Crisis Protocols

→ *Does your campus have a crisis protocol for suicide and acute mental health issues?*
→ *Do your protocols clearly and consistently describe what to do when someone is in crisis?*
→ *How do students perceive they will be treated if they have a mental health or suicide crisis?*
→ *Do staff and faculty know what to do when a suicide occurs on campus?*
→ *How does your crisis protocol fit with the campus's overall approach to preventing suicide?*

Introduction

If a student is in acute distress, attempts suicide, or takes his or her life, campus staff, faculty and possibly even other students need to know what to do—specifically, who to call and how to respond. While most campuses have crisis protocols for emergencies such as a hurricane or a fire, some of these protocols do not include a suicide-related crisis.

How to respond to a suicide crisis is not easy, and how it is handled can have a widespread effect on the campus community. Protocols help ensure that a campus responds to a crisis in an organized, timely, and compassionate way, which can alleviate fear and anxiety among students, staff, and faculty should a suicide occur.

Discover the lessons learned from staff on different campuses.

Person #1 - I discovered that the residence life office and the counseling center had different protocols for how to respond to a student in crisis. We compared the strengths and weaknesses of the two protocols, and then created one document for what to do when a student is in crisis.

Person #2 - When revising our crisis protocols, we got input from staff in different departments who play a role when there is a suicide or a student in crisis. It was essential to hear their perspectives about what should be included in the protocols.

Person #3 - It took longer than I expected to revise our crisis protocols and get them approved. It was worth it, though. Our protocols are clearer now and cover all the important areas, including post-crisis plans, leaves of absence, and re-entries.

Person #4 - Our crisis protocol document is over 20 pages long and contains more information than most staff and faculty need. So we created a condensed version for them that is only two pages and had it laminated. We also put the condensed version on our website in the student mental health and counseling sections for students and parents.

Steps: Crisis Protocols

While all campuses are different, there are common steps that every campus should follow to most effectively develop or revise crisis protocols for suicide and/or acute distress.

Each of the steps below can assist you with crisis protocols.

Step 1: Find any crisis protocols that already exist

Step 2: Determine who should be involved

Step 3: Write or revise your crisis protocol

Step 4: Disseminate the protocols

Step 1: Find any crisis protocols that already exist

It is best when crisis protocols are consistent across a campus so that all staff follow the same procedures if a student is in acute distress or attempts suicide, or if a suicide occurs. Since multiple departments on campus may have existing protocols, it's important to track them all down, reconcile any differences between them, and house them together in a place that they can be easily accessed by the staff who need to use them. Alternatively, you could combine the existing protocols into one campus-wide document that is updated and revised regularly.

Following are common questions about this step.

→ **Which departments might have crisis protocols?**
→ **When should crisis protocols be updated?**
→ **What if our protocols aren't formally documented?**

Which departments might have crisis protocols?

Certain departments at a college or university may already have crisis protocols, particularly if they have a role in responding to a crisis. Some of these departments include the counseling center, campus security/police, the health center, residential life, and legal affairs. If you partner with local mental health providers, they may also have crisis protocols that are pertinent to your students. Additionally, protocols that cover emergency contact notification or leaves of absence may be housed in other departments, such as student affairs or the registrar's office.

Here are examples of departments on campus that might have crisis protocols and what you might find:

Campus security – Their protocol says to contact the counseling center if a student is in distress.

Counseling Center – They have their own protocol for addressing students in distress.

President's Office – They have a campus-wide protocol that focuses on emergencies and disasters but doesn't include suicide.

Residence Life – Their unwritten protocol is to call campus security.

Academic Affairs – They don't have any crisis protocols for faculty to follow.

Registrar's Office – They have a protocol specifically for leave of absence and re-entry.

Find out what protocols exist on your campus. If there are none, then you will need to create them.

When should crisis protocols be updated?

It's helpful to review your crisis protocols frequently, at least every two to three years—more often if needed—and make any necessary updates. Regularly updating your protocols will help to ensure they reflect any changes in campus policies, departmental functions, and contact information, as well as new research-based components that are recommended by experts in the field.

When was the last time your crisis protocols (or those from other departments) were last updated?

If your crisis protocols were developed or revised within the past **three years**, they are probably up-to-date, especially if they cover the key components below. Crisis protocols that are **four to nine years old** should be reviewed to ensure they include the following key components and are updated as needed. Crisis protocols that are **more than 10 years old** would need to be updated to cover these key areas:

- How to respond to the acutely distressed or suicidal student
- Emergency contact notification
- Issues around voluntary and involuntary psychiatric hospitalization
- Post-crisis follow-up plans
- Documenting encounters with the acutely distressed or suicidal student
- Leave of absence and re-entry
- Postvention and how to handle a suicide

What if our protocols aren't formally documented?

Written protocols help ensure that a campus responds to a crisis in an organized, timely, and compassionate way, which can alleviate fear and anxiety among students, staff, and faculty should a suicide occur.

The lack of formally documented protocols could create confusion and uncertainty and even make a crisis situation worse. So put your crisis protocols in writing as soon as possible, before the staff member (or members) who know the protocols leave your institution.

Put any crisis protocols in writing as soon as possible. Here's how to get started:

1. **Find out if undocumented protocols exist—** Ask different departments if they have any unwritten processes or procedures for responding to a student in distress or to a student who has attempted or died by suicide.
2. **Identify staff members familiar with undocumented crisis protocols —** Contact staff who are most knowledgeable about or who use specific processes and procedures for students in crisis.
3. **Put the protocols in writing —** Be prepared to meet with these key people to write down their processes and procedures about what warning signs to look for, how to respond to a student in crisis, who to contact in a crisis situation, and how to make a referral.

Example of a campus without suicide protocols
When a suicide occurred on campus, there was miscommunication among staff about whom to go to for information about what happened and what to do next. As a result, many people on campus were upset about the lack of leadership in handling the situation and the lack of appropriate outlets for students to get support and express their grief. In addition, rumors circulated, and the local media published details that didn't follow safe reporting.

Example of a campus with suicide protocols
When a suicide occurred, staff already knew what their roles and responsibilities were. The counseling center was able to swiftly implement the specific steps that had been clearly defined in their crisis protocols. As a result, while the suicide was a shock to the campus community, the calm manner and regular communication eased some of the anxiety among students and staff and provided support to others in distress and at risk of suicide. In addition, an administrator was in contact with local media to ensure safe reporting of the incident.

Step 2: Determine who should be involved

On any campus, staff from multiple departments will likely play a role when there is a suicide death or attempt, or if a student is in acute distress. These people will likely have useful information as well as different perspectives that are important to developing or updating crisis protocols. There may also be other departments on campus who should be a part of developing or updating the protocols, such as for legal reasons or because they have a stake in their development. Therefore, it is important to partner with others when developing or revising your campus crisis protocols.

While it may be easier for one person to develop or revise the protocols, there are other reasons to involve staff from other departments:

- Staff and faculty are more likely to approve and disseminate protocols that they have had a hand in developing or revising.
- Working with other staff and departments to develop your protocols can help address any misconceptions or differences in opinions that could get in the way when actively dealing with a student in crisis or a suicide death.
- If you can form an advisory team with representatives from different departments, this group can be called on to assist with some of the tasks involved in protocol development so that you don't have to do it all.

Following are some common questions about this step.

