

Emergency Situations Student Support Committee

November 20, 2007

Committee Members

Ashley Atteberry – Office of Student Conduct
Dan Burcham (Co-Chair) – Vice President for Student Affairs Office
Mike Cairns – Associate Vice President for Student Affairs Office
Anne Gillespie (Co-Chair) – University College, Educational and Career Counseling Center
Jeff Hardesty – College of Technology, Welding Engineering Technology Department
Tim Jacobs – Department of Public Safety
Ken Plas – General Counsel Office, Staff Attorney
Jon Shaffer – Residential Life
Paul Sullivan – Counseling Center and Birkam Health Center
Janice Weaver – College of Arts and Sciences, Social Sciences Department
Leroy Wright. – Dean of Student Life

Three committees were formed by President Eisler as a result of the Virginia Tech mass murder. Prior to the murders on the campus at Virginia Tech Ferris' emergency team had been meeting; however, other issues have arisen and it was noted individuals from the academic side were not involved in the discussion. This committee focused on student issues pertaining to potential threats, support of the student posing a threat, as well as those impacted by a potential threat, and identification of how to communicate with each other if an emergency situation should arise on the Ferris State University campus.

Charge to the Committee

1. Make recommendations for the identification and support of distressed and disturbed students on the FSU campus.
2. Make recommendations for FSU to address needs for our campus that are perceived after reviewing the Virginia Tech Internal Review and the Governor's Task Force reports.
3. Make recommendations on how to communicate between and among University constituencies about distressed and disturbed students.
4. Immediately implement action steps when it is clear that both communications and safety issues must be improved.

Emergency Situations Student Support Committee

Executive Summary of Recommendations

- Creation of a Threat Assessment Team (TAT).
- Provide specialized training to members of the Threat Assessment Team.
- Use QPR- as the cornerstone of education and to reduce the risk of suicide across campus.
- Adapt the Student Affairs *Procedures for Dealing with Suicidal Ideation and/or Suicidal Students* to include all distressed students.
- Develop on-line, multimedia, and live programs to educate student, faculty, and staff groups on depression and suicide, high risk situations, and disturbed/disruptive students in and out of the classroom.
- Develop on-line, multimedia, and live programs to educate student, faculty, and staff groups on FERPA, HIPAA and ADA to diminish misunderstandings about the ability to share information regarding a distressed student.
- Create and develop partnerships between the Personal Counseling Center and the Educational and Career Counseling Center to carry out web-based and "live" programs and trainings.
- Create and develop partnerships with the Diversity Office, Multicultural Student Services, and others to develop an improved sense of community, justice and diversity, and increase partnerships with parents.
- Stabilize and insure staffing of Personal Counseling Center.
- Investigate Case Managers as a longer term goal; for now utilize the Dean of Student Life and the Associate Vice President of Student Affairs.
- Revisit a Mandatory Medical Leave and Withdrawal Policy
- Mandate Psychological or Psychiatric Evaluation by off-campus impartial (forensic) psychologist or psychiatrist, sometimes paid for by the University
- Connect with and develop relationships among the personal and the academic counseling centers and the Faculty Center for Teaching and Learning.
- Promote significantly more open communication among faculty, staff, and administration on dealing with disruptive/disturbed students while respecting the privacy of student information in the Counseling Center and Health Center.

Emergency Situations Student Support Committee

- Increase training, in a variety of ways, to handle situations including violence in the workplace for faculty and staff.
- Incorporate and address culture of silence in all FSUS classes.
- Incorporate and address suicide/distressed students in all FSUS classes.
- Partner with Human Resources to include a module on suicide/distressed students during faculty/staff orientation.
- Develop student training modules on conflict management, resilience and problem solving.
- Develop an effective way to update student information such as local addresses, telephone numbers, and emergency notification information each semester.
- Disseminate medical withdrawal “how-to” information to students, faculty, staff and parents.
- Delineate clear hierarchy of responsibility regarding who does what when, who is the person in charge and responsible for action, and who is responsible for monitoring the student’s progress.
- Budget for training resources for these recommendations on an on-going basis or annually.
- Develop a standing implementation committee to craft action plans to carry out task force recommendations.

Committee Recommendations

Creation of a Threat Assessment Team (TAT); a small group of specially trained individuals, from counseling & law enforcement, and others who will be appointed, who determine if a student is an immediate threat. The TAT, after assessing the threat, may take action such as making the decision to hospitalize the student; to arrest the student; to contact either the student’s parent, an emergency contact, or to make next-of-kin notification; call in housing or academic affairs on an immediate basis, or if it is not an emergency that needs to be acted on immediately, the power to take the case to higher administration for a decision.

- University of Virginia Professors, Dewey G. Cornell and Peter L. Sheras suggest the basis for developing a threat assessment protocol is that in most cases, threats precede violent acts in schools. This approach requires school officials to investigate any apparent threatening

Emergency Situations Student Support Committee

behavior by students and to make a determination of the seriousness of the actions before imposing disciplinary consequences. Research by Cornell and Sheras has resulted in the development of the Virginia Threat Assessment Guidelines which are organized around a decision tree that leads school administrators through a step-by-step process for investigating student threats, determining how dangerous a threat is and then planning what actions are necessary to prevent the threat from being carried out.

- ❖ Guidelines call for a multidisciplinary team approach bringing together school administrators with law enforcement and mental health professionals to assess a student threat, to suggest a course of action, and to develop a follow-up plan. Based on their research most threats could be classified as transient threats that are easily resolved, and only about one-third of the threats would be classified as substantive threats requiring more extensive assessment. The guidelines developed through their research include criteria for school administrators to use in determining the seriousness of a threat.
- ❖ Schools taking a threat assessment approach are given leniency to permit administrators flexibility in dealing with a perceived threat. They would not have to create zero tolerance policies that could conceivably result in severe punishment for every identifiable perceived threat. For instance, if a student is venting, or if a threatening statement is identified as either a joke or figure of speech, such as, “I could just kill you for that,” it could be resolved relatively quickly. If a threat is determined to be very serious, it would trigger a law enforcement investigation and a mental health assessment of the student.
- ❖ In their study *Guidelines for Student Threat Assessment: Field Test Findings*, Cornell and Sheras demonstrated how schools can safely respond to students who make violent threats. The study reported on a blueprint for student threat assessment they field-tested at 35 schools over one year. During that time, school officials successfully resolved 188 incidents in which students threatened to commit violent acts.
- Further, according to the *Guide to Managing Threatening Situations and to Creating Safe School Climates* developed by the U.S. Secret Service and the U.S. Department of Education as a result of the Safe School Initiative, the use of the threat assessment process, pioneered by

Emergency Situations Student Support Committee

the U. S. Secret Service, is one way to help schools across the nation reduce school violence and create safe climates. Threat assessment, as defined by the Secret Service, “involves efforts to identify, assess, and manage individuals and groups who may pose threats of targeted violence”. The process relies on an appraisal of behaviors, rather than stated threats or traits, as the basis of whether there is cause for concern. The six underlying principles of threat assessment include:

- ❖ Targeted violence is the end result of an understandable, and oftentimes discernable, process of thinking and behavior.
 - ❖ Targeted violence stems from an interaction among the person, the situation, the setting, and the target.
 - ❖ An investigative, skeptical mindset is critical to successful threat assessment.
 - ❖ Effective threat assessment is based on facts, rather than on characteristics or traits.
 - ❖ An integrated systems approach should guide threat assessment investigations.
 - ❖ The central question of a threat assessment is whether a student poses a threat, not whether a student made a threat.
- The difference between the proposed Threat Assessment Team (TAT) and the current Students of Concern Committee hinges on recognition of the TAT’s authority to act. Both seek to improve communication and working relationships between those involved with student issues, but while the Students of Concern Committee discusses policies and procedures and works only on an advisory basis, the TAT operates on an action basis not only on referrals from the Students of Concern Committee and law enforcement, but also from factual information and circumstances gathered in other ways.
 - ❖ **Students of Concern Committee:** According to the draft which outlines the role of this committee on the Ferris State University campus, the purpose of the Students of Concern Committee is to help students experiencing mental health issues *and* to protect the interests of the University by providing:
 - Pro-active services to students who may be "disturbed" or who may be exhibiting disturbing behavior – often a student in crisis.
 - Coordination of care among those trying to help the student.
 - Improved communication and improved working relationships among the various offices involved with that student of concern:

Emergency Situations Student Support Committee

- Dean of Student Life
 - Housing
 - Office of Student Conduct
 - The General Counsel's Office
 - The Health Center
 - The Personal Counseling Center
 - Academic Affairs
 - The Vice President of Student Affairs Office
 - The President's Office
 - DPS
- An opportunity to discuss policies and procedures relative to dealing with students with mental health challenges.

