A Framework for Student Mental Health & Violence Prevention

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Presented by:

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**Today’s instructors**

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An Op-Ed on the Media Response to the Virginia Tech Tragedy

By Brett A. Sokolow, J.D.,
President, The National Center for Higher Education Risk Management

If you believe the pundits and talking heads in the aftermath of the Virginia Tech tragedy, every college and university should rush to implement text-message-based early warning systems, should install loudspeakers throughout campus, should perform criminal background checks on all incoming students, should allow students to install their own locks on their residence hall room doors, and should exclude from admission or expel students with serious mental health conditions. We should profile loners, establish lockdown protocols and develop mass-shooting evacuation plans. We should even arm our students to the teeth. In the immediate aftermath, security experts and college and university officials have been quoted in newspapers and on TV with considering all of these remedies, and more, to be able to assure the public that we are doing something.

Since when do we let the media dictate to us our best practices? Do we need to do something? Do we need to be doing all or some of these things? Here’s what I think. These are just my opinions, informed by what I have learned so far in the reportage on what happened at Virginia Tech. Because that coverage is inaccurate and incomplete, please consider these my thoughts so far, subject to revision as more facts come to light.

We should not be rushing to implement text-message-based warning systems.

At the low cost of $1 per student per year, you might ask what the downside could be? Well, the real cost is the $1 per student that we don’t spend on mental health support, where we really need to spend it. And, what do you get for your $1? A system that will send an emergency text to the cell phone number of every student who is registered with the service. If we acknowledge that many campuses still don’t have the most current mailing address for some of our students who live off-campus, is it realistic to expect that students are going to universally supply us with their cell phone numbers? You could argue that students are flocking to sign-up for this service on the campuses that currently provide it (less than 50 nationally), but that is driven by the panic of current events. Next fall, when the shock has worn off, apathy will inevitably return, and voluntary sign-up rates will drop. How about mandating that students participate? What about the costs of the bureaucracy we will need to collect and who will input this data? Who will track which students have yet to give us their numbers, remind them, and hound them to submit the information? Who will update this database as students switch cellphone numbers midyear, which many do? That’s more than a full-time job, with implementation already costing more than the $1 per student. Some students want their privacy. They won’t want administrators to have their cellphone number. Some students don’t have cellphones. Many students do not have text services enabled on their phones. More added cost. Many professors instruct students to turn off their phones in classrooms. Texting is useless. It’s useless on the field for athletes, while students are swimming, sleeping, showering, etc. And, perhaps most dangerously, texting an alert may send that alert to a psychopath who is also signed-up for the system, telling him exactly what administrators know, what the emergency plan is, and where to go to effect the most harm. Would a text system create a legal duty that colleges and universities do not have, a duty of universal warning? What happens in a crisis if the system is overloaded, as were cellphone lines in Blacksburg? What happens if the data entry folks mistype a number, and a student
who needs warning does not get one? We will be sued for negligence. We need to spend this time, money and effort on the real problem: mental health.

**We should consider installing loudspeakers throughout campus.**

This technology has potentially better coverage than text messages, with much less cost. Virginia Tech used such loudspeakers to good effect during the shootings.

**We should not rush to perform criminal background checks (CBCs) on all incoming students.**

The NC State system task force studied this issue after two 2004 campus shootings, and decided that the advantages were not worth the disadvantages. You might catch a random dangerous applicant, but most students who enter with criminal backgrounds were minors when they committed their crimes, and their records may have been sealed or expunged. If your student population is largely of non-traditional age, CBCs may reveal more, but then you have to weigh the cost and the question of whether you are able to perform due diligence on screening the results of the checks if someone is red-flagged. How will you determine which students who have criminal histories are worthy of admission and which are not? And, there is always the reality that if you perform a check on all incoming students and the college across the street does not, the student with the criminal background will apply to them and not to you. If you decide to check incoming students, what will you do about currently-enrolled students? Will you do a state-level check, or a 50-state and federal check (FBI/DOJ)? Will your admitted applicants be willing to wait the 30-days that it takes to get the results? Other colleges who admitted them are also waiting for an answer. The comprehensive check can cost $80 per student. We need to spend this time, money and effort on the real problem: mental health.

**We should not be considering whether to allow students to install their own locks on their residence hall room doors.**

Credit Fox News Live for this deplorably dumb idea. If we let students change their locks, residential life and campus law enforcement will not be able to key into student rooms when they overdose on alcohol or try to commit suicide. This idea would prevent us from saving lives, rather than help to protect members of our community. Mr. Cho could have shot through a lock, no matter whether it was the original or a retrofit. This is our property, and we need to have access to it. We need to focus our attention on the real issue: mental health.

**We should not allow weapons on college campuses.**

Perhaps the most preposterous suggestion of all is that we need to relax our campus weapons bans so that armed members of our communities can defend themselves. Imagine you are seated in Norris Hall, facing the whiteboard at the front of the room. Mr. Cho enters from the back and begins shooting. What good is your gun going to do at this point? Many pro-gun advocates have talked about the deterrent and defense values of a well-armed student body, but none of them have
mentioned the potential collateral criminal consequences of armed students: increases in armed robbery, muggings, escalation of interpersonal and relationship violence, etc. Virginia, like most states, cannot keep guns out of the hands of those with potentially lethal mental health crises. When we talk about arming students, we’d be arming them too. We need to focus our attention on the real issue: mental health.

We should establish lockdown protocols that are specific to the nature of the threat.

Lockdowns are an established mass-protection tactic. They can isolate perpetrators, insulate targets from threats and restrict personal movement away from a dangerous line-of-fire. But, if lockdowns are just a random response, they have the potential to lock students in with a still-unidentified perpetrator. If not used correctly, they have the potential to lock students into facilities from which they need immediate egress for safety reasons. And, if not enforced when imposed, lockdowns expose us to the potential liability of not following our own policies.

We should also establish protocols for judicious use of evacuations.

When police at Virginia Tech herded students out of buildings and across the Drill Field, it was based on their assessment of a low risk that someone was going to open fire on students as they fled out into the open, and a high risk of leaving the occupants of certain buildings in situ, making evacuation from a zone of danger an appropriate escape method.

We should not exclude from admission or expel students with mental health conditions, unless they pose a substantial threat of harm to themselves or the community.

Section 504 of the Rehabilitation Act prohibits colleges and universities from discrimination in admission against those with disabilities. It also prohibits colleges and universities from suspending or expelling disabled students, including those who are suicidal, unless the student is deemed to be a direct threat of substantial harm in an objective process based on the most current medical assessment available. Many colleges do provide health surveys to incoming students, and when those surveys disclose mental health conditions, we need to consider what appropriate follow-up should occur as a result. Mr. Cho likely was schizophrenic or mildly autistic (Asperger’s Syndrome?), and identifying those disabilities early on and providing support, accommodation--and potentially intervention--is our issue.

We should consider means and mechanisms for early intervention with students who exhibit behavioral issues, but we should not profile loners.

At the University of South Carolina, the Behavioral Intervention Team makes many early catches of students whose behavior is threatening, disruptive or potentially self-injurious. By working with faculty and staff at opening communication and support, the USC model is enhancing campus safety in a way that many other campuses are not. In the aftermath of what happened at Virginia Tech, I hope many campuses are considering a model designed to help raise flags for early screening and intervention. Many students are loners, isolated, withdrawn, pierced, tattooed, dyed, Wiccan, skate
rats, fantasy gamers or otherwise outside the “mainstream”. This variety enlivens the richness of college campuses, and offers layers of culture that quilt the fabric of diverse communities. Their preferences and differences cannot and should not be cause for fearing them or suspecting them. But, when any member of the community starts a downward spiral along the continuum of violence, begins to lose contact with reality, goes off their medication regimen, threatens, disrupts, or otherwise gains our attention with unhealthy or dangerous patterns, we can’t be bystanders any longer. Our willingness to intervene can make all the difference. All of the pundits insist that random violence can’t be predicted, but many randomly violent people exhibit a pattern of detectable disintegration of self, often linked to suicidality. People around them perceive it. We can all be better attuned to those patterns and our protocols for communicating our concerns to those who have the ability to address them. This will focus our attention on the real issue: mental health.
The Benefit of Hindsight: What Colleges and Universities Can Learn from the Tragedy at Virginia Tech

By Brett A. Sokolow, J.D.,
President, The National Center for Higher Education Risk Management, Ltd.

