



### Student Care Teams in Higher Education: A Role for Social Work Faculty

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## **Student Care Teams in Higher Education: A Role for Social Work Faculty**

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*Dana J. Sullivan, Eli Karam, J. Michael Mardis, Amy Cappiccie, and Christian Gamm*

After the violent tragedies such as on the Virginia Tech campus on April 16, 2007 and Northern Illinois University on February 14, 2008, campus administrators have had to figure out ways to best respond during threatening situations and how to be proactive in attempting to reduce the likelihood of incidents occurring on their campuses. These incidents have increased students' fears of being a victim of crime on campus and of campus crime in general (Kaminski, Koons-Witt, Thompson, & Weiss, 2010). Due to these threats and concern about the overall well-being of students on campus, it is vitally important that institutions of higher education work toward the goal of having as safe a campus community as possible.

One response has been to create teams on their campuses that provide a way of identifying students deemed to be at-risk or in crisis and assisting them. The desire is to identify areas of foreseeable harm, maintain a safe campus community, assist students in crisis, and share information and resources among appropriate offices to enhance effectiveness and ensure all institutional resources are made available. Many college campuses have formed teams to assist students and provide resources to help them in times of crisis or trauma. These teams are typically composed of selected institutional professionals that have an expertise or responsibility to help at-risk students and can include a faculty representative and other institutional representatives to allow for improved communication.

Faculty representatives can contribute to these teams due to their experience working with students in the classroom, as well as in an advisory capacity related to their academic area of expertise. The faculty representative can serve as a liaison, a

resource for other faculty members, and distribute information designed to assist faculty as they strive for a safe classroom. The faculty representative can provide information about how to respond to difficult student situations while balancing the student's rights, potential foreseeable harm, and mandated reporting requirements. Some situations may allow for the faculty to engage the student in an educational exchange or to make sure the student receives the necessary assistance from other service units on campus (dean of students, counseling, university police, etc.). Because of the assessment role of these teams, it is beneficial that this faculty member have some experience in mental health, human behavior, and relationship dynamics. These faculty members can help better advise administrators, assess students, and provide insight into interventions based on each student and situation. This paper presents results from a study of institutions across the country about their teams. The authors propose that a faculty member from a discipline like social work is best suited to serve on this team because of their training and education.

### **Literature Review**

Situations on campus that could require a response from a team as described above can involve a wide variety of issues from troublesome classroom behavior to threats of harm self or others. Due to the countless types of situations that can occur on campus, these teams can perform a variety of functions. Because these types of teams identifying students in distress or in crisis are relatively new phenomena on college campuses, there are many variations of them and different names and definitions. The existing literature

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## Student Care Teams and Social Work

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regarding teams is not very consistent in the way the teams are named or defined. However, that likely means that institutions have developed the team to best meet the needs of their student body as well as their administrative goals. Variations of names include threat assessment team, behavioral intervention team, student care team, critical incident response team, and a persons of concern team (Dunkle, Silverstein, & Warner, 2008; Pavella, 2008; Pavella & Joffe, 2007; Randazzo & Plummer, 2009; Sokolow & Lewis, 2009).

Virginia Tech President Charles Steger noted that the use of the name “threat assessment team” may inadvertently give the impression that this type of team has a more narrow focus than its intended role (Randazzo & Plummer, 2009, p. 56). The use of a threat assessment process was developed by the United States Secret Service, and they have collaborated with the United States Department of Education to help schools in their efforts to reduce incidents of violence and create safer climates (Fein, Vossekuil, Pollack, & Borum, 2002). The model developed by the US Secret Service involves “efforts to identify, assess, and manage individuals and groups who may pose threats of targeted violence” (Fein et al., 2002, p. 4). Threat assessment involves responding to a specific threat behavior, not just a consideration of warning signs, risk factors, and demographic characteristics of a student (Leuschner et al., 2011).

