TEAM APPROACH
SUPPORTING STUDENTS
NAVIGATING CRISIS

Presented by The CARE (Crisis Assessment Risk Evaluation) Team
Meet the Team

Dr. Michael LaFarr  
executive director of health and counseling center  
campus life & inclusive excellence

Dr. Niki Latino  
associate vice chancellor  
campus life & inclusive excellence

Michael Johnson  
director of student outreach & support  
campus life & inclusive excellence

Dr. Chaney Cook  
associate director/clinical & training director  
counseling services  
campus life & inclusive excellence

Kristine McCaslin  
director of student rights & responsibilities  
campus life & inclusive excellence

Molly Hooker  
strategic planning analyst  
campus life & inclusive excellence
PART ONE:
Setting the Context
National Trends
Campus Engagement
Philosophical Framework

PART TWO:
Team Approach at the University of Denver (DU)
Overview of DU’s Traveling Road Show

PART THREE:
Resources
Resource Repository
Concluding Thoughts
Setting the Context:

What brought you here today?

- Challenges to identifying and intervening early with students in need?
- Campus culture barriers?
- Looking for new ideas to help students in crisis?
- Something else?
National Trends

• Mental health has become a critical issue for colleges and universities nationwide
• Students are reporting higher levels of anxiety, depression, and stress
• Explicit education on civility
• Impact of political climate
• Social skills development
Importance of Campus Engagement

Guided by NaBITA National Standards

- Educating the campus community
- Team approach: shared ownership and responsibility
- Streamlined referral process, communication, and intervention
Evolution of Campus Engagement

TIMELINE AND PROGRESS

• Student Outreach & Support (SOS) established in 2010 with one full time staff member and various versions of a Behavioral Intervention Team
• Separate CARE team including policies and procedures established in 2017
• Core membership redefined to include decision makers

COMMUNICATION FLOW FOR REFERRALS

• SOS referral system, Student Rights & Responsibilities (SRR) referral system, Administrator On Call referrals, and Campus Safety Interview information

BUILDING A SUSTAINABLE MODEL

• Structures and Policies
• Training multiple representatives from each department on the CARE team
• Continued training of the campus community
Crisis Assessment Risk Evaluation (C.A.R.E.) Team

Purpose: As part of our culture of care and support, the University of Denver is committed to providing care and access to resources to create a safe and secure environment for our campus community to maintain our safety, health, and well-being.

Core Members
- assoc. vice chancellor, CLIE (chair)
- Student Outreach & Support
- Campus Safety
- Disability Services Program
- Health and Counseling Center
- Students Rights and Responsibilities
- CLIE representative
- Housing & Residential Education

Inner (as needed)
- vice chancellor, CLIE
- vice provost, Academic Programs
- vice provost, Graduate Education & Res.
- University Counsel
- Equal Opportunity/Title IX

Middle (as needed)
- Access & Transition's
- Learning Effectiveness Program
- Athletics
- Center for Advocacy, Prevention & Empowerment
- Fraternity & Sorority Life
- Veterans Services
- International Student & Scholar Services
- Risk Management
- Faculty/deans from individual units

Outer Members (as needed)
- General faculty members
- Administrative staff and support staff
- Academic advisors
- Coaches and assistant coaches
- Student organization advisors

CARE TEAM

BEHAVIORAL INTERVENTION POLICY

Primary Intervention Options
- Individualized Assessment
- Behavioral Expectation Letter
- Temporary Removal

Final Intervention
- Voluntary or Mandatory Withdrawal (Final Option)

Culture of Care

Individual Action Plan

SOS REFERRAL SUBMITTED
Impact of Campus Engagement on Referrals

SOS Referral by Academic Year

Graduate  Undergraduate  Total Referrals
Pause and Reflect on Building Your Team

In small groups, describe both the barriers and successes to developing partnership with faculty and staff to support and address students’ behavior.