I know and deeply respect as colleagues and friends many of the staff and administrators of Virginia Tech. I’ve worked with them over the years as a consultant, and I can’t think of many campuses that have a more widespread, authentic and effective commitment to anti-violence issues. They are caring, professional and extremely competent. I may have been one of the only people sounding the theme to the media that I think Virginia Tech did an admirable job of responding to Mr. Cho’s attack. I am impressed with the quality, speed and professionalism of their response and campus communication. I think many campuses can only aspire to responding as well as Virginia Tech did, despite all the hyped media criticism.

Yet, tragedies like this hide opportunities for us to debrief, learn and hopefully improve our own campus responses. I want to take this opportunity to use Virginia Tech as a lesson for others, but only with the benefit of hindsight and not as a criticism of what they did. I truly admire their response. Should they have picked up on Cho’s danger before he went over the edge? No. It can be easy to go back and reconstruct the downward spiral of a life, but only afterward do you know to look for the spiral. Maybe there were clues, but without a final event, we may not know to what result the clues point. Instead, I think we can look at the pattern of Cho’s demise not as a critique of Virginia Tech, but as patterns which other campuses can learn to identify. Even if we identify them, can we intervene successfully? Maybe. Maybe not. But, the tragedy at Virginia Tech tells us all that we must try.

I start with a premise that the media has obscured. It is critical to understanding why this conversation must take place. If you believe that Cho was a mass murderer who acted randomly, as the media would have it, then his behavior was not predictable or preventable. I see Cho differently. I see him as a suicidal student who took others with him as he killed himself. This is not uncommon with suicides. When Elizabeth Shin killed herself at M.I.T., she did so by dousing herself with gasoline and lighting herself on fire in a residence hall full of other students. But for the quick response of campus police, she could have been a mass murderer too. If we see Cho as a student with acute mental health needs, it brings brutal focus to the mental health crisis facing colleges and universities today.

The Downward Spiral

Much has been made in the media of the fact that Virginia Tech did not identify Cho earlier and “do something about him.” Of course, it is easy to say that with hindsight, but Virginia Tech did not know it needed to be watching Cho until it was too late. Still, what might other campuses do differently with our Cho’s, now that we know what could happen?

A timeline of small vignettes offers us a window into Cho’s gradual disintegration. From the time he was three, his family identified him as a non-communicative loner. I wonder if any of the public schools he attended ever considered a diagnosis of a mild form of autism called Asperger’s
Syndrome? While there may be some truth to the idea that many Koreans might shy away from voluntary counseling for mental health concerns, public schools have become astute at recognizing and supporting students with special needs from early ages. As he progressed through school, might anyone have identified what a coterie of psychologists now suspect were fairly clear signs of schizophrenia? Even if high school officials were aware of mental health issues, how might that information have been communicated to the college of Cho’s choice once he enrolled there? Some colleges provide incoming students with health surveys, and follow-up when the answers identify disabilities, mental health concerns or medication-related information. Care must be taken not to require students with disabilities to identify themselves as disabled, a protection afforded by the ADA. From what we know, none of this early screening occurred with Mr. Cho.

Then, he arrived at Virginia Tech, and embarked on his career as an English major. In short order, he was alarming his professors and classmates with his writing and his in-class demeanor. Barring information voluntarily provided in a health survey, I think this might be any college’s first opportunity to identify a student in trouble. Asked to identify himself in class and on attendance sheets, Mr. Cho called himself “Question Mark.” Unless he legally changed his name to “Question Mark,” he needed to identify himself accurately to his professors. Perhaps one might take him aside after class to clarify. But, if any student refused to identify himself, I would encourage faculty members to refer the student to the student conduct process for failure to comply with the directives of a university official.

No fewer than four professors raised red flags amongst themselves and their department chair about Cho. Students raised concerns about his writings, imagery and the obvious violence of his class projects. Noted poet Nikki Giovanni had Cho removed from her class. When Professor Giovanni excluded Cho from her class, another English professor decided to teach Cho independently. What a remarkable decision. Professors are busy people. How dedicated must you be to offer your time to teach a student who cannot function within the classroom environment? The best practice is for faculty members who want to offer accommodations to refer the student to the disability services office. There, Cho could have sought qualification and been offered accommodations to help him succeed academically. To qualify as a person with a disability, Cho would have been seen by a doctor, to diagnose what disabilities were in play. What would the doctor have discovered about Mr. Cho? Would the supports of the disability services office have provided Cho with the care and concern from his community that his taped manifesto so clearly indicated he believed it lacked?

Digging a little deeper than the superficial media coverage, it seems the professor did reach out to other administrators for support, and even talked with campus police about protecting her from Cho. She tried to take him to the counseling center, but he refused. His dark and ominous writings weren’t enough for administrators to take action. On a public college campus that type of communication is protected speech under the First Amendment. Only when speech amounts to a true threat is it outside the protections of the U.S. Constitution. A true threat is one a reasonable person would interpret as a serious expression of intent to inflict bodily harm upon specific individuals. Even if his professor referred Cho to the disability services office, it is unlikely he would have gone. What, then, might be the lesson here? I’d still prefer that faculty members make the referral and withhold accommodations until they are approved. There’s a reason to avoid informal accommodations and to stick to the formal process – for a faculty member to recognize a student as disabled and to provide accommodations creates an imperative under the ADA for the whole university and for other accommodations in other courses.

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Another issue that might have come to light had faculty members raised it is that Cho was allegedly using a camera phone to take pictures of women’s legs under his desk in class. At a campus as attentive to violence against women issues as Virginia Tech, I am sure such behavior would have been taken very seriously if Cho were referred for a conduct code violation. Invasion of privacy, improper use of his cellphone and sexual harassment could have been brought to light, with appropriate consequences if he was found to be in violation of the code of conduct.

I feel a need to make a comment about disruptive classroom behavior generally that has nothing to do with Virginia Tech. Some faculty members manage it well, and many do not. There is a skill-set that must be acquired to effectively manage the classroom environment. In my experience, many campuses are offering training for faculty members on addressing classroom disruption. At most, ten faculty members show up. I am told that you cannot mandate training for faculty. They don’t show up because they have tenure. I have a message for faculty – I hope you decide to come to the next classroom disruption training. You should attend the trainings on ADA and sexual harassment as well. I also have a message for campus administrators. Faculty members see training as optional because of the culture of the institution. Cultures can be changed. Faculty members are employees. If training is part of the job, then failing to show up is failing to do the job. Tenure does not exempt faculty from training. It doesn’t even exempt faculty from the consequences of failing to attend a required training. And many faculty members today are untenured. Why don’t they show up? Protecting our communities requires us to change our cultures.

**Stalking I**

In 2005, Cho was accused by another student of stalking. She was sufficiently alarmed that she reported Cho to police, but then declined to press charges. Most stalking victims choose not to report it, underestimating the nature of the threat. Virginia Tech has worked long and hard to create a culture of reporting, a remarkable accomplishment. Allegedly, Cho cyberstalked this female student, making contact on Facebook and through IMs. Why did the alleged victim decide not to press charges? Could the police have pursued an investigation and complaint regardless, if they found evidence of threatening behavior? Even if there was insufficient evidence for a criminal complaint, it would have been a best practice to refer the allegation to the conduct office, for processing as a violation of the code of conduct. Stalking is explicitly part of Virginia Tech’s code, and it should be an explicit offense in your campus code of conduct as well.

