
University of Central Arkansas

**Behavioral
Intervention
Plan**

A Guide to Risk Assessment and Reporting

Approved by the President
November 2011

Introduction

While interacting with students across the university, university employees may be confronted with situations in which a student is disruptive or displays behavior that may be intimidating or threatening to others. By providing information and assistance, this Behavioral Intervention Plan is designed to assist faculty, staff, and administration in responding to this behavior.

The Behavioral Intervention Plan was developed around implementation of a Behavioral Intervention Team (BIT). The overall goal of the BIT is to promote a safe environment, for all students and staff, focused on learning and student development. The BIT, in its procedures and actions, also seeks to protect the rights of the individuals who may go through the process.

Overall, the Behavioral Intervention Plan seeks to formalize the university's processes for greater communication, collaboration, and coordination of concerns regarding student behavior. **The Behavioral Intervention Plan does not represent set university policy but it does provide valuable guidelines for processes and practices.**

Behavioral Intervention Team

Functions

The Behavioral Intervention Team is a multidisciplinary team that meets regularly to serve five major functions for the university.

1. Provide consultation and support to faculty, staff, and administration in assisting students who display concerning or disruptive behaviors;
2. Gather information to assess situations involving students who display concerning or disruptive behaviors;
3. Recommend appropriate intervention strategies or disciplinary sanctions;
4. Connect students with needed campus and community resources;
5. Monitor ongoing behavior of students who have displayed disruptive or concerning behavior.

The BIT is not intended to address routine conduct matters that occur in the classroom.

Membership

The Behavior Intervention Team is composed of representatives from several critical areas of the campus community, and includes the following:

1. Director of the Counseling Center (serves as BIT Chair)
2. UCA Chief of Police
3. Dean of Students
4. General Counsel (ex-officio)
5. Provost Office Representative
6. Director of Housing
7. Assistant VP for Human Resources

A designee of the above may serve if a representative is absent or unavailable. The specific composition of the BIT depends on the nature of the behavior problem that is being addressed. Additional members from the campus community are included in meetings of the BIT as necessary.

Meetings

The full Behavioral Intervention Team meets periodically to discuss topics related to student behavior and intervention such as trends, best practices, and available resources.

Additional meetings are called in response to concerns about students, brought to the attention of the BIT, that require immediate action. A response team, composed of appropriate members of the BIT, will convene on an as-needed basis. Under these circumstances, four (4) members will have the primary responsibility for making decisions (Director of the Counseling

Center, Chief of Police, Dean of Students, and a fourth member selected on the basis of connectedness to the case)

I. Reporting Process

When to Report

1. Faculty, staff, and administration (FSA) should be familiar with some of the common signs that a student is (a) distressed and/or (b) might be a danger to self or others. These signs are included in “Recognizing the Distressed Student” (Appendix A) which is posted on the Counseling Center, Police Department, Dean of Students, Human Resources, and Provost Office Web pages. Further, the Counseling Center will offer training for Resident Assistants, and other front-line university personnel, who have frequent contact with students.
2. If (a) only, then the FSA is encouraged to arrange to meet privately with the student and seek to facilitate a referral for counseling. In some cases, the FSA may want to first contact the Counseling Center for some coaching on how to approach the student. “Responding to the Distressed Student” (Appendix B) and “How to Make a Referral” (Appendix C) are also posted on the previously identified Web pages.
3. If any indications of (b), then the FSA should call a member of the BIT for direction. The FSA may be advised to complete a Behavioral Incident Report (BIR).

Where to Report

The BIR can be found at the following web address: www.ucapd.net/bir.asp.

II. Behavioral Intervention Team Responses

Information Gathering

Once a Behavioral Incident Report has been received by the Behavioral Intervention Team, the team will meet to implement the assessment process. The most appropriate time to include the student in the process will be considered on a case-by-case basis.

