT. The first is the relationship of the BIT to mental health/health professionals. The health care professionals in this case responded appropriately by not sharing information about treatment with the team. The reality is that the most important information about a student and potential risk are often observable, and treatment information does not add a great deal to the calculus about a student's risk and appropriate courses of action. It would have been more appropriate for the BIT to have a clear way to convey information to the providers if Carter were in care, either through the counseling center director who usually serves on the team or through some other mechanism. The other important issue is what to do next. The involvement of the parents in this case seems important as long as the team sticks to observable behaviors and there are not FERPA implications. The issue at this point is really how to provide support to Carter. His behavior to date does not appear to be disruptive enough to warrant an involuntary withdrawal, given that the hospital did not find enough reason to hospitalize him involuntarily.

Student Affairs: Dennis Black, Esq.

The issues students present on campuses today have become increasingly complex. So are the response-related policies, laws and regulations. When considering these issues, perhaps it's best for a campus to first step back and consider a few basic questions:

- What is in the best interests of Carter?
- What is in the best interests of the campus?
- Where does Carter belong today? Is he able to get the most from a collegiate experience now?
- What is the impact of Carter's situation on everyone surrounding him?

Instead of pulling out rule books, committee meeting schedules, organizational charts, federal regulations and law books, perhaps we should reflect on the student and the school; what is best for both? Without understanding, we cannot use our resources and policies wisely to move in those directions.

"Whole picture" answers to these and similar questions can help us develop an appropriate and caring response. An understanding of what is best for both the student and the campus can help determine next steps, further involvement by others, the extent of information sharing and other key response issues.

The issues students present on campuses today have become increasingly complex.

Lessons Learned

It is difficult for a BIT/TAT to address student behavior when there are communication difficulties between the team and the counseling and health departments. Many of the students who are brought up on the team (close to 70% at Western Kentucky University) are involved with counseling and/or have a mental health treatment background. However a school approaches threat assessment and behavioral intervention, it must address the communication among counseling, health and the BIT/TAT. Ms. Schuster suggests that the BIT/TAT work harder to bring health and counseling services "on board" in respect to the work of the BIT/TAT.

One approach to improving communication is having the clinician ask the student directly for permission to share information (within a narrow focus) with the team if there is an emergency. Another approach is including language in the informed consent document (which the student signs when entering treatment) that allows the doctor or therapist permission to share information with the parents and/or the BIT/TAT in case of an emergency.

Mr. Black suggests we focus on what is in the best interest of the student. In this case, better communication between the BIT/TAT and counseling/health services would have improved the intervention plan and helped Carter rather than having each side guessing about how to best assist him. The BIT/TAT could also share information with the counseling/health services on campus on all the cases they review, perhaps giving them the information they need to make better treatment decisions with Carter.

Dr. Eells, however, cautions Carter's clinical team from sharing information and potentially breaking down the privacy of his treatment relationship. Given Carter's tendency toward paranoia, this may be a very warranted concern. Perhaps another approach would be to encourage Carter's treatment team to ask Carter for permission as they try to work more collaboratively with the BIT/TAT.

One potential outcome in the case could be to more firmly encourage Carter to sign communication releases between the BIT/TAT and his clinical treatment team. Another suggestion would be requiring Carter to complete a mental health evaluation to better assess his treatment needs and ability to function on campus. While he may not meet the level of care requirements for an inpatient admission (perhaps a result of the long wait and poor evaluation at the hospital), there is a good indication that he is struggling and will continue to struggle academically.

A last point is the potential involvement of the parents. Notifying Carter's parents of his anxiety, suicidal thoughts and difficulties on campus would be helpful to improve communication with the team. This notification would require a narrow scope and should not include his attitudes and beliefs about his sexuality.

Final Points

1) Many of the cases handled by a BIT/TAT involve mental health issues. Developing open lines of communication between the treatment team (health and counseling) and the BIT/TAT is a worthwhile investment of time and energy.

2) The privacy of the counseling relationship is paramount to its utility. A student must feel safe that he or she can discuss things with his or her doctor, therapist, psychologist or nurse without fear of the information being shared with others. There are, however, exceptions when a student presents a risk to himself or herself or to others. In these cases, the sharing of information with a BIT/TAT can be helpful to protect both the individual and the community at large.