**Stalking II**

Based on the media accounts, you might believe there was a second incident of stalking by Cho reported to Virginia Tech police, but they have clarified that the second reported incident did not rise to the level of stalking. Still, another young woman was sufficiently alarmed to contact the police. Are your campus records and databases up to speed? Would the second investigating officer have had easy access to information about the prior complaint? Could this second incident have established a pattern? At that point, even if the victim declined to pursue charges, with two unrelated reports of similar behavior within a short time frame, I’d want campus police on my campus to do an investigation. This brings up a debate about forced prosecutions and pursuing complaints without willing complainants. While this complicates the process, it is occasionally necessary. Certain crimes tend to follow patterns of serial perpetration and escalation. If Cho was doing this to two
women, there is an incredibly high likelihood he was doing this to others as well. Police know to look for these patterns, and are trained on how to find them. Cho’s circle of acquaintances could have been questioned, or the acquaintances of the two women who reported, looking for the full picture. A warrant for his computer could have been obtained, and his files searched. Perhaps his computer files would have convinced police to pursue the stalking charge, or helped to convince the victim of the necessity of pressing charges.

**Suicide Threat**

The reports of stalking apparently precipitated an acceleration of Cho’s downward spiral. Concerned for him, one of his suitemates alerted police to the possibility that Cho was suicidal. Cho was taken into custody and then committed temporarily for evaluation. He was given a hearing at which the judge declared Cho “an imminent threat of harm” to himself, and then declined to commit Cho, instead directing a course of outpatient therapy. Did Cho ever attend outpatient sessions? The magic words were there. “Imminent threat of harm” is legally operative language that is very significant here. When administrators are aware of suicidality on the part of a student, the protections of the ADA and Section 504 of the Rehabilitation Act attach. Colleges and universities cannot separate a student who is suicidal unless that student is a “direct threat” of substantial harm to themselves or others. Most suicidal students are not at the level of direct threats. This determination must be an objective finding based on the most current medical evidence, taking into account any accommodations that might permit the student to remain on campus to successfully pursue their academic career.

With the judges’ declaration, Cho could have been suspended by Virginia Tech. Administrators also could have suspended him on an interim basis when he was hospitalized for his suicidality even without making the direct threat determination. But according to the media reports, administrators at Virginia Tech did not have access to the judge’s order. Medical privacy records kept them in the dark about his hospitalization and its consequences. I think there are two lessons here. One is that we cannot rely on the legal establishment and community mental health agencies for the protection of our communities. I am sure the judge had good reasons for not committing Cho, but his reasons may have had more to do with the limitations of local resources than the appropriateness of the venue for Cho’s treatment. The second lesson is that our students can get lost in the legal and community mental health apparatus, and it is time to question how we track them and what we can do to better support them.

Even if Virginia Tech had known of the judge’s order, had held an involuntary medical withdrawal hearing and had suspended Cho, that is not the end of the story. Section 504 requires universities to readmit suicidal students if they can show they are no longer a direct threat. Cho could have returned to Virginia Tech and there was no legal way they could keep him out. His suicidality was not enough.

**The BIT Model**

W. Scott Lewis, J.D. is Assistant Vice Provost for Judicial Affairs and Academic Integrity at the University of South Carolina. He is also the chair of the USC’s Behavioral Intervention Team (BIT). Scott says the BIT is designed to provide support and intervention in cases like this, amongst others.
Imagine a sequence of events in which a roommate calls campus police because he fears his roommate is suicidal. The notice to the campus police would be relayed to the BIT, which would start tracking the intervention, even if it is being conducted by local agencies and the courts. Even if no communication is relayed from the courts back to the campus, the BIT will watch for the student’s return to campus, perhaps asking to be notified by residence life staff or the roommate. The BIT will also undertake consideration of key issues such as interim suspension, removal from housing, reasonable accommodations and mandated university assessment. The judgment call of the psychiatrists and psychologists at the local emergency room or in-patient facility to send the student back to campus does not always have the university interests in mind. And, the evaluation may not be available to the BIT. So, a campus-initiated assessment may provide more information and lead to the formation of a therapeutic relationship for the student in need. If nothing else, BIT-style models open a flow of communication between police, local agencies, academic officials, campus mental health resources and student affairs administrators.

Had a BIT been functioning in the background of Cho’s education, it would have collected all of the information summarized here. Nothing I have discussed in this article would have eluded a properly-functioning BIT. It would have seen a pattern of classroom disruption, harassment, low-level threats, potential stalking and suicidality. Who knows what might have been done had the full picture been revealed prior to April 2007? Scott and I believe that this kind of model is essential to placing a student on an institution’s radar screen at a point when early intervention is still possible. We have to do everything we can to protect our communities from a student bent on destruction.

More on the BIT Model

The following materials explain the USC BIT model in greater detail:

Purpose of the Behavioral Intervention Team

The University of South Carolina is concerned about the safety, health, and/or well-being of all of its students, faculty, and staff, and has policies regarding the well-being for all members of the USC community. Specifically, the policies address activities that are disruptive to the mission of the University, as well as any suicidal or self-injurious threats or behaviors.

As a result of growing national trends on college campuses of mental health issues, increase in hospitalizations and deaths due to alcohol consumption the University of South Carolina created the Behavioral Intervention Team (BIT). The BIT has been charged with upholding these policies and maintaining a healthy environment for the entire USC community.

Members of the team

The BIT includes five core members:

1- W. Scott Lewis, J.D., Assistant Vice Provost
2- Russell Haber, Ph.D., Director - Counseling and Human Development Center
3- Dr. Pete Liggett, Assoc. Director - Counseling and Human Development Center
4- Alisa Cooney, Director of Judicial Affairs
5- Kelly Eifert, Director of Academic Integrity

Additional ad hoc members include representatives from the following departments and offices:

- CHDC
- Registrar
- Provost
- General Counsel
- Law Enforcement and Safety (USCPD)
- Student Health Services
- University Housing
- Student Life
- Greek Life
- Disability Services
- Sexual Health and Violence Prevention
- Campus Wellness
- Academic Departments
- Student Ombudsman

Protocol

The BIT developed a protocol to ensure that every behavioral or mental health issue or incident was addressed adequately.

There are 3 BIT categories:

1. Self-Injurious behavior/ suicidal ideation or attempt.
2. Erratic behavior (including online activities) that disrupts the mission and/or normal proceedings of University students, faculty, or staff.
3. Involuntary transportation to the hospital for substance use/abuse.

Once an incident occurs it is referred to the BIT Chairs and confirmed via incident report or email, the student(s) involved are contacted by letter and are instructed to undergo an assessment at the Counseling & Human Development Center (CHDC).

The type of assessment is dependent on the behavior. Students are, at a minimum, required to undergo a four (4) session assessment by Counseling and Human Development Center Staff. Students involuntarily hospitalized for alcohol abuse are required to undergo an assessment and possibly an six (6) session group with students who have been involved in a similar incident.

Students may appeal the initial assessment and/or group by meeting with the BIT chair(s), who may allow for individual counseling or an assessment by an outside agency.

Students who fail to comply with the request for assessment and/or to complete the assessments/groups may be referred to the University’s student conduct system and may summarily removed from the University for “Failure to comply.”
Amnesty Provision—Post assessment, any potential disciplinary sanction will be addressed on a case-by-case basis. The University’s default position for involuntary hospitalization for alcohol will be an “FIO” or For Information Only finding for the alcohol violation. Students who have violated the alcohol policy but bring another student who needs involuntary hospitalization to the staff or law enforcement attention may be given an ‘FIO’ finding for an alcohol violation as well.