• Clear polices and procedures?
• Consistency with upholding polices?
• Culture of referrals to CARE/BIT team?
• Culture of not wanting to refer because the student will “get in trouble”?
Team Approach at the University of Denver (DU): Overview of DU’s Traveling Road Show
In the case of an Emergency Situation:

• STEP 1: Call 911
• STEP 2: Call Campus Safety at 303-871-3000 (on campus x1-3000)
• STEP 3: Submit an SOS referral at SOS.du.edu

(NOTE: Student Outreach & Support is activated during business hours through this process and is not the office to respond to emergencies)
Educating our Campus Community: Culture of Care & Support

- Educate Students on Support Services
- Collaborate Across Departments
- Create Access to Resources
- Train Campus Community
- Develop Bystander Culture
PROACTIVE INTERVENTION/PREVENTION
- Educational Training
- Knowing when and how to take action
- Clear expectations

MILD/MODERATE INTERVENTION
- Addressing behavior at the lowest level
- Activating support through Student Outreach & Support (SOS)
- Connection to resources, healthcare, and/or Disability Services Program

ELEVATED/CRITICAL INTERVENTION
- Crisis Assessment Risk Evaluation (CARE) Behavioral Intervention Team

BEHAVIORAL ACCOUNTABILITY
- CARE Behavioral Intervention Team
- Student Rights & Responsibilities
- Office of Equal Opportunity & Title IX
When there is no immediate risk of harm

- Notice something in the student’s behavior and/or have a “gut-level feeling”
- Use professional judgement and instincts

Proactive/Prevention

KNOW WHEN AND HOW TO TAKE ACTION

STEP 1: Listen
STEP 2: Consult
STEP 3: Refer
**Proactive/Prevention**

**STEP 1: Listen and Support**

- Speak directly to the student to offer support and referrals
- It is important to listen, care, and offer campus referral information (It is the student’s decision on whether or not to use the resources)
- Helpful tips and reminders
  - Schedule a time to meet
  - Express your concern and care
- Suggest resources and referrals: provide name, phone number, and office location. If comfortable, walk the student to this office
- Keep lines of communication open with the student and document the action taken (SOS Referral)
- *The only offices confidential: Health & Counseling (HCC) and Center for Advocacy Empowerment and Prevention (CAPE)*
Proactive/Prevention

STEP 2: Consult

• Consult with at least one or more of the following resources:
  • Immediate supervisor
  • Colleague
  • Student Outreach & Support (SOS)

You may learn through the consultation that the student is on someone’s radar, concerns are being addressed, and/or the information you are providing may be new and help to determine next steps.
STEP 3: Refer

Proactive/Prevention

• Benefits of a SOS Referral:
  • Creates a formal student record
  • Documents student behavior that you are noticing
  • Highlights key points from your meeting with the student
  • Provides insight for SOS case managers to know about the student that may be helpful
SOS Referral Received

SOS may be obligated to activate the following offices based on the content of the referral:

- Student Rights & Responsibilities
- Equal Opportunity
- Title IX
- Campus Safety
- CARE Team

Campus Partners (including but not limited to):

- Disability Services Programs (DSP)
- Academic Advising
- Learning Effectiveness Program (LEP)
- Veterans Services
- Culture, Access & Transitions
- Health & Counseling Center
- Housing & Residential Education
- Financial Aid
- Registrar’s Office
- Collegiate Recovery Community (CRC)
- Center for Advocacy, Prevention, and Empowerment (CAPE)
- International Student Scholar Services (ISSS)

Mild/Moderate Intervention: Student Outreach & Support (SOS)

Case Management and Referral to Resources
Mild/Moderate Intervention: Student Outreach & Support (SOS)

SOS SUPPORT SERVICES AND PROGRAMS

- Medical Leave of Absence (MLOA) and Medical Reentry Process
- Basic Needs Fulfillment
- Support for Unaccompanied Homeless Youths
- Bereavement Verification Process
- Student Assistance Fund
- Lillie Undergraduate Engagement Grant
ELEVATED/Critical Level Intervention and Behavioral Accountability: CARE Team

