



Managing High-Risk Symptoms on Campus:

Using Scope of Care and
Relationships across Campus to
Navigate Troubling Territory

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COLGATE UNIVERSITY

LAND ACKNOWLEDGMENT




We would like to acknowledge the land on which the University at Buffalo operates, which is the territory of the Seneca Nation, a member of the Haudenosaunee/Six Nations Confederacy. This territory is covered by The Dish with One Spoon Treaty of Peace and Friendship, a pledge to peaceably share and care for the resources around the Great Lakes. It is also covered by the 1794 Treaty of Canandaigua, between the United States Government and the Six Nations Confederacy, which further affirmed Haudenosaunee land rights and sovereignty in the State of New York. Today, this region is still the home to the Haudenosaunee people, and we are grateful for the opportunity to live, work, and share ideas in this territory.



CONFLICT OF INTEREST STATEMENT

The presenters have no actual or potential conflicts of interest in relation to this program.



TODAY'S ROADMAP

01

ARTICULATE

steps you can take to prepare for the increasing cases of high-risk symptoms

02

IDENTIFY

partners across campus and what they may need to appropriately assist students with high risks

03

DEFINE

your counseling center's scope of care

04

CONSIDER

how increased demands and high-risk behaviors have affected staff members on your team

SETTING THE STAGE

Laying the Groundwork

- Recent increase of high-risk cases
- The necessity of coordinating care with other offices
- Inability to require medical leaves of absences
 - Referral limitations
- Staff fatigue, internal dilemmas, and staff differences

What's Our Why?

- Case Presentation to highlight areas of concern
- Think Tank-Discussion-based; no “right” answers
- Importance of diverse perspectives
 - Each campus is different

CASE SCENARIO: MEET RIA (XE/THEY)

19 year old non-binary
First-year international student
Married parents, younger brother
History of abuse



DEFINING HIGH RISK IN THE UNIVERSITY SETTING

Behaviors that threaten to harm self or others, psychosis, or becoming extremely withdrawn or depressed

- Suicidal or homicidal statements (particularly those that indicate a specific plan and/or access to means)
- Making threats of physical violence
- Delusional thinking – paranoia, unjustified belief that others are watching them or persecuting them
- Experiencing hallucinations, disorientation – hearing voices, unable to tell what is real
- Indications of a drug overdose
- Cutting or other self-injurious behavior
- Stalking
- Reports of sexual assault
- Carrying a firearm or other weapon to class

DISCUSSION QUESTION: WHAT DO WE KNOW ABOUT
RIA THAT MAKES THEM A **"HIGH RISK"** CLIENT?



LEGAL ISSUES + ADA

- Americans with Disabilities Act
 - Students with disabilities are entitled to receive reasonable accommodations
 - These could enable students to stay in school, rather than taking a leave of absence
 - Mental health accommodations are not always as clear



LEGAL PROCEEDINGS

- Within last 5 years: More than 50 substantiated cases filed with US Dept. of Education's Office of Civil Rights regarding mental health
- Eleven substantiated complaints against universities for failing to provide accommodations for students with mental health disabilities
- Issues: Required leaves, mandated duration of leaves, visits while on leave, ease of returning and monetary results, parental notification



ACCOMMODATIONS VS. COMMUNITY DISRUPTION



- Imminent threat to others' health or safety
- Self-injury
- Suicidal ideation/intention
- Peer Support/Reliance
 - Emotional caretaking
 - Anxiety
 - Negative impact on academic performance

DISCUSSION QUESTION: WHERE DO YOU SEE THE DILEMMAS BETWEEN NECESSARY ACCOMMODATIONS & COMMUNITY DISRUPTION?





SCOPE OF SERVICE

Clearly defines types of care available and who is served.
Appropriate expectations and sets limits.

CONSIDERATIONS

Our limits: what we can
and cannot do

What do we do when
circumstances fall outside
of our scope of services?

Our audience: internal
vs. external

Do campus partners have
a scope of services and
how does ours fit with
theirs?

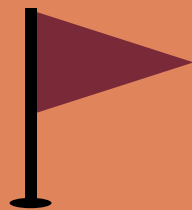
SCOPE OF SERVICE IN PRACTICE



- Healthy and effective communication with counseling center team, students & campus partners
- Adequate assessment of risk level and service needs of students
- Team-approach to service provision:
 - Case consultations
 - Identifying appropriate referrals

DISCUSSION QUESTION: HOW WAS THE SCOPE OF SERVICE IMPORTANT IN THIS CASE?





COUNSELING CENTER

PART OF A WHOLE

THE CAMPUS AT WORK

- Key partners activated and working according to their scope of service
- Partnership with Counseling Center to address the risk and needs of the student:
 - BIT meetings
 - Crisis meetings
 - Trainings to increase offices' capacity to manage high risk students
- Minimizing the barriers to high risk students seeking appropriate services
 - Addressing stigmas
 - Increasing understanding and awareness of services
 - Enhancing visibility of the resources

OFF-CAMPUS COLLABORATIONS

- Counseling and Campus Partners identifying responsibility to case management
- Students' accessibility to off-campus providers
 - Assess your surrounding area—is it a service hub or desert?
 - Insurance limitations and Financial means
 - Transportation
- Students' relational dynamics with family and friends
- Coordination of care with outside providers

DISCUSSION QUESTION: WHO WOULD BE YOUR PARTNERS FOR
RIA?



IMPACT ON COUNSELORS INVOLVED



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INCREASED RISK OF BURNOUT



overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment

TORN ALLEGIANCES



Differing boundaries, good/bad splits, breaks in trust, professional codes of ethics

COMPASSION FATIGUE



Can affect clinical judgment, lower energy for other cases or aspects of the job, work/life balance

COUNTERTRANSFERENCE



Caretaking, dependency, avoidance, resentment, feeling responsible

CLOSING THOUGHTS: WHAT'S NEXT? HELP US PREPARE.



THANK YOU!

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