Other members of BIT will be contacted as needed on a case-by-case basis. After the assessment, the BIT will make a determination that takes into consideration the student’s best interest as well as the best interest of the University community.

Possible outcomes include but are not limited to:

1- Medical withdrawal from the University
2- Referral to off-campus treatment
3- Reduction in access to courses and/or facilities

Faculty and Staff Information

Faculty and Staff are required to report any type of behavior or threat of behavior that could threaten the well being of any student and/or may materially disrupt the University Community.

If a student feels comfortable confiding in the faculty or staff member about suicidal ideation, self injurious behaviors, or materially disrupting the University community, then the faculty or staff member must report that information to the BIT chairs. Any information received via e-mails, list serves, blogs, blackboard postings, and social on-line networking sources (e.g., Facebook or Myspace) also requires reporting.

A faculty or staff member should never make a promise of confidentiality to a student.
Mental Illness and Violent Behavior in School: A Primer for College Administrators

By Melissa Grunloh, Alina Huang, Kristine Kaiser, Elham Karamooz, and Linda Rowe

The following paragraphs comprise a primer on public health perspectives regarding the links between campus violence and mental health problems. Knowledge of current research findings and their implications are crucial tools for administrators facing heightened – and often unrealistic – demands to predict and control student behavior.

In spite of media hype following the tragedy at Virginia Tech, the national incidence of on-campus violence does not seem to be increasing. Still, there is no such thing as an “acceptable” level of violence. In the search for effective youth-violence reduction strategies schools, colleges, and communities must explore the controversial topic of the correlation between mental illness and violent behavior.

Earlier this year four of the authors, who are medical students, embarked upon a service learning project sponsored by a community mental health association. The fifth author served as their project advisor. Their objective was to promote screening programs for depression and suicide in area high schools. The authors hypothesized that such mental health programs might contribute to the reduction of school violence, a major concern of local principals and parents, as well to the prevention of suicide.

The authors decided to explore the correlation between violence and mental health among adolescents through a review of the medical and public health literature on the subject. As will be obvious, the analysis of this literature can be applied equally well to secondary and post-secondary settings.

Mental Disorders and Violence to Others

The Centers for Disease Control estimated that 5,570 people ages 10-24 were murdered, and approximately one third of high school students reported being in a physical fight within the past year. The cost of youth violence exceeds $158 billion a year as a result increasing medical costs, decreasing productivity, and decreasing the quality of life - all of which seriously impact society. (Centers for Disease Control and Prevention, “Youth Violence: Fact Sheet” Retrieved on March 6, 2007 from http://www.cdc.gov/ncipc/factsheets/yvfacts.htm).

The most recent Bureau of Justice Statistics numbers indicate that although college students’ experience of violence is lower than that for non-students aged 18 to 24, between 1995 and 2002 college students were victims of about 520,000 crimes, on average, annually. An average of about 128,000 of these violent crimes involved a weapon or serious injury, and over 90% of the crimes occurred off campus. Between 1995 and 2002 the rate of reported violence against college students decreased by 54%. Newer data for college students have not yet been published, but data for the population at large indicate that the last decade’s near-steady decline in rates of criminal activity may have leveled out. (Violent Victimization of College Students 1995-2002 by Katrina Baum and Patsy Klaus, January 2005, NCJ 206836, http://www.ojp.usdoj.gov/bjs/).
John Monahan, writing in a 1992 issue of the journal American Psychologist, (“Mental Disorder and Violent Behavior: Perceptions and Evidence,” Vol. 47, pp. 511-521), summarized studies illustrating a relationship between mental disorders and violence. One of the studies he cited sampled 400 adults from New York City, some of whom were randomly selected, while the others were former patients of a mental institution. Violence was significantly more prevalent in the patient population, even when age, gender, educational level, ethnicity, socioeconomic status, family composition, and other factors were taken into account. Interestingly, when the study controlled for current psychotic symptoms, the rates of violence between the patient and non-patient populations were no longer different.

Monahan himself studied the incidence of violence in a population with mental disorders. Monahan’s subjects consisted of 728 men from the Cook County (Chicago) jail and 328 male inmates in California prisons. When compared to the general population and controlled for race and age, the prevalence among the jail inmates of mental disorders such as major depression, bipolar disorder, and schizophrenia, was significantly greater. A 1990 study by Texas researchers Jeffrey Swanson, Charles Holzer, Vijay Ganju, and Robert Jono looked at pooled data from 10,059 respondents in which there was some violent behavior recorded during the current year. They found that more than half of the respondents who self-reported violent behavior met criteria for a psychiatric disorder, and those with more than one disorder were more likely to engage in violent behavior (“Violence and Psychiatric Disorder in the Community: Evidence from the Epidemiologic Catchment Area Surveys,” Hospital and Community Psychiatry Vol. 41, July 1990, pp. 761-770).

One of the most illuminating recent studies for the lay reader is “Violence and Mental Illness – How Strong is the Link?” by Richard Friedman, director of the Weill Cornell Psychopharmacology Clinic at Weill Cornell Medical College NY. Friedman reported an increased rate of violence among those with mental disorders. Data on violence was collected from approximately 7,000 subjects across five U.S. communities. The results showed that patients with schizophrenia, major depression, or bipolar disorder were two to three times more likely to commit assultive acts when compared to people without such an illness. (New England Journal of Medicine, Vol. 355, No. 20, November 16, 2006, pp. 2064-2066, [http://www.nejm.org](http://www.nejm.org)).

### Mental Disorders and Violence to Self

Not only has research demonstrated an association between mental disorders and violence to others, but studies have also shown a link between mental disorders and violence to self, namely suicide.

The Centers for Disease Control, reporting on school violence data from 2001, noted links between suicide attempts and fighting. The CDC stated that students who attempted suicide were almost four times more likely to engage in fighting compared to students who had not attempted suicide. Since suicidal ideation epitomizes violence directed inward, individuals exhibiting such behavior have a greater tendency to direct their rage outward. The CDC analysis also cited previous studies that found that students who committed school shootings were suicidal prior to or during the incident (“Suicide Attempts and Physical Fighting Among High School Students – United States 2001” by M.H. Swahn,, K.M. Lubell, and T.R. Simon TR (MMWR Weekly, 53(22), June 11, 2004, pp 474-476, at [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5322a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5322a3.htm)).
The CDC (Swahn et al, above) warned that the physiological or psychological mechanism that linked suicidal behaviors and violent behaviors remained unclear. Severe and rare forms of mental illness (psychosis, schizophrenia) are most likely to be associated with violence, but the CDC’s findings suggest that suicidal, depressed and anxious young people should, from a health perspective, be regarded as possibly at risk for violence. Conversely, students who engage in physical violence or weapons possession may be candidates for screening for depression, anxiety and suicide ideation.

A recent Canadian study conducted by Alexandre Dumais and associates related violent methods of suicide to a high level of lifetime impulsive-aggressive behaviors. This study used data from the “psychological autopsies” of individuals who had committed suicide in the Greater Montreal area, i.e. interviews with the suicide victim’s family and associates, and coroner’s notes. Nonviolent methods of suicide included overdoses, poisoning, gas, and drowning, with all other methods considered violent. Of 310 cases, 242 were violent and of these, 166 were completed by hanging. Lifetime alcohol and drug problems along with psychotic disorders were significantly associated with a violent method of suicide. (“Is Violent Method of Suicide a Behavioral Marker of Lifetime Aggression?” by Alexandre Dumais, Alain Lesage, Aleksandra Lalovic, Monique Séguin, Michel Ouristignant, Nadia Chawky, and Gustavo Turecki, in the American Journal of Psychiatry, Vol. 162, No. 7, July 2005, pp. 1375-1378).

