

# **A Behavioral Intervention Team at a Two-Year College: Responding to a Case of Suicidal Ideation**

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## **Abstract**

This article examines the processes that underlie the application of a Behavioral Intervention Team (BIT) to an acute student mental health situation, specifically suicidal ideation, at a two-year college. In college systems across the nation, classrooms are continuously bombarded with disruptive student behaviors exacerbated by serious mental health concerns. These situations are often intense and challenging when they occur, presenting faculty, educators, and administrators with difficult decisions. Based on a counseling case scenario, this article provides a framework depicting team collaboration for making sound decisions that safeguard both students and the institution after BIT involvement.

## BIT Implementation at a Two-Year College

The recent era of mass shootings on college and university campuses has enlightened academic, legislative, and professional leaders about the pressing needs regarding the safety and health of students, faculty, and staff regardless of campus size, focus, or mission (Apodaca, Brighton, Perkins, Jackson, & Steege, 2012; Bendlin, 2013; Eells & Rockland-Miller, 2011; Heiselt & Burrell, 2012; Kennedy, 2010; Kennedy, 2015; Randazza & Cameron, 2012). The college years can correspond to the peak onset of mental health symptoms, especially considering the added pressures and stressors that relate to academic studies (Mitchell, Kader, Haggerty, Bakhai, & Warren, 2013). According to one survey, 56.2 percent of undergraduate college students reported being diagnosed or treated by a professional within the 12 months preceding the survey. Attention deficit and hyperactivity disorder (ADHD) and psychiatric issues were listed as the top two conditions for those students surveyed (American College Health Association, 2014). Because of increased mental health issues and psychiatric hospitalizations among college and university students, attention has focused on the promotion and development of Behavioral Intervention Teams (BITs) at the higher education level, particularly major research institutions (Eells & Rockland-Miller, 2011; Mitchell et al., 2013).

Van Brunt & Lewis (2014) reported that this focus on institutions of higher education emerged largely from the rise in severe mental health issues and related behaviors associated with suicidal ideation, hallucinations, and threats of violence against other students, faculty, and staff. Heightened awareness of these issues is also present at two-year community colleges, as they, too, establish Behavioral Intervention Teams that fit the needs of students in a non-residential setting. Thus, the purpose of this article is to explore the use of BITs at two-year colleges to mitigate campus crises related to suicidal ideation, to share the strengths and challenges of the two-year community counseling model, and to provide a case study that illustrates implementation of behavioral interventions using a team approach.

### Two-Year College Focus

At their core, two-year community colleges are focusing more on proactive and preventive approaches to crisis situations, rather than post-intervention strategies and approaches to college shootings and threatening/violent behaviors (Van Brunt, 2012). In addition, Behavioral Intervention Teams implemented at two-year institutions may enlist the help and resources associated with community agencies and other off-campus professionals to proactively respond to college students' issues. For example, Georgia Perimeter College (GPC), a two-year, multi-campus transfer college in metro-Atlanta, Georgia, which has a combined population of 21,057 students, hosts annual domestic violence and suicide awareness and prevention programs. In the fall of 2014, a total of 691 campus community members (592

students, and 99 faculty and staff) participated in trainings related to resources for domestic violence and suicide across five campus sites. Panelists at the programs represented a diverse array of community professionals and members, including judges, police officers, directors and staff of domestic violence and suicide prevention agencies, mental health counselors, college faculty and staff, students, as well as family members and survivors of those who have experienced effects of suicide and domestic violence. Emphasis was placed on communication, coordination, and the use of specialized knowledge, information, and physical agency resources at the earliest indication of a potential crisis. The goal was to train student-leaders, faculty, administrators, staff, and supervisors about concerning behaviors, in addition to appropriate responses and protocols.

### Conceptual Structure of a Community College BIT

Community colleges are seeing increased numbers of students reporting to their campuses with serious mental health issues (American College Counseling Association, 2013; Kay & Schwartz, 2010; The National Alliance on Mental Illness, 2012). Colleges cannot do their jobs adequately or effectively without properly addressing a myriad of mental and behavioral health issues in the learning environment (Douce & Keeling, 2014). As a result of this growing trend in student mental health and psychological issues, members of the BIT at Georgia Perimeter College (GPC) were assembled as early resources to assist students, faculty, and staff.

