The Campus Consultation Team: Threat Management Using a Team Approach

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Learning Objectives

- List the core team members of the UC Irvine’s Consultation Team and the role each member plays
- Explore and evaluate how the Consultation Team might implement a coordinated plan on several sample cases
- Evaluate data related to emerging threat assessment team standards
- Participate in a discussion about the future of threat management on your campus
History of the Consultation Team

- Established over 20 years ago
- Historically met several times a year
- Now meets weekly, at a minimum
- Crisis management issues are discussed
- Team participates in group training activities
- Team gives presentations to community members
Core and Activated Members
Team Activation

1. Raised to high level of concern at Point of Contact
2. Consultation between Core Team Member and Point of Contact
3. Entire Core & Need-to-Know Members Activated

Entire Consultation Team Meets

Coordinated Plan with Various scenarios reviewed

Point of Contact personnel benefits from consultation

Team meets quarterly or semi-annually to review Crisis Management and Crisis Intervention Protocols
## See Something

UC faculty/staff and graduate teaching/research assistants are in a unique position to demonstrate compassion for UC students in distress.

Both undergraduate and graduate students may feel *alone*, *isolated*, and even *hopeless* when faced with academic and life challenges. These feelings can easily disrupt academic performance and may lead to dysfunctional coping and other serious consequences.

You may be the first person to SEE SOMETHING distressing in a student since you have frequent and prolonged contact with them. The University of California, in collaboration with the California Mental Health Services Authority (CalMHSA), requests that you act with compassion in your dealings with such students.

## Say Something

Students exhibiting troubling behaviors in your presence are likely having difficulties in various settings including the classroom, with roommates, with family, and in even in social settings.

Trust your instincts and SAY SOMETHING if a student leaves you feeling worried, alarmed, or threatened!

## Do Something

Sometimes students cannot, or will not turn to family or friends. DO SOMETHING! Your expression of concern may be a critical factor in saving a student’s academic career or even their life.

The purpose of this folder is to help you recognize symptoms of student distress and identify appropriate referrals to campus resources.

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

The Family Educational Rights and Privacy Act (FERPA) permits communication about a student of concern in connection with a health and safety emergency. Observations of a student’s conduct or statements made by a student are not FERPA protected. Such information should be shared with appropriate consideration for student privacy.

### Indicators

<table>
<thead>
<tr>
<th>Academic Indicators</th>
<th>Physical Indicators</th>
<th>Safety Risk Indicators</th>
<th>Psychological Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ Sudden decline in quality of work and grades</td>
<td>✔️ Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss/gain</td>
<td>✔️ Unprovoked anger or hostility</td>
<td>✔️ Self-disclosure of personal distress - family problems, financial difficulties, contemplating suicide, grief</td>
</tr>
<tr>
<td>✔️ Repeated absences</td>
<td>✔️ Excessive fatigue/sleep disturbance</td>
<td>✔️ Implying or making a direct threat to harm self or others</td>
<td>✔️ Excessive tearfulness, panic reactions, irritability or unusual apathy</td>
</tr>
<tr>
<td>✔️ Bizarre content in writings or presentations</td>
<td>✔️ Intoxication, hang over, or smelling of alcohol</td>
<td>✔️ Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness, isolation, despair, acting out, suicidal ideations/violent behaviors — a “cry for help”</td>
<td>✔️ Verbal abuse (e.g., taunting, badgering, intimidation)</td>
</tr>
<tr>
<td>✔️ Multiple requests for extensions</td>
<td>✔️ Disoriented or “out of it”</td>
<td>✔️ Communicating threats via email, correspondence, texting, or phone calls</td>
<td>✔️ Expressions of concern about the student by his/her peers</td>
</tr>
<tr>
<td>✔️ You find yourself doing more personal rather than academic counseling during office hours</td>
<td>✔️ Garbled, tangential, or slurred speech</td>
<td></td>
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<tr>
<td>✔️ Very demanding of faculty/staff attention</td>
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Support for faculty and staff after working with a distressed or disruptive student: UC Irvine BAP administered by Caradale Center (800) 432-2100
Types of Cases

- An undergraduate student who chronically behaves with para-suicidal behaviors and who posts threats to harm himself on social media

- A graduate student who sends threatening e-mails to a variety of staff and faculty

- A staff member who responds angrily during meetings and causes fellow staff to fear physical violence

- A graduate student who appears intoxicated in the class he is teaching
Sample Case

“John”

- Junior political science major
- Entered with high grades
- Deteriorating hygiene, weight loss, paranoid comments
- TA’s have offered to walk him to counseling center, which was refused
- Roommate issues
- Police called during the week before finals
- John hospitalized on involuntary hold
- WAVR-21

This vignette is fictional. The events described are not real. The settings and characters are fictitious and not intended to represent specific cases.
Data were collected from over 800 community colleges and four-year universities during July-October 2012.

- 4-year schools/traditional: 76%
- 2-year schools/community: 24%
- Non-residential: 25%
- Residential: 75%
- Public: 65%
- Private: 35%
NaBITA Survey Results
Meeting Frequency

- Weekly: 38%
- Twice a month: 24%
- Monthly: 15%
- Once a semester: 2%
- Only as needed: 15%
## Team Leadership

<table>
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<tr>
<th>Role</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Dean of Students</td>
<td>44%</td>
</tr>
<tr>
<td>VPSA</td>
<td>22%</td>
</tr>
<tr>
<td>Student Conduct</td>
<td>9%</td>
</tr>
<tr>
<td>Counseling</td>
<td>7%</td>
</tr>
<tr>
<td>Academic</td>
<td>4%</td>
</tr>
<tr>
<td>Police/Safety</td>
<td>3%</td>
</tr>
</tbody>
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## Team Membership

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Counseling</td>
<td>87%</td>
</tr>
<tr>
<td>Student Activities</td>
<td>22%</td>
</tr>
<tr>
<td>Faculty</td>
<td>27%</td>
</tr>
<tr>
<td>Human Resources</td>
<td>19%</td>
</tr>
<tr>
<td>Case Manager</td>
<td>18%</td>
</tr>
<tr>
<td>Athletics</td>
<td>13%</td>
</tr>
<tr>
<td>Admissions</td>
<td>9%</td>
</tr>
<tr>
<td>Greek Life</td>
<td>5%</td>
</tr>
<tr>
<td>Student Representative</td>
<td>2%</td>
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### Notes
- Dean of Students: 44%
- VPSA: 22%
- Student Conduct: 9%
- Counseling: 7%
- Academic: 4%
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- Faculty: 27%
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- Case Manager: 18%
- Athletics: 13%
- Admissions: 9%
- Greek Life: 5%
- Student Representative: 2%
Discussion Questions

- Do you have separate teams for faculty, staff, and student concerns?
- What tools do you use for threat assessment?
- How do you keep records?
- What trends are you seeing in terms of cases?
- What is the institution’s responsibility for follow up care after the student is no longer enrolled?
- What impediments are there to continuity of care (HIPAA, FERPA) and how does your institution manage them?