In general, the BIT will gather preliminary information regarding the concern and then appropriate team members will interview the student as part of the initial assessment process. The interview will provide the opportunity for the student to share his/her concerns about the situation and ask for needed assistance in solving it. Information gleaned in this initial interview will be helpful in determining appropriate intervention strategies.

That process may include, but is not limited to, any of the following processes:

- *Interviews with all available parties with information about the situation
- *Interviews with the person alleged to have displayed inappropriate/concerning behavior
- *Interview with any identified potential targets of inappropriate/concerning behavior
- *Assessment by counselor/mental health professional
- *Contacting a student's parents or family members
- *Review of student's academic and disciplinary history
- *Legal/criminal background check
- *Implementation of the Threat Assessment Checklist (Appendix D) and other threat assessment models appropriate to the situation

Intervention Strategies

Actions the BIT may take with regard to the student involve, but are not limited to, the following:

Referral to university and/or community counseling or other resources - The BIT may refer the student to the Counseling Center for intervention and connection with appropriate university and community resources.

Referral to university disciplinary process - The BIT will make this referral to the Dean of Students and/or Vice President for Student Services (VPSS) when it is determined that the student behavior may be in violation of the student code of conduct.

Mandatory direct threat/safety assessment - The BIT may recommend to the VPSS that students determined to be at high risk for danger to self or others be required to participate in a mandatory assessment by a mental health professional.

Voluntary withdrawal from the University - Based on discussion with a counselor or member of the BIT, the student may choose to temporarily take time away from the university to deal with other concerns.

Administrative involuntary withdrawal from the university - In high-risk situations, the BIT may find it necessary to involuntarily withdraw a student who will not comply with the requests of the BIT or agree to a voluntary withdrawal. The length of withdrawal and conditions for re-enrollment at the university will be determined by the BIT at the time that the withdrawal is imposed. The decision of the BIT shall remain in effect unless modified or reversed by the appeals committee. In reaching its decision, the BIT may conduct such interviews and/or review documents as the members of the BIT deem necessary.

Recommendation of filing criminal charges - Students who have engaged in behavior that may be a violation of local, state, or federal law may be referred for criminal prosecution. The Chief of Police will ensure a comprehensive investigation is conducted and determine whether probable cause exists for the filing of criminal charges.

A plan for follow-up and monitoring - In addition to any of the specific intervention strategies described previously, the BIT will determine a plan for follow-up monitoring of each student. This may include checking with faculty and staff regarding student behavior and periodic meetings of the student and an assigned counselor or BIT member.

Feedback to Referring Individual

In accordance with FERPA, following assessment and intervention with the student of concern, the BIT will provide feedback to the referring individual to inform them of resolution of the case and any ongoing follow-up in which they may need to be involved.

Record Keeping

The BIT will file an "Action Form," which is a summary record of BIT involvement with the student(s) from inception to conclusion. The chair of the BIT is responsible for completing this form. All records of the BIT pertaining to students will be stored in the office of Student Services. Records will be maintained in accordance with the university record retention policy.

Appeals:

A student who has been involuntarily withdrawn from the university by action of the BIT shall have the right to appeal to an appellate panel composed of three senior level administrators appointed by the President. The student will be notified of such appeal rights, in writing, and the appeal shall be filed with the Vice President for Student Services within three (3) business days of the written decision of the BIT. The appeals panel shall conduct a hearing. The procedure to be followed by the appeals panel, and the evidence it receives, shall be within the discretion of the

appeals panel, but it shall ensure that appropriate due process is provided to the student. The decision of the appeals panel shall be final.

Except for the appeals in the previous paragraph, all other procedures and decisions of the BIT shall be governed by the hearing procedures of the UCA Student Handbook.

APPENDIX A

Recognizing the Distressed Student

Your Role in Assisting Students

You can play an important role in helping students to get the assistance they need. Students often turn to those close to them, including faculty and staff, for support and advice. The relationships you form with students, in the university environment, enables you to get to know them in more than their role as students; you learn about them as persons.