The BIT at GPC is comprised of a team of six core members with expertise in a diversity of areas. Members include a licensed professional counselor, a public safety officer, academic advisors, the disability service coordinator, an international student advisor, and the testing center advisor. The mission of the BIT is to: a) implement prevention and intervention processes that support the policies and procedures of the college; b) provide a framework for addressing student psychological, emotional, and behavioral issues; c) provide an early intervention resource for students, administrators, faculty, and staff; d) promote student safety and academic success through appropriate and timely response; and e) maintain a healthy and safe college environment for all.

The BIT holds confidential meetings to evaluate case information. The team makes recommendations for action that will attempt to resolve issues while balancing the needs of students of concern with the expectations of the college. Additionally, the team connects students with appropriate on-campus and off-campus resources. The licensed professional counselor will contact students directly to meet with them face-to-face and provide clinical assessments and interventions, when necessary.

### Strengths of a Community College Model

Structural factors related to the implementation of BITs on college and university campuses may differ based on budget allocations,

enrollment, or campus size. Of equal interest, however, are the unique factors that drive the formation of BITs on two-year campuses or open-access institutions. There are six major strengths of such a model (Higher Education Mental Health Alliance, 2013). There is a focus on: a) understanding, assessing, and intervening effectively with each student's psychological, emotional, and/or behavioral problems; b) team members recognizing and identifying potentially troubling and bizarre student behaviors inside and outside the of classroom and communicating, initiating, and coordinating prevention efforts; c) faculty, staff, and BIT participating in trainings to identify and respond to students in crisis; d) teams establishing partnerships with local mental health and medical professionals for the purpose of making needed referrals for distressed students; e) the college using electronic methods to report disruptive and distressed students; and f) licensed professional counselors helping to coordinate local mental health transports for the hospitalization of students in need.

### Challenges of a Community College Model

In seeking to proactively identify student psychological and behavioral problems before they exacerbate or interfere with social functioning, there are five challenges for community college leaders to be aware of:

1. Two-year colleges often face budgetary constraints that interfere with the sustained operation and coordination of BIT efforts.
2. There is often a lack of uniformed cooperation and communication across a system of multiple campuses.
3. Given the diversity of the BIT make-up, team members may have too little time to meet and train as a collective group.
4. Administrators at two-year colleges often have many responsibilities, which can lead to a "less-than-desirable response time" when dealing with students who display disruptive and or crisis-related behaviors.
5. After-hours services and resources for non-residential students are few and limited on two-year college campuses. Community colleges are usually commuter campuses, which presents a challenge in comparison to providing services for students on residential, four-year campuses.

### Case Study

Behavioral intervention teams play a crucial role in determining the most effective way to respond to serious issues and in making the needed assessments and referrals to the appropriate resources and treatment. The following case is a recent illustration of the BIT's protocol at GPC:

Adiza (pseudonym), a 22-year-old, international female student, walked into the counseling office seeking services for depressive symptoms. She was referred by a staff member who recently attended the suicide awareness and prevention forum, and who encouraged her to seek personal counseling services. A therapist

met with Adiza for an initial session to review informed consent and to complete a biopsychosocial assessment. During the assessment, Adiza reported current suicidal ideation (along with a history of suicidal ideation), two previous suicidal attempts, and a past history of self-harming, cutting behaviors. The most recent suicide attempt occurred two days ago, when she decided to jump out of her third-story bedroom window, but she was interrupted when her brother burst in the door because he received no response after calling her. Adiza reported never being hospitalized or seeking mental health treatment.

The therapist administered the American Psychiatric Association's severity measure for depression — adult rating form, and completed a suicide risk assessment. Adiza's score on the rating form indicated severe depression, and the assessment indicated that Adiza had a history of depressed moods with few coping skills, protective factors, or healthy support systems. Adiza did not report a clear plan to complete suicide, but was unsure of her ability to keep herself safe. She reported researching elaborate ways to die on the internet the previous week, and she shared making arrangements for someone to care for her cat two weeks ago. Adiza was willing to contract for safety, but she struggled to identify strengths, familial or social supportive persons, and coping strategies. Due to high intent, means, a recent attempt, and a lack of protective factors, the therapist concluded that she posed a moderately high risk level for suicide.