Provide specialized training by the FBI, Secret Service, deBecker and Associates Group or other threat assessment organizations, to members of the Threat Assessment Team which would include representatives from the counseling center and law enforcement, and others identified as front-line responders.

- The Critical Incident Response Group (CIRG) for the National Center for the Analysis of Violent Crime (NCAVC) at the FBI Academy reported in *The School Shooter: A Threat Assessment Perspective* that a 1998 letter written by Attorney General Janet Reno and Secretary of Education Richard Wiley to principals and teachers advocated for a systematic approach to threat assessment. It stated threat assessment should be part of a nationwide plan where there is "an overall effort to make sure that every school in the Nation has a comprehensive violence prevention plan in place." Their letter, which introduced the joint Justice and Education Department publication "*Early Warning, Timely Response: A Guide to Safe Schools*," added this prudent advice: "We also caution you to recognize that over labeling and using this guide to stigmatize children in a cursory way that leads to overreaction is harmful."
- Presently, the Counseling Center can usually assess troubled, depressed, and suicidal students, determine imminent danger to self or others, or identify psychosis or mental illness as described by the State of Michigan Mental Health Code and the Diagnostic and Statistical

Emergency Situations Student Support Committee

Manual (DSM-IV-R) (Paul Sullivan, e-mail: FW: Threat Assessment Teams, personal communication, 10/29/07).

- What the Counseling Center cannot do is predict violence or suicidality on a future or longer term basis like de Becker and Associates claim they can do. While most psychologists and psychiatrists are not prepared to predict longer term behavior, deBecker and Associates trains personnel to predict levels of dangerous future behavior and how to avoid negative outcomes. They sell accompanying software called MOSAIC which supports prediction with a confidence level score. In other words, the de Becker training is almost one-of-a-kind training, as one will see on their website. (Paul Sullivan, e-mail: DW: Threat Assessment Teams, personal communication, 10/29/07)

Investigate QPR (Question, Persuade, Refer) as a training program for “any one on the front line”. Use QPR- as the cornerstone of education and to reduce the risk of suicide across campus.

- According to the *QPR for Communities: A Suicide Risk Reduction Program* website, QPR is a community-based multidisciplinary team of professionals that believe in order for suicide attempts and completions to be reduced, a unified community response of both lay citizens and professionals is required. They must work together to achieve two common goals:
 - ❖ A greater sense of shared responsibility for the prevention of suicide.
 - ❖ Enhancement of community competence in preventing suicide and suicide attempts.
- The QPR website defines communities as networks of people working in common cause for shared goals. According to their definition, a university may be defined as a community. It is the intention of QPR that a community provided with suicide prevention tools that work, can come together to prevent not only self-destructive acts, but also the other-directed violence that is too often associated with suicidal behaviors. The focus of QPR is to simultaneously build shared community responsibility and individual and group competence to identify, assess, manage, and treat suicidal members of the community.
- As stated in their website, the four cornerstones of the theory upon which QPR is derived are:
 - ❖ Those who most need help in a suicidal crisis are the least likely to ask for it.
Thus, we must find our at-risk citizens & go to them with help without requiring that they ask for it.

Emergency Situations Student Support Committee

- ❖ The person most likely to prevent you from dying by suicide is someone you already know. *Thus, those around us must know what to do if we become suicidal*
- ❖ Prior to making a suicide attempt, those in a suicidal crisis are likely to send warning signs of their distress and suicidal intent to those around them. *Thus, learning these warning signs and taking quick, bold action during these windows of opportunity can save lives*
- ❖ When we solve the problems people kill themselves to solve, the reasons for suicide disappear. *Thus, crisis intervention, problem resolution and treatment save lives*
- ❖ It is the belief of the QPR Institute that if lives are to be saved in suicide prevention, we must first locate, identify, and then Question, Persuade and Refer those most at risk for self-harm to professional providers of care.

Adapt the Student Affairs Procedures for Dealing with Suicidal Ideation and/or Suicidal Students to include all distressed students. According to the policy draft:

- This general, guiding document presents an overview of how Ferris State University serves the needs of students who experience suicidal ideation (thinking) or who engage in suicide attempts.
- It has never been Ferris State University's practice to arbitrarily seek to rid itself of troubled students. Rather, we seek to partner with the student for their own health, safety, and well-being until such time that their behavior indicates they are either unwilling or unable to make appropriate behavioral choices necessary to be a successful student.
- This policy and practice allows for students to receive a good level of support while also ensuring there is as little negative impact on the rest of the community as possible. It also reduces the burden on staff and allows them to attend to other students and other important parts of their jobs.
- In general, if students do not choose to cooperate with the Personal Counseling Center, the Dean of Student Life, Hall staff, or other University officials, they potentially become a larger burden than is reasonable to expect the University to carry.
- This process is essentially (barring any other violations of policy) utilized to ensure the student is making healthy choices. It also provides a means by which the university may

Emergency Situations Student Support Committee

protect itself if the student chooses *not* to follow-up with the recommendations of the Personal Counseling Center and Dean of Student Life.

- ❖ Note: This process does not account for the disposition of additional violations of the Code of Student Community Standards (Student Handbook).
- Most Ferris State University employees are reporting agents relative to student suicidal ideation. The Personal Counseling Center and Birkam Health Center are not required to report such incidents. If any other Ferris State University employee learns of a student suicide attempt they *must* contact their immediate supervisor.
- In case of an emergency the Director of the Personal Counseling Center (or on-call staff if after hours) is notified and conducts a suicide risk assessment/screening to determine the nature and seriousness of the situation. As a result of this assessment, the Personal Counseling Center makes a recommendation at that time to Residential Life officials or others.
 - ❖ The student must sign a completed Personal Counseling Center Release of Information (ROI) in the company of the referral source if the Personal Counseling Center is expected to disclose privileged information.
- The reporting agent will provide the Director of the Personal Counseling Center, the Dean of Student Life and the Associate Vice President of Student Affairs with information about an authentic suicide attempt. This information is then shared with the Vice President of Student Affairs and the Vice President of Administration and Finance. One of these Vice Presidents will contact the President of the University. If Campus Safety is involved, police reports will be sent to the offices mentioned above. (Reporting agents may need to request police reports.)
- If it becomes apparent that the student in question cannot remain in the Residence Hall, and cannot be housed in the hospital overnight, and is not in a police facility (jail), the student may be offered the use of (or may choose to use) the Respite Room at the Birkam Health Center.
- A parallel process is initiated via a DPS report/referral to the Office of Student Conduct and/or via a report from the Hall Director/Judicial Officer. (This is done to ensure the rights of the student and the University.)

Emergency Situations Student Support Committee

- Typically, the Dean of Student Life or his/her designee will meet with the Director of the Personal Counseling Center or his designee and student separately to discuss behavioral expectations. The student may be required to attend an assessment at the Personal Counseling Center.
- At the Personal Counseling Center the student's level of risk is assessed and through the use of a Release of Information, the Personal Counseling Center provides the outcome of the assessment to the Dean of Student Life to include:
 - ❖ Confirmation the student attended the assessment.
 - ❖ The recommendations of the Personal Counseling Center for follow-up (if any) for the student (further counseling, behavioral contract, etc.) and,
 - ❖ If/when the student follows through with the recommended actions.
 - ❖ If a student will *not* sign a Personal Counseling Center Release of Information, thereby refusing to cooperate with the University in receiving the care deemed necessary to be a safe and successful student, then various University officials, such as the Dean of Student Life, the Director of the Personal Counseling Center, and the Vice President of Student Affairs, etc. will meet to discuss the possibility of removing this student from the University.
- If the student is compliant with the Dean of Student Life and follows the recommendation(s) of the Counseling Center and Dean of Student Life, there is no further progress other than to note the incident in a file.
- Should the student choose *not* to follow through with the behavioral expectations, the Dean of Student Life will summon the student for a conference as a means of protecting the rights of the student and the rights of the University.
- As a result of this conference, the student usually complies with the recommendation(s) of the Personal Counselor and the behavioral expectations from the Dean of Student Life.
- The purpose of this conference is not punitive; it is used as a means of ensuring the student receives the proper care for potential self-harm while permitting the student to remain a student.
- Parental Notification: Notwithstanding the confidential relationship existing between students and the University, students must understand and agree that the University (but *not* the Personal Counseling Center and/or the Birkam Health Center) *may* contact the

Emergency Situations Student Support Committee

person(s) they have identified, and/or their parent(s) or legal guardian(s), in the event that the University determines that their health, safety and/or welfare may be at risk, including, but not limited to, situations involving self-destructive plans or activities.