- As we are working to support students in distress, it is important for CARE team members and others involved to understand how our past experiences may consciously or subconsciously impact our threshold for addressing behavior.
- These are challenging as well as complex situations and we have a coordinated team approach to consultations and behavioral intervention to provide expertise and consistency.
- Boundary setting for our community, important to remember role with students. When does your care for the student go too far and when should you refer it to the CARE team. It is everyone's role to care and establishing boundaries are important.
- Often times we have experienced our own, unique situations from the past that have significantly impacted us.
• The majority of the time when direct and clear boundaries as well as expectations are set then behavior improves.
• If the concerning behaviors continue after an intervention, then two possible hypotheses have been generated:
  • The individual is choosing to disregard rules when it suits them
  • The individual does not have the capacity to control their actions
• The CARE team can engage these areas if the issue is not resolved: Student Rights and Responsibilities, Disability Services Program and/or HCC Counseling (among others depending upon the situation).
ELEVATED/Critical LEVEL INTERVENTION AND BEHAVIORAL ACCOUNTABILITY:

CARE Team

Disruptive Behavior

- Dominating discussion—the student who won’t let anyone else talk
- Frequent interruption while talking and/or repeatedly asking of irrelevant, off-topic questions
- Poor personal hygiene that makes it difficult to continue a conversation or teach a class
- Excessive sighs or eye rolls or other gestures that disrupt the class environment
- Misuse of alcohol or other substances—attending a meeting while under the influence of a substance.
- Being intoxicated in class
- Overtly disrespectful talk to staff, faculty, or students
- Interrupting the professor
- Arguing points of contention or asking for special treatment after staff or faculty ask the student to stop

Reference: Van Brunt, B., Murphy, A., Lewis, W.S. (2017) Addressing Disruptive and Dangerous Behavior in the Classroom and around campus pg 5
ELEVATED/CRITICAL LEVEL INTERVENTION AND BEHAVIORAL ACCOUNTABILITY: CARE Team

Dangerous Behavior

- Destruction of property, throwing objects or slamming door
- Bullying behavior focused on students, faculty or staff in waiting room, outside of the office or in the residence halls
- Directly communicated threats such as “I am going to hurt you”
- Physical assault: pushing, shoving, punching
- Screaming or yelling about getting revenge
- Storming out of office or room when upset
- Conversations that are designed to upset others such as descriptions of weapons, killing, or death
- Psychotic, delusional, or rambling speech
- Overuse of an office or faculty/staff function or time; especially when already instructed not to overuse time and on appropriate boundaries

Reference: Van Brunt, B., Murphy, A., Lewis, W.S. (2017) Addressing Disruptive and Dangerous Behavior in the Classroom and around campus pg 6
Consistency with Threshold:
A Holistic and Consistent Review of Data Points
- Each individual has a different tolerance for behavior
- Submitting SOS Referrals provides an opportunity for the following reason:
  - Holistic review of all data points including previous referrals, patterns of behavior, Student Rights & Responsibilities records
  - Cross-departmental and trained team reviewing each case to consult on next steps
  - Consistency in review and follow-up recommendations
  - Consultation on policies, OCR, and other legal guidance impacting steps of intervention
  - Collective wisdom, expertise, and training in behavioral intervention- this is what we do on a day to day basis
ELEVATED/Critical Level Intervention and Behavioral Accountability: CARE Team

GOAL: To intervene as soon as possible—at the lowest level when possible—to connect students to resources before the behavior escalates and to activate appropriate university protocol.