→ **What information and perspectives can other departments offer?**
→ **Who else should I involve?**
→ **What should I do when stakeholders are reluctant?**

What information and perspectives can other departments offer?

Different staff and departments on campus have perspectives and information that are relevant to what should go into your crisis protocols and how the protocols are carried out. For instance, the legal affairs department will understand laws, such as Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA), and what information can and can't be shared about students. They may also know about campus policies related to a student's leave of absence and re-entry to campus and what accommodations can be made to support students.

Examples of information and perspectives other departments can provide

- **Counseling Center**
    - o Available mental health resources for students
    - o Care coordination before and after a crisis
    - o Assistance with self-care plans and re-entry to campus
    - o Best practices for memorials and postvention

- **Campus Administration**
    - o Flowchart of who should be involved in decision-making during mental health crises
    - o The types of information that should be collected and communicated internally (e.g., to students) and externally (e.g., to the media)
    - o Guidance over memorials

- **Campus Security**
    - Roles and responsibilities of campus safety officers when responding to a crisis, including details about the crisis, transporting students at risk, and performing emergency medical procedures, if necessary

- **Residence Life**
    - Guidance as to how residential life staff should respond in a crisis and support students in distress
    - Input identifying necessary training for staff
    - Input on essential information needed in a crisis protocol and how to disseminate it

Who else should I involve?

It's important to include staff from other departments who will be (or may need to be) involved if an attempt or a suicide occurs, or if a student is in crisis. It is also helpful to engage relevant off-campus stakeholders in developing your protocols, as well as a few students to ensure your protocols include their perspectives. Depending on their availability, you may want to include them in one or more of the following tasks:

- **Developing/revising protocols** – Identify the key people both on and off campus who would be involved in addressing a student in distress or a suicide death. Ask these individuals for input on what should be included in your protocols.

- **Reviewing/approving protocols** – Identify the leaders and stakeholders who will need to sign off on your crisis protocols. Often these are staff in key administrative positions or who head up departments that have a role to play when there is a student crisis or suicide.

- **Implementing/using protocols** –Determine which staff will actually be using the protocols if a crisis or suicide occurs. Different staff may need different pieces of the protocols. For instance, faculty will need to know how to respond to a student in crisis, but won't know about everything about the leave of absence and re-entry protocols.

What should I do when stakeholders are reluctant?

We all know how busy staff and faculty can be. There is always too much to do and not enough time. Some of them may be reluctant to get involved because of competing demands and priorities.

Here are suggestions of how to enlist staff support:

- **Be clear on why you need them as a partner and what they can really bring to the table.**
    For example, the campus disciplinary board would be a valuable partner because they commonly see students with substance abuse problems. Due to the connection between substance abuse and

mental health problems, they will likely interact with students who are at a higher risk of suicide and may therefore need to use the protocols to make a referral for a student in distress.

- **Ask them what concerns they have about addressing students in distress and determine how you can help them meet their goals.**
  For example, faculty are often uncertain about how to help students in distress and what to do when these students don't fulfill academic requirements. You could help address their uncertainty by letting them know what mental health support is available to students.

- **Identify which of their goals and perspectives intersect with your own.**
  For instance, campus administrators are interested in the overall health and safety of students. Your goals for developing postvention protocols could intersect with their desire to prevent suicide contagion and promoting help-seeking after a suicide death occurs on campus.

- **Make any contact you have with them personal and individualized; busy people usually don't respond to impersonal, generic, or group e-mails.**
  In other words, instead of sending a long list of generic questions for your stakeholders to answer about what should be in your protocols, send a personal e-mail to each individual and outline the key questions you have for that person about the protocols.

Step 3: Write or revise your crisis protocols

Good crisis protocols help campuses effectively address a crisis. How well a crisis is handled can have a widespread effect on students, staff, and faculty. The best protocols clearly address what to do and who should be contacted if there is a death by suicide (postvention), a suicide attempt, or a student in acute distress.

The best crisis protocols are also clear and transparent to students so they know what to expect if they are in crisis or if a peer attempts or dies by suicide. In addition to developing and revising your protocols, this step also involves obtaining approval for the protocols. Some campuses have a specific procedure to follow for getting approval and adopting crisis protocols. It can be helpful to take steps early on to understand your campus's approval process so that you can build this into your timeline.

Following are some common questions about this step.

- → **What components should be included in our crisis protocols?**
- → **What are the legal considerations?**
- → **What are some good examples of crisis protocols?**

What components should be included in our crisis protocols?

It is vital that staff, faculty, and students know what to do when someone is in crisis or a suicide attempt or death occurs. Take a look at the following video clip about considerations when developing and revising crisis protocols based on The Jed Foundation's *Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student.*

Crisis protocols should ideally include the following components:

- Responding to the acutely distressed or suicidal student
- Establishing an emergency contact notification procedure
- Addressing issues around voluntary and involuntary psychiatric hospitalization
- Documenting encounters with the acutely distressed or suicidal student
- Developing post-crisis follow-up plans
- Addressing leave of absence and re-entry
- Responding to a suicide and developing postvention plans

The video, *Components of Crisis Protocols (https://www.youtube.com/watch?v=pBTt2Q7V_-o),* offers guidance and considerations for developing or revising crisis protocols.

What are the legal considerations?

When developing and revising crisis protocols, consider potential legal issues. For example, leaves of absence and the accommodations available for students with mental illness fall under the Americans with Disabilities Act and relevant state discrimination laws.

Your legal affairs department will understand these laws, so they should provide guidance or review what goes in your crisis protocols related to any legal issues.

Since a legal affairs department represents the college or university, you might also want to have your protocols reviewed by someone representing the students' interests and perspective, such as a student advocacy group or the Bazelon Center for Mental Health Law.

Here are some areas with legal implications:

- What can and should staff do if a student in crisis doesn't want to seek or receive help?
- What should staff do if they believe a student is in crisis, but the student doesn't think so?
- Can a student be forced to take a leave of absence?
- What does a student have to do to satisfy re-entry requirements?
- When and under what circumstances is confidentiality a concern?
- How does HIPAA apply to your crisis protocols, and what does this law cover?
- How does FERPA apply to your crisis protocols, and what does this law cover?

What is a good example of crisis protocols?

How you write the protocols and what language you use are important considerations and will affect whether or not the protocols are useful *and* used by others. Some crisis protocols are too broad or vague to be useful in a crisis because they don't include specific information on what to do and say. Other crisis protocols include jargon that doesn't make sense to staff from other departments who will use the protocols.

Good crisis protocols are clearly written and specific and include guidance on what to say and do. The language used in your protocols should be unbiased and free of stereotypes. Certain terminology is also defined (e.g., suicide attempt) so that it's clear to anyone who reads it what these words mean.

See appendix to review an example of the crisis protocols for the University of Albany, which includes comments from the Suicide Prevention Resources Center to highlight specific information.

Step 4: Disseminate the protocols

Disseminating your protocols is just as important as creating and revising them. A mass and varied distribution effort will ensure staff, faculty, and students see the protocols. You will want to disseminate them in different ways to students, faculty, and staff, and even to different departments and groups on campus.

Since not all staff will need the entire crisis protocol document, it can be helpful to develop a condensed version that can also be distributed.

Following are some common questions about this step.

