



Developing Community College Behavioral Intervention Team and Clinical Counseling Unit

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College Student Mental Health Crisis

- Prevalence and severity of mental health issues has increased, including suicidal ideation (Lipson et al., 2019)
- 2021 National College Health Assessment (NCHA) survey Impediments to academic performance
 - Stress (43.4%)
 - Anxiety (34.9%)
 - Depression (25.4%)
 - Alcohol/drug use (7.2%)
- Recurring mass shootings and suicides on college campuses (Van Brunt & Lewis, 2014)
- College students with mental health issues have a 86% withdrawal rate (Salzer, 2012)
- Utilization of college mental health counseling services has increased (Lipson et al., 2019)

Community College Challenges



RECRUITMENT



RETENTION



ATTRITION



GRADUATION



BUDGETS



PERSISTENCE



ENROLLMENT

Austin Community College (ACC)

- 11 Campuses
- Approximately 57,000 Enrolled Students (Fall 2021) ↓
- 35,609 College-credit Students ↓
 - Part-time 78.3%; Full-time 21.7%
 - 41.3% males; 58.7% females
- 5,202 Dual Credit ↓
- 1,932 Early College High School ↓
- 10,022 Continuing Education ↑
- 3,764 Adult Education Students ↓



ACC Student Demographics

➤ Race / Ethnicity

- 40.5% White
- 39.0% Hispanic
- 8.1% Black
- 6.6% Asian
- .4% American Indian/Alaskan
- .2% Hawaiian/Pacific Islander
- 3.5% Two or more races
- .7% Unknown

➤ Age Distribution

- 19.9% under 18 years of age
- 33.2% between 18 to 21 years old
- 28.5% between 22 to 30 years old
- 16.3% between 31 to 50 years old
- 1.8% between 51 to 64 years old
- .3% 65 and older



Degrees / Certificates Offered