Cornell and Sheras (2006) break threat assessment into four different steps: identification of threats made, evaluation of the seriousness of the threat/danger posed, intervention, and follow-up to assess the intervention. Once there has been an identified or reported threat, a threat assessment team must determine the seriousness of it and develop a response (Cornell, 2008). For a threat assessment team to be successful, Cornell identified three essential features: administrative support, campus-wide education, and cross-disciplinary teamwork (Cornell, 2010). Though not all teams are a focused threat assessment team, it seems these elements are critical to the success of any team on campus, whatever their main focus, designed to identify distressed stu-

dents and high-risk situations. Therefore, adding professionals from certain disciplines to teams could be important to team functioning.

A prevention project in Germany emphasized the need to not just view troubled students as potential perpetrators of crimes, but to realize that they are experiencing difficulties and need help (Leuschner et al., 2011). This is more of a student care approach, rather than just focusing on threat assessment. This goes beyond just employing universal prevention programs and identifies students at-risk to help them. Having teachers be involved, as well as networks of mental health professionals, was very important to this process (Leuschner et al., 2011). The issues causing students distress are often very complex, and working with a social worker, counselor or other mental health professional could be very helpful.

A faculty representative on a student care, behavioral intervention, or threat assessment team is often viewed as a voice to represent the faculty and report back to the faculty senate or other similar governing body. When a faculty member has expertise in mental health and interventions in situations such as those addressed by these teams, they can make even more contributions and can potentially impact student and campus well-being (Davenport, 2009). Their expertise can add to the professional knowledge around the table. Members such as counseling center directors or staff that may be on the teams already. Since many of these students may be clients of the counseling center, this can propose some dilemmas for counselors. Since those staff members are now being called on more frequently to assess students deemed to be a risk to others, this can impede the therapeutic relationship when the student views them as risk managers rather than someone who is looking out for their best interest (Davenport, 2009). Faculty members in social work can serve more as consultants and would neither have a previous therapeutic relationship with the student nor be expected to treat them clinically. This paper will explore the use of social work faculty as part of these teams in higher education.

## Methodology

### Participants

The purpose of this study was to explore the existence of teams that were developed to respond to students and to the involvement of faculty representatives who have social work or behavioral health experience. Senior student affairs officers from 1044 institutions belonging to a national organization were sent an email invitation to participate in an electronic survey. Staff at 181 institutions completed the survey, for a response rate of 18% (when taking into account returned e-mails). Some limitations of the study included a small sample size and lack of a random sample. Participants self-selected, and thus the results may not be generalizable to all institutions.

The questions for the research were as follows: How many and what type of teams do institutions have? What are the functions, mission, and composition of the teams? Are the functions of the teams related to the mental health needs of students? Are faculty or staff members from behavioral health or social work involved in these teams?

### Measures

Because of the exploratory nature of this study, the literature did not yield an instrument that addressed these types of teams sufficiently, so the researchers designed the instrument. It was piloted first with some senior student affairs administrators. The instrument contained demographic questions about the institution such as student enrollment and location (urban or rural). They were asked if their institution had a team designed to respond to students in crisis or at-risk and then were asked questions about the functions of that group which included information such as mission, length of existence, functions, and membership/leadership. For the question about team membership several different campus roles were listed, then an "other" category was given as an option, and respondents were asked to specify other team members. Using a five-point Likert scale, with a five indicating the highest level of agreement, the respondents were asked to rate their confidence that the team was

meeting institutional expectations, managing legal liabilities when dealing with students in distress, being effective in addressing threat assessment on campus, and minimizing institutional liability based on risks associated with recent high profile violent acts committed on college campuses. They were also asked to list their mission statement.

### Procedures

The electronic invitation contained a link to the consent preamble and survey. If they agreed to participate, the survey was completed online utilizing a web-based survey software. Informed consent was obtained via a preamble to the survey. This preamble informed the participants that they were invited to participate and that the study was voluntary. It indicated they had the right to decline to answer any question and refuse to participate or withdraw their participation at any time. The Institutional Review Board at the researchers' institutions approved the study.

### Data Analysis

The data collected were mainly descriptive and used to describe the current status of these teams and their membership within institutions due to the exploratory nature of the study. Descriptive data will be presented regarding the nature of the teams, and content analysis will be utilized to determine themes for the qualitative questions, particularly related to the type of faculty members involved and the mission of the teams. Open coding was conducted first with the mission statements, and a draft coding list was developed and continually revised. Themes arising from the responses were identified (Charmaz, 2006; Strauss & Corbin, 1990).