→ **Do I need a condensed version of the crisis protocols?**
→ **Who should know about the protocols?**
→ **How can I get people to pay attention to the protocols?**

Do I need a condensed version of the entire crisis protocols?

Since not all staff and faculty need to know the full protocols, many campuses develop a condensed version that highlights specific information, such as what to do in a crisis and who should be contacted.

The condensed version should include just the information that most staff and faculty need to know. If you give them just what they need—and frame it that way—then they will be more likely to pay attention to the protocol.

See appendix to review the examples of different types of condensed protocols, which include comments from the Suicide Prevention Resource Center highlighting specific information:

- *Pensacola State – Emergency Contact List*
- *Saginaw Valley State University – Working with Distressed or Disruptive Students*
- *University of Albany – Medical Withdrawal and Re-entry Information*

Who should know about the protocols?

Everyone on campus—staff, faculty, and students—should know what to say and how to refer someone in crisis to the appropriate mental health care services. But only certain staff need to know the entire crisis protocol. Different versions of your protocols may be appropriate for different audiences.

Select which version of the protocol that you think would be most appropriate for the two audiences below.

Do faculty need the full crisis protocol or a condensed version?

☐ Full protocol: Actually, this stakeholder would most likely need the condensed version of the protocol document since they have a less significant role responding to a suicide or to students who have attempted suicide or are in distress.

☑ Condensed protocol: Yes, this stakeholder would most likely need the condensed version of the protocol document since they have a less significant role in responding to a suicide or to students who have attempted suicide or are in distress.

Does residence life staff need the full crisis protocol or a condensed version?

☑ Full protocol: Yes, this stakeholder would most likely need the full crisis protocol document since they play an important role in responding to a suicide or to students who have attempted suicide or are in distress.

☐ Condensed protocol: Actually, this stakeholder would most likely need the full crisis protocol document since they play an important role in responding to a suicide or to students who have attempted suicide or are in distress.

How can I get people to pay attention to the protocols?

Staff and faculty have many competing demands, so you will need to do more than just send the protocols out to them. Consider which communication channels will be most effective with each of your audiences.

Tips for dissemination

Since people look for and find information in different places, it's a good idea to disseminate the protocols in multiple ways.

Here are some common ways campuses distribute their protocols:

- **Distribute a printed version of the protocols to staff and faculty.** Disseminate your full protocol document to key stakeholder and a condensed version to others in the campus community. Consider laminating the condensed version so that it can be kept handy.

- **Distribute electronic versions of your protocols widely to staff and faculty.** Provide stakeholders within your campus community electronic versions of your full protocol document and condensed version so that they are easily accessible.

- **Give the protocols to students and their parents.** Send a condensed version of your protocols to students and their parents, either by mail or e-mail. It's essential that students know what to expect if a crisis occurs and for parents to know how the college or university will respond to a crisis. Both students and their parents will need to know about leave of absence and re-entry protocols, mandatory hospitalization, post-crisis plans, confidentiality, FERPA, and HIPAA.

- **Post the protocols on your campus website.** The most natural place to put the protocols is in the counseling and/or mental health section of your institution's website. Also put a link to them in the disabilities section. A rule of thumb is that it should take no more than two clicks to find the protocols.

Tips for promotion

Here are some suggestions for getting staff and faculty to pay attention to your protocols. Select at least one that seems possible for you to do, or you can brainstorm other ideas.

- **Give a short presentation.** Regular staff meetings or new faculty orientations are a good time to give a brief presentation. Be sure to highlight what is important for them to know. You may even want to model what is in the protocols so they can see, for instance, how to respond to a student in distress.

- **Ask an administrator to promote the crisis protocols.** If the college president, for instance, publicly endorses the protocols and tells staff to read them, then they will be more inclined to do so. The administrator can promote the protocols either in person or in a video.

- **Offer mock demonstrations to reinforce concepts.** Hosting mock demonstrations or table-top exercises gives staff/faculty the opportunity to walk through how protocols would be used in a given scenario. This can help them better understand your protocols, while also highlighting areas where questions may arise.

EMERGENCY CONTACT LIST

PENSACOLA STATE C.A.R.E.S.
CRISIS ACTION REFERRAL EFFORT FOR STUDENTS

IS SOMEONE IN IMMINENT DANGER?

YES | **UNCERTAIN** | **NO**

Call Campus Police (850) 484-2500	Call Campus Police* (850) 484-2500	Disruptive Behavior issue	Non-disruptive emotional/ mental health issue
Then call 911*		Call Office of Student Conduct* (850) 484-2128 *during regular business hours*	Call Crisis Referral Coordinator* (850) 484-1817 *during regular business hours*
*Call both simultaneously, if two callers are available	*Campus Police will notify appropriate party	*If you need immediate assistance after regular business hours, please call Campus Police at 850-484-2500	

Annotations are provided by technical assistance staff at the Suicide Prevention Resource Center.

This brochure was developed by Estela M. Rivero, Ph.D. and the Staff of University at Albany Counseling and Psychological Services.

This highlights the process and paperwork required when a student wants to return to campus after an absence due to psychological reasons.

Reentry to the University

Reentry

In order to be evaluated for reentry, you must provide the following to the Director of Counseling and Psychological Services or the Director of Student Health Services:

- A request for reentry. Matriculated under-graduates must complete a reentry form available at the Office of Withdrawal and Readmission (LC-30).

- Documentation completed and signed by a *licensed* health professional or treatment facility including:

   A. Number of treatment sessions along with beginning and ending dates.

   B. ICD-10 or DSM-V diagnosis. Also provide GAF (for reference, go to: http://www.albany.edu/counseling_center/docs/GAF%20Scale.pdf)

   C. An abbreviated mental status exam. Mental status deficits as they pertain to academic functioning must be addressed.

   D. *An explicit recommendation* for a medical reentry by the licensed health professional.

- Once CAPS or Student Health Services has recommended reentry, the hold placed on the student's registration will be removed.

To obtain forms online or more information, visit the Office of Withdrawal and Readmission at:

http://www.albany.edu/undergraduateeducation/readmission.php

Information and the necessary forms are available on the school's website, which makes this easily accessible for students and family members.

Important University Telephone Numbers

- Counseling and Psychological Services
  442-5800

- Withdrawal & Readmission
  442-3950

- Advisement Services Center
  442-3960

- Residential Life
  442-5875

- Disability Resource Center
  442-5490

- Student Financial Services
  442-3202

- Student Accounts
  442-3202

- Student Health Services
  442-5454

University at Albany

Medical Withdrawal & Reentry Information

THE WORLD WITHIN REACH

A Guide for Undergraduate Students Applying for a Medical Withdrawal & Reentry for Mental Health Concerns

It's important for students to have clear information on the process of absences and re-entry for psychological reasons. This brochure clearly identifies the steps students need to take.

Annotations are provided by technical assistance staff at the Suicide Prevention Resource Center.

This brochure was developed by Estela M. Rivero, Ph.D. and the Staff of University at Albany Counseling and Psychological Services.

> The language in this brochure repeatedly emphasizes that the counseling center is a helpful resource for students in crisis.

> This section outlines the steps involved in taking a leave of absence for psychological reasons.

If you are considering a medical withdrawal for psychological reasons...

What to do...

If you are leaving the University for psychological reasons, consider these steps:

Step One

♦ Complete a withdrawal form at the Office of Withdrawal and Readmission located in the Office for Undergraduate Education (LC-30).