3) Mr. Black says it well: "Perhaps we should reflect on the student and the school; what is best for both?" This becomes a delicate balancing act and one that cannot be simplified into the easy arguments of "share everything" and "share nothing." Each case must weigh carefully the benefits and limitations of sharing confidential information between the BIT/TAT and treatment providers.

Post-test

1) Communication between the BIT/TAT and counseling services
   a. should occur when a student in counseling poses a danger to himself or herself and to others on campus.
   b. is restricted by HIPAA.
   c. is restricted by FERPA.
   d. Both b and c.

2) When working with an at-risk client who does not currently pose a threat to themselves or anyone else,
   a. counseling should always keep this information private and not share it with a BIT/TAT unless there is a direct threat.
   b. counseling should notify the conduct team only if there is a FERPA release signed by the student's parents.
   c. the counselor or psychologist should identify supports in the student's life and ask permission to communicate with parents and helpful others.
   d. the counselor or psychologist should work directly with only the client since he or she is over 18. The counselor or psychologist should avoid asking to involve anyone else to help, as it might offend the student.

3) True or false: Counselors and psychologists cannot share information with a BIT/TAT unless the student's parents signs a FERPA release.

4) When a student is screened for the hospital and not admitted,
   a. the dean of students should call the court and police to notify them of the danger.
   b. the counseling center should drive to the hospital and pick up the student to keep him or her safe.
   c. faculty and staff should be notified by email about the potential risk on campus.
   d. None of the above.

5) One way to improve communication on the BIT/TAT is to
   a. have the VP of student affairs require it and threaten to fire anyone who doesn't comply.
   b. have counseling services ask the student to sign a release.
   c. have the student's parents give permission through FERPA.
   d. require all incoming students to sign releases upon admission to the college that negate confidentiality at the health and counseling centers and allow the BIT/TAT to review all medical records.
   e. None of the above.

Appendix A

Pretest for All Case Studies

1) FERPA
   a. allows a wide latitude for teams to share information in a crisis.
   b. restricts counselors from sharing information with parents.
   c. has a long history of lawsuits against colleges and universities.
   d. should be completely ignored and does not apply to team records.

2) Family and parents
   a. are often the cause of students' problems and should not be involved.
   b. have no place when dealing with students who are over 18.
   c. are often essential to involve when working with at-risk students.
   d. can be involved only if a student signs a release of information.

3) Faculty are best when they
   a. keep to their teaching and stay out of student affairs issues.
   b. report any and all behavior that frustrates them or disrupts the classroom to the conduct office or BIT/TAT.
   c. have specific training in identifying and managing potentially aggressive behavior in the classroom.
   d. attend BIT and TAT meetings every week.

4) Eating disorders
   a. are difficult to address and treat even after the student has been identified.
   b. aren't handled by a BIT or TAT. They are handled by health and counseling.
   c. should be handled with the individual student and not his or her parents (since parents often are the cause of eating disorders).
   d. should be addressed by the police and the campus conduct process.

5) Off-campus forensic assessments
   a. are a best practice and should always be used when weapons are mentioned.
   b. should always be paid for by the students. After all, they are the ones who engaged in the behavior.
   c. have no place in a college setting.
   d. are one tool of many in a BIT/TAT tool kit.

6) True or False: It is essential to respond quickly to any level of threat or any type of weapon that may be on campus, regardless of the consequences to the community or how upsetting a police response may be to students.

7) Drugs on campus

a. are important for BITs and TATs to be involved with in the event the situation becomes dangerous.
b. should not be handled by BITs or TATs.
c. are best handled by a zero-tolerance policy, with a student being immediately expelled.
d. are part of a normal college student's experimental process, and a campus should be cautious.

8) FERPA

a. limits conduct offices and BITs/TATs from talking to parents about a student's drinking habits.
b. does not apply to communication from BITs/TATs when they share information with a parent.
c. has clear allowances for BITs/TATs to notify parents when an under-age student is drinking excessively.
d. is similar to HIPAA and prevents teams from talking to parents.

9) Communication among BITs/TATs, counseling centers, conduct offices and off-campus courts

a. should not occur unless the student gives permission.
b. is required under FERPA when parents are notified.
c. should occur openly and freely with no regard for students' privacy, because they have caused the problems with their conduct violations.
d. should occur within a narrow focus to ensure proper awareness to improve decision making by each of the entities involved.

10) Counseling resistant clients

a. rarely works, because the student has to want to be in counseling.
b. can be successful if the counselor is trained in motivational interviewing.
c. is unethical, because a counselor can offer services only to those clients who choose to participate.
d. can be done only when parents are notified.