- If the student complies and follows through with the recommendation, and if there is no further suicidal ideation, the situation quietly comes to a close.
- However, there are times when the student will choose *not* to follow through with the process. It is only at this point that we would look to invoke the disciplinary process as a means of potentially removing the student from campus for the protection of the student and the protection of the University.
- In the event that the outcome of the intake included further follow-up and the student did *not* complete the follow-up (or violated the terms of a behavioral contract) the student would be charged with a failure to comply (or similar charge) and adjudicated. (Note: Students are *not* always suspended for failure to comply.)
- If a student were to be removed from campus as a result, it would **only** come at the point where the student refused to cooperate with the University in receiving the level of care deemed necessary to be a successful student.

Develop on-line, multimedia, and live programs to educate student, faculty, and staff groups on depression and suicide, high risk situations, disturbed/disruptive students in and out of the classroom;

- Creation of an on-line tutorial/training module with certification; development of a checklist for newly hired administrators; development of a webinar focuses on the identification of distressed students; development of FAQ's both hard copies and on-line; development of a flipbook of signs and symptoms which indicate student distress and what to do when such signs and symptoms are observed.
- Provide information on the FSU website regarding those same signs and symptoms and increase the on-line resources available.
 - ❖ Paul Siegel, a consulting psychologist to college counseling centers on identifying and responding to suicidal students, stated "to aid this effort (*responding to rising suicides in college*), guidelines for noticing potential signs and symptoms should be

Emergency Situations Student Support Committee

distributed to the entire campus community - through media that people will actually read, not just faculty and student handbooks (which they don't)".

- Currently the Counseling Center has developed presentations on Managing Disruptive Students; Signs and Symptoms of Depression and Suicide; and Alcoholism and Substance Abuse that are presented upon request to various campus constituencies.

Develop on-line, multimedia, and live programs to educate student, faculty, and staff groups on FERPA, HIPAA and ADA to diminish misunderstandings as to the ability to share information regarding a distressed student of concern.

- In their *Report to the President on Issues Raised by the Virginia Tech Tragedy*, compiled by the U.S. Departments of Education, Health and Human Services and Justice, it was stated "Throughout our meetings and in every breakout session, we heard differing interpretations and confusion about legal restrictions on the ability to share information about a person who may be a threat to self or to others,"
- Fears of violating state privacy laws, statutes designed to prevent discrimination of people with mental illness and, the federal Health Insurance Portability Accountability Act (HIPAA) Privacy Rule, and the Family Educational Rights and Privacy Act (FERPA), serves to "chill legitimate information sharing," the report reads.
- The Counseling Center has developed presentations on HIPAA, FERPA and the ADA that have been presented to the general meetings of the College of Education and Human Services and the College of Pharmacy, as well as the Faculty Senate Retreat. The presentations generally are completed upon request by various university constituencies.

Create and develop partnerships between the Personal Counseling Center and the Educational and Career Counseling Center to carry out web-based and "live" programs and trainings.

- In a document titled *Supporting Students: A Model Policy for Colleges and Universities* authored by attorneys for the Judge David L. Bazelon Center for Mental Health Law, it was recommended that "colleges and universities provide education and training so that students, resident advisors, campus police, and teaching, administrative and other staff:
 - ❖ Are familiar with signs of mental illness, depression, self harm and suicide risk,

Emergency Situations Student Support Committee

- ❖ Understand – and know how to access – the range of supports available to students, including peer-run groups, counseling services, and accommodations.
- ❖ Know what emergency procedures to follow in a crisis.
- ❖ Provide information about mental health issues and services and the disability services at student and parent orientations.
- Furthermore the counseling staff of the Educational & Career Counseling Center is licensed by the State of Michigan as LPC (Licensed Professional Counselors), NCC (Nationally Certified Counselor) or LLPC (Limited Licensed Professional Counselors). They routinely counsel students on academic, educational and career issues, as well as present multiple presentations on the FSU campus.
- The counseling staff of the Personal Counseling Center is licensed by the State of Michigan as LPC (Licensed Professional Counselor), LMFT (Licensed Marriage and Family Therapist), LLP (Limited Licensed Psychologist), Ed.D/PhD (Licensed Psychologist), NCC (Nationally Certified Counselor), or CRC (Certified Rehabilitation Counselor). They routinely counsel students on mental health issues, offer multiple presentations and provide mental health and substance use screenings on the FSU campus.

Create and develop partnerships with above offices, Diversity Office, Multicultural Student Services, and others to develop an improved sense of community, justice and diversity, and further develop partnership initiatives with parents.

- David Pilgrim, Chief Diversity Officer of Ferris State University in an e-mail to the Ferris State University campus (email, personal communication, Diversity Office Update, 11/13/07) stated in the Ferris State University Diversity Plan 2008-2010, one goal is to create a University that is welcoming to diverse populations in the following ways:
 - ❖ Conducting University-wide diversity surveys of students, faculty, and staff.
 - ❖ Establishing a mechanism for addressing concerns and resolving disputes that are neither legal nor contractual (there are mechanisms for handling legal and contractual disputes).
 - ❖ Conducting *Dialogue Ferris*, a University-wide series of lectures and discussions. The goal is “talk with a purpose,” promoting honest, and ongoing dialogue about diversity.

Emergency Situations Student Support Committee

- ❖ Conducting seminars and workshops will to engage the faculty and staff in sustaining dialogue about and understanding of diversity.
- ❖ *Diversity at Ferris*, an annual assessment report, will provide demographic data on underrepresented groups and examine the state of diversity initiatives.
- ❖ The University will continue to nurture existing relationships and develop new working relationships with local agencies and organizations that provide support services for Ferris faculty, staff, students and their families.
- ❖ Each division will produce a diversity action plan in collaboration with divisional diversity work groups.
- In the same e-mail, David Pilgrim continued that in order to create environments for student learning that are inclusive of and sensitive to a diverse student population:
 - ❖ Diversity issues will be introduced in all Ferris State University Seminar (FSU 100) courses.
 - ❖ Diversity across the Curriculum, a multidisciplinary approach to ensuring curricula that is diversity-sensitive, inclusive and incorporates diversity issues and content will be introduced.
 - ❖ Resources will be provided for faculty who want to infuse diversity issues and content into their courses.
 - ❖ The University will support faculty in handling conflict around diversity in the classroom.
 - ❖ The University will support and encourage the establishment of culturally-sensitive and inclusive learning environments.
- Development of a stronger partnership with parents in an effort towards increasing an improved sense of community.
 - ❖ As cited in *Welcoming a New Generation to College: The Millennial Students* “Once students matriculate at a particular college or university, parental involvement does not wane. In fact, some institutions have opened Offices of Parental Relations to handle the avalanche of emails and telephone calls from parents to the college administration (Brownstein, 2000). At other institutions, parents are reported to be involved in discussions regarding their child's financial aid, housing arrangements, and even disputed grades-leading some college administrators to elicit parental

Emergency Situations Student Support Committee

concerns regarding campus alcohol policies, disciplinary actions, etc. proactively (Turrisi, Jaccard, Taki, Dunnam, and Grimes, 2001). Indeed, in an effort to accommodate increasing parental involvement, one university has implemented several initiatives, including: 1) Parents' Weekends in both fall and spring semesters; 2) newsletters for parents; and 3) a Parents' Advisory Council that meets regularly with the vice chancellor of student affairs to discuss campus events and issues. In short, parents of today's college students want, and expect, to be involved in the admission process-and many expect that involvement to continue, in some form, throughout their child's undergraduate education.”

Stabilize and insure staffing of Personal Counseling Center. The increased attention to all of these issues has the Counseling Center overwhelmed with students. Ironically, the more educational web programs and presentations done by the staff, the more students who will come in for personal counseling. This is already occurring with a staff of five counselors, two of whom are temporary and looking for more permanent jobs. There are virtually no resources off-campus for students to use, an almost unheard of dilemma for any university and community.

- The International Association of Counseling Services, a nationally recognized professional association for counselors on college campuses, recommends that the counselor to student ratio on a college campus be one counselor for every 1,000 to 1,500 students. It should be noted this range takes into account the availability of external community support services available for our students. However, if such services are unavailable in the community, and often times they are not, students can experience a five week wait for services (The State University of New York, Senate Standing Committee on Higher Education Public Hearing on *Security Procedures and Campus Policies Designed to Provide a Safe Environment for Students and College Personnel*).

Working towards bringing on Case Managers to the Counseling Center may be a longer term goal: but for now continue to utilize the Dean of Student Life and the Associate Vice President of Student Affairs.

- In the *Presidential Internal Review*, concern was raised at Virginia Tech that fragmentation regarding information could occur if there was not one person who served as the conduit of information. The Virginia Tech working group suggested mental health case management for

Emergency Situations Student Support Committee

the at-risk student would be the “cornerstone for effective identification, intervention and follow-up” for services.