√ Upon deciding to apply for withdrawal, this should be done immediately;

√ Counseling and Psychological Services or Student Health Services may be able to assist you with the specific steps of the process;

√ You may wish to contact Student Financial Services and Student Accounts about the financial implications of the withdrawal process;

√ To obtain the required forms, or for more information, visit the Office of Withdrawal and Readmission at:

http://www.albany.edu/undergraduateeducation/withdrawal.php

At the University at Albany, we understand that you may be having a difficult and stressful time.

The voluntary process for a medical withdrawal may initially feel overwhelming, but we are here to help.

Step Two

Provide the following to the Director of Counseling and Psychological Services or Director of Student Health Services:

♦ A dated request for withdrawal;

♦ Documentation completed and signed by *a licensed* health professional or treatment facility. Incomplete information will delay action on request. Please provide the following:
   A. Number of assessment/treatment sessions along with beginning and ending dates;

   B. ICD-10 or DSM-V diagnosis. Also provide GAF (for a reference, go to: http://www.albany.edu/counseling_center/docs/GAF%20Scale.pdf)

   C. An abbreviated mental status exam stating the impact of mental status on academic functioning;

   D. *An explicit recommendation* for a medical withdrawal from a licensed health professional.

Fax or mail the supporting documentation as soon as possible to the Director of Counseling and Psychological Services or Director of Student Health Services. Supporting documentation is maintained in confidential CAPS files or Student Health Services files and is not forwarded with the recommendation.

Please know that we are available to help during the process or for consultation:

Counseling and Psychological Services
University at Albany
400 Patroon Creek Blvd., Suite 104
Albany, New York 12206
Phone: (518) 442-5800
Fax: (518) 442-3096
consultation@albany.edu
http://www.albany.edu/counseling_center/

Student Health Services
University at Albany
400 Patroon Creek Blvd, Suite 200
Albany, New York 12206
Phone: (518) 442-5454
Fax: (518) 442-5444

Annotations are provided by technical assistance staff at the Suicide Prevention Resource Center.

This is an abridged version and does not include SVSU's protocol on working with disruptive students.

Guide to Working with Distressed or Disruptive Students

Saginaw Valley State University

The Student Counseling Center and the office of Student Conduct Programs have developed this informational guide to aid faculty and staff as they assist students experiencing distress or may be disruptive in the classroom.

Important Contact Information:

Student Counseling Center
- (989) 964-7078
- www.svsu.edu/healthysvsu

Student Conduct Programs
- (989) 964-2220 or (989) 964-4410
- www.svsu.edu/student-conduct

University Police
- (989) 964-4141
- www.svsu.edu/universitypolice

University Ombudsmen
- (989) 964-4294
- www.svsu.edu/ombudsman

Disability Services
- (989) 964-7000
- www.svsu.edu/disability-services

Emergency and Safety Concerns:

- If you are concerned for your immediate safety or that of others, call 9-911 regardless of the time of day

- If you are concerned that a student is considering suicide, but is not in immediate danger, call the Student Counseling Center at (989) 964-7078.

- If you have a concern or question regarding a student's disruptive behavior, call Student Conduct Programs at (989) 964-2220.

- If you have general questions for the police, call University Dispatch at (989) 964-4141.

It's helpful to include the contact information for important departments in the protocol so these numbers are readily accessible.

This provides basic guidance on who to contact in specific situations, such as when a student is suicidal.

Annotations are provided by technical assistance staff at the Suicide Prevention Resource Center.

This is an abridged version and does not include SVSU's protocol on working with disruptive students.

Notice how a student's possible concerns about utilizing counseling—price and confidentiality—is addressed. This is useful information for a faculty/staff member to have when encouraging a student to use counseling.

We recommend that information on how to respond to student in distress is also taught in trainings or during short presentations for faculty/staff.

We recommend also offering a training that goes over information on how to make a referral. It's especially important that faculty and staff know they are not expected to provide counseling, and that they convey to students in crisis that they are not counselors.

It is helpful for faculty and staff to know the warning signs of suicide and to be able to easily find this information. We recommend going over this in short presentations, such as at faculty senate meetings or new faculty orientation.

Since faculty/staff may not know what students should expect when following through on a referral, we suggest discussing this at faculty/staff trainings, or during a staff/faculty presentation.

It is a good idea to encourage faculty and staff to reach out to the counseling center with questions about students.

It is helpful to include 24 hour crisis numbers since most crises do NOT happen between 9 am-5pm. When the campus counseling center is called after hours, the phone message should also include information who to contact in a crisis.

Working with the Student Counseling Center for Students in Distress

A student that is in distress may seem anxious, depressed, troubled, have physical or mental pain and much more. When possible, don't ignore the student's distress, try and help this student find the resources that are available at the university. The services of the Student Counseling Center are free to any currently enrolled SVSU student. All information shared by the student with a counselor is confidential and is not a part of the student's official university records. For more information on the Student Counseling Center visit www.svsu.edu/healthysvsu.

Some Warning Signs of Suicide
- Threatening or talking about hurting or killing one self
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for this person
- Communicates a feeling of hopelessness
- Demonstrates rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activity
- Expressing that there is no way out
- Increasing alcohol or drug use
- Withdrawing from family and friends
- Communicates the inability to sleep and feeling anxious or agitated
- Dramatic mood changes
- Communicates that they see no reason for living or having no sense of purpose

There are different levels of distress that students may exhibit. When presented you may start to have concerns about the student's well being. The severity observed may indicate the urgency of your actions:

Category One:
Although the student is not disruptive to others in class, behaviors may indicate that something is wrong and that help may be needed.

- Declining grades
- Unaccountable change from good to poor performance
- Change from frequent attendance to excessive absences
- Change in pattern of interaction
- Marked change in mood, motor activity, or speech
- Marked change in physical appearance

Category Two:
These behaviors may indicate significant emotional distress, reluctance or an inability to acknowledge a need for personal help:

- Repeated request for special consideration
- New or regularly occurring behavior which pushes the limits and may interfere with class management
- Unusual or exaggerated emotional response

Category Three:
These behaviors usually indicate that the student is in crisis and needs emergency care immediately:

- Highly disruptive behavior (hostility, aggression, etc.)
- Inability to communicate clearly (garbled, slurred speech, disjointed thoughts)
- Loss of contact with reality (seeing/hearing things that are not there, beliefs or actions at odds with reality)
- Overt suicidal thoughts (suicide is a current option)
- Homicidal threats

The Do's and Don'ts in Responding to a Student in Distress:
DO show that you take the student's feelings seriously.
DO let the student know that you want to help.
DO listen attentively and empathize.
DO reassure that with help he/she will recover.
DO stay close until help is available or risk has passed.
DON'T try to shock or challenge the student.
DON'T analyze the student's motives.
DON'T become argumentative.
DON'T react with shock or disdain at the student's thoughts and feelings.

Making a Referral
- Be frank with the student about the limits of your time, ability, expertise, and/or objectivity.
- Let the student know that you think he/she should get assistance from another source.
- Assure them that many students seek help over the course of their college career.
- Assist the student in choosing the best resource.
- Try to help the student know what to expect if he/she follows through on the referral.