11) Residential students who live on campus

a. are often harder to manage and monitor by teams.
b. make no difference in terms of assessment and management by teams.
c. require a special FERPA release before talking to counselors.
d. are easier to assess and monitor than are those living off campus.

12) Students who frustrate professors because of their mental illness
   a. should be referred to counseling, regardless of their behavior.
   b. are protected by ADA and should not be held accountable for their behavior.
   c. are just like any other student and have a responsibility to follow the code of conduct and classroom expectations.
   d. should not be handled by BITs/TATs but instead referred to counseling.

13) True or False: BITs/TATs need to take into account what a reasonable accommodation might be for a student with mental health concerns who is engaging in behavior that might upset or frustrate professors in the classroom.

14) The needs of the community
   a. always out-weigh the needs of the individual.
   b. should be taken into account and balanced against the needs of the individual.
   c. are the main focus of a BIT/TAT.
   d. should be taken into account and balanced against the needs of FERPA and the ADA.

15) Students who have Asperger's disorder
   a. should not attend college, because their behavior is often seen as odd and threatening to others.
   b. often respond well to clear limits and boundaries.
   c. are a protected class and able to engage in behaviors that break the code of conduct on campus as long as no one is threatened.
   d. can be talked to only through FERPA regulations when parents are notified because of the ADA.

16) When an at-risk student returns to campus from the hospital,
   a. the BIT/TAT should not concern itself, because the student has been assessed already.
   b. he or she should meet with counseling weekly for the remaining time at school.
   c. the BIT/TAT should not be involved, because of FERPA. The return to campus should be handled exclusively by counseling.
   d. the BIT/TAT should communicate with the hospital, parents and treatment team to ensure a safe return to campus.

17) Students who have mental illness
   a. are at a higher risk than is the average student to commit an act of violence.
   b. must be evaluated by a mandated counseling assessment to assess their safety.
   c. are less likely than is an average student to commit an act of violence.
   d. are a protected class under ADA and FERPA that requires parental permission before conducting a mandated assessment.

18) A BIT/TAT should

a. review all student records from counseling to ensure that students don't pose a danger to the campus.
b. always talk to the parents of a student with mental illness to obtain background information on his or her level of threat.
c. use the mandated psychological evaluation process in all cases of mental illness that are brought to the team.
d. encourage residential life, police and other front-line staff to have training to identify the signs and symptoms of a mental health crisis.

19) When a student is screened for the hospital and not admitted,

a. the BIT/TAT should defer to the hospital's assessment and take no further action.
b. the counseling center should then provide daily treatment for the student.
c. the BIT/TAT should follow up with the student and consider a mandated psychological evaluation and the possibility of a brief separation from school.
d. parents should be called and the student should be suspended.

20) True or False: Counselors and psychologists should share information with a BIT/TAT only when they have a signed release of information from the client.

Appendix B

Post-test for All Case Studies

1) Residential students who live on campus
   a. are often harder to manage and monitor by teams.
   b. make no difference in terms of assessment and management by teams.
   c. require a special FERPA release before talking to counselors.
   d. are easier to assess and monitor than are those living off-campus.

2) Family and parents
   a. are often the reason a student is suicidal.
   b. can be helpful in supporting suicidal students.
   c. should be involved only if a student signs a release.
   d. often make things worse and should not be involved.

3) FERPA should
   a. restrict any information about a student, even in crisis.
   b. prevent release of all student records, including medical files and conduct reports.
   c. be taken in context and not stop teams from involving parents where this involvement will help support the student.
   d. be completely ignored and does not apply to team records.

4) True or false: Police are a central part of the BIT/TAT and should be used frequently to address student conduct issues, classroom disruptions and annoyances that faculty encounter.

5) Off-campus forensic assessments
   a. are a best practice and should always be used when weapons are mentioned.
   b. should always be paid for by the students. After all, they are the ones who engaged in the behavior.
   c. have no place in a college setting.
   d. are one tool of many in a BIT/TAT tool kit.

6) When addressing eating disorders, staff should
   a. be careful about what they say, because only counselors should address this problem.
   b. refer the student to health services and keep him or her out of the BIT/TAT process.
   c. always use the conduct/judicial process to address the student's behavior.
   d. engage the student and parents in coming up with ways to assess the severity of the problem and keep the student safe.