- It was also suggested by the VT working group that a form of case management delivered by the Office of the Dean of Students would involve working with a student whose needs include coordinating on-campus services and communicating with interested academic entities.

Revisit a Mandatory Medical Leave and Withdrawal Policy: This policy would parallel the Conduct Hearing procedures with opportunity for due process and summary medical leave or withdrawal in high risk situations. It would apply to students with severe behavioral health (mental health) problems that may or may not involve conduct violations that may apply to off-campus students and situations. Many of these situations involve disturbed or distressed students under very sad circumstances where the risk may not have reached imminent danger and where mental health professionals could act legally to protect the student or others from harm.

- In a model drafted by the attorneys at the Judge David L. Bazelon Center for Mental Health Law entitled *Supporting Students: A Model Policy for Colleges and Universities* a framework for voluntary and involuntary leave was delineated as the following:
 - ❖ In the uncommon circumstance that a student cannot safely remain at [college/university] or meet academic standards even with accommodations and other supports, [college/university] may require the student to take a leave of absence.
 - ❖ Decisions whether to impose an involuntary leave will be made by a committee that includes the director of the counseling center.
 - ❖ The committee may impose an involuntary leave for safety reasons if it finds, after an individualized assessment, that there is a significant risk that the student will harm him/herself or another, and that the risk cannot be eliminated or reduced to an acceptable level through accommodations.
 - ❖ In making its decision, the committee will:
 - Consider whether there are accommodations that would allow the student to meet academic standards and remain safely in school, and

Emergency Situations Student Support Committee

- If safety is an issue, consider the nature and severity of the risk, the probability that injury will actually occur, and whether accommodations can sufficiently mitigate the risk.
- ❖ Before making its decision, the committee must:
 - Notify the student that the committee is considering imposing an involuntary leave and the basis for the committee's belief that the student may need to be placed on involuntary leave, and
 - Provide the student and his/her representative the opportunity to appear personally before the committee and provide relevant information.
- ❖ The committee may inquire into a student's current condition, including requesting recent mental health information and records, but must confine its inquiry to information and records necessary to make a determination. The committee or student may not insist on unlimited access to confidential information or records.
- ❖ If the committee imposes an involuntary leave because there is a significant risk that the student will harm another if he/she remains on campus, the committee may restrict the student's interactions with the campus community during the period of the leave as needed to ensure safety. Such restrictions may include limits on the student's communications with faculty, staff, or attending campus events.
- ❖ *Returning from leave or medical withdrawal:* A student on leave or medical withdrawal, whether voluntary or involuntary, may request at any time to return to [college/university] as a student.
- ❖ If [college/university] requires students on leave for medical reasons to demonstrate that they are fit to return, the college may require such a demonstration from a returning student on leave for mental health reasons. An opinion from the student's treating mental health professional that the student is fit to return should, in most cases, be sufficient to allow the student to return. In exceptional cases, [college/university] may seek a second opinion and/or ask the student for a face-to-face interview with a [college/university] representative.

Emergency Situations Student Support Committee

Mandated Psychological or Psychiatric Evaluation by off-campus impartial (forensic) psychologist or psychiatrist sometimes paid for by the University with the expressed purpose of discovering risk or ability to "manage normal stressors of college life". This could be in conjunction with Threat Assessment Team, Counseling Center, or both and with or without the deployment of the Mandated Medical Leave/Withdrawal Policy.

- In the *National Survey of Counseling Center Directors 2006* conducted by Robert P. Gallagher, University of Pittsburg, the changing demographics of college campuses and the perceived need for additional resources and opportunities for referrals were highlighted.

According to the survey:

- ❖ 16.4 % of center clients are referred for psychiatric evaluation (Up from 12% in 2004) and 25% of center clients are on psychiatric medication. The latter is up from 20% in 2003, 17% in 2000, and 9% in 1994. In addition, 91.6% of directors believe there is an increase in the number of student's coming to campus who are already on psychiatric medication
- ❖ 92% of directors believe the number of students with severe psychological problems has increased in recent years.
- ❖ Directors report 40% of their clients have severe psychological problems, 8% have an impairment so serious they cannot remain in school, or can only do so with extensive psychological/psychiatric help, while 32% experience severe problems but can be treated successfully with available treatment modalities.
- ❖ 92% of directors believe the increase of students with more serious problems is a growing concern in their centers, 77% believe it is a growing concern for the administration, 67% for faculty and 81.5% for residence life staff. Furthermore, 2,368 students were hospitalized for psychological reasons during the surveyed year.
- ❖ Directors reported 142 student suicides in the past year. 14 of these were current or former counseling center clients, 71.4% were males, 76% were undergraduates, and most of the suicides (68%) occurred off-campus. 76% were Caucasian, 15% were Asian or Pacific Islanders, and 6 % were African American. To the extent it was known 44% of the students were depressed, 24 % had relationship problems, and 18% had academic problems. 32% were on psychiatric medication and 23% had a previous psychiatric hospitalization. 19% committed suicide by use of a firearm, 26%

Emergency Situations Student Support Committee

by hanging, 13% by ingesting toxic substances, 9% by jumping, and 33% by other methods.

Connect with and develop relationships among the personal and the academic counseling centers and the Faculty Center for Teaching and Learning.

- The need for suicide prevention training must be performed by a variety of entities within the university setting. There is no such thing as too much training in this area. The National Institute of Mental Health reported in *Suicide in the U.S.: Statistics and Prevention*, that in 2004, suicide was the third leading cause of death in each of the following age groups. Of every 100,000 young people in each age group, the following number died by suicide:
 - ❖ Children ages 10 to 14 — 1.3 per 100,000
 - ❖ Adolescents ages 15 to 19 — 8.2 per 100,000
 - ❖ Young adults ages 20 to 24 — 12.5 per 100,000
- The report continued “as in the general population, young people were much more likely to use firearms, suffocation, and poisoning than other methods of suicide, overall. However, while adolescents and young adults were more likely to use firearms than suffocation, children were dramatically more likely to use suffocation”.
 - ❖ There were also gender differences in suicide among young people, as follows:
 - Almost four times as many males as females ages 15 to 19 died by suicide.
 - More than six times as many males as females ages 20 to 24 died by suicide.

Promote significantly more open communication among faculty, staff, and administration on dealing with disruptive/disturbed students while respecting the privacy of student information in the Counseling Center and Health Center. This area is still a widely misunderstood issue that often needs explanation.

- Market the need for dual reporting by faculty and staff to both the Counseling Center and the Dean of Student Life, due to confidentiality restrictions placed on licensed professionals.
 - ❖ The *American Counseling Association Code of Ethics* states:
 - Section B: Confidentiality, Privileged Communication, and Privacy

Emergency Situations Student Support Committee

- Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.
- B.1.c. Respect for Confidentiality
 - Counselors do not share confidential information without client consent or without sound legal or ethical justification.
- B.2. Exceptions: B.2.a. Danger and Legal Requirements
 - The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception.
- B.2.d. Minimal Disclosure
 - To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.
- B.8. Consultation: B.8.a. Agreements
 - When acting as consultants, counselors seek agreements among all parties involved concerning each individual's rights to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.
- B.8.c. Disclosure of Confidential Information
 - When consulting with colleagues, counselors do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization

Emergency Situations Student Support Committee

- ❖ *The American Psychological Association Ethical Principles of Psychologists and Code of Conduct* states:
 - 4. Privacy And Confidentiality: 4.01 Maintaining Confidentiality
 - Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific
 - 4.05 Disclosures
 - (a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.
 - (b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.
 - 4.06 Consultations
When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation.
- ❖ *The Code of Ethics of the National Association of Social Workers* states:
 - 1.07 Privacy and Confidentiality
 - (a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is

Emergency Situations Student Support Committee

essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

- (b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.
- (c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.
- (q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.
- *PUBLIC HEALTH CODE (EXCERPT): Act 368 of 1978*
 - ❖ ***333.18117 Privileged communications; disclosure of confidential information.***
 - ❖ For the purposes of this part, the confidential relations and communications between a licensed professional counselor or a limited licensed counselor and a client of the licensed professional counselor or a limited licensed counselor are privileged communications, and this part does not require a privileged communication to be disclosed, except as otherwise provided by law. Confidential information may be disclosed only upon consent of the client, pursuant to section 16222 if the licensee reasonably believes it is necessary to disclose the information to comply with section 16222, or under section 16281.