Adolescent suicide is a complex and multifaceted phenomenon that has many identifiable risk factors and yet is still difficult to predict and prevent. Impulsive aggression, one of these factors, is strongly associated with suicide as it greatly increases the likelihood of acting on suicidal thoughts. Physicians David Brent and J. John Mann proposed that more precise understanding of the genetic links and the roles of aggression in suicide will improve the assessment of individual risk for suicide. In the December 28, 2006 issue of the New England Journal of Medicine they argued that imaging studies that demonstrate that individuals with impulsive aggression have lower serotonin levels make a case for a possible genetic predisposition. Family stressors such as neglect and abuse as well as neurocognitive disorders add to these risk factors. (“Familial Pathways to Suicidal Behavior-Understanding and Preventing Suicide among Adolescents” by David Brent and John Mann, New England Journal of Medicine, Vol. 355, no. 26, 2006, pp., 2719-2721).

Other Risk Factors for Violence

Other factors, such as young age, male gender, low socioeconomic status, access to guns, and exposure to violent media, are involved in the propensity of children and young adults to act out violently. A child's social environment also plays a significant role. In the classroom, when both teachers and students have low achievement expectations, children are at a greater risk of acting out in violence. In the family, factors such as marital conflict, abuse, neglect, and lack of discipline have been correlated with violent behavior in youngsters. (See Swanson, et al, 1990. Above. See also, “How Should Emergency Psychiatrists Respond to School Violence?” by Rachel Glick, Laura Hirshbein and Nanya Patel in Psychiatric Services, Vol 55, No. 3, March 2004, pp. 223-224, at http://ps.psychiatryonline.org.)

Swanson et al. (1990, above) found that the most common disorders among those who self-reported violent behaviors were alcohol abuse and dependence disorders. For example, in a study of 4500 high school seniors and dropouts from Oregon and California conducted in the 1990’s, public health researchers Phyllis Ellickson, Hilary Saner, and Kimberly McGuigan discovered that violent youth
were “10 times more likely to sell drugs... Between 2 and 3 times as likely to be weekly users of alcohol, cigarettes, or marijuana; to have tried cocaine; or to be polydrug users” (p.987, “Profiles of Violent Youth: Substance Use and Other Concurrent Problems”, by Phyllis Ellickson et al, American Journal of Public Health, Vol. 87, No. 6, June 1997, pp. 985-991). A study of adolescents in Finland demonstrated that smoking, alcohol use, as well as other factors lead to an increased risk of violence and injury (“Risk Factors for Violence and Violence-Related Injuries among 14- to 18-Year-Old Finns” by Ville Mattila, Jari Parkkari, and Arja Rimpela, in the Journal of Adolescent Health, vol. 38, 2006, pp. 617-620).

While the above studies show that having a mental disorder is significantly associated with acting violently to self and others, these two events are not inextricably linked. Friedman (2006, above) emphasized that not all people with mental illness are violent, and not all violent people have a mental illness. As Monahan (1992, above) cautioned, the increased risk of violence in mentally disordered patients depends on whether patients are currently experiencing certain symptoms, such as psychosis, in which thoughts and perceptions are severely impaired. In fact, Swanson et al. (1990, above, p. 768) stated: “People with the same diagnosis behave differently under different conditions depending on their age and gender, living environment, personal history, cultural orientation, and position in the social structure.” Thus, multiple factors must be taken into consideration when estimating the risk of violence in a person who is mentally ill.

Prevention and Treatment in School and Community

While many view violent behavior as a phase or a part of growing up and hope that it will pass, the American Academy of Child and Adolescent Psychiatry warns that it is not something to be ignored. It could very well be a sign of an underlying mental health disturbance that beckons attention and the possibility of treatment by mental health professionals. (see “Understanding Violent Behavior in Children and Adolescents, AACAP, 2001; retrieved March 6, 2007 from http://www.aacap.org/page.ww?name=Understanding+Violent+Behavior+In+Children+and+Adolescents&section=Facts+for+Families).

If having a mental disorder increases the likelihood of violence, treatment is a possible solution for reducing this risk. Friedman (2006, above found that the rates of violence among psychiatric patients during the year after hospital discharge were no different from the rate of violence in people without such disorders. He attributed this finding to the direct alleviation of the symptoms. For example, a person who is schizophrenic may hear voices that command him to harm others. Effective and appropriate treatment may quell the hallucinations, removing the voices from the patient’s mind and thus lessening the risk of violence.

Along similar lines, it is believed that risk-prone youth can be taught skills that will lessen the likelihood of violent behavior. In “Violence in the Schools: Clinical Issues and Case Analysis for High-Risk Children,” Thomas Miller, Richard Clayton, Jean Miller, Jaye Bilyeu, Jamie Hunter, and Robert Kraus collected data on school shootings in Kentucky, Arkansas, Oregon, and Colorado (in Child Psychiatry and Human Development, Vol. 30, No. 4, Summer 2000, pp. 255-272). The authors described the majority of the perpetrators as depressed, aggressive, or impulsive, while some were on antidepressants. Prior to their deadly acts, these youth were seen as quiet and isolated. They were often bullied by peers and humiliated at school, which may have worsened the status of their mental health. In regards to this study, Glick et al. (2004, above) observed: “These children lacked
skills of conflict resolution and anger management, and their interaction with peers stimulated a need for power and control.” (p. 223). They imply that, had these children received proper counseling or treatment to resolve conflicts and manage their anger, they may not have acted violently.

By becoming involved in violent acts, the perpetrator increases the risk of morbidity and mortality for self and others. Angela Browne, Catherine Barber, Deborah Stone, and Aleta Meyer reported that aggression and self-harm by adolescents has “ongoing and negative effects on future development” as well as “involvement in community and family life,” thus illustrating the widespread effects that such experiences can have on a person. In turn, the physical aggression, fighting, threats or attempts to hurt others, use of weapons and vandalism must be taken seriously (“Public Health Training on the Prevention of Youth Violence and Suicide: An Overview” by Browne et al, American Journal of Preventive Medicine, Vol. 29, Issue 5, Supplement 2, December 2005, pp 233-239.)

Various statutes and legal processes enable society - and school and university conduct processes - to “classify” someone as dangerous and impose sanctions or mandate treatment after the person has committed a harmful or overtly threatening act. Restricting liberty or property interests solely on the basis of what health research statistics suggest that someone might do sets off a multitude of human rights and civil liberties alarms. To date, we have no bright line or diagnostic tool reliable enough to predict future violent behavior with the certainty demanded by law, policy, and ethics.


As medical knowledge about mental illness continues to improve, and more sophisticated, evidence-based diagnostic tools are developed, some experts propose careful re-examination of the legal standards for involuntary commitment or mandated treatment. Dr. Richard Friedman (2006, above) mused that it might make sense to “reset the threshold” for mandating treatment to include “known clinical risk factors,” not just the unambiguous evidence of immediate danger to self and others currently demanded by law.

In “Mania and the Law in California: Understanding the Criminalization of the Mentally Ill” (American Journal of Psychiatry, Vol. 160, July 2003, pp. 1245-1250), researchers Cameron Quanbeck, Mark Frye, and Lori Altschuler suggested the need for “mental health courts” that would specialize in addressing behaviors that stem from mental disorders, particularly when the individual refuses to recognize the disorder and/or to participate in treatment that would ameliorate the pattern of disordered behavior.
Implications for Higher Education

In summary, youth who engage in violent behaviors are 1.5 times more likely to have mental health problems than their nonviolent peers. People with mental health problems are slightly more predisposed to violence than people who are not experiencing mental health problems. However, these predictors are relatively weak when compared to other more powerful correlates with young adult violence: a past history of violence, being male, involvement with substance abuse, and a history of academic problems. Put another way, many, many people who are violent do not experience mental illness. Most people who experience mental illness will never become violent.

