Promoting emotional health and preventing suicide among college & university students
College Behavioral Intervention Teams: A brief overview

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The HEMHA Guide

- [https://www.jedfoundation.org/professionals/programs-and-research/campus_teams](https://www.jedfoundation.org/professionals/programs-and-research/campus_teams)

- Brief review of history: HEMHA, campus teams and guide

- HEMHA: ACHA, ACCA, AUCCCD, NASPA, ACPA, APA, APA, TJF
Introduction: 5 Sections

• Team mission
• Naming the Team
• Team composition, size, and leadership
• Team functions
• Common pitfalls and obstacles
“Connecting the Dots” is integral to mission and purpose (2 components):

- Info may exist in several different areas—need for coordination
- Each piece of info alone may not seem enough to indicate risk but aggregate info might
Team Mission (II)

- Central decision point: **At risk** team or **threat assessment** team

- At risk: wider net, looking for students in academic and/or psychosocial trouble

- Concept of “upstream” intervention (cardiology metaphor)-strong advantage

- Challenge of too much data, wider team membership, coordination
• Threat assessment model is much more focused

• Smaller amount of data and can work with smaller committee

• Risk of not having enough experience (which is a good thing!)-team can become stale
Team Mission (last one)

- Team mission/philosophy will to some extent determine team participation, name, procedures etc.

- In either case, TRUST is fundamental to the process and program (more on this later)

- Some schools have both types of team which interface
Naming the Team

Rockland and Eells (2011):

• Students of Concern Committee
• Campus Assessment Team
• Campus Assessment, Response and Evaluation (another CARE acronym) Team
• Student Behavior Consultation Team (SBCT)
• Assessment and Care Team (ACT)
• Behavioral Assessment Team (BAT)
• College Concerns Team
• Teams must have an entertaining acronym (just joking)

• It is helpful for the name to reflect the team function (and certainly not to contradict or confuse)
Team Composition

Most common members:

- Dean/VP of student affairs
- Counseling Center directors
- Directors of public safety (esp. when team has threat function)
- Housing director
- Student conduct officer
Team Composition

Less frequently:

- Health service director
- Faculty

- Additional team members: representatives of Academic Advising, Financial Aid, the Disabilities Office, Legal Counsel, University Ministry, Athletics, International Office, Women’s Services, the Registrar, Wellness Director, and Career Services.
Team composition (III)

• This will depend on team philosophy/mission

• Some may be intermittent participants when particular issues relevant to them emerge

• Consideration should be given as to whether threat team deals with faculty/staff issues as well (HR participation)
Assess and review relevant campus policies (discipline, LOA, weapons on campus)

Orientation and training must be cross-discipline

Table-top practice exercises

Creating an open culture of communication

Identifying a team leader (most often senior student affairs officer)
• The team must create orderly conduit (or multiple) for receiving information: online, phone, members collect from constituents (RA’s, faculty, other students are very important)

• Whether to and how to publicize team (easier when team is focused on at risk support)
Functions: Info review

- Information brought to team must be **assessed** (What kinds of info reported?)
- **Plan of action** developed (observation, meeting, direct action if acute danger)
- In general, best to work from surface down-start with most simple/benign and least intrusive (remember that trust issue)
- Process is often not linear
Team Functions

- **Follow up** and tracking of outcome are essential.
- Team should receive reports back that problem has been addressed or resolved or determine next steps.
- Health/safety and academic status of student need to be considered and health/safety of community as well.
- Teams need to be familiar with relevant legal issues.
Team Functions (legal)

- Need to consider issues related to documentation
- Clinicians need to be mindful of privacy issues—but can play important consultant role
- FERPA does not include observations of behavior until recorded
- FERPA has exclusions for legitimate educational interest and health and safety emergency
Clinicians have higher threshold for privacy than administrators

ADA might have ramifications (limit action purely on the basis of illness or disability)

Comments on OCR’s “direct threat” analysis
Pitfalls and Obstacles

- Poor planning: picking team members badly, training and managing badly
- No clear pathways for reporting
- Poor follow-up and tracking
- Misunderstanding the legal issues
- Lack of flexibility
- Missing team dynamics and stresses
Conclusion

“When people care about each other and feel their institution cares about them, the odds of detecting someone who is emotionally disturbed and intervening before a tragedy occurs become much better” (The Academy for Critical Incident Analysis, 2010b).