### Results

The majority of institutions that were represented in the sample (88%) were 4-year institutions ( $n = 159$ ). Sixty percent ( $n = 100$ ) of the represented institutions were located in an urban area, and 40% ( $n = 66$ ) were located in a rural area. Student enrollment at institutions varied. Of the respondents, 175 indicated that their institutions had at least one team designed to respond to students in crisis or at-risk. The average length of

## Student Care Teams and Social Work

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years the identified team had been in existence was 4.26. When asked to describe the function of the team, the breakdown was as follows: 49% were behavioral intervention teams, 18% were threat assessment, 13% described the team function as “other,” 10% were student care, and 9.7% described them as academic. When asked if they were confident that their team(s) were adequately meeting their institutions’ expectations, 74% ( $n = 134$ ) indicated they were confident or very confident, ( $M = 3.90$ ,  $SD = .79$ ). On an overall effectiveness rating of their team(s), 78% ( $n = 140$ ) indicated that their teams were effective or very effective ( $M = 3.95$ ,  $SD = .75$ ).

The most frequently cited team functions were the following: sharing information among appropriate offices ( $n = 167$ ), making referrals for students in crisis ( $n = 164$ ), assessing at-risk students ( $n = 163$ ), ensuring appropriate follow through with students ( $n = 154$ ), and responding to crisis situations ( $n = 153$ ). The respondents reported that their teams dealt with a number of different situations involving students that came to their attention. The situations most frequently addressed in the teams included threats of violence to others ( $n = 165$ ), emotional distress ( $n = 158$ ), suicidal threats ( $n = 156$ ), inappropriate communications ( $n = 150$ ), and classroom disruptions ( $n = 149$ ).

In terms of team membership, there were a variety of campus personnel listed as being part of these teams, including the following: counseling center director, director of public safety, director of housing, and dean of students. “Others” that were identified included staff from academic advising, financial aid, registrar’s office, career services, and disabilities services. In that “other” category, eighteen respondents mentioned social workers, case managers, psychologists or other mental health workers as being involved in the teams. Specifically, three of them were psychologists who were also faculty members, one was a clinical social worker associated with health services, and another a social worker based in the dean of student’s office. Two stated they had case managers employed by the university working with their teams. Some respondents listed “case managers” specifically as other team members.

Social services coordinator and student support services director were other specific titles listed as team members.

Many respondents included their team mission statements. They were analyzed for an identification of common themes. Some of the most commonly identified elements of these mission statements were assessing situations potentially harmful or dangerous, assisting the students involved, promoting the welfare of students, addressing mental health issues, prevention of substance abuse, deciding how to intervene, and referring students for services on or off campus. Promoting the safety and health of the university community was another commonly mentioned theme, as well as fostering good communication between key stakeholders on campus. Another unifying theme was the desire of the institutions to proactively respond and provide a coordinated university response whenever a situation arises on campus. did six years ago.” Several participants also experienced Internet-based self-help groups as a valuable communication tool, allowing them the opportunity for improved time management and activism.

### Discussion

The results of this study show that many institutions have committed to a professional response on their campus by having some type of team approach to responding to disruptive, at-risk, or students of concern. These teams are providing a variety of services and responding to many different types of situations related to mental health, and their mission statements indicated they promote student well-being. The teams include the appropriate representatives from the campus that are empowered by the institution to respond to these concerns. Many of these teams are now also including mental health professionals, including faculty from disciplines that include training in human behavior and human services, which has been identified as beneficial in the literature (Davenport, 2009; Leueschner et al., 2011). There are some existing teams that are using mental health professionals to serve on their teams, and these results indicate the importance of the in-

volvement of the counseling center staff.

Although the numbers of participants indicating that faculty with mental health backgrounds or caseworkers specific to the teams were involved were small, this is a trend that needs to be explored. The trend for many Universities is to hire a case manager. Within the past couple of years Duke, University of Kentucky, Boise State, and the University of Louisville have all advertised for case manager positions to assist with their teams. It appears that case managers will be a new field of employment in higher education. A case can be made that trained social workers would be an excellent fit to serve as case managers, although many teams reported functioning effectively in their current status without such a position.