Ways the Student Counseling Center can help you:
- Consultations regarding your concerns and how to proceed
- Assessing the seriousness of the situation
- Suggesting potential resources
- Finding the best way to make a referral
- Clarifying your own feelings about the student and the situation

Student Counseling Center: (989) 964-7078

• Local 24 Hour Crisis Numbers:
Saginaw :	(989) 792-9732
Bay /Arenac :	(989) 895-2300
Midland:	(989) 631-2320
Gladwin :	(989) 426-9295
Tuscola :	(989) 673-6191

The National Suicide Prevention Lifeline : 1-800-273-8255

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GUIDELINES FOR RESPONDING TO STUDENTS IN CRISIS AT THE UNIVERSITY AT ALBANY

This is an abridged version and includes only protocols related to suicidal crisis.

*If you adapt any part of this document for use at your institution, please acknowledge **University at Albany, State University of New York** as the source.

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GUIDELINES FOR RESPONDING TO STUDENTS IN CRISIS AT THE UNIVERSITY AT ALBANY

STATEMENT OF PURPOSE

These guidelines are intended to assist faculty, professional staff, administrators and other University employees to address student related crises. While some campus officials play more active roles in responding to student crises, it is important for all University faculty and professionals to have a working knowledge of these guidelines. The Campus' Clery Report (Annual Security Report) also contains valuable information for the University community when responding to a crime on Campus. The Clery Report may be obtained at http://police.albany.edu/ASR.htm.

January 2009

> It's a good idea to include a statement at the beginning that highlights the importance of all staff and faculty—the entire campus community—knowing how to help a student in crisis.

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PART I
INTRODUCTION
In any setting, a crisis requires both quick thinking and a coordinated, efficient response. At the University at Albany, we may be presented with a number of such challenges, including student deaths, suicide attempts, the impact of major stressors such as the loss of friends or family members, disruptive behavior in classrooms, residence halls, and other parts of the university community, and other crises.

When a student in the university community is facing a crisis, the entire university may be affected. Therefore, it is critical that a basic framework exist to enhance coordinated efforts that protect the safety and well-being of the student in crisis and each member of the campus community. The primary goals of these crisis response strategies are:

1) To provide support and assistance to the student in crisis and to insure their safety and the safety of others.

2) To respond, as confidentiality regulations permit, to persons or groups such as:

- the student's parents, legal guardians, and/or significant others;
- the student's friends, roommates, suitemates, and hall residents;
- various University offices that may provide services and support to the student and other affected members of the University community;
- the University and surrounding Albany communities, as appropriate.

3) To address system-wide issues surrounding the crisis.

4) To work toward the prevention of similar crises in the future.

Please keep in mind that the strategies listed in Part II are not all-inclusive. As additional needs for specific intervention strategies arise, these additions/modifications will be addressed by the University at Albany's Behavioral Risk Assessment Team (Brisk), the College/University Behavioral Intervention Team (C.U.B.I.T) or the Serious Case Management Team (see Appendix A). In addition, the Campus' Clery Report (Annual Security Report) contains valuable information for the University community when responding to a crime. The Clery Report addresses a number of issues, including how to report a crime on campus, who on staff must report a crime, crime prevention programs on campus and resources and services available to students, faculty and staff who are crime victims, who have witnessed a crime or who are assisting those victims and witnesses. The Clery Report may be obtained at http://police.albany.edu/ASR.htm.

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> A student in acute distress can affect others, so it is helpful to acknowledge this and also list who else may need information or attention.

> For more information on Behavior Intervention Teams, refer to "Balancing Safety and Support on Campus: A Guide for Campus Teams" (2012)

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> For more information about confidentiality, refer to pages 7-11 of "Student Mental Health and the Law" (2008)

CONFIDENTIALITY

University staff members who respond to crises must remain aware that students have a right to privacy and that, in some instances, they may not wish to have information shared with others. At the same time, there are situations in which it is necessary and legally permissible for professional staff, faculty members and other members of the community to release information. For example, information should be disclosed to appropriate individuals in connection with an emergency when the knowledge of such information is necessary to protect the health or safety of the student or other individuals. In other situations, the need to release information without the permission of the student is less clear and, in such cases, the Office of the Vice President for Student Success or the Office of the University Counsel should be consulted. In any situation, it is best to attempt to obtain the student's permission to release information.

Different University records are subject to varying standards of confidentiality. For example, University Counseling Center records are subject to stricter standards of confidentiality under state law than many other kinds of records. The general principle is that such records should not be released without the written permission of the individual to whom the record pertains. There are a few exceptions to this principle, most notably, as mentioned above, records may be released to appropriate persons and entities when necessary to prevent serious harm to the client or another person.

JUDGMENT

Any staff member involved in a crisis at the University must use his/her own best judgment regarding how to respond. Questions which should be addressed include:

> Campus protocols should help prepare staff members feel competent to:
> 1. Identify someone who may be at risk of suicide.
> 2. Respond to the acutely distressed or suicidal student
> 3. Follow-up with those who were involved with or affected by the distressed or suicidal student
> 4. Know who to notify in an emergency and what to disclose

1) Which issues require immediate action?

2) What else should be done for the student in crisis?

3) Who else may be affected, and what support is available for them?

4) Who should be notified?

These questions must be answered quickly in an emergency. When in doubt, consult with other professionals.

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COORDINATION

Crisis prevention, intervention and post-intervention involve a number of different units of the University that typically communicate with each other and share responsibility for intervening and deciding who else to involve. In general, the Office of the Vice President for Student Success will coordinate notification and crisis intervention services but, in some specific cases, other offices might be more appropriate for coordination (e.g. the University Counseling Center, the Office of the Vice Provost for Undergraduate Education, the Dean for Graduate Studies, etc.).

Coordination of services involves a number of steps that include:

1) Assessing the situation, with particular attention to the nature and extent of the crisis;

2) Identifying person(s) who may need support;

3) Determining who will provide direct and indirect services;

4) Informing appropriate individuals or offices of the situation;

5) Following up with individuals and offices about what action they will take;

6) Following up to assess the impact of interventions;

7) Determining whether or not future action is necessary;

At the discretion of the Office of the Vice President for Student Success, a post-intervention review committee may be convened. If this is the case, persons who were involved in responding to this crisis, including all back-up and support services, will be involved in the review. In addition, persons affected by the crisis will be invited to provide feedback regarding the response.

SUPPORT

Support may be provided to a student in crisis through a number of methods. Since students in crisis are often more receptive to intervention, staff members may use this opportunity to help them learn from their experiences. Students who are in crisis may benefit from personal, academic and/or financial support. Providing support is a responsibility that can be shared among staff members, family, friends, and other persons. As part of a broad-based umbrella of support, a student can be referred to such services as the University Counseling Center, the Office of the Vice Provost for Undergraduate Education, the Office of the Dean for Graduate Education, the Department of Residential Life, Financial Aid, and other units as appropriate (See Appendix B for a listing of resources).

The following steps, adapted from Suicide Prevention and Crisis Service, suggest a framework for providing support in a crisis.

1) Stay Calm. Since a person in crisis may lose perspective, it is important that the responder stay calm so that the situation can be assessed and an intervention planned.

2) Make contact at a feeling level rather than a factual level. As crises often involve loss or grief, it is important to try to identify feelings that the student may have, such as anger, sadness, and hopelessness. Keep in mind that the student has a right to experience his/her feelings, and try not to rush the student through this phase. Stay attuned to your responses to the feelings, and try to respond without being judgmental or dogmatic.