Administrators under pressure to “step up” monitoring of mental health problems on campus must proceed cautiously, bolstered by sound public health evidence and practice. Historically, public misperceptions that equate mental illness with dangerousness have resulted in horrible abuses and stigmatization of people with mental illness. Misusing the data could pose great risk to the mentally ill, while doing little to promote anyone’s safety. The science of predicting whether an individual with mental illness is likely to be violent has yet to be mastered by the health care or legal professions. It should never be attempted by educators and administrators.

Increased knowledge of the characteristics of students who commit violence imposes upon Student Affairs professionals increased demands to avoid misusing that knowledge. Let us pretend for a moment that a reliable predictive diagnostic tool exists. A college receives reports about two students who have evinced similar “weird” or “creepy” behavior – maybe they have inserted disturbing content into their creative writing assignments. Neither has engaged in rule violations that would form a basis for sanctioning, but, under expanded preventative health and safety policies both students are required to undergo psychological risk assessments. Using our imaginary diagnostic tool, a mental health clinician reports that Student A has a 15% likelihood of committing a violent act, while student B’s risk of violence is at the 80% level. Does this information permit the college to dismiss Student B while Student A remains? Such hypothetical scenarios must be discussed when developing violence reduction programs.

Even if we could or would want to remove a student with an assumed propensity for violence, expulsion is not a prophylactic for violence on campus. High profile shootings have involved expelled or disciplined students or fired employees. Some contend that disciplinary or restrictive action – even questioning – must be handled with utmost care and expertise so as not to exacerbate the sense of alienation, persecution, frustration and anger in the troubled mind.

Correlations between certain forms of mental illness and violence in young people are substantial enough that campus health and discipline services will be well advised to collaborate to refine and develop programs that assess and address students who evince mental health problems and/or violence in order to minimize the possibility that they will harm themselves or others. For instance, suicide and violence are not always on the same trajectory, but they are linked, especially in males. We currently lack researched documentation of the role suicide prevention efforts play in violence reduction, but it stands to reason that sound suicide prevention strategies and mental wellness programs may interfere with violence as well.

Perhaps this primer has provided more data than direction, and posed more questions than answers. From a public health perspective, it is fair to say that when it comes to connecting mental illness
with violence, the amount of research needed exceeds research accomplished, and controversy outstrips consensus. The authors nevertheless hope that a public health perspective will aid higher education administrators in the development of security and discipline programs that support student mental wellness.

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MAGNA PUBLICATIONS AND THE NATIONAL CENTER FOR HIGHER EDUCATION RISK MANAGEMENT

PRESENT:

LEARNING FROM TRAGEDY -- DEBRIEFING FROM VIRGINIA TECH AND MOVING FORWARD:

A FRAMEWORK FOR STUDENT MENTAL HEALTH AND VIOLENCE PREVENTION

FEATURING

BRETT A. SOKOLOW, J.D.
and
W. SCOTT LEWIS, J.D.
THE CRITICAL INCIDENT

• On April 16, 2007, a 23 year-old male student, Cho Seung-Hui, shot and killed 32 students and faculty members, injured 24 others, and then killed himself on the campus of Virginia Tech.

• Our thoughts continue to be with those at Virginia Tech, and the families and friends of those killed and injured.

• This event has helped to raise thousands of dollars for the Hokie Spirit Fund. Thank you.

HOW WE SEE IT

• We start with a premise that the media has obscured. It is critical to understanding why this conversation must take place. If you believe that Cho was a mass murderer who acted randomly, as the media would have it, then his behavior was not predictable or preventable.

• We see Cho differently. We see him as a suicidal student who took others with him as he killed himself. This is not uncommon with suicides.

• If we see Cho as a student with acute mental health needs, it brings into focus to the mental health crisis facing colleges and universities today.
POLLING QUESTION

• IS YOUR CAMPUS CONTEMPLATING CHANGES TO POLICY OR PRACTICES AS A RESULT OF WHAT HAPPENED AT VIRGINIA TECH?
  – YES
  – NO

• HAS YOUR CAMPUS MADE ANY CHANGES TO POLICY OR PRACTICE AS A RESULT OF WHAT HAPPENED AT VIRGINIA TECH?
  – YES
  – NO

ANATOMY OF A CRISIS

• Our intent in revisiting the sequence of events that led to the shootings is not to be morbid, but to identify patterns that may give us clues in future efforts at prevention.
• Deconstructing a critical incident may impact on policies, practices, procedures and protocol.
OUTCOMES

This videoconference aims to give you a perspective that encourages campus responses in three main areas:

• Improved mental health services, policies and protocols;
• Better policies, protocols and training on disruptive student behavior;
• Elaboration and implementation of behavioral intervention models that enable early identification, support and response to students in need.

THE FALL OF 2005

• Cho was not on the radar screen during his first two years at Virginia Tech.
• That changed starting in the fall of 2005, when Cho became a junior, with a series of events that in retrospect reveal a downward spiral as Cho unraveled.
• We’re going to look at each event in the hope of gleaning information that will be of future use.
CLASSROOM DISRUPTION

• Asked to identify himself in class and on attendance sheets, Mr. Cho called himself “Question Mark.” Unless he legally changed his name to “Question Mark,” he needed to identify himself accurately to his professors.
• Perhaps one might take him aside after class to clarify. But, if any student refused to identify himself, we would encourage faculty members to refer the student to the student conduct process for failure to comply with the directives of a university official.
• An alternative would be to check with your conduct office or someone to see if this behavior is “serial” in nature.

FACULTY ALARMS

• No fewer than four professors raised red flags amongst themselves and their department chair about Cho.
• Students raised concerns about his writings, imagery and the obvious violence of his class projects.
• Others noted he photographed women in class surreptitiously with his phone.
• Noted poet Nikki Giovanni asked campus police to monitor her class with Cho.
VT RESPONSE

• The VA Tech CARE team was consulted at this time. This team is similar to the BIT model we will discuss later. The VT team included representatives from:
  – Judicial Affairs
  – The Office of the Dean of Students
  – Residence Life
  – Counseling
  – Health Center (as needed)
  – Women’s Center (as needed)
  – AVP for Student Affairs

• The team developed a plan to remove Cho from Giovanni’s class, a referral was made to the Cook Counseling Center, and the department chair agreed to tutor Cho independently.

REFERRALS

• For Conduct, including:
  – Harassment
  – Intimidation
  – Threats
  – Disruption
  – Invasion of Privacy

• For Accommodations:
  – To cover the tutoring under the ADA

• For Counseling, but…counseling at VT, like on many campuses, must be voluntary. Let’s revisit this later as a question of best practices.
ACCOMMODATIONS BY FACULTY

- Clarifying this process is essential.
- If a student who disrupted class had been made to seek accommodations from the Office of Disability Services:
  - He might have seen a doctor.
  - He might have received additional support.
  - He might have been denied accommodations and run into academic difficulty.
- Is a student who cannot function in a classroom environment “otherwise qualified” under the definition of the ADA?

HARASSMENT & STALKING

- In early December 2005, VTPD received a report that Cho had harassed another student. It is unclear if the behavior rose to the level of stalking. Nevertheless, VTPD warned Cho to discontinue the behavior.
- A referral was made to judicial affairs. The victim did not pursue charges.
HARASSMENT & STALKING II

- A week later, VTPD received reports of harassment of another student by Cho. This behavior clearly did not rise to the level of stalking, but had been repeated on December 9, 11 and 12.
- The student requested a no-contact order.
- VTPD communicated this to Cho on Dec. 13. No charges were filed. No referral was made to judicial affairs.