7) Mandated psychological assessments
   a. are the best way to hold students with eating disorders accountable.
   b. should never be used in addressing eating disorders.
   c. can provide some information regarding the severity of the eating disorder for the BIT/TAT.
   d. are restricted by FERPA, HIPAA and state confidentiality laws.

8) Drugs on campus
   a. are important for BITs and TATs to be involved with in the event the situation becomes dangerous.
   b. should not be handled by BITs or TATs.
   c. are best handled by a zero-tolerance policy, with a student being immediately expelled.
   d. are part of a normal college student's experimental process, and a campus should be cautious.

9) If there is a rumor that a student has a gun on campus,
   a. the emergency warning system should be activated until the student is found.
   b. the BIT/TAT should review the case to validate the rumor, and the police should try to find the student to interview him or her and see if there is a gun.
   c. the BIT/TAT should not be involved in these cases. They should be a police matter.
   d. the student should be found and parents called to help with the search.

10) BITs and TATs should avoid
   a. getting involved with cases that center on alcohol. This is a conduct issue.
   b. requiring any type of mandated psychological evaluation when an off-campus court process is already involved.
   c. becoming overly focused on alcohol issues to the determent of addressing threats of violence.
   d. calling parents and taking the responsibility off of the student who has violated the policy.

11) FERPA
   a. creates restrictive limits on what BITs/TATs can do during emergencies.
   b. does not apply to conduct issues, just counseling-related issues.
   c. was developed to protect parents from finding out what their students are doing.
   d. offers a number of exceptions for BITs/TATs to communicate with others if there is a foreseeable danger.

12) A BIT/TAT should

a. review all student records from counseling to ensure that students don't pose a danger to the campus.
b. work with a student who has a serious mental illness and consider involving his or her parents if the situation is serious.
c. require mental health evaluations of all students with mental illness.
d. avoid addressing mental illness at BIT/TAT meetings and refer these cases to counseling, the conduct office or the office of residential life.

13) When an at-risk student returns to campus from the hospital,

a. parents should be called to bring the student home.
b. communication should be left to the counseling department, and the BIT/TAT should not get involved, because of HIPAA laws.
c. in most cases, the student should have some kind of review process to determine his or her safety on campus.
d. at-risk students should face an involuntary medical withdrawal hearing prior to returning to campus.

14) True or false: A student with mental health problems such as Asperger's have special accommodations that allow them to violate the code of conduct of a college as long as no one is threatened.

15) Communication between the BIT/TAT and counseling center

a. should occur when a student poses a danger to himself or herself and to others on campus.
b. is restricted by HIPAA.
c. is restricted by FERPA.
d. Both b and c.

16) When working with an at-risk client who does not currently pose a threat to himself or herself or to anyone else,

a. counseling should always keep this information private and not share it with a BIT/TAT unless there is a direct threat.
b. counseling should notify the conduct team only if there is a FERPA release signed by the student's parents.
c. the counselor or psychologist should identify supports in the student's life and ask permission to communicate with parents and helpful others, with the student's permission.
d. the counselor or psychologist should work directly with only the client since he or she is over 18. The counselor or psychologist should avoid asking to involve anyone else to help as it might offend the student.

17) A student who experiences a manic or psychotic crisis on campus

a. is a clear risk to safety and should be handled by the police.
b. should be asked to spend at least three days home with his or her parents prior to returning to campus to face a conduct hearing.
c. should be contacted by counseling to inform him or her that he or she cannot return to campus until the completion of a mandated psychological evaluation.
d. None of the above.

18) True or false: If a student commits a violent act on campus related to his or her mental health problems, he or she should be immediately subject to an involuntary medical withdrawal.

19) Students who frustrate professors because of their mental illness

a. should be addressed in a similar manner to those students without mental illness, unless there is an ADA accommodation.
b. are best handled through direct phone calls to the students' parents.
c. are not handled by BITs/TATs but instead sent to counseling for mandated psychological evaluations to determine their risk.
d. should not be handled by BITs/TATs but instead referred to counseling.

20) Communication among BITs/TATs, counseling centers, conduct offices and off-campus courts

a. is best when done exclusively by email and not over the phone.
b. can occur only with parental permission.
c. is one way to help make sure everyone is aware of changes that might increase a student's risk profile.
d. can occur only if a HIPAA release is signed by the student.