You are not expected to provide psychological counseling, make evaluations, or formulate diagnoses; that is our work in the Counseling Center. However, you can serve as a bridge to us. That bridge is used often as each year we find that 18%-20% of the students we see in the Counseling Center indicate they were referred by a faculty or staff member.

How Distressed Students May Come to Your Attention

There are several ways that you might learn that a student is experiencing some emotional or psychological issues.

*A classmate, roommate, friend, or parent of the student communicates with you. What you may hear is, "I'm concerned about my friend, son/daughter."

*The student sends you an email or makes a phone call that suggests or directly expresses that he/she is having personal problems.

*You directly observe the student's behavior or responses in or outside the classroom; this may come in the form of the student's written work.

*The student approaches you and directly or indirectly communicates to you that he/she has some personal issues they are experiencing.

When any of these contacts occur, you are in a position to decide if/how you want to respond. You may be uncertain about how to proceed; you want to do something but don't know how or what. There may be some questions you will want answered before you talk with a student about personal problems. For example, some common questions are:

*Here's what I've learned, heard, or seen about a student. Should I be concerned?

*What do I say to the student?

*Can someone in the Counseling Center contact the student?

You can certainly call the Counseling Center, in advance of any meeting with a student, and a staff member can offer some guidance for you. We often serve like "coaches" under these circumstances.

The student is likely to have a relationship with you and our advice is for you to talk with the student. We find that students are more likely to act on a referral when it comes from someone they know personally. One action we will not take is to make a "cold contact" of a student as a substitute for your approaching the student first. On occasion, we might make a direct call to a student but we will want to use your name, when we reach the student, as the basis for our call. Also keep in mind that the Counseling Center cannot require anyone to come to us for counseling.

Student Problems at UCA

Each of the last two years we have seen over 500 students for one or more counseling sessions. They present a wide range of concerns.

The five most frequent concerns for students, based on a 64-item checklist that they complete at the Counseling Center, are:

1. Feeling depressed
2. Worrying too much
3. Unhappiness
4. Sleep problems
5. Nervousness

"Feeling depressed" is reported by 65% of the students we see in the Counseling Center and 1/3 of these students also report that they had recent thoughts of suicide. Approximately 40% of students report that the issues they are dealing with are having "much" to a "major" effect on their academic performance.

Signs of Distressed Students

There are a multitude of signs or indications that a student is experiencing problems that may be emotional or psychological in nature. Some of the more common are listed here. Few of these will be surprising in that you will have noticed most of them, at one time or another, not only in students but with persons in your own life too.

The origins or sources of the signs can be varied and require assessment or evaluation to determine. For example, attention difficulties may be related to stress, depression, grief due to a loss, medication effects, physical illness, or substance use/abuse. Sometimes a simple inquiry of the student can produce an explanation. This is not to say it is your responsibility to determine the

root causes but rather to emphasize that it is important to not make assumptions or jump to conclusions based simply on your observations.

Emotional

Tearfulness, frequent crying

Being irritable or outbursts of anger; loss of temper

Expressions of self-blame, guilt, shame

Sadness

Behavior

Deteriorating classroom performance: exams, presentations, assignments

Excessive absences

Disruptiveness; overly confrontive, aggressive, challenging, disregard for others

Bizarre or unusual statements

Expressions of dark, negative, or jarring themes or images

Slurred speech; irregularities in speech

References to suicide; statements of hopelessness and helplessness

Loss of interest or pleasure in activities that were formerly enjoyable

Detached or unconcerned about others

Withdrawing from or avoiding others

Impulsiveness; acting without giving thought to consequences of actions

Cognitive

Difficulty with attention and concentration

Memory is impaired; limited recall; forgetfulness

Rumination; recurrent thoughts or images; can't get something "out of my mind"

Physical

Changes in personal hygiene, appearance

Ongoing appearance of sleepiness including falling asleep in class or at work

Restlessness, frequent body movements

Dramatic weight loss or gain

APPENDIX B

Responding to the Distressed Student

Your care, concern, and assistance will often be enough to help the student. At other times, you can play a critical role in referring a student for appropriate assistance and in motivating him/her to seek such help. A few guidelines for responding to distressed students are summarized below:

Observe

The first important step in assisting distressed students is to be familiar with the signs of distress and notice their occurrence. An attentive observer will pay close attention to direct communications as well as implied or hidden feelings.