3) Explore the current problem. Focus on your past interactions with the person in crisis and try to identify what might have occurred to precipitate the onset of the crisis. Ask open-ended questions, and encourage the student to be specific.

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4) Summarize the problem. Here it is appropriate to use the form "I hear you saying…" in letting the student know how you understand the problem. Ask the student if you are summarizing the problem correctly.

5) Focus on amelioration and explore resources. It is important to ask the student about what resources/willingness they have to resolve the crisis. Questions can focus on the nature of the student's support system, the positive things in their life, and their willingness to seek appropriate assistance.

6) Write it down. Make a written summary containing steps that the student will take to help him/herself through the crisis period. This can help the student by emphasizing options and provide a reminder that h/she can carry with them.

7) Consult. If there are any questions, please contact the University Counseling Center (442-5800 or consultation@albany.edu) or the Chair of the C.U.B.I.T (Appendix A).

Support may also be provided to students in the academic and financial areas. For example, if the close friend of a student dies suddenly or if the student is the victim of a fire, the Division of Academic Affairs (Dean for Graduate Studies or Vice Provost for Undergraduate Education) can be notified of this situation, which may result in the student's being permitted to take incompletes or withdraw from all or some courses. Likewise, if the parent of a student dies suddenly, causing financial problems for the student's family, the Office of Student Financial Services can be contacted to approve alterations in the billing schedule.

> These are good examples of coordinated responses from different department on campus that can also apply to students in crisis.

Below are listed some possible methods of response to student crises that can be made by academic staff. When appropriate, academic chairpersons and/or deans should be consulted.
1) Recommending psychological counseling services;
2) Extending a deadline;
3) Offering special tutoring, make-up work, or examinations;
4) Excluding one or more test grades from the final grade computation;
5) Computing the final grade or class standing, without all work being completed;
6) Facilitating a personal or medical withdrawal by contacting the Vice Provost for Undergraduate Education.

In the case of financial crisis, the Office of Student Financial Services may be able to assist by suggesting whom to notify in order to alter payment schedules, receive emergency funds, or facilitate other arrangements.

What to do in response to immediate danger to self or others?
The University Police Department (UPD) is responsible for maintaining the safety and well-being of all persons at the University at Albany. In the event of a dangerous or hazardous condition, such as physical danger due to potential violence or suicide, bomb threats, or similar situations, call UPD at 911 (from an on-campus phone) or 442-3131 (from a cellular phone or off-campus phone).

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PART II
RESPONSE STRATEGIES FOR SPECIFIC CASES

- Student Death
- Attempted Suicide In Progress
- Threat Of Harm To Self Or Others
- Arrest Or Incarceration
- Disruptive Behavior
- Other Crises

> For more information on postvention, refer to: "Postvention: A Guide for Response to Suicide on College Campuses" (2014)

STUDENT DEATH

In crisis situations, the primary concern is saving human life. Therefore, first render aid and summon medical assistance for injured people at the scene. Please be aware that all deaths are viewed and investigated by the police as potential homicides until determined otherwise.

The death of any student in the campus community can be a stressful event for a wide array of individuals. Until an official determination is made, the labeling of a death as suicide or homicide may complicate the matter all the more for family, friends, and other members of the University community. For this reason, great care and discretion must be employed in such cases.

Guidelines

1. Call 911 - University Police Department will alert medical personnel as needed.
   Be prepared to report your exact location.

NOTE: DO NOT DISTURB A DEATH SCENE

Remember that, unless rendering first aid, it is extremely important not to disturb a death scene. Therefore, exit the area immediately. If at all possible, secure the area in question being careful to touch as little as possible. If there is another person with you, one of you should stay at the scene while the other calls the University Police.

> This section clearly explains roles and responsibilities when there is a suicide.

2. The University Police will notify:

   a) The police agency with jurisdiction where the student permanently resides, who will then inform parents, guardians, or significant others (e.g. If a student from the Bronx passes away in the residence halls, or in a classroom on the East Campus, University Police will notify NYPD who will inform parents, guardians, or significant others).
      NOTE: Should the incident occur "off-campus" (non-University property), the police agency with the jurisdiction for that area will inform the police agency with jurisdiction where the student permanently resides who will then inform parents, guardians, or significant others (e.g. If a student from the Bronx passes away in

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> This section describes the clinical services available to support the campus community after a suicide, and identify any other students at risk of suicide.

the city of Albany (non-University property), the Albany Police Department/APD will contact NYPD who will inform parents, guardians or significant others)

b) The Office of the Vice President for Student Success for notification of the President and Executive staff. When appropriate the Office of the Vice President for Student Success will also notify the Office of Media and Marketing for dissemination of information to the public.

As soon as possible, the Vice President for Student Success will determine the need for additional support and refer to appropriate individuals or agency resources including:

a) The University Health Center and University Counseling Center for medical/psychological concerns;

b) Chapel House, who can provide pastoral services to those affected by the death;

c) Offices within the Division of Student Success, whose staff members may be able to address specialized issues if the student is a student of color, an international student, or a disabled student. Such offices may provide assistance regarding both educational and support services for our diverse population;

d) Offices within the Division of Academic Affairs, including: the Dean for Graduate Studies or the Vice Provost for Undergraduate Education, who will notify the faculty and provide assistance with academic accommodations, and the Education Opportunities Program for support of their students;

e) The Director of Residential Life, who will notify Quadrangle Coordinators for transmission of information to their respective Quadrangle staff, such as Residence Directors and Resident Assistants. Residence Hall staff will assess the residents' response to the student's death and may request support services through their supervisory channels and/or through their Quadrangle consultants from the University Counseling Center;

f) The Office of Student Financial Services, who will notify the employer on campus if the student was employed and to insure updating and appropriate management of billing records;

g) The Registrar, to update the student information system.

NOTE: CONSULT THE NATURAL SUPPORT SYSTEM

Made up of friends, family, mentors, etc., the natural support system is both essential in providing support to its own members, and at the same time, is likely to also be in need of services. Every effort will be made to work with the natural support system to assist its members in supporting each other and in accessing the broad range of University services listed above.

4. The Office of the Vice President for Student Success will coordinate support offered to groups affected by the death, such as the student's friends. Outreach services will be provided, as appropriate, by units such as the Department of Residential Life, the University Counseling Center, the Disability Resource Center, the Office of International Education, Chapel House, EOP, and other offices. Outreach services should address the following points:

FOR STUDENTS:

a) Make timely contact with friends of the deceased student;

> It is important for a campus to address how they plan to identify any other students at risk of suicide after a death by suicide occurs.

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b) Encourage expression of feelings;

c) Promote peer support among friends of the victim;

d) Encourage campus attendance at a memorial service as appropriate;

e) Avoid glamorization of death;

f) Encourage resumption of routine as soon as possible.

FOR FAMILY:

a) Accommodate as necessary. This may include providing appropriate housing arrangements for parents and/or other family members visiting campus;
b) Offer pastoral care;
c) Offer brief psychological counseling as appropriate;
d) Provide assistance in concluding University business, i.e., gathering the student's personal effects. In this, as in all instances, sensitivity to the family's wishes and requests will be paramount.

5. The Office of the Vice President for Student Success will work with Chapel House staff to coordinate a university-wide memorial service for the deceased student.