Appendix C

About Our Experts

John Byrnes, as a successful businessman, author and lecturer, became interested in the subject of aggression management after concluding that there were no comprehensive training programs dedicated to preventing aggression in the workplace. In 1993, he founded the Center for Aggression Management, which is headquartered in Altamonte Springs, Fla. Mr. Byrnes was selected by the U.S. Department of Labor to represent the United States at the Violence as a Workplace Risk Conference held in Montreal, Canada; has conducted seminars and workshops for some of our country's largest corporations and organizations; and has conducted training for over 200 institutions of higher educations. Mr. Byrnes authored the book *Before Conflict, Preventing Aggressive Behavior;* has written articles and been quoted in publications such as *The Wall Street Journal*, the *LA Times* and the *Denver Post;* and appears on radio and TV programs across the nation. *JohnByrnes@AggressionManagement.com*

Dennis Black, Esq., serves as vice president for university life and services at the University at Buffalo (UB) and as the university's senior student affairs and facilities officer. He is also an associate professor (adjunct) in the Graduate School of Education. Mr. Black served on the recent ACPA-NASPA Task Force on the Future of Student Affairs, chaired the 2008 NASPA national conference, and has served on the NASPA board of directors and NASPA Journal editorial board. Mr. Black has also been national co-chair of the Association of Public Land Grant Universities Council on Student Affairs. Vice President Black did undergraduate studies at UB, where he received his juris doctorate degree. He is a graduate of the Harvard University Institute on Educational Management (IEM). *dblack@buffalo.edu*

Jason Buck, M.S., completed his undergraduate studies at Clark University and went on to complete a master's at Bowling Green State University. He currently serves as the associate dean of students at New England College. Prior to working at NEC, Mr. Buck was the director of residence life at Clark University and held professional staff positions at Framingham State College and Bowling Green State University. *jbuck@nec.edu*

James S. Cawood, MAFP, CPP, is president of Factor One, a California-based corporation specializing in violence risk assessment, threat assessment, behavioral analysis, security consulting and investigations. Mr. Cawood has worked in the areas of threat assessment, violence risk assessment, behavioral analysis, violence prevention, security analysis and incident resolution for more than 20 years. He has successfully assessed and managed over 4,000 violence-related cases for federal and state government agencies, universities and colleges, public and private corporations, and other business entities throughout North America. He also has served as an expert witness in dozens of cases involving questions concerning investigative and security issues, including threat assessment and violence in the workplace.

Mr. Cawood is the former association president of the Association of Threat Assessment Professionals (ATAP). He has written articles and book chapters for various professional publications, including *Security Management* magazine. He is the author of "A Plan for Threat Management," chapter 40 of *The Protection of Assets Manual;* coauthor of a chapter, "Threat Management of Stalking Cases" in *The Psychology of Stalking: Clinical and Forensic Perspectives*, published by Academic Press in 1998; and coauthor of the book *Violence Assessment and Intervention: The Practitioner's Handbook*, published by CRC Press in 2003, with the second edition published in January 2009. *jcawood@factorone.com*

Ron Chesbrough, Ph.D., is vice president for student affairs at Hastings College and contributing editor of Student Affairs Leader. He has written previously on campus safety and response to weapons on campus. Dr. Chesbrough has been a chief student affairs officer for 17 years. He served previously as chair of the Small Colleges & Universities Division of Region IV-West of the National Association of Student Personnel Administrators, on the Advisory Board of the University of Vermont's Legal Issues Conference and as a member of the New England Research Center on Higher Education's Senior Student Affairs Officer Think Tank. *rchesbrough@hastings.edu*

David J. Denino, LPC, NCC, is director emeritus of counseling services at Southern Connecticut State University in New Haven. He is currently a part-time faculty member in the Department of Counseling and School Psychology at SCSU. He has served as an executive board member to the Connecticut Counseling Association and the American College Counseling Association, and has presented at many state and national conferences. Highlights of his career include winning the 2007 J. Philip Smith Outstanding Teaching Award at SCSU, earning the Red Cross award for service as a first responder to Hurricane Katrina, being selected as a Past Outstanding Emerging Leader by the Connecticut Counseling Association and winning the Connecticut Counselor of the Year award in 1991. Mr. Denino was awarded emeritus status upon retirement in 2010 after a 35-year career and lives in Wallingford, Conn., with his wife, Vanessa, a nurse practitioner in private practice. *deninod1@southernct.edu*