Initiate Contact

Don't ignore strange, inappropriate or unusual behavior - respond to it! Talk to the student privately, in a direct and matter-of-fact manner, indicating concern. Be specific with the student about the behavior or observations that have caused you concern. Early feedback, intervention, and/or referral can prevent more serious problems from developing.

Listen Objectively

To listen to someone is to refrain from imposing your own point of view, to withhold advice unless it is requested, and to concentrate on the feelings and thoughts of the person you are trying to help, instead of your own. Listening is probably the most important skill used in helping and can be facilitated by allowing the student enough time and latitude to express thoughts and feelings as fully as possible. Some things to listen for include a student's view of him/herself, view of his/her current situation or environment and the view of the future. Negative comments about these issues indicate a student may be in trouble.

Offer Support and Assistance

Among the most important helping tools are interest, concern, and attentive listening. Avoid criticism or judgmental comments. Summarize the essence of what the student has told you as a way to clarify the situation. Encourage positive action by helping the student define the problem and generate coping strategies. Suggest resources that the student can access: friends, family, clergy, or professionals on campus.

Know Your Limits

As a help-giver, only go as far as your expertise, training, and resources allow. If you are uncertain about your ability to help a student, it is best to be honest about it. Trust your feelings when you think an individual's problem is more than you can handle. When a student needs more help than you are able or willing to give, it is time to make a referral to a professional. Below are

some signs to look for in your feelings that may suggest the assistance of a professional is warranted:

- You feel yourself feeling responsible for the student
- You feel pressure to solve their problems
- You feel you are over-extending yourself in helping the student
- You feel stressed-out by the student's issue(s) or behavior
- You see a behavioral pattern repeating itself in your interaction with the student
- You feel that the problems a student brings to you are more than you can handle
- You feel anxious when the student approaches you

APPENDIX C

How to Make a Referral

Guidelines for Referral

The basic goals for you, in visiting with a student, are to (a) communicate your care and concern for the student, (b) make the student aware of the Counseling Center and the services we provide, and (c) inform the student about how he/she can access the Counseling Center.

1. Learn the names of staff members in the Counseling Center. This will tend to increase your comfort in making referrals.
2. Use a direct approach with the student and express your concern for his or her welfare. Do not attempt to deceive or trick the student into seeking counseling. Make it clear that this recommendation represents your best judgment based on your understanding of his/her particular problem(s). Be specific regarding the behaviors that have raised your concerns, and avoid making generalizations about the individual.
3. Anticipate student concerns and fears about seeking counseling. Be prepared to address them. Some typical issues are presented in the next section.
4. Create a positive expectation. It is important that you firmly believe in the competence of the professional counselor and communicate that belief to the student. A successful outcome is more likely and your credibility is heightened by integrating this measure in the process.
5. Provide information about the Counseling Center (location, cost, confidentiality). The latter is especially important as a student may be concerned that the counselor will disclose negative information to you.
6. To make an appointment the student can either call (450-3138) or stop by Suite 327, Student Health Building. Some faculty have called to make an appointment while the student was in the faculty member's office; others have walked a student over. Note that the Counseling Center maintains on-call hours during the day. You can ask for an appointment with a specific counselor and he/she, if available, can do the initial ("intake") counseling session.
7. Leave the option open, except in emergencies, for the student to accept or refuse counseling. (a) If the student is skeptical or reluctant for whatever reason, simply express your acceptance of those feelings so that your own relationship with the student is not jeopardized. (b) Give the student an opportunity to consider other alternatives by suggesting that he/she might need some time to think it over. (c) If

the student emphatically says “no” then respect that decision, and again leave the situation open for possible reconsideration at a later time.