HARASSMENT AND THE 1ST AMENDMENT

- In addition to faculty following protocol by referring classroom disruption to the CARE team, an instructor asked the Office of Judicial Affairs to take a look at a paper Cho had written for a classroom assignment.
- The Supreme Court “true threat” standard addresses the limits of the First Amendment rights of students on public campuses.
- Only when speech amounts to a true threat is it outside the protections of the U.S. Constitution. A true threat is one a reasonable person would interpret as a serious expression of intent to inflict bodily harm upon specific individuals.
SUICIDAL GESTURES/THREATS

• Later that day, Cho IM’d his roommate that “he might as well kill himself or something…” The roommate’s father called VTPD (good example of positive bystander intervention).
• VTPD took Cho into emergency custody.
• Cho was hospitalized for 14 hours for assessment and released for outpatient treatment.

THE BREAKDOWN OF COMMUNITY/CAMPUS MENTAL HEALTH SERVICES

• With everyone pointing fingers after the killings, the one accurate finger that can be pointed is at the broken community mental health system in many areas of America.
• Cho’s case is a damning indictment of just how poorly that system can function.
PROTECTIONS OF THE ADA AND SECTION 504

- Assuming Cho was suicidal, and administrators had a mechanism to discover that, they could have engaged in a voluntary/involuntary medical withdrawal process to help assess Cho’s fitness to remain enrolled.

THE LAW: HOW BEST TO ADDRESS SUICIDAL STUDENTS

- A Suicidal Student Has a Disability
- Both the ADA and Section 504 Apply
  - Section 504 gives recourse to students who are discriminated against on the basis of a recognized disability.
  - The Americans with Disabilities Act (ADA) entitles students who are otherwise qualified to participate in the programs and activities of college to reasonable accommodations once they seek qualification with the campus disability services office.
  - Neither law requires that a suicidal student march into the disability services office to qualify as disabled. Once suicidality is clear to college officials, our obligations under these laws are in effect.
THE ONLY WAY TO SEPARATE A SUICIDAL STUDENT FROM THE COLLEGE OR UNIVERSITY (INVOLUNTARILY)

– Direct Threat Test
  • To rise to the level of a direct threat, there must be a high probability of substantial harm and not just a slightly increased, speculative, or remote risk;
  • In a direct threat situation, a college needs to make an individualized and objective assessment of the student's ability to safely participate in the college's program;
  • This assessment must based on a reasonable medical judgment relying on the most current medical knowledge or the best available objective (non-medical) evidence;
  • The assessment must determine; the nature, duration, and severity of the risk; the probability that the potentially threatening injury will actually occur; and whether reasonable modifications of policies, practices, or procedures will sufficiently mitigate the risk.

Q&A
REACTING TO CRISIS

• There are a lot of ideas being floated in the higher education community, in the media, and in the political sphere about what colleges and universities should be doing as a response to Virginia Tech.
• Some ideas are preposterous, some are camouflage, and some have merit. Let’s take a look:

COLLEGE IS NOT FOR THE MENTALLY ILL

• Why don’t we just deny admission to students who raise mental health concerns?
• Section 504 of the Rehabilitation Act prohibits colleges and universities from discrimination in admission against those with disabilities.
• Under the ADA, we can’t require a student to disclose a disability.
• Many colleges do provide health surveys to incoming students, and when those surveys disclose mental health conditions, we need to consider what appropriate follow-up should occur as a result.
• Cho likely was schizophrenic. Identifying disabilities early on and providing support, accommodation—and potentially intervention—is our issue.
LET’S ARM EVERYONE

• Many pro-gun advocates have talked about the deterrent and defense values of a well-armed student body, but none of them have mentioned the potential collateral criminal consequences of armed students: increases in armed robbery, muggings, escalation of interpersonal and relationship violence, etc.
• Virginia, like most states, cannot keep guns out of the hands of those with potentially lethal mental health crises. When we talk about arming students, we’d be arming the killers too.
• We need to focus our attention on the real issue: mental health.

LET’S INSTALL TEXT MESSAGES WARNING SYSTEMS

• At the low cost of $1 per student per year, you might ask what the downside could be?
• Well, the real cost is the $1 per student that we don’t spend on mental health support, where we really need to spend it.
• And, what do you get for your $1? A system that will send an emergency text to the cell phone number of every student who is registered with the service. If we acknowledge that many campuses still don’t have the most current mailing address for some of our students who live off-campus, is it realistic to expect that students are going to universally supply us with their cell phone numbers?
• A recent pilot program at NMSU in the immediate aftermath of the VT shootings resulted in participation by 1,000 students. NMSU has more than 27,000 students.
LOUDSPEAKERS, EMAIL AND OTHER ALERTS

• Loudspeakers and alarms have potentially better coverage than text messages, with much less cost.
• Virginia Tech used such loudspeakers to good effect during the shootings.
• The limitation is that they do not communicate warnings to off-campus students.
• Email warnings should be a part of every campus emergency response protocol now.

WHAT ARE THE LEGAL WARNING REQUIREMENTS?

• Under the common law of every state, landlords and business operators have an obligation to warn (and in some cases protect) members of the community from known, foreseeable danger.
• Under the Clery Act, colleges and universities are obligated to make timely warnings to the community of crimes that represent a potential threat of harm.
EVACUATIONS AND LOCKDOWNS

• We should establish lockdown protocols that are specific to the nature of the threat.
  – Lockdowns are an established mass-protection tactic. They can isolate perpetrators, insulate targets from threats and restrict personal movement away from a dangerous line-of-fire.
  – But, if lockdowns are just a random response, they have the potential to lock students in with a still-unidentified perpetrator. If not used correctly, they have the potential to lock students into facilities from which they need immediate egress for safety reasons.
  – If not enforced when imposed, lockdowns expose us to the potential liability of not following our own policies.

• We should also establish protocols for judicious use of evacuations.
  – We should know to what location people will be evacuated, and on what timeline.
  – We should consider how we will account for individuals once we move them, to assure everyone is safely moved.
  – We should establish clear routes of egress that are out of harm’s way.

CRIMINAL BACKGROUND CHECKS

• We should not rush to perform criminal background checks (CBCs) on all incoming students.
  – You might catch a random dangerous applicant, but most students who enter with criminal backgrounds were minors when they committed their crimes, and their records may have been sealed or expunged.
  – How will you determine which students who have criminal histories are worthy of admission and which are not?
  – If you perform a check on all incoming students and the college across the street does not, the student with the criminal background will apply to them and not to you.
  – If you decide to check incoming students, what will you do about currently-enrolled students?
  – Will you do a state-level check, or a 50-state and federal check (FBI/DOJ)?
  – The comprehensive check can cost $80 per student. We need to spend this time, money and effort on the real problem: mental health.

  – Cho had no criminal history.
Q & A

POLLING QUESTION

• Does your campus currently have a Behavioral Response Protocol?
  – Yes
  – No

• Does your campus have a non-judicial protocol to cover (check all that apply):
  – Suicidal Ideation or Attempt
  – Self-Injurious Behaviors (e.g. cutting)
  – Mental Health Disturbances (Erratic Behaviors)
PREVENTING A CRISIS

• What does a comprehensive model for preventing a critical incident look like?

DISRUPTIVE STUDENT POLICIES AND PROTOCL

• We assume that such policies are in existence on every college campus.
• Now is an opportune time to dust them off, sharpen and fine-tune if you need to.
• Protocols are useful until they fall into disuse. The University of Washington recently admitted it had not followed its employee safety/stalking protocol developed 7 years before the recent murder of an employee by an ex-boyfriend.
STALKING: THE TIP OF THE ICEBERG

- Are your campus records and databases up to speed? Did the VTPD responding to the second stalking/harassment complaint know about the previous allegation made the week before? Would the second investigating officer have had easy access to information about the prior complaint on your campus?
- Could this second incident have established a pattern? Even if the victim declined to pursue charges, with two unrelated reports of similar behavior within a short time frame, we would want campus police to investigate.
- Certain crimes tend to follow patterns of serial perpetration and escalation. If a student was doing this to two women, there is an incredibly high likelihood he was doing this to others as well. Police know to look for these patterns, and are trained on how to find them.
- Question the student’s circle of acquaintances and the acquaintances of the victims. Look for the full picture. A warrant for a harasser’s computer should be obtained and his files searched. Perhaps his computer files might convince police to pursue stalking charges, or help to convince the victim of the necessity of pressing charges.
- The student conduct office should consider the merit of charges even in the absence of a willing complainant.