Jason Ebbeling, J.D., is director of residential education and services at Southern Oregon University. He previously served as associate dean of student affairs at Menlo College in Atherton, Calif.; director of campus life at New England College; residence community coordinator at California State University, Chico; and assistant director of residence life at Edgewood College in Madison, Wis. He completed doctoral course work in educational administration at the University of Wisconsin-Madison and received a juris doctorate from The Ohio State University Moritz College of Law. *jebbeling@yahoo.com*

Gregory T. Eells, Ph.D., has worked in higher education mental health for 17 years and currently serves as the director of counseling and psychological services and the associate director of Gannett Health Services at Cornell University. He regularly presents, consults and publishes articles in scholarly journals. His areas of interest include leadership, staff morale, mental health delivery systems, self-injury in higher education and providing care to challenging students. Dr. Eells is a member of various professional organizations and is a past president of the Association for University College Counseling Center Directors. *gte3@cornell.edu*

Perry Francis, Ed.D., is on the faculty at Eastern Michigan University as a professor of counseling and the coordinator of the counseling clinic in the College of Education Clinical Suite, where he sees clients and supervisees.

The clinic is a training facility for advanced-level graduate counseling students where they see clients from the community, student body of EMU, and referrals from the county mental health agencies and hospitals. Dr. Francis is a member of the American Counseling Association and American College Counseling Association. He has served in numerous leadership positions for ACCA. Additionally, Dr. Francis is a part of the Behavioral Mental Health Consultation Team for the National Center for Higher Education Risk Management. *pfrancis@emich.edu*

W. Scott Lewis, Esq., is a partner with the National Center for Higher Education Risk Management and serves as associate general counsel for Saint Mary's College in Indiana. He has been interviewed and/or featured by *The Chronicle of Higher Education, Newsweek,* NPR, NBC, *USA Today, Today's Campus*, and other publications and sources.

He serves as an author and editor in a number of areas, including legal issues in higher education, campus safety and student development, campus conduct board training, and other higher education issues. His recent works include *The Faculty Mentor Series, The Perfect Storm: Understanding and Dealing with the New "Millennial" Student, Campus Safety 101, The Returning Veterans* and "College and University Liability for Violent Campus Attacks" (*Journal of College and University Law*, April 2008). He and the NCHERM partners have a regular blog at *http://riskmablog.blogspot.com*.

Mr. Lewis brings over 15 years of unique experience, serving simultaneously as a student affairs administrator, faculty administrator, crisis/behavioral team chair, faculty member and consultant in higher education at both public and private institutions. He is a frequent keynote and plenary speaker, nationally recognized for his work on behavioral intervention for students in crisis and distress, classroom and office management, and dealing with disruptive students. He presents and trains regularly throughout the country, assisting colleges, universities and corporations with legal, judicial and risk management issues, as well as policy development and implementation. *wscottlewis1@aol.com*

Mitchell Levy, Ph.D., possesses 28 years of experience in higher education administration. Currently, he is the executive director of the LaGuardia Community College Center for Counseling, Advising & Academic Support within the division of Academic Affairs. In addition, he is a member of the National Center for Higher Education Risk Management (NCHERM) Advisory Council and Behavioral Mental Health Consultation Team. Dr. Levy possesses 20 years of experience as a graduate professor, most recently as a member of the faculty of Long Island University's Masters Program in Mental Health and School Counseling. Recently, Dr. Levy was appointed resident expert on community college mental health by Paper-Clip Communications and was invited to serve on the New York City Task Force on Anti-Bullying and Student Wellness.

During his tenure at four community colleges, Dr. Levy has been a director of student development, director of disability services, director of transfer and academic advising, director of placement testing and chairperson of various student success seminars. In addition, he created and directed a comprehensive Career Planning and Placement Center. At senior colleges, Dr. Levy created and co-directed the Iona College P.A.S.S. (Promoting Academic Success of Student-Athletes) Program. Also at senior colleges, Dr. Levy has been the director of a graduate counseling psychology externship program, assistant director of counseling, director of training, a sports psychology consultant and a crisis management consultant. With respect to professional development programming, Dr. Levy has conducted more than 200 presentations addressing emerging issues in higher education. *mlevy@lagcc.cuny.edu*

Ryan Lombardi is the associate vice president for student affairs and dean of students at Ohio University, where he has served since May 2008. Prior to his current role, he was associate dean of students at Duke University from 2001-2008. He has also worked in residence life and orientation at Colorado College.