The therapist spoke with Adiza about voluntarily going to the hospital for psychological and physical safety. Adiza was hesitant about being admitted and began to express the need to attend class. The therapist explained the prioritization of her wellbeing and safety and shared ways to address missing class (e.g., completion of a release of information form to provide a medical letter to the professor requesting make-up assignments). Adiza expressed understanding that her safety was important and agreed to go with the therapist to the hospital.

The therapist informed Adiza of the transportation process to the hospital and called public safety for transport. While awaiting transportation, Adiza began to express reluctance again, with concerns about being searched by a male officer, others seeing her being transported in a public safety vehicle, and her family not displaying support via notions that she is not really ill but instead seeking attention. To address Adiza's concerns, the therapist informed Adiza of public safety's protocol for same-sex searches (with the therapist present if she desired), contacted public safety and made arrangements for the vehicle to park in a discrete location, reached out to the nearby psychiatric emergency receiving

hospital (with which the therapist had a previously built relationship) to ensure ease of admission, agreed to ride with Adiza to the hospital, and called Adiza's family with her to explain the situation while advocating for Adiza's health and safety.

Throughout the process, the therapist used techniques learned in behavioral and crisis intervention trainings to assist the client with increasing rational decision-making and to remind her that the ultimate goal was to keep her safe. The therapist also collaborated with public safety officers to enhance student, personnel, and campus safety. Campus procedures were followed, Adiza had the opportunity to express her concerns, the therapist provided informed consent throughout the process, and Adiza's comfort level during the transport was elevated by the therapist's riding with her in the public safety vehicle to the hospital and remaining with her during the hospital's intake process.

### Mental Health Transport Protocol

Relative to the above case scenario, students who voluntarily agree to a mental health transport to a local hospital or mental health facility are provided such transportation as part of a point-of-care and campus resource. The BIT has campus coordinators and licensed professional counselors who serve as a sub-committee of the BIT to address acute mental health issues. At GPC, a mental health transport for a voluntary admission involves the following basic steps: 1) A campus coordinator of the BIT, or a licensed personal counselor, contacts the Department of Public Safety, stating a need for a mental health transport (e.g., 98 percent of the calls to Public Safety have been for a mental health transport); 2) The type of transport needed is clearly identified to the Department of Public Safety (e.g., a mental health transport [voluntary client], versus a 1013 or 1013 [involuntary client] transport or a medical transport [medical emergency, EMT, 911]); 3) Transportation is provided by the Department of Public Safety to the designated medical or mental health facility; 4) The counseling professional may ride in the front seat with the attending public safety officer and the client in the back seat (counseling professionals cannot at any time transport potential mental health clients in their own personal vehicles due to issues of liability); 5) After safe arrival at the designated medical hospital or mental health facility, the counseling professional communicates with the attending physician, counselor, psychologist, or social worker regarding the admission process (i.e., confidential process); 6) The counseling professional returns to campus with the public safety officer at the conclusion of the admission process; 7) The counseling office will communicate with and provide an update to parents regarding the mental health admission process, answers any relevant questions, and informs them of a prospective discharge date. The consent to speak with

parents is obtained by the clinician prior to admission, because once admitted, sometimes clients are not permitted to communicate with anyone until stabilization is reached; and 8) Following discharge and clearance to return to the college, follow-up assessments are available to students through the counseling office.

### Conclusion

In higher education, there are lively, ongoing discussions on what to do and how to do it regarding disruptive, threatening, or crisis-oriented mental health issues. Behavioral Intervention Teams should know and understand that students' psychological, emotional, and behavioral problems are part of the college and university experience, too. This article provides pertinent information and a framework for the implementation of a BIT at a two-year college and demonstrates its usefulness as an effective mechanism for appropriately responding to suicidal ideation. For students who matriculate at community colleges, early prevention and behavioral intervention may have a positive and meaningful impact on student outcomes in situations of suicidal ideation or other harmful and destructive behaviors. More specifically, this article underscores the fact that positive behavior and mental health stability among students may be enhanced in community college environments as faculty, staff, administrators, students, parents, and counselors work to better understand potentially harmful and dangerous situations, and to appropriately communicate and respond to said situations with effective and coordinated efforts.

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