Emergency Situations Student Support Committee

- ❖ ***333.18237 Confidential information; disclosure; waiver.***
- ❖ A psychologist licensed or allowed to use that title under this part or an individual under his or her supervision cannot be compelled to disclose confidential information acquired from an individual consulting the psychologist in his or her professional capacity if the information is necessary to enable the psychologist to render services. Information may be disclosed with the consent of the individual consulting the psychologist, or if the individual consulting the psychologist is a minor, with the consent of the minor's guardian, pursuant to section 16222 if the psychologist reasonably believes it is necessary to disclose the information to comply with section 16222, or under section 16281. In a contest on the admission of a deceased individual's will to probate, an heir at law of the decedent, whether a proponent or contestant of the will, and the personal representative of the decedent may waive the privilege created by this section.
- ❖ ***333.18513 Confidentiality of communication.***
- ❖ (1) An individual registered or licensed under this part or an employee or officer of an organization that employs the registrant or licensee is not required to disclose a communication or a portion of a communication made by a client to the individual or advice given in the course of professional employment.
- ❖ (2) Except as otherwise provided in this section, a communication between a registrant or licensee or an organization with which the registrant or licensee has an agency relationship and a client is a confidential communication. A confidential communication shall not be disclosed, except under either or both of the following circumstances:
 - ❖ (a) The disclosure is part of a required supervisory process within the organization that employs or otherwise has an agency relationship with the registrant or licensee.
 - ❖ (b) The privilege is waived by the client or a person authorized to act in the client's behalf.
- ❖ (3) If requested by the court for a court action, a registrant or licensee shall submit to an appropriate court a written evaluation of the prospect or prognosis of a particular client without disclosing a privileged fact or a privileged communication. An attorney representing a client who is the subject of an evaluation described in this subsection

Emergency Situations Student Support Committee

- has the right to receive a copy of the evaluation. If required for the exercise of a public purpose by a legislative committee, a registrant or licensee or agency representative may make available statistical and program information without violating the privilege established under subsection (2).
- ❖ (4) A registrant or licensee may disclose a communication or a portion of a communication made by a client pursuant to section 946 of the mental health code, 1974 PA 258, MCL 330.1946, in order to comply with the duty set forth in that section.
 - ❖ ***330.1748 Confidentiality.***
 - ❖ (1) Information in the record of a recipient, and other information acquired in the course of providing mental health services to a recipient, shall be kept confidential and shall not be open to public inspection. The information may be disclosed outside the department, community mental health services program, licensed facility, or contract provider, whichever is the holder of the record, only in the circumstances and under the conditions set forth in this section or section 748a.
 - ❖ (2) If information made confidential by this section is disclosed, the identity of the individual to whom it pertains shall be protected and shall not be disclosed unless it is germane to the authorized purpose for which disclosure was sought; and, when practicable, no other information shall be disclosed unless it is germane to the authorized purpose for which disclosure was sought.
 - ❖ (3) An individual receiving information made confidential by this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.
 - ❖ (4) For case record entries made subsequent to March 28, 1996, information made confidential by this section shall be disclosed to an adult recipient, upon the recipient's request, if the recipient does not have a guardian and has not been adjudicated legally incompetent. The holder of the record shall comply with the adult recipient's request for disclosure as expeditiously as possible but in no event later than the earlier of 30 days after receipt of the request or, if the recipient is receiving treatment from the holder of the record, before the recipient is released from treatment.

Emergency Situations Student Support Committee

- ❖ (5) Except as otherwise provided in this section or section 748a, when requested, information made confidential by this section shall be disclosed only under 1 or more of the following circumstances:
 - ❖ (a) Pursuant to an order or a subpoena of a court of record or a subpoena of the legislature, unless the information is privileged by law.
 - ❖ (b) To a prosecuting attorney as necessary for the prosecuting attorney to participate in a proceeding governed by this act.
 - ❖ (c) To an attorney for the recipient, with the consent of the recipient, the recipient's guardian with authority to consent, or the parent with legal and physical custody of a minor recipient.
 - ❖ (d) If necessary in order to comply with another provision of law.
 - ❖ (e) To the department if the information is necessary in order for the department to discharge a responsibility placed upon it by law.
 - ❖ (f) To the office of the auditor general if the information is necessary for that office to discharge its constitutional responsibility.
 - ❖ (g) To a surviving spouse of the recipient or, if there is no surviving spouse, to the individual or individuals most closely related to the deceased recipient within the third degree of consanguinity as defined in civil law, for the purpose of applying for and receiving benefits.
- ❖ (6) Except as otherwise provided in subsection (4), if consent is obtained from the recipient, the recipient's guardian with authority to consent, the parent with legal custody of a minor recipient, or the court-appointed personal representative or executor of the estate of a deceased recipient, information made confidential by this section may be disclosed to all of the following:
 - ❖ (a) A provider of mental health services to the recipient.
 - ❖ (b) The recipient or his or her guardian or the parent of a minor recipient or another individual or agency unless in the written judgment of the holder the disclosure would be detrimental to the recipient or others.
- ❖ (7) Information may be disclosed in the discretion of the holder of the record under 1 or more of the following circumstances:
 - ❖ (a) As necessary in order for the recipient to apply for or receive benefits.

Emergency Situations Student Support Committee

- ❖ (b) As necessary for the purpose of outside research, evaluation, accreditation, or statistical compilation. The individual who is the subject of the information shall not be identified in the disclosed information unless the identification is essential in order to achieve the purpose for which the information is sought or if preventing the identification would clearly be impractical, but not if the subject of the information is likely to be harmed by the identification.
- ❖ (c) To a provider of mental or other health services or a public agency, if there is a compelling need for disclosure based upon a substantial probability of harm to the recipient or other individuals.
- ❖ (8) If required by federal law, the department or a community mental health services program or licensed facility shall grant a representative of the protection and advocacy system designated by the governor in compliance with section 931 access to the records of all of the following:
 - ❖ (a) A recipient, if the recipient, the recipient's guardian with authority to consent, or a minor recipient's parent with legal and physical custody of the recipient has consented to the access.
 - ❖ (b) A recipient, including a recipient who has died or whose location is unknown, if all of the following apply:
 - ❖ (i) Because of mental or physical condition, the recipient is unable to consent to the access.
 - ❖ (ii) The recipient does not have a guardian or other legal representative, or the recipient's guardian is the state.
 - ❖ (iii) The protection and advocacy system has received a complaint on behalf of the recipient or has probable cause to believe based on monitoring or other evidence that the recipient has been subject to abuse or neglect.
 - ❖ (c) A recipient who has a guardian or other legal representative if all of the following apply:
 - ❖ (i) A complaint has been received by the protection and advocacy system or there is probable cause to believe the health or safety of the recipient is in serious and immediate jeopardy.

Emergency Situations Student Support Committee

- ❖ (ii) Upon receipt of the name and address of the recipient's legal representative, the protection and advocacy system has contacted the representative and offered assistance in resolving the situation.
- ❖ (iii) The representative has failed or refused to act on behalf of the recipient.
- ❖ (9) The records, data, and knowledge collected for or by individuals or committees assigned a peer review function, including the review function under section 143a(1), are confidential, shall be used only for the purposes of peer review, are not public records, and are not subject to court subpoena. This subsection does not prevent disclosure of individual case records pursuant to this section.
- ❖ (10) The holder of an individual's record, if authorized to release information for clinical purposes by the individual or the individual's guardian or a parent of a minor, shall release a copy of the entire medical and clinical record to the provider of mental health services.
- ❖ ***330.1748a Child abuse or neglect investigation; request for mental health records and information; immunity from civil or administrative liability; imposition of duties under another statute.***
- ❖ If there is a compelling need for mental health records or information to determine whether child abuse or child neglect has occurred or to take action to protect a minor where there may be a substantial risk of harm, a family independence agency caseworker or administrator directly involved in the child abuse or neglect investigation shall notify a mental health professional that a child abuse or neglect investigation has been initiated involving a person who has received services from the mental health professional and shall request in writing mental health records and information that are pertinent to that investigation. Upon receipt of this notification and request, the mental health professional shall review all mental health records and information in the mental health professional's possession to determine if there are mental health records or information that is pertinent to that investigation. Within 14 days after receipt of a request made under this subsection, the mental health professional shall release those pertinent mental health records and information to the caseworker or administrator directly involved in the child abuse or neglect investigation.