The situations that were most frequently addressed included emotional distress, suicidal ideation, and mental health issues, all of which are areas of expertise for clinical social workers and other mental health professionals. The function of assessing students is also an area where social workers can contribute to teams, as assessment is a key skill for social work practice. Additionally, making referrals for students and following up with them are also key functions performed in social work. Communicating within an interdisciplinary team is another role social workers frequently play in clinical settings, and those skills would serve universities well. Keeping case records is another area where social workers can benefit teams, as they could apply their knowledge of clinical record keeping to these sensitive files, especially since this is often identified as a challenging issue with these teams (Hughes, White, & Hertz, 2008).

At the institution of three of the authors, the student care team's faculty representative is from the social work department and is very active on the committee, utilizing their expertise in areas such as human behavior, mental health, and assessment to assist the team in determining what resources are available to help students in crisis, as well as to assist faculty members and staff who are working with these students. The Dean of Students leads the team, and other members in-

clude university police, enrollment services, housing/residence life, student health services, counseling representatives, director of student conduct, and a faculty representative. Other partners are asked to address the group as needed, and students are referred to them as necessary. The inclusion of a faculty member from the social work department has been very beneficial in assessing the situations coming before the team and making referrals to assist students in crisis. It is acknowledged that some social work faculty members have other expertise than mental health or counseling, thus their practice skills would not be as aligned with this type of service within the academy.

#### **Implications for Practice**

It is vitally important that campuses respond to students of concern in a timely and appropriate manner. Part of that response is assessing the student and their situation, any existing supports they have, and determining what services they need. One of the ways to best ensure this is done expeditiously and comprehensively for every student that comes to the attention of these teams is to have a variety of campus officials that can respond to students and make decisions. In addition, it is important to have a faculty representative on the team that can best serve the students while understanding faculty responsibilities and challenges. A social work faculty member can be an asset to these teams due to their knowledge of human behavior and assessment and intervention skills. They can be of particular help utilizing the Cornell and Sherus model (2006) in the step of intervention to reduce the risk that violence will occur, as well as in the other steps including identification and follow-up.

In order to ensure that a student care team functions as efficiently as possible and to educate the campus community on the existence of and functions of the team, it is important that a faculty liaison be an integral part of the team. Social work faculty members can fill this role and can work with the student in a way to make them feel more cared for and not as an adversarial or risk-management type of relationship (Davenport, 2009; Leuschner et al., 2011). Educating other

## Student Care Teams and Social Work

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faculty members about these issues is a role they can serve, particularly when the faculty member is from social work and can train other faculty members not only on campus protocol, but also on information about situations and issues they are likely to encounter when working with students at-risk or in crisis or presenting concerns.

Future studies could focus in on the role of a case manager or social worker specifically assigned to work with students in distress and identified by these teams to look at roles performed and casework provided. The outcomes of these interventions should be explored, thus beginning work toward an evidence base in this field. This could help other institutions in determining how to best assist students as well as their families or other significant adults in their life, and possibly also the faculty and staff that interact with them on a regular basis.

### **Benefits of Involving Social Workers on Student Care Teams**

Social workers have a background that makes them ideal for being part of student care teams. A multi-systemic approach to assessing and intervening in problems and a positioning at micro, mezzo, and macro levels of practice are hallmarks of social work education (Gambrill, 2006; Kirst-Ashman & Hull, 2006; & Zastrow, 2007). The accrediting body for social work education, the Council on Social Work Education (CSWE), mandates a generalist practice perspective (Zastrow, 2007). The basic tenets of the generalist perspective entail intervention at the micro, mezzo, and macro levels within the following phases of practice: engagement, assessment, planning, implementation, evaluation, termination, and follow up with clients (Kirst-Ashman & Hull, 2006).

Viewing a troubled student in a holistic, systemic context can help a student care team conceptualize and make sense of how individuals are enveloped by layers of environmental systems that can both facilitate and hinder their development across time. Social workers can think of the individual student being in the primary layer, with peers and family in the next layer surrounding the student, then university and community institutions coming in succession before the layers of societal influence

The strengths-based perspective inherent to social work values allows practitioners to regard each client not only as a person in need of support, guidance, and opportunity, but also in possession of previously unrealized resources which must be identified and mobilized to successfully resolve presenting problems and life challenges. A strengths-based social worker enters into a relationship with all clients looking for resources to support change, growth, and positive development. He or she is culturally competent and understands that strengths come in an incredibly wide variety of forms and interpretations. This premise applied to a student care team is guided by the belief that every student and university community—no matter how distressed or constrained—have strengths and the desire to succeed (Kirst-Ashman & Hull, 2006).

