Behavioral Concerns Committee

Sarah Klucker, J.D.
Program Director Office of Student Conduct
sklucker@slu.edu

Scott F. Smith, Ph.D.
Dean of Students/AVP Student Development
ssmit134@slu.edu

Phone: 977-7326

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Mission and Purpose

• Address distressed students who demonstrate behaviors that may be indicative of a larger mental or physical health concern

• Respond to students who manifest a pattern or trend of high-risk behavior(s)

• Work with students to develop a corrective plan and help them follow through with recommendations

• Retain students and help them become men and women for others
Goals

• Provide a student conduct alternative.
• Identify, intervene with, and refer for assistance students who exhibit behaviors of self-harm or harm to others
• Provide a network of community support services for distressed students in need of assistance.
• Establish a process by which faculty and concerned members of the community can refer students of concern.
Progression/History

- December 2005 – First Proposal
- Winter 2005-06 – Mini-Grant Received
- February 2006 – Shared with Faculty Senate Executive Board
- Summer 2006 - Modified the Code of Conduct to include BCC
- Summer/Fall 2006 - Collaborated with Legal Counsel to complete procedure outline and training materials.
- Fall 2006 - Attended ASJA conference focused on this issue, began revising proposal.
- Fall 2006 – Coordinate with key stakeholders
- Summer 2007 – invited Dr. Joffe to campus/hosted web seminar.
- Completed upwards of 18 different modifications of “finalized” BCC proposal/procedural expectations.
- August 2007 – 1st Case
Key Reports

- **Virginia Tech Review Panel (August 2007)**
  
  - Virginia Tech and other institutions should have a threat assessment team that includes representatives from law enforcement, human resources, student and academic affairs, legal counsel, and mental health functions.

  
  - Every campus should establish a multidisciplinary (academic, law enforcement, mental health) team who share and review information about members of the campus community who are perceived as exhibiting behavior that has caused concern. This team should work collaboratively to develop intervention strategies for individuals who potentially pose a risk to themselves or others.
Key Reports (continued)

- NATIONAL ASSOCIATION OF ATTORNEYS GENERAL TASK FORCE ON SCHOOL AND CAMPUS SAFETY (September, 2007)

  - Need to establish a system whereby all disturbing behavior is reported to a “vortex” comprised of a central individual or team of individuals with expertise and training in threat assessment and that have the authority to take action, when appropriate... and/or make recommendations to administrators concerning continued enrollment, continued employment, or other issues.
Involved University Offices

Core Membership
• Office of Student Conduct
• Student Health and Counseling
• Office of Housing and Residence Life
• Dean of Students

Affiliates
• Campus Ministry
• Disability Services
• Department of Public Safety

Future Stakeholders
• Provost’s Office
• Enrollment and Academic Svcs
• Academic Advising
• Affiliated Deans/Directors
• Graduate School Representative
• UMG
• Office of Diversity and Affirmative Action
• Psychological Services
Model: Seamless Approach

- Student Health & Counseling Services
- Housing & Residence Life
- Office of Student Conduct
- Disability Services
- Campus Ministry
- Public Safety
- Dean of Students
- School or College (Asst or Assoc Dean)
- Diversity & Affirmative Action
- Enrollment Services
- Academic Advising
Definitions

- **Disruptive Students**
  - Students whose behavior makes teaching and learning difficult *for others* in the class
  - Classroom civility issues

- **Distressed Students**
  - Students who are experiencing emotional and/or psychological problems that are interfering with *their ability* to learn
  - Mental health and well-being issues

*Adapted from presentation at 2005 Legal Issues in Higher Education Conference in Burlington, VT; Dr. Robert Kelly (Vice President for Student Development at Seattle University) and Dr. Larry Roper (Vice President for Student Affairs at Oregon State University)*
Behavioral Concerns

- Cutting, self-mutilation
- Impulsive behaviors/lack of self control
- Suicide threats or ideation
- Suicide attempts
- Extensive history of alcohol or drug abuse
- Pattern or trend of disrespectful behavior towards others and/or campus community
- Inadequately managed psychological or medical conditions
- Disordered patterns of eating (anorexia, bulimia, etc.)
Student Conduct Process

Conduct Office refers incident to Hearing Officer/Board

Hearing Officer gathers facts

Student meets with a conduct officer and receives sanctions

Conduct Office monitors sanction completion

BCC Process

Conduct Office refers incident to the BCC

BCC engages threat/risk assessment evaluation

Student meets with BCC to develop plan

Case manager monitors student’s progress
### Threat or Harm Assessment Threshold Matrix: Prioritizing Institutional Response and Identifying Type of Developmental Success Plan

<table>
<thead>
<tr>
<th>Behavior Type</th>
<th>Voluntary Participation (low resistance/high responsibility)</th>
<th>Involuntary Participation (high resistance/low responsibility)</th>
</tr>
</thead>
</table>
| **Low Risk Behavior**         | 1. Voluntary Non-Crisis Response Program<br>

*We support your decision to...*<br>   | 3. Involuntary Non-Crisis Response Program<br>

*We encourage you to do the following...*<br>   | **High Risk Behavior**<br>

*We agree that you will...*<br>   | 4. Involuntary Crisis Response Program<br>

*We expect you to do the following...*<br>   | *(low urgency)*<br>   | *(high urgency)*<br>   |
DI STRESSED STUDENT INCIDENT FLOW CHART

**OFFICE OF STUDENT CONDUCT OSC**

- Faculty observes behavioral concern
- Dept. Chair or Dean
- Call DPS (If high threat/risk)

- Emergency Medical Transport
- SH&CS Evaluation
- University Hearing Procedures

- Crisis Case Review
- Non-Crisis Case Review

**OSC Presents to BCC for Threat or Harm Assessment**
“Student Plan Template”

- Remain alcohol and/or marijuana free;
- Sign release of information forms;
- Review original assessment(s) and/or recommendation(s);
- Complete a minimum of 1 intake evaluation(s);
- Complete a minimum of 1 additional assessment(s) that might include psychological testing assessment, cognitive structural evaluation, and/or further psychiatric evaluation;
- Participate in on-going counseling and/or psychiatric sessions with SHCS or appropriate referral;
- Referral to other educational support services/resources (on and off campus); and
- Signature agreement
Next Step

- Further develop partnership with faculty and academic administration
  - Identify and include stakeholders (Asst. or Assoc. Deans, Academic Advisors
  - Raise awareness and develop training
  - Develop lines of communication
    - Who should faculty call for consult?
    - How faculty might make a referral?
    - Who should the BCC call with information about students of concern?