In his current role, Mr. Lombardi is responsible for providing leadership to the student experience at Ohio University and does so by supporting multiple division departments, including the Dean of Students Office, Campus Involvement Center (Greek life, community service, student organizations, health promotion, leadership, campus programs, Performing Arts Series), campus recreation, counseling and psychological services, university judiciaries, career services and parent outreach programs.

Mr. Lombardi is completing a doctorate in higher education administration at North Carolina State University and has an M.S.Ed in higher education from the University of Kansas and a B.S. in music education from West Chester University. *lombardi@ohio.edu*

Darcy Haag Granello, Ph.D., LPCC, is a professor of counselor education at The Ohio State University. She is director of the OSU Suicide Prevention Program and has received six years of funding through SAMHSA'S Garrett Lee Smith Campus Suicide Prevention Grants. Dr. Granello has coauthored two books on suicide: *Suicide: An Essential Guide for Helping Professionals and Educators* (2007, Allyn & Bacon) and *Suicide, Self-Injury, and Violence in the Schools: Assessment, Prevention, and Intervention Strategies* (2011, Wiley). She is a suicide survivor. *granello.1@osu.edu*

Bethany J. McCraw is the associate dean for judicial affairs at Baylor University. She has been in higher education administration work for 28 years and has oversight of the Judicial Affairs Office and the Office of Academic Integrity. In recent years her focus has been on educating faculty, staff and students about issues related to students and mental health, classroom conduct, and academic integrity. In 2007, she coordinated the creation of the Office of Academic Integrity. Under Ms. McCraw's leadership, student misconduct cases have been reduced by 64% and mandatory reporting of academic violations has been implemented. Her work has resulted in increased partnerships between academics and student life at Baylor University.

Ms. McCraw is a member of the Association for Student Conduct Administration (ASCA), the Center for Academic Integrity (CAI) and the National Association for Student Personnel Administrators (NASPA). She continues to present at national conferences on the topics of students and mental health, classroom conduct, and academic integrity and has cohosted multiple international webinars on these topics with colleagues from across the country. *Bethany_McCraw@baylor.edu*

Gary Pavela teaches in the honors program at the University of Maryland and writes law and policy newsletters to which over 1,000 colleges and universities in North America subscribe. He has been a fellow at the University of Wisconsin Center for Behavioral Science and Law, has taught at Colgate University and serves on the board of the Kenan Institute for Ethics at Duke University. In 2005 he received the National Association of Student Personnel Administrators' Outstanding Contribution to Literature and Research award. In 2006 he was designated the University of Maryland Outstanding Faculty Educator by the Maryland Parents' Association. *garypavela@gmail.com*

MJ Raleigh, Ph.D., completed her doctoral work at Antioch University, with master's degrees from SUNY Stony Brook and the University of Colorado. She has extensive experience working in the field of mental health and over 20 years specifically in college mental health. Dr. Raleigh is a developmental therapist with existential and CBT training. Her doctoral research explored the connection between childhood nature exposure and the development of young adult coping skills. Dr. Raleigh is currently the director of counseling services at St. Mary's College of Maryland. *mraleigh@smcm.edu*

Michael C. Sachs, MA, J.D., has worked in student affairs for over 20 years. He currently holds the title of associate vice president and chief student affairs officer for LIM College in New York City. Most recently Michael coauthored chapter VI (on ethics) of the book Student Affairs and Services in Higher Education: Global Foundation, Issues and Best Practices, published in 2009 by the United Nations Educational, Scientific and Cultural Organization (UNESCO). He is a founding member of IASAS (International Association of Student Affairs and Services) and has presented or spoken at multiple national and regional conferences, webinars and meetings on a variety of topics. Mr. Sachs currently serves as the incoming chair for the College Student Educators International (ACPA) Commission for Global Dimension in Student Development. His areas of expertise and supervisory experience in student affairs and services include registrar, ADA, compliance, assessment, housing, residence life, psychological counseling, insurance, international student services, study abroad, graduate studies, judicial, academic integrity, strategic planning, student activities, crisis management, recreation and academic advising. Mr. Sachs has served as the student services representative for the New York State Education Department readiness team for both bachelor's and master's degree programs. *michael.sachs@limcollege.edu*

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In addition to her legal work in higher education, Ms. Schuster has over 20 years of experience in college administration and teaching. Prior to practicing law, she was the associate dean of students at The Ohio State University; served as a faculty member at The Ohio State University, Miami University and Columbus State Community College; and created the Developmental Education Program for Miami University. She has presented extensively on legal issues in higher education and provides consultation on many legal issues to colleges and universities throughout the country. She has provided assistance with the review and development of policies on sexual harassment and sexual misconduct for students and employees for many institutions across the country, including a recent invitation by the Iowa Board of Regents to develop student sexual misconduct policies for all state of Iowa higher education institutions. Ms. Schuster is coauthor of *The First Amendment: A Guide for College Administrators* and contributing author to *Campus Conduct Practice*.