Many social work faculty have mental health training in their academic background, whereas faculty from other disciplines may not. In fact, the majority of mental health services in the United States are provided by social workers (Gambrill, 2006). Social workers are educated on the Diagnostic and Statistical Manual (DSM IV TR) for diagnosing mental health disorders and understand the steps to diagnosing related psychological disorders from which college students suffer. Social work is unique in that diagnosis and treatment of mental health conditions is seen as a part of the picture. The environment is considered an important part of functioning for students. Social workers are educated about the DSM while simultaneously learning the person-in-the-environment (PIE) typology (Karls & Wandrei, 1994). PIE examines individual factors, societal mechanisms, and societal conditions (Corcoran & Walsh, 2009). Individual factors include heredity, neurotransmitters, temperament, physical health, development stage, and psychological health. Psychological health moves beyond diagnosis by making sure to examine self-esteem and ability to cope with stressors. Societal mechanisms for analysis include family dynamics (i.e. functioning, composition, and important events), neighborhood, societal support, and access to mental and physical health services. Societal conditions to consider center on poverty, ethnicity, and other

status considerations. While social workers are trained to see health and strength, they do not ignore psychopathology when clearly indicated in order to examine the whole picture. There are social work faculty who are more macro in their training and practice experience and may not be as familiar with diagnosis and assessment on a micro level as described above. Other professionals such as psychologists are also trained in diagnosing and assessing mental health disorders and doubtless could play an important role on these teams.

Social work education prepares future professionals to perform a variety of roles. This allows them to intervene with the client system at the appropriate level (micro, mezzo, macro), during any phase of treatment and at various types of practice locations (Derezotes, 2000). Social workers have experience working on interdisciplinary teams and in collaborative settings. The Social Work Code of Ethics (NASW, 2008) provides guidelines for the responsibility to colleagues during participation in collaborative teams. This provision in the professional code shows the commitment of the profession to working in groups. In addition, the focus in social work on effective case management skills undergirds interdisciplinary teamwork (Zastrow, 2007). Relationships with police officers, probation officers, attorneys, and judges are interdisciplinary in nature. Similarly, relationships with teachers, school administrators, and other stakeholders may be necessary for effective practice. Social workers bring certain values, knowledge, and skills to the interdisciplinary assessment of troubled students. In a student care team setting, the role of social work faculty on this interdisciplinary team is to provide the psychosocial perspective to complement the disciplinary and administrative perspective of other team members.

Case management skills are another benefit to having a social work faculty as a member of a student care team. While these teams can serve as an immediate intervention for students in distress, further planning and services are often needed. Services may include communication and referrals inside of the University or outside of the realm of the traditional university setting. A so-

cial worker has the knowledge of the community and resources both inside and outside of the university setting to aid students in distress. Examples of referrals inside the University might include counseling, dean of students, disability testing, health services, writing assistance, study/tutoring assistance, financial aid, career services, and the police department. Outside referrals might include counseling, psychiatry, specialist health services, spiritual guidance, social groups, and mental health groups.

Many student issues are not isolated to campus perimeter and reside within the family unit or in other important relationships outside of university setting. As noted earlier, Corcoran and Walsh (2009) stress the importance of family functioning, composition, and important events on the individual's current functioning and ability to cope. This is important for students living at home, as well as those on campus. All social workers learn the importance of mezzo level work and the underlying family systems theory to work with students on issues surrounding this area. Social workers dually credentialed in marriage and family therapy (MFT) with specialized knowledge of family systems theory can be of great benefit to student care teams. In developing a plan to address problematic student behavior, thought to how this information will be relayed to important family members should also be considered.