Emergency Situations Student Support Committee

- ❖ (2) The following privileges do not apply to mental health records or information to which access is given under this section:
 - ❖ The physician-patient privilege created in section 2157 of the revised judicature act of 1961, 1961 PA 236, MCL 600.2157.
 - ❖ (b) The dentist-patient privilege created in section 16648 of the public health code, 1978 PA 368, MCL 333.16648.
 - ❖ (c) The licensed professional counselor-client and limited licensed counselor-client privilege created in section 18117 of the public health code, 1978 PA 368, MCL 333.18117.
 - ❖ (d) The psychologist-patient privilege created in section 18237 of the public health code, 1978 PA 368, MCL 333.18237.
 - ❖ (e) Any other health professional-patient privilege created or recognized by law.
- ❖ (3) To the extent not protected by the immunity conferred by 1964 PA 170, MCL 691.1401 to 691.1415, an individual who in good faith gives access to mental health records or information under this section is immune from civil or administrative liability arising from that conduct, unless the conduct was gross negligence or willful and wanton misconduct.
- ❖ (4) A duty under this act relating to child abuse and neglect does not alter a duty imposed under another statute, including the child protection law, 1975 PA 238, MCL 722.621 to 722.638, regarding the reporting or investigation of child abuse or neglect.
- ***MENTAL HEALTH CODE (EXCERPT) Act 258 of 1974***
 - ❖ ***330.1946 Threat of physical violence against third person; duties.***
 - ❖ If a patient communicates to a mental health professional who is treating the patient a threat of physical violence against a reasonably identifiable third person and the recipient has the apparent intent and ability to carry out that threat in the foreseeable future, the mental health professional has a duty to take action as prescribed in subsection (2). Except as provided in this section, a mental health professional does not have a duty to warn a third person of a threat as described in this subsection or to protect the third person.

Emergency Situations Student Support Committee

- ❖ (2) A mental health professional has discharged the duty created under subsection (1) if the mental health professional, subsequent to the threat, does 1 or more of the following in a timely manner:
 - ❖ Hospitalizes the patient or initiates proceedings to hospitalize the patient under chapter 4 or 4a.
 - ❖ (b) Makes a reasonable attempt to communicate the threat to the third person and communicates the threat to the local police department or county sheriff for the area where the third person resides or for the area where the patient resides, or to the state police.
 - ❖ (c) If the mental health professional has reason to believe that the third person who is threatened is a minor or is incompetent by other than age, takes the steps set forth in subdivision (b) and communicates the threat to the department of social services in the county where the minor resides and to the third person's custodial parent, noncustodial parent, or legal guardian, whoever is appropriate in the best interests of the third person.
- ❖ (3) If a patient described in subsection (1) is being treated through team treatment in a hospital, and if the individual in charge of the patient's treatment decides to discharge the duty created in subsection (1) by a means described in subsection (2)(b) or (c), the hospital shall designate an individual to communicate the threat to the necessary persons.
- ❖ (4) A mental health professional who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 750. A psychiatrist who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate the physician-patient privilege established under section 2157 of the revised judicature act of 1961, Act No. 236 of the Public Acts of 1961, being section 600.2157 of the Michigan Compiled Laws. A psychologist who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 18237 of the public health code, Act No. 368 of the Public Acts of 1978, being section 333.18237 of the Michigan Compiled Laws. A certified social worker, social worker, or social worker technician who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 1610 of the occupational code, Act No. 299 of the Public Acts of 1980,

Emergency Situations Student Support Committee

being section 339.1610 of the Michigan Compiled Laws. A licensed professional counselor who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 18117 of the public health code, Act No. 368 of the Public Acts of 1978, being section 333.18117 of the Michigan Compiled Laws. A marriage and family therapist who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 1509 of the occupational code, Act No. 299 of the Public Acts of 1980, being section 339.1509 of the Michigan Compiled Laws. A music therapist who determines in good faith that a particular situation presents a duty under this section and who complies with this duty does not violate section 4.11 of the professional code of ethics of the national association for music therapy, inc., or the clinical relationships section of the code of ethics of the certification board for music therapists.

- ❖ (5) This section does not affect a duty a mental health professional may have under any other section of law.
- *REVISED JUDICATURE ACT OF 1961 (EXCERPT) Act 236 of 1961*
 - ❖ ***600.2165 Disclosure of students' records or communications by school teacher or employee.***
 - ❖ No teacher, guidance officer, school executive or other professional person engaged in character building in the public schools or in any other educational institution, including any clerical worker of such schools and institutions, who maintains records of students' behavior or who has records in his custody, or who receives in confidence communications from students or other juveniles, shall be allowed in any proceedings, civil or criminal, in any court of this state, to disclose any information obtained by him from the records or such communications; nor to produce records or transcript thereof, except that testimony may be given, with the consent of the person so confiding or to whom the records relate, if the person is 18 years of age or over, or, if the person is a minor, with the consent of his or her parent or legal guardian.

Emergency Situations Student Support Committee

Increase training in a variety of ways to handle situations including violence in the workplace for faculty and staff. Human Resources, University Counsel, and FSU Unions should review workplace policy regarding workplace violence.

- According to the Bureau of Labor Statistics Census of Fatal Occupational Injuries (CFOI), violence in the workplace is a serious safety and health issue. Its most extreme form, homicide, is the fourth-leading cause of fatal occupational injury in the United States. There were 564 workplace homicides in 2005 in the United States, out of a total of 5,702 fatal work injuries.

Incorporate and address culture of silence in FSUS classes.

- As reported by BBC News in *Bullying a Culture of Silence*, The Anti-Bullying Alliance said more than half of seven to 18-year-olds polled had seen another young person being bullied during the past year.
 - ❖ The survey of 1,143 pupils in Britain found 38% did not attempt to get help and 14% did not want to be a "snitch".
 - ❖ Fifteen to 18-year-olds tended to think that bullying was none of their business (24%).
 - ❖ The survey also suggests girls were more ready to ask for help to stop bullying than boys, with 66% of female respondents saying they had asked for help in preventing bullying, compared with 55% of boys.
- Incidents of targeted violence at school rarely are sudden, impulsive acts (Safe School Initiative).
 - ❖ *Implications:* The attacks appeared to be the end result of a comprehensible process of thinking and behavior. The time span between decision and attack may be short so administrators must act quickly.
- Prior to most incidents, other people knew about the attacker's idea and/or plan to attack (Safe School Initiative).
 - ❖ *Implications:* Students can be an important part of prevention efforts. Schools can encourage reporting by breaking down barriers to the reporting.

Emergency Situations Student Support Committee

- ❖ *This highlights the importance to gather all relevant information from those who may have contact with the student, regardless of how innocuous the information may seem.*
- Most attackers engaged in some behavior, prior to the incident, that caused others concern or indicated a need for help (Safe School Initiative).
 - ❖ *Implications:* The boys who carried out the attacks were not invisible students. The range of behaviors in a student's life may be noticeable and could prompt additional probing by a caring adult. Need for making appropriate referrals based on observations signaling concerns regarding the student's behavior.
- In many cases, other students were involved in the attack in some capacity (Safe School Initiative).
 - ❖ *Implications:* It is important to consider what prompting or encouragement a student may receive from others in his/her life that influences any intent, planning, or preparation for a potential attack. Focus should include attention to the role a student's friends or peers may play upon the attacker.

Incorporate and address suicide/distressed students in all FSUS classes.

- Many college-age students suffer from depression. In the *2006 National College Health Assessment* (Bazelon Center for Mental Health Law), 43.8% of the 94,806 students surveyed reported they "felt so depressed it was difficult to function" during the past year, and 9.3% that they had "seriously considered suicide" during the year. Students also named depression as one of the top ten impediments to academic performance. Academic demands, living away from home, financial responsibilities and new relationships are contributing factors. Depression or other mental health conditions may manifest for the first time during college. Some students arrive with pre-existing mental health needs, often undiagnosed.

Partner with Human Resources to include a module on suicide/distressed students during faculty/staff orientation.

- Paul Siegel, a consulting psychologist to college counseling centers on identifying and responding to suicidal students, reported in his editorial *How Colleges Can Respond to Rising Suicide*, for the Philadelphia Inquirer, the Centers for Disease Control and Prevention

Emergency Situations Student Support Committee

reported a jump in suicide rates among young Americans, the largest single-year rise in 15 years. He continues to build the argument for the faculty and staff at universities to be trained in what to do when they encounter a distressed student:

- ❖ According to the National Mental Health Association, 1,100 college students die by suicide each year – an average of three per day – representing about 75 percent of adolescents who do so. This makes suicide the second leading cause of death of college-age students. Many more attempt suicide at least once.
- ❖ The main topic of conversation among college counseling centers nationwide is a dramatic increase in the number of students seeking treatment for emotional distress, particularly crisis services. Yet the majority of those who die by suicide have never been to the campus counseling center.
- ❖ While there are multiple and unique reasons college students kill themselves, those on the front lines cite two primary factors. In an important report issued last year, the Jed Foundation, the nation's leading college mental-health organization, highlighted a dramatic increase in rates of depression (from 10.3 percent in 2000 to almost 15 percent in 2004), and breakdowns in communication among university staff concerning distressed students.
- ❖ Thus, while today's college students are more likely to be distressed, they are less likely to receive treatment - the key to preventing suicide.
- ❖ The reality behind the second factor on college campuses is that faculty, counselors and campus security exist in relative isolation from each other. When professors are concerned about a distressed student, they are typically just told, "Refer him to counseling." But campus mental-health studies typically find that about 80 percent of referrals don't show up to their first appointment. There tends to be a lack of follow-up, and students "fall through the cracks". Some don't stop falling until they hit the ground - on rare occasion taking others with them.
- ❖ Faculty need to be taught what to do when they encounter a troubled student. They should be as familiar with these procedures as they are with those for dealing with academic dishonesty or sexual harassment. University counseling centers should run mandatory workshops that train faculty in these procedures - encouraging a sense of caring for troubled students, not a witch hunt.