Ask the student at a later day what action he/she has taken. Even if the student did not accept your referral it will show your continued interest in the student.

Student Concerns About Counseling

Students often have a number of concerns about counseling and seeking assistance that, if not directly discussed, can deter them from acting upon a referral. It is useful to anticipate these issues and subsequently to make responses that are factual, encouraging, and appropriate.

- Concern: Only crazy people go to counseling (and I'm not crazy).

Response: I don't think you are crazy. People go to counseling for all kinds of problems. The UCA Counseling Center sees 500 students a year for individual counseling.

- Concern: Going for counseling is a sign of weakness. It shows I can't handle my own problems.

Response: You are capable of handling most of your problems. There are some, however, that are difficult to handle alone. Recognizing when you need assistance, and then getting it, is a sign of good problem-solving ability.

- Concern: Counseling won't work for me. It's not effective.

Response: There are no guaranteed results, that is true. There is a high probability, though, that counseling can be helpful. It has worked for a large number of students and it could work for you. Give it a try.

- Concern: The counselor will tell other people about my problem.

Response: What you share with a counselor is considered confidential. Information is not released to anyone (parents, friends, instructors) without your permission

Confidentiality

Professional ethics dictate that the sessions conducted by Counseling Center staff are confidential in nature. Information about those sessions or their content will be released only (a) upon a student's written request; (b) in circumstances which indicate a clear and present danger to the individual or others, or (c) suspected child abuse or neglect. The Counseling Center adheres strictly to this policy.

Faculty/staff members have an understandable desire to know if a student who has been referred to the Center has actually attended a session and/or if any progress is being made. We will not acknowledge any contact-or lack of it-with a student. This policy can at times be a source of

frustration for faculty/staff who want some basic information. We do encourage students to let the referring faculty/staff member know that he/she kept an appointment. Students are not bound by the promise of confidentiality and are therefore free to disclose any information they wish to share with whomever they want to share it.

Counseling records/information are not part of a student's educational records.

APPENDIX D
Behavior/Threat Assessment Checklist

This checklist is designed to be used by the University's Behavioral Intervention Team in assessing risks for potential violence by a student who has made a threat (verbally or in writing) or whose actions are suspicious enough that a reasonable person might believe that the student may be prone to violence. This checklist will be used in conjunction with other assessment and intervention tools.

Student Last Name	First	Middle Initial	Student ID or Birth date
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Observed or known behaviors:

- has access to weapons
- appears to have fascination with weapons or explosives
- is knowledgeable about or has used weapons
- has history of bringing weapon to school
- has made recent threats to act out violently
- has provided evidence of making plans to act out violently, named a specific target for violence
- history of arrests/convictions for violent acts
- identifies contingencies that would provoke an act
- is brooding over an event in which he/she was perceived to be unfairly treated
- expresses unreasonable feelings of being persecuted by others
- has experienced a recent life stressor or event
- appears to be a loner and reveals having no close friends
- has a history of being bullied or teased
- does not show concern for legal or personal consequences
- appears to lack appropriate empathy or remorse
- has threatening and/or loud speech, disorganized speech
- is observed as maintaining prolonged stares
- is observed with signs of agitation (pacing, clenched fists, etc.)
- reveals feelings of depression, hopelessness, despair
- refuses to communicate
- known to abuse alcohol or to use illicit drugs
- constantly blames others and refuses to take responsibility
- identifies with offenders, praises other school violence events
- engaged in property damage
- other students/staff/faculty are afraid of this student
- says they have no options or there is no way out for them
- appears suicidal
- prior suicide attempts and self infliction of injuries
- history of obsessively following or stalking others
- has thought insertion, someone putting thoughts into their head
- auditory, command, or visual hallucinations
- diminished self care (dirty, disheveled, poor hygiene)
- psychiatric disorder diagnosis
- gang membership

Behavioral Intervention Team Assessment:

- High Risk
- Moderate Risk
- Low Risk

 Behavioral Intervention Team

Date