STALKING, CON’T

- According to the research of David Lisak, Ph.D. from the University of Mass., Boston, a study of 1,882 male college students revealed:
  - 120 had committed 482 acts of sexual violence, and
  - 1,221 total acts of violence and aggression, including stalking.
- These patterns are both detectable and stoppable.

RELATIONSHIP VIOLENCE

• Initial suspicion that Cho’s first victim was somehow chosen based on a relationship between them has not been supported by later investigation.
• Looking for links to relational and domestic violence makes sense in these cases, regardless.

MENTAL HEALTH POLICIES, PROCEDURE AND PROTOCOL

We recognize two schools of thought on best practices here:

A. Addressing student behavior as a matter of the conduct process;
B. Utilizing voluntary/involuntary medical withdrawal procedures to address extreme behavior

We feel best practices suggest utilizing the conduct process for lower-level disruption, minor threats and other conduct violations. But, where the behavior is serious, our preference is for invoking the medical withdrawal process instead of using the conduct process.

Three main reasons:
   1) Avoids pretextual discrimination arguments
   2) Ensures that a direct threat determination is made appropriately
   3) Examines whether accommodations may enable the student to stay
PROTOCOL, CON’T

• A well-crafted protocol for mental health crises is essential. It should be tri-partite, addressing in turn prevention, intervention, and if necessary, post-vention.
• It should clarify the role of parents, and detail how information about the incident is to be communicated both internally and externally.

POLLING QUESTION

• Does your campus have (Select One):
  – Mandated Assessment
  – Mandated Counseling
  – Both
  – Neither
TRAINING FOR FACULTY AND STAFF

• Policies, procedures and protocol are only as strong as the training we provide to those who implement them.
• A culture of training is one of the hallmarks of a campus that is addressing these issues proactively.
  – Trainer training
  – Training
  – Refresher
  – Written support materials
• More and more campuses are providing training on classroom and residence hall disruption.
• We also need empower bystanders to intervene.

LIAISON AND COMMUNICATION

• Any expert on crisis management will tell you that the quality of your response depends largely on your cooperation and coordination in the midst of a crisis.
• So, we need to knock down our silos.
• If you have a BIT or care team, how do they liaison with campus police, local police, your campus CIRT or CISDT?
• Who is responsible for communicating what, when? And do they know that?
DATA COLLECTION AND SHARING

• Our ability to successfully intervene to support or exclude a student also depends largely on good data. Each campus ought to have the ability to centralize each piece of information we have shared about Cho. Will your mental health committee know about the academic issues, the student conduct records, the residence life problems, the police records, etc?

MIND THE GAPS

• What about the gaps? After Cho was released in December of 2005, he was not on the radar screen again until his rampage in April of 2007.
• Clearly, he learned not to share his thoughts with his roommates. But, is a period of quiet for a troubled student good news, or just dormancy?
• How do we effectively continue support and communication during these times, too?
BEHAVIORAL INTERVENTION MODELS

• Early Intervention with Students

DEFINING TERMS

• What is a “Distressed Student?”
• What is a “Disturbed Student?”
• What is a “Dysregulated Student?”
• What is a “Disruptive Student?”
• What is a “Student in Crisis?”
• What is a “Classroom Disruption?”
Levels of Intervention

Dependent on the level of “disruption” or “disturbance.”

- Level One Intervention
  - Faculty/staff – notify BIT
- Level Two Intervention
  - BIT with appropriate campus partners
- Level Three Intervention
  - USCPD and BIT

Who are we talking about…

- Distressed
  - Emotionally troubled
  - Individuals impacted by situational stressors and traumatic events
  - Psychiatrically symptomatic
- Disturbing
  - Behaviorally disruptive, unusual, and/or bizarrely acting
  - Destructive, apparently harmful to others
  - Substance abusing
- Dysregulated
  - Suicidal
  - Parasuicidal (self-injurious, eating disordered)
  - Individuals engaging in risk-taking behaviors (e.g., substance abusing)
  - Hostile, aggressive, relationally abusive
  - Individuals deficient in skills that regulate emotion, cognition, self, behavior, and relationships
Mandated “Counseling”

- Gilbert & Sheiman (1995)
- Predicated on the notion that counseling will reduce unwanted behaviors, and therapists can predict future problems
- Legally and ethically questionable
- Ineffective and possibly harmful — factors influencing clinical success are compromised
- Doesn’t address behavior
- Damages counseling center’s integrity

Mandated “Assessment”

- Paul Joffe (2003) - University of Illinois
- Students who present as apparent suicidal risks mandated to 4 sessions of “assessment”
- 4 areas of focus:
  - Assessment of suicidal risk (ideation, intent, means)
  - Examine antecedents, thoughts & feelings
  - Psychosocial history and lifetime history of suicidality
  - Discussion related to university policies
- USC’s use of this policy expanded to general mental disturbances and involuntary hospitalizations.
- Goal…hook the student
- Student in this category do not pay for mandated assessments.
Class Absenteeism

- Absenteeism as an important indicator of students' emotional functioning
- Mississippi State University Pathfinder Program
- USC’s approach
- Class Absence and Reflection (CAR) Group
- Now “Creating Academic Responsibility”
- Referrals by faculty to Student Affairs for absenteeism and other academic concerns

Campus Mental Health Recommendations (Mowbray et. al., 2006)

- Prevention and outreach services should begin at orientation with attention to educating students and parents.
- Faculty and staff should be educated about mental illness and available resources
- Specific components of student services should be assigned the tasks of providing outreach & educational services (e.g., counseling centers)
- Campuses should have “No Wrong Door Policies”
- System should be comprehensive to prevent crises and respond to those that do occur (i.e., appt. availability, coordination, response procedures, postvention procedures, training)
“Campus Connect”
A Suicide Prevention Training for Gatekeepers

- Cory Wallack, Ph.D., Staff Therapist, Syracuse University,
  Counseling Center (2006)
- Developed with SAMHSA Grant
- Gatekeeper Training focuses on...
  - Empathic understanding
  - Relationship development
  - Active learning
  - Development of knowledge, skills, and awareness
- “Students in crisis can benefit directly from support and understanding provided by gatekeepers” (Wallack, 2007)
- Training all new Resident Assistants and other key campus personnel
- Other universities (e.g., UMass, Vanderbilt, and USC) are bringing this program on campus and implementing.

Involving the Behavioral Intervention Team (BIT)
BIT GOALS

- Balance the educational needs of the student and the mission of the University
- Provide a structured positive method for addressing student behaviors that impact the University community and may involve mental health and/or safety issues
- Manage each case individually
- Initiate appropriate intervention without resorting to punitive measures
- Eliminate “fragmented care”

BIT Members at USC

**Standing Members**
- Judicial Affairs (Chair)
- Counseling Center

**Ad Hoc Members**
- USC PD
- USC Housing
- Disability Support Services
- General Counsel
- Student Life
- Provost & Registrar
- Faculty/Staff
## BIT CATEGORIES

- **Category One**
  - Suicidal Ideation
  - Suicide Attempt
  - Self-Injurious Behavior

- **Category Two**
  - Involuntary Hospitalization
  - Voluntary Hospitalization (possibly)

- **Category Three**
  - Mental Health Disturbances – “Erratic Behavior”

### Q & A