Emergency Situations Student Support Committee

Develop student training modules on conflict management, resilience and problem solving.

- According to a press release from Student Programs at Virginia Tech, Edward Spencer, Associate Vice President for Student Affairs at Virginia Tech, conducted a presentation at the North Cross School in Roanoke, Va. about his research on the Millennial Generation, which represents Americans born between 1982 and the present. The presentation, titled “*Understanding and Working with Millennials,*” focused on the changing relationship between parents and this new generation and how parents can prepare them for success in higher education and the working world.
- According to Spencer’s research, Millennials are a high-achieving, intelligent, and optimistic group, but are often under prepared for the challenges of an independent lifestyle. This lack of preparedness typically results from over-attentive parenting and the tendency to shelter children from obstacles that might be necessary for healthy development.

Develop an effective way to update student information such as local addresses, telephone numbers, and emergency notification information each semester.

- An example from Cornell University: Office of the University Registrar, for updating contact information each semester outlines the following:
 - ❖ **Updating Contact Information:** Students must keep local, emergency and home address information up to date so that you receive emergency alerts, university notices, and invitations to events. Beginning Fall 2007 this includes an emergency alert system via text messaging to cell phones and email addresses.
- Another example from Harvard University FAS Registrars Office, for updating contact information each semester details the following steps:
 - ❖ **Online Registration Overview:** During the registration process, students will be required to certify their name and their physical return to campus. They will also need to verify that they have been provided with the following documents:
 - Harvard College's Alcohol & Drug Policy and the Summary of Laws Relating to Alcohol & Controlled Substances.
 - Memorandum from the Office of General Counsel regarding the Federal & State Substance Abuse Laws.
 - Statute Prohibiting Firearms & Dangerous Weapons.

Emergency Situations Student Support Committee

- Statute Prohibiting Hazing.
- Information on how to obtain U.S. Voter Registration forms
- Once the student has completed this portion of the registration process, they will be brought to the FAS Directory Update screen where they will update their demographic information such as address, phone, and parent contact information before registering for classes.

Disseminate medical withdrawal “how-to” information to students, faculty, staff and parents.

- The Ferris State University policy on Medical Withdrawal Within the Part of Term/Session states, the Medical Withdrawal is effective when the student is/was no longer able to attend classes due to documented medical reasons. If documentation is not available at the time the Medical Withdrawal is initiated, the student will be advised to process an Academic Withdrawal through the Records Office. The student must submit the required medical documentation to the Health Center within 14 calendar days of his or her Academic Withdrawal from the University to amend his or her withdrawal status to medical. Upon receipt of the required documentation, the Health Center will submit a Medical Withdrawal to the Records Office. Failure of compliance by the student will result in the Academic Withdrawal remaining in effect (Revised July 25, 2007).

Delineation of clear hierarchy of responsibility regarding who does what when, who is the person in charge of the situation, who is responsible for action, and who is responsible for monitoring the student’s progress.

- *Key findings* addressed in the report to Governor Kaine regarding the Virginia Tech School shootings focused on the issues of timing with regards to communication and discussion with family members, decreased communication and support during the process, poor overall communication, and lacking a coordinated system wide response to public safety.

Training resources for all these topics for all populations needs top down support for it to work on an on-going basis or annually; in other words, how will the departments get all of this done and with what resources. Reality dictates that we attend to this resources issue.

Emergency Situations Student Support Committee

Development of a standing implementation committee to craft action plans to carry out task force recommendations.

- The implementation committee should be a standing committee, charged by the President to bring confluence to the three designated committees, starting with a discussion as to how these recommendations overlap.
- The standing committee would need to speak to the need for integration and included, would be a recommendation for resources to support the development and implementation of an action plan devised by this committee (Dan Burcham, personal interview, 11/15/07)

Emergency Situations Student Support Committee

References

(n.d.). *ACA Code of Ethics: As approved by the ACA Governing Council 2005*. Retrieved November 14, 2007, from American Counseling Association:
<http://www.ferris.edu/htmls/colleges/university/eccc/ACAcode.pdf>

Bazon Center Attorneys (2007, May 15). *Supporting Students: A Model Policy for Colleges and Universities*. Retrieved November 14, 2007, from Judge David L. Bazon Center for Mental Health Law: <http://www.bazon.org/pdf/SupportingStudents.pdf>

(2006, November 16). *Bullying a Culture of Silence*. *BBC News*. Retrieved November 14, 2007, from <http://news.bbc.co.uk/1/hi/education/6152184.stm>

(n.d.). *Code of Ethics of the National Association of Social Workers Approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly*. Retrieved November 14, 2007, from NASW – National Association of Social Workers:
<http://www.socialworkers.org/pubs/code/code.asp>

Cornell, D. G., Sheras, P. L., Kaplan, S., McConville, D., Douglass, J., Elkin, A., McKnight, L., Branson, C. & Cole, J. (2004, January). Guidelines for Student Threat Assessment: Field Test Findings. *School Psychology Review Volume 33, Number 4*, Retrieved November 14, 2007, from 546 <http://youthviolence.edschool.virginia.edu/pdf/2004-school-psych-review-article-threat-assessment.pdf>

(n.d.). *Counseling Staff*. Retrieved November 15, 2007, from Ferris State University Counseling Center: <http://www.ferris.edu/HTMLS/staff/webpages/Link.cfm?LinkID=76&eventID=22>

(n.d.). *Counseling Staff*. Retrieved November 15, 2007, from Ferris State University Educational and Career Counseling Center: http://www.ferris.edu/htmls/colleges/university/eccc/c_staff.htm

(n.d.). *Developmental History of QPR*. Retrieved November 9, 2007, from QPR for Communities: A Suicide Risk Reduction Program:
<http://www.qprinstitute.com/CommunitiesDH.htm>

Elam, C., Stratton, T. & Gibson, D. D. (2007, Spring). Welcoming a New Generation to College: The Millennial Students. *Journal of College Admission*, Retrieved November 14, 2007, from http://findarticles.com/p/articles/mi_qa3955/is_200704/ai_n19198048/pg_3

(n.d.). *Ethical Principle of Psychologists and Code of Conduct*. Retrieved November 14, 2007, from APA Online Ethics : <http://www.apa.org/ethics/code2002.html#4>

(n.d.). *Fall 2007 Registration and Semester Start-Up Information*. Retrieved November 14, 2007, from Cornell University: Office of the University Registrar:
<http://registrar.sas.cornell.edu/Student/fall2007reg.html>

Emergency Situations Student Support Committee

Fein, R. A., Vossekuil, B., Pollack, W. S., Borum, R., Modeleski, W. & Reddy, M. (2002, May). *Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates*. Retrieved October , 2007, from , U.S. Secret Service and the U.S. Department of Education : http://www.secretservice.gov/ntac/ssi_guide.pdf

Gallegher, R. P. (n.d.). National Survey of Counseling Center Directors 2006 . *University of Pittsburg* , Retrieved November , 2007, from <http://www.iacsinc.org/National%20Survey%20for%20Counseling%20Center%20Directors%20Results%20-%20Final.pdf>

(n.d.). *Information on Online Registration* . Retrieved November 14, 2007, from Harvard University FAS Registrars Office: http://www.registrar.fas.harvard.edu/fasro/common/online_registration.jsp?cat=ugrad&subcat=registration

Leavitt, M. O., Gonzales, A. R. & Spellings, M. (2007, June 13). *Report to the President on Issues Raised by the Virginia Tech Tragedy*. Retrieved October , 2007, from United States Department of Health and Human Services: <http://www.hhs.gov/vtreport.html>

(2007, August). *Mass Shootings at Virginia Tech April 16 2007: Report of the Review Panel Presented to Governor Kaine*, Retrieved October, 2007, from <http://www.governor.virginia.gov/TempContent/techPanelReport-docs/FullReport.pdf>

(2007, July 25). Medical Withdrawal from the University Update. *Ferris State University: Academic Affairs Policy Letter*, Retrieved November 14, 2007, from <http://www.ferris.edu/htmls/administration/academicaffairs/policyletters/MedicalWithdrawal.pdf>