6. Letters of condolence will be sent by the President's Office.

7. At the discretion of the Office of the Vice President for Student Success, units who have played a role in crisis intervention/management of the incident will be represented to review the support strategies as well as recommendations for future response to similar crises.

> Memorials after a suicide death can be tricky because of the potential negative effects. For more information on memorials, see pages 23-25 of "Postvention: A Guide for Response to College Suicide on College Campuses" (2014)

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It's a good idea to cover issues around voluntary and involuntary psychiatric hospitalization. Having a memorandum of understanding (MOU) in place with a local hospital will help the campus and hospital work together to support the student.

This specifies who will notify a student's emergency contact and under what circumstances.

Protocols should include post crisis follow-up plans. This involves clarifying the campus's process for determining a follow-up plan that reflects the interests of each student.

ATTEMPT AT SUICIDE IN PROGRESS

While the nature of suicide attempts varies greatly, each suicide attempt must be taken seriously. In order to protect a student's privacy, suicide attempts should be addressed with discretion. In all instances, the best interests of the student as well as the university's aim to protect the student's welfare must be considered paramount.

Guidelines

1. Call 911. When a suicide attempt is in progress, the University Police Department should be notified immediately by telephone. (Issues of confidentiality do not apply when a person's life is in danger).

   In many instances a suicide attempt constitutes a medical emergency (e.g. bleeding from self-injury, confusion or coma from drug overdose).

   University Police will:
   a) Arrange for emergency medical transport by Five-Quad (call 911) or, in their absence, any one of the local ambulatory agencies which service the University or by the City of Albany Department of Fire and Emergency Services. In most instances, the student will be transported to the Emergency Department of the Albany Medical Center Hospital. It is the policy of the Albany Medical Center Emergency Department to assess such patients medically, and then refer them to the Capital District Psychiatric Center (CDPC) for assessment, or in some cases, to their private psychiatrist.

   b) In exigent circumstances, in order to insure the student's safety or that of another member of the campus community, a police officer may be required to take the student into custody and direct the person's transport to Albany Medical Center Emergency Department or to the Capital District Psychiatric Center (CDPC) for evaluation. Exigent circumstances include: violence, serious injury or conduct likely to result in immediate serious harm to the student or others.

   c) In other circumstances, the police will consult with and, when possible, arrange for the Albany County Mobile Crisis Team to come to the site of the suicide attempt to conduct an evaluation. The Mobile Crisis Team is available 24 hours a day, 7 days a week. They can be contacted at 447-9650.

   d) Notify the Vice President for Student Success, who will notify the Directors of the University Counseling Center and the University Health Center so that any necessary follow-up may be made. For example, the Director of the University Counseling Center will work with the Center staff in the event that the student who has attempted suicide might be an ongoing client of the University Counseling Center.

   Note: Decisions about the University's notification of parents or family members will be made by the Vice President for Student Success based on:

   (1) information provided by the student about who to contact in case of emergencies, and;

   (2) the recommendations of the appropriate licensed health care practitioners as well as other professionals knowledgeable about the student and/or the circumstances.

2. After a suicide attempt, the student should be referred for appropriate follow-up mental health services. While this is often done by the CDPC Crisis Unit, a student who is not assessed or given referrals through the Crisis Unit should be scheduled for an assessment at the University Counseling Center. Counseling Center clinicians will, on the basis of the assessment, make treatment/referral recommendations that are in the best interest of the student.

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If you have a Behavioral Intervention Team on your campus, you may want to invite members of these different departments listed here to join your team, if you have not already done so.

3. Any member of the University community who is aware of a suicide attempt is encouraged to call the University Counseling Center (442-5800 or consultation@albany.edu) for assessment of ongoing risk, assistance with follow-up treatment planning for the student and planning of appropriate interventions for those in the campus community close to the student.

4. To provide for adequate support of the student, with the student's consent, the University Counseling Center clinician who assesses the student may do the following:

   a) Facilitate contact with the student's parent, guardian or spouse to discuss a medical withdrawal or future treatment, if appropriate;

   b) Consult with staff members from the Department of Residential Life if the student is living in University housing;

   c) Consult with offices within the Divisions of Student Success, Academic Affairs, or other offices to coordinate future support services.

5. If appropriate, the Vice President for Student Success will inform:

   a) The President and Vice Presidents for executive notification;

   b) The Office of Multicultural Student Services, International Education, the Disability Resource Center, EOP, or other offices as appropriate, so that further support can be provided.

   c) The Academic Dean's Office (undergraduate and/or graduate) if special academic arrangements need to be made.

NOTE: Students living in the residence halls exhibiting behaviors in this category will be referred to the University Counseling Center for an evaluation within the CARENet Program (see Appendix C).

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THREATS OF HARM TO SELF OR OTHERS

All threats of harm must be taken seriously whether the threat is assault, homicide or suicide. It is essential that professional consultation be sought as soon as possible. No one should evaluate a threat on his or her own. Remember, when a person's life is in danger, safety takes priority over privacy.

Please note that at times threats are vague or ambiguous and/or may be aimed at a future event or time. These threats should also be taken seriously and consultation should be sought as soon as possible.

Guidelines

> Guidelines for responding to acutely distressed or suicidal students should be part the trainings you provide to campus faculty and staff.

1. The University Counseling Center should be contacted for a consultation to assess the lethality of the threat and to coordinate a plan for intervention. Call 442-5800 or consultation@albany.edu Monday through Friday from 9:00 AM to 5:00 PM during the academic year and Monday through Friday from 8:00 AM to 4:00 PM during intersession and summer months.

2. At other times, emergency mental health consultation is available through the Albany County Mobile Crisis Team at 447-9650. They will evaluate and dispatch a team to provide an on site assessment, as needed. The same telephone number (447-9650) can be used to access the emergency mental health services of the Capital District Psychiatric Center Crisis Unit. Both the Mobile Crisis Team and the Crisis Unit are open 24 hours a day 7 days a week and available to all Albany community members.

3. In all circumstances of clear and imminent danger call the University Police Department (911) for an immediate response.