Critical for colleagues to:
• Always address the behavior with the student
• Remind the student of expectations
• Follow up with a summary email outlining the expectations and consequences for continued patterns of behavior including activation of additional university protocol which could include the CARE team and/or Student Rights & Responsibilities
• Submit a SOS Referral as a FYI
ELEVATED/CRITICAL LEVEL INTERVENTION AND BEHAVIORAL ACCOUNTABILITY:

CARE Team

• Student Rights & Responsibilities (SRR)
• Disruptive Classroom Behavior and Behavioral Contracts
• Alleged Violations of the Honor Code
• Threat Assessment (Led by Campus Safety)
• Crisis Assessment Risk Evaluation (CARE) Behavioral Intervention Team
  • Threat Assessment (Led by Campus Safety)
  • Individual Assessments
  • Behavioral Expectation Letter
  • Temporary Removal
  • Mandatory Withdrawals
CARE Team Processes and Procedures

- Intended to prevent discrimination against students with disabilities based on
  - Stereotypes
  - Preconceptions
  - Lack of understanding
- Differentiate disruptive from dangerous behavior
- Cultivate accountability for student behavior regardless of etiology
- Support students to obtain appropriate support resources
- Identify accommodations to mitigate disruptive behavior
- Generate consistency and reduce disparate treatment
- Reduce isolation – you’re not alone
APPROACH TO AVOID...

• DON'T ask a student who has not provided a DSP accommodation letter if they are working with DSP; disclosure should be voluntary.

DO ASK OPEN-ENDED QUESTIONS...

• Have you had resources available in the past you are not using here at DU?
• You mentioned (blank), I want to make sure that you are aware of DSP, they may be able to assist you with an accommodation plan.
• Are you working with anyone on campus about (blank)?
Referrals to Disability Services Program (DSP)

**REFER**
Makes an overt disclosure of a disability, but has not provided a DSP letter

**REFER**
Shares a mental/physical health concern that interferes with their ability to meet demands of daily and/or academic life.

**REFER**
Requests something you would NOT do, or provide to, any student regardless of whether the student discloses a disability or diagnosis.
ENGAGE US
Best way: Submit a SOS Care referral - this is our context on a daily basis.

CALL TO CONSULT
It takes a team approach to resolve these situations.

REFER
Make referrals as soon as possible even just as a FYI to get the behavior noted.

SUGGEST
Let us know any additional resources that will be helpful to support your role in working with students in crisis.

DEBRIEF
If there is a student situation that you have experienced and you would like to discuss it, please let us know.
Pause and Reflect

In small groups, reflect on the approach we have presented to addressing students of concern.

As our colleagues and partners in this work:

- How would your community respond to a similar *traveling road show*?
- What would you need to modify to make this road show fit your campus culture?
- As we build our larger national network of a team approach, how can we continue to share our collective wisdom with each other?
RESOURCES at DU
Our CARE Team Policies

**Overarching Policy**
The CARE team is dedicated to a proactive, objective, supportive, and collaborative approach to the prevention, identification, assessment, intervention, management of, and coordinated response to student situations and behaviors that may be disruptive or pose a risk of harm to the safety, health, and well-being of individuals and the campus community.

**Individualized Assessment Policy**
If a student is displaying behavior that appears to present a significant disruption or risk of harm to the individual and/or community an Individual Assessment may be enacted.

**Mandatory Withdrawal Policy**
In extraordinary circumstances, a student may be subject to a mandatory withdrawal if the CARE team determines the student exhibits behaviors that substantially impede the student’s academic success and/or significantly disrupts the learning environment of others.
Educational Resources

• **University of Denver Faculty and Staff Red Folder**: Quick Reference Guide on Emergency protocols, support, CARE Team, and important policies: DU RED FOLDER

• **Behavioral Indicator Guidance for Objective Descriptions of Behavior**: Behavioral Indicators

• **ADA Accommodations Faculty and Staff Blue Folder**: Quick Reference Guide for the University to better understand the Disability Services Program policies and procedures: BLUE Folder
Referral to the CARE Team: CARE Member Request for CARE