Michigan Legislature. (1974). Mental Health Code (EXCERPT) Act 258 of 1974, section 330-1748a. *Child abuse neglect investigation; request for mental health records and information; immunity from civil or administrative liability; imposition of duties under another statute* . Retrieved November 20, 2007 from [http://www.legislature.mi.gov/\(S\(n4dhrf45ku0vxi2lhwho3weq\)\)/mileg.aspx?page=GetObject&objectName=mcl-330-1748&relation=next](http://www.legislature.mi.gov/(S(n4dhrf45ku0vxi2lhwho3weq))/mileg.aspx?page=GetObject&objectName=mcl-330-1748&relation=next)

Michigan Legislature. (1978). Mental Health Code (EXCERPT) Act 258 of 1974, section 330.1748. *Confidentiality*. Retrieved November 20, 2007 from [http://www.legislature.mi.gov/\(S\(n4dhrf45ku0vxi2lhwho3weq\)\)/mileg.aspx?page=getObject&objectName=mcl-330-1748](http://www.legislature.mi.gov/(S(n4dhrf45ku0vxi2lhwho3weq))/mileg.aspx?page=getObject&objectName=mcl-330-1748)

Michigan Legislature. (1974). Mental Health Code (EXCERPT) Act 258 of 1974, section 330-1946. *Threat of physical violence against third person; duties*. Retrieved November 20, 2007 from Justia.com US. Laws <http://law.justia.com/michigan/codes/mcl-chap330/mcl-330-1946.html>

Emergency Situations Student Support Committee

Michigan Legislature. (1978). Public Health Code (EXCERPT) Act 368 of 1978, PART 181: Counseling, Section 333.18237. *Confidential information; disclosure; waiver*. Retrieved November 20, 2007 from [http://www.legislature.mi.gov/\(S\(n4dhrf45ku0vxi2lhwho3weq\)\)/mileg.aspx?page=getObject&objectName=mcl-333-18237](http://www.legislature.mi.gov/(S(n4dhrf45ku0vxi2lhwho3weq))/mileg.aspx?page=getObject&objectName=mcl-333-18237)

Michigan Legislature. (1978). Public Health Code (EXCERPT) Act 368 of 1978, PART 181: Counseling, Section 333.18513. *Confidentiality of communication*. Retrieved November 20, 2007 from [http://www.legislature.mi.gov/\(S\(n4dhrf45ku0vxi2lhwho3weq\)\)/mileg.aspx?page=GetObject&objectName=mcl-333-18515&relation=previous](http://www.legislature.mi.gov/(S(n4dhrf45ku0vxi2lhwho3weq))/mileg.aspx?page=GetObject&objectName=mcl-333-18515&relation=previous)

Michigan Legislature. (1978). Public Health Code (EXCERPT) Act 368 of 1978, PART 181: Counseling, Section 333.18117. *Privileged communication; disclosure of confidential information*. Retrieved November 20, 2007 from [http://www.legislature.mi.gov/\(S\(n4dhrf45ku0vxi2lhwho3weq\)\)/mileg.aspx?page=GetMCLDocument&objectname=mcl-333-18117](http://www.legislature.mi.gov/(S(n4dhrf45ku0vxi2lhwho3weq))/mileg.aspx?page=GetMCLDocument&objectname=mcl-333-18117)

Michigan Legislature. (1961). Revised Judicature Act OF 1961 (EXCERPT) Act 236 of 1961 Section, 600.2165 *Disclosure of students' records or communications by school teacher or employee*. Retrieved November 20, 2007 from [http://www.legislature.mi.gov/\(S\(keaasp55a0riazrmf2vdcs45\)\)/mileg.aspx?page=getObject&objectName=mcl-600-2165](http://www.legislature.mi.gov/(S(keaasp55a0riazrmf2vdcs45))/mileg.aspx?page=getObject&objectName=mcl-600-2165)

O'Toole, M. E. (n.d.). *The School Shooter: A Threat Assessment Perspective*. Retrieved November 14, 2007, from Critical Incident Response Group (CIRG) National Center for the Analysis of Violent Crime (NCAVC) FBI Academy Quantico: <http://www.fbi.gov/publications/school/school2.pdf>

(2007, August 16) *Procedures for Dealing with Suicidal Ideation and/or Suicidal Students*, Ferris State University Student Affairs & Housing.

(n.d.). *Safety and Health Topics: Workplace Violence*. Retrieved November 14, 2007, from U.S. Department of Labor Occupational Safety and Health Administration, : , <http://www.osha.gov/SLTC/workplaceviolence/index.html>

(2007, May 1). *Senate Standing Committee on Higher Education Public Hearing on Security Procedures and Campus Policies Designed to Provide a Safe Environment for Students and College Personnel*. Retrieved November 14, 2007, from The State University of New York: <http://www.suny.edu/SUNYNews/News.cfm?filename=FINALJRRTestimony-LaValleHearingCampusSafety.htm>

Siegel, P. (2007, September 9). How colleges can respond to rising suicide. *Philadelphia Inquirer*. Retrieved November 14, 2007, from http://www.philly.com/inquirer/opinion/20070921_How_colleges_can_respond_to_rising_suicide.html

Emergency Situations Student Support Committee

(n.d.). Student Affairs Administrator Shares Research on Millennial Generation. *News Release published by Virginia Tech, Student Programs, Publications and Policies* . Retrieved November 14, 2007, from <http://www.studentprograms.vt.edu/publications/millennials.php>

(n.d.). *Suicide in the U.S.: Statistics and Prevention*. Retrieved November 14, 2007, from National Institute of Mental Health: <http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention.shtml>

(2007, August 17). Virginia Tech Presidential Internal Review: Working Group Report on the Interface between Virginia Tech Counseling Services, Academic Affairs, Judicial Affairs and Legal Systems. Submitted to President Charles Steger. *Virginia Tech*, Retrieved October , 2007, from http://www.vtnews.vt.edu/documents/2007-08-22_internal_communications.pdf

Vossekuil, B., Fein, R. A., Reddy, M. Borum, R. & Modeleski, R. (2002, May). *The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the United States*. Retrieved October, 2007, from , U.S. Secret Service and the U.S. Department of Education : http://www.secretservice.gov/ntac/ssi_final_report.pdf

Email Communication (personal communication)

Cairns, M. (11/14/07) RE: First Draft {addition of *Procedures for Dealing with Suicidal Ideation and/or Suicidal Students*}, e-mail sent to Anne Marie Gillespie, Dan Burcham, Linda Telfer & Paul Sullivan.

Hayes, S. (11/19/07) FW: Student Conduct Review Committee and Students of Concern Committee Overview, e-mail sent to Anne Marie Gillespie.

Pilgrim, D. (11-13-07) Ferris State University Diversity Plan 2008-2010, FSU E-Mail sent to FSU campus.

Sullivan, P. (10/29/07) Fw: Threat Assessment Teams, e-mail sent to Dan Burcham, Anne Marie Gillespie, Mike Cairns & Linda Telfer.

Emergency Situations Student Support Committee

January 31, 2008

Campus Response Recommendations

- Create a Threat Assessment Team (TAT) and provide specialized training to members.
- Stabilize and insure staffing of Personal Counseling Center.
- Address suicide/distressed students and the culture of silence in all FSUS classes.
- Use *QPR* (Question, Persuade, Refer) to reduce the risk of suicide across campus.
- Develop a standing implementation committee to craft action plans to carry out task force recommendations.

Campus Training Recommendations

- Develop on-line, multimedia, and live programs to educate student, faculty, and staff groups on depression and suicide, high risk situations, and disturbed/disruptive students in and out of the classroom. Also develop programs on FERPA, HIPAA and ADA to diminish misunderstandings regarding sharing information about a distressed student.
- Increase training on violence in the workplace for faculty and staff.
- Develop student workshops on conflict management, resilience and problem solving.

Campus Policy Recommendations

- Adapt the Student Affairs *Procedures for Dealing with Suicidal Ideation and/or Suicidal Students* to include all distressed students.
- Disseminate medical withdrawal “how-to” information to students, faculty, staff and parents. Revisit a Mandatory Medical Leave and Withdrawal Policy.
- Mandate Psychiatric Evaluation by off-campus forensic psychologist or psychiatrist.
- Develop an effective way to update student information each semester.
- Delineate clear hierarchy of responsibility for monitoring a disturbed student’s progress.
- Budget resources for these recommendations on an on-going basis or annually.

Campus Collaboration Recommendations

- Develop partnerships between the Personal Counseling Center and the Educational and Career Counseling Center to carry out web-based and "live" programs and trainings, including a module on suicide/distressed students during faculty/staff orientation.
- Develop partnerships with the Diversity Office, Multicultural Student Services, and the Faculty Center for Teaching and Learning and increase partnerships with parents.