4. Always remember that, when in doubt, consult with a professional.

NOTE: Students living in the residence halls exhibiting behaviors in this category will be referred to the University Counseling Center for an evaluation within the CARENet Program (see Appendix C).
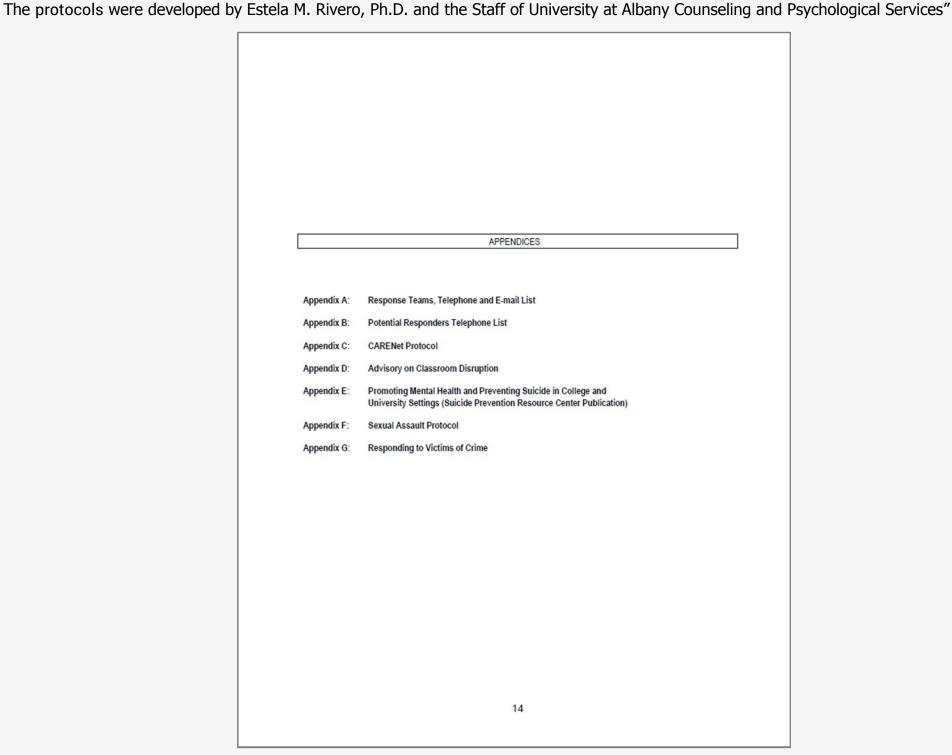
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This is a good example of a protocol that facilitates a coordinated responses between campus departments in order to best support students.

ARREST OR INCARCERATION

When a student is arrested, such an event can precipitate a mental health crisis. Moreover, among the student's friends and acquaintances, such a stressor may initiate a need for larger-scale crisis intervention.

Guidelines

1. Any member of the campus community who receives information about a student arrest should communicate this to the University Police Department (Please note that an arrest is considered public information.). When the University Police make an arrest or are informed of an arrest they will notify the Vice President for Student Success, for coordination of the University's response.

2. If appropriate, the Vice President for Student Success or their designee will contact/inform the following:

   a) The student, to determine his/her need for support and/or legal counsel;

   b) The President and Vice Presidents for executive notification;

   c) The Office of Media and Marketing for public information;

   d) The appropriate offices within the University if a student is a multicultural, international, disabled, or EOP student;

   e) The Department of Residential Life if a student lives in university housing, as rumor control may be necessary;

   f) The Director of the Office of Conflict Resolution & Civic Responsibility, in the event that there is corresponding university action;

   g) Parents, guardians, or spouses as appropriate, so that they may provide assistance;

   h) The Office of Student Financial Services, so that the campus employer may be informed if the student is not returning to campus immediately.

3. If other students are affected by the arrest, the Vice President for Student Success or their designee will coordinate information and support by utilizing such resources as the University Counseling Center, the Department of Residential Life, and other offices within the Division of Student Success.

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APPENDICES

Appendix A: Response Teams, Telephone and E-mail List

Appendix B: Potential Responders Telephone List

Appendix C: CARENet Protocol

Appendix D: Advisory on Classroom Disruption

Appendix E: Promoting Mental Health and Preventing Suicide in College and
                University Settings (Suicide Prevention Resource Center Publication)

Appendix F: Sexual Assault Protocol

Appendix G: Responding to Victims of Crime

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In the crisis protocols and on your web-site, it is helpful to list the members of your Behavioral Intervention Team and how they can be contacted.

This addresses both voluntary and involuntary psychiatric hospitalization, as well as leave of absence and re-entry for psychiatric reasons. It is important the policy for leave of absence is clear and readily available to your students.

Appendix A: Response Teams, Telephone and E-mail List

BRISK

In the Spring 2008, President George Phillip appointed a Behavior Risk Assessment Committee (called BRISK), a critical decision-making and advisory group responsible for ensuring that the necessary risk assessment policies and programs are in place for the campus community. The membership of this group extends across the University community and is chaired by Associate Vice President for Student Success, John Murphy. This integral group has been charged with the following responsibilities:

- Develop easily accessible guides for dealing with and reporting behavioral risks;
- Ensure that a comprehensive prevention plan is developed;
- Act as a multi-disciplinary behavior assessment team for information sharing on at-risk students;
- Designate and publicize the appropriate office that should receive reports on at-risk students;
- Make clear for faculty and staff the legal and ethical guidelines for the disclosure of academic and mental health records;
- Review the current withdrawal policy for students posing an imminent risk to themselves or others and make a recommendation regarding the need for an involuntary administrative/psychiatric withdrawal policy that is consistent with legal standards;
- Review mental health training practices and opportunities for faculty and staff

These responsibilities are critical to ensuring that our University community takes every step possible to prevent violence on our campus and adequately prepares to handle emergency situations effectively.

Disruptive behaviors which do not rise to the level of a crime are best handled through a referral to the Office of Conflict Resolution & Civic Responsibility at 442-5501. Clarence McNeill, Assistant Vice President for Student Success and Director of the Office of Conflict Resolution & Civic Responsibility is the designated point person to receive reports of disruptive behavior by students.

CUBIT

Was developed in the Spring 2008 as an ad-hoc subcommittee to the Brisk Team. CUBIT is an early intervention team of six who meet regularly to "track" red flag behaviors with the intent on providing skilled threat assessment and intervention. CUBIT and its membership operate within the legal parameters of Federal law (FERPA), New York State law and University policy.

Chairperson:
Clarence L. McNeill, Chair
Asst. Vice President for Student Success
Director, Conflict Resolution & Civic Responsibility
CC 361
Email: crcr@uamail.albany.edu   442-5501

Dr. Estela Rivero, Vice-Chair
Director, University Counseling Center
Email: erivero@uamail.albany.edu or consultation @albany.edu   442-5800

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University Hall 206
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Serious Case Management Team

The Serious Case Management Team, compromised of members from across both Divisions – Student Success and Academic Affairs, meets twice a month to discuss serious violations of the student code of conduct, alcohol/drug or mental health related transports and share information regarding student conduct in the residence halls.

Annotations are provided by technical assistance staff at the Suicide Prevention Resource Center.

The protocols were developed by Estela M. Rivero, Ph.D. and the Staff of University at Albany Counseling and Psychological Services"

Appendix B: Listing of Potential Responders to Students In Crisis

CAMPUS EMERGENCY (from on-campus phone)	911
Academic Support Services/EOP:	442-5180
Chapel House:	489-8573
Conflict Resolution & Civic Responsibility:	442-5501
Disability Resource Center:	442-5490
Five-Quad Ambulance Service:	911
Graduate Studies:	442-3980
International Education:	442-5495
Middle Earth Peer Assistance Program Hotline:	442-5777
Police Department (UPD) Campus emergency only	911
Non-emergency	442-3131
Residential Life:	442-5875
Student Financial Services:	442-3202
Student Involvement & Leadership:	442-5566
University Counseling Center (UCC):	442-5800
University Health Center (UHC):	442-5455
Office of Undergraduate Education:	442-3950
Vice President for Student Success:	956-8140

Community

Albany Fire Department	Emergency only	911
	Non-emergency	438-4000
Albany Police Department	Emergency only	911
	Non-emergency	438-4000
Cellular Phone Emergency Calls:		911*
Capital District Psychiatric Center (CDPC) Crisis Program		447-9650
Albany County Mobile Crisis Team..		447-9650

*NOTE: Cellular phone 911 number will ring at the State Police. To call UPD or Albany Police directly from a cellular phone, dial the non-emergency number.

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