CARE Team Decision Tree form: Decision Tree

CARE Team FERPA Request for Health Care Provider form: FERPA

CARE Team Individual Assessment form: Individualized Assessment

NaBITA 10 Questions Flow Chart: NaBITA 10 Questions Supplemental Flowchart

NaBITA Risk Rubric Flow Chart: NaBITA Flow Chart

NaBITA National Standards: National Standards

NaBITA National Standards: CORE Q 10
Referral Resources at DU

- **Student Outreach & Support**: [https://www.du.edu/studentlife/studentsupport/](https://www.du.edu/studentlife/studentsupport/)
  - Student Outreach & Support (SOS) helps students succeed by connecting them to resources, developing a plan of action to meet their goals, and navigating challenging situations
  - **SOS Referral**: The SOS staff review referrals on an daily basis, M-F 8:00 to 4:30

- **Office of Equal Opportunity & Title IX**: [https://www.du.edu/equalopportunity/](https://www.du.edu/equalopportunity/)
  - The Office of Equal Opportunity & Title IX, in collaboration with University partners, foster an environment of equal opportunity and equity for students, faculty, and staff in all aspects of educational programming and employment
  - **Biased Incident Report Team (BIRT)**: [https://www.du.edu/equalopportunity/](https://www.du.edu/equalopportunity/)
  - The University defines bias incidents as any behaviors, including speech and gestures, that target individuals or groups based on their actual or perceived group identities, such as race, ethnicity, gender, sexual orientation, socioeconomic background, age, disability, national origin, religion and others

**Students Rights and Responsibilities**: [https://www.du.edu/studentlife/studentconduct/index.html](https://www.du.edu/studentlife/studentconduct/index.html)

- The Office of Student Rights & Responsibilities (SRR) at the University of Denver supports the University's mission by providing programs and services designed to foster an inclusive campus community and promote opportunities for holistic student living, learning, and growth

- **CARE Team**: [https://www.du.edu/studentlife/studentsupport/pioneers_care/index.html](https://www.du.edu/studentlife/studentsupport/pioneers_care/index.html)
- **Health and Counseling Center**: [https://www.du.edu/health-and-counseling-center/index.html](https://www.du.edu/health-and-counseling-center/index.html)
- **Disability Services Program**: [https://www.du.edu/studentlife/disability-services/index.html](https://www.du.edu/studentlife/disability-services/index.html)
My Student Support Program (SSP)

• Free, 24/7 confidential support specifically for students
• Access to clinical advisors that can speak your preferred language
• Immediate support available through chat and phone through the free My SPP app
• On-going support available by appointment 1-866-743-7732
• Crisis help and ongoing therapy both available.
• Website: us.myissp.com
At-Risk for University and College Faculty & Staff

At-Risk for University and College Faculty & Staff

- 45 minutes
- Accepted for Review in National Registry of Evidence-Based Programs and Practices (NREPP)
- Listed in SPRC/AFSP Best Practices Registry
- Co-created with mental health experts and educators

Conversations Include
- a student, Gwen, who has good grades but is overly worried about her performance and anxious about exams and presentations
- a student, Jared, whose behavior has become increasingly erratic over the semester
- a student, Alberto, whose grades and attendance are getting worse.
DU CARE EXAMPLE

Undergraduate student had 14 SOS referrals from peers, faculty, and staff regarding self-harm, suicidal ideation, and suicide attempt

**MILD/MODERATE INTERVENTION**

Student attended one meeting with Student Outreach & Support Case Manager and shared they didn’t want any additional support, and did not want any additional outreach.

**ELEVATED/Critical Level Intervention**

Referred to the CARE team because behavior continued, elevated by engaging peers in the place of mental health professionals and the behavior disrupted both classroom experience and living experiences.

**Behavioral Accountability**

Using CARE polices the CARE team executed the following actions:

- Behavioral Expectation Letter
- Individual Assessment
- 2nd Behavioral Expectation Letter (temp removal)
- Final Behavioral Expectation Letter (mandatory withdrawal)
RESOURCE REPOSITORY
Let’s learn from each by sharing out resources to make our campuses more supportive and safer for our students.

- Using Microsoft Team
- Join the team with the following code: lk5vfbo
- Post and upload files for colleague enrichment
Concluding Thoughts
Reflections
Questions