A commitment to promoting social justice for diverse individuals and populations is the foundation for social work practice (NASW, 2008). Social work's ethical principles, as outlined by the Social Work Code of Ethics, entail service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. The ethical principles guide the standards found throughout this document. One standard important to mention at this juncture is the need for cultural competence and social diversity. Cultural competence requires continual learning in knowledge, skills, and self-awareness (Miley, O'Melia, & DuBois, 2007). This process is considered a gradual, life-long learning process beyond the classroom and continuing education opportunities. Social workers are expected to be



## Student Care Teams and Social Work

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culturally sensitive which entails an attitude of acceptance to differences. Lastly, social workers are expected to exhibit cultural responsiveness or client-centered responses. This takes the social worker outside of self to respond in ways most helpful for a particular client. Social workers on the path of cultural competency are also better able to address issues of underrepresented populations such as gender, individuals with disabilities, GLBTQ individuals, religious minorities, hidden disabilities, etc. A working knowledge of a student's culture and values helps social workers on a student care team tailor the plan so it is effective and appropriate for the student's needs.

### Challenges

There are challenges to team membership as proposed. Those could include there being no social work faculty available to serve on the team. Perhaps a school does not have a social work department, or there may not be interest on the part of the social work faculty to serve. Social work faculty may be over-committed in other types of service in the university or maybe their specialties and practice experiences are not clinical and more macro in nature, thus not lending as readily to serving on this team.

Despite the rich history and tradition regarding the strengths-based approach inherent to social work values, a deficit-based assessment of youth remains institutionalized in psychological training and threat assessment protocols. A paradigm shift that prioritizes a systemic conceptualization of the student instead of focusing solely on what is wrong or maladaptive in the student's life is needed in order for increased social work inclusion on these threat assessment and care teams. By conducting strengths-based assessments, these teams may recognize the importance of ecological and contextual variables, which leads to a deeper, and arguably a more appropriate, understanding of the student and his or her social and emotional resources.

Another challenge with involving social workers in educating other faculty about distressed students is dealing with the alarm or fear that they may feel in regard to their own safety when dealing with these types of situations. While prepara-

tion and discussion is designed to calm and build competency, alerting faculty to problematic scenarios may inadvertently exaggerate the possibility of the prevalence of these incidents occurring in the classroom. This fear may be especially salient for new faculty members without much prior teaching experience. In order to prevent an over-reaction or unnecessary fear, it is important to provide proper psycho-education and remind anxious faculty members that primarily the behavior of the distressed student causes concern for the personal well-being of that student, rather than creating a threat to the safety of classroom or instructor.

One institution developed an informative yet concise "folder" with important crisis intervention strategies, warning signs, and contact information/phone numbers of important university resources. Not only can a social work faculty member be instrumental in the creation of these materials, but they can also play a key role in the dissemination and training of other key faculty members throughout their department/school, as well as university-wide. This type of service, both at the micro and macro levels, can be an opportunity for the social work faculty member to have more of an ongoing practitioner role.

Lack of training in this area continues to be an issue facing academic institutions (Hughes et al., 2008). It would also be helpful to organize faculty trainings around student care issues. Many universities have regularly occurring "brown bag" series that explore teaching strategies and student issues in order to advance faculty development and foster connection and community among those who teach. A social work faculty member with clinical experience may be able to present topics that arise out of student care team discussion, including self-harm, hostile electronic communication, social media, etc. They may also use their facilitation skills to cultivate a dynamic exchange of ideas and strategies among participants.

The results of this study indicate that student affairs professionals and higher education administrators are responding to students at-risk or in crisis. The formation of teams and the inclusion of mental health professionals in many of those teams are indicative of the types of resources

available to students, as well as to faculty and staff who are working together to help maintain a safe campus environment.

Given that these teams are traditionally led by student affairs professionals, but that the nature of many of the referrals made to the team are related to mental health issues and a student's overall healthy functioning, it is essential that professionals and scholars work together to create a model team designed to help guide those with the difficult responsibilities of leading them. In a climate of increasing accountability and scrutiny, as well as shrinking resources, the addition of social work faculty to these teams can help provide a point of view that takes into account the person and their environment and will bring in a professional familiar with the resources available to assist students and their families, as well as being a mental health consultant to the university administrators leading these teams and prioritizing the well-being of students.

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## Student Care Teams and Social Work

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