Ms. Schuster is a former president of the Association for Student Conduct Administration (ASCA, formerly ASJA) and held many board positions in that organization. She is the current president of NaBITA (the National Behavioral Intervention Team Association), an association for higher education dedicated to the support and professional development of behavioral intervention teams whose purpose is to make campuses safer through education, prevention and intervention. She is a longtime member of the National Association of College and University Attorneys (NACUA) and served on the conference planning committee. Ms. Schuster is on the Board of Advisors for the *Report on Campus Safety and Student Development*, published by the Civic Research Institute. She also serves on several boards of directors in her community.

Ms. Schuster holds master's degrees in counseling and higher education administration from Miami University, completed her course work for her Ph.D. in organizational development at The Ohio State University, and was awarded her juris doctorate degree from the Moritz College of Law, The Ohio State University. *saundra@ncherm.org*

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Brian Van Brunt, Ed.D., works at Western Kentucky University as the director of counseling and testing. Dr. Van Brunt also serves as the current president of the American College Counseling Association (ACCA). He speaks nationally on topics such as threat assessment, forensic counseling, ethics and counseling in higher education. He is an affiliated consultant with the National Center for Higher Education Risk Management (NCHERM), a senior trainer at the Center for Aggression Management and a certified QPR instructor. *www.brianvanbrunt.com* or 603-491-3215

Carolyn Wolf, Esq., is a partner in the law firm of Abrams, Fensterman, Fensterman, Eisman, Greenberg, Formato & Einiger, LLP, and director of the firm's mental health law practice. Ms. Wolf holds a J.D. from Hofstra University School of Law, an M.S. in health services administration from the Harvard School of Public Health and an M.B.A. in management from the Hofstra University School of Business. She is admitted to practice in New York state and federal courts and the U.S. Supreme Court. Prior to practicing law, Ms. Wolf was a hospital administrator and director of hospital risk management.

Ms. Wolf's practice concentrates on the areas of mental health and health care law, representing mental health and health care professionals, major hospital systems and community hospitals, institutional and community outpatient programs, skilled nursing facilities, higher education institutions, and individuals and families. Her expertise includes

mental hygiene law, including retention and treatment over objection psychiatric cases, mental health warrants, capacity determinations, informed consent, and medical treatment cases; confidentiality and release of records matters; interaction with law enforcement in health care facilities and institutions of higher learning; *Kendra's Law* applications (Assisted Outpatient Treatment Orders); Articles 81 and 17-A guardianship proceedings; civil and criminal litigation and negotiation specific to mental health issues; consultation and advice in navigating the mental health system; and legal interventions in the inpatient and outpatient treatment settings. *cwolf@abramslaw.com*

Appendix D

Answer Keys for Tests

For Pretest for All Cases

1: a
2: c
3: c
4: a
5: d
6: false
7: a
8: c
9: d
10: b
11: d
12: c
13: true
14: b
15: b
16: d
17: c
18: d
19: c
20: false

Case Tests

Case 1:
Pretest: b, a, c, c, b
Post-test: c, c, c, c, d

Case 2:
Pretest: b, d, b, a, c
Post-test: c, b, d, false, a

Case 3:
Pretest: false, d, a, b, c
Post-test: true, c, a, c, d

Case 4:
Pretest: b, a, d, false, d
Post-test: false, b, a, b, c

Case 5:
Pretest: false, c, c, b, d
Post-test: c, d, true, d, c

Case 6:
Pretest: b, c, true, b, c
Post-test: d, false, a, d, d

Case 7:
Pretest: c, true, d, b, b
Post-test: d, b, c, d, false

Case 8:
Pretest: c, d, false, c, e
Post-test: a, c, false, d, b

Post-test for All Cases

1: d
2: b
3: c
4: false
5: d
6: d
7: c
8: a
9: b
10: c
11: d
12: b
13: c
14: false
15: a
16: c
17: d
18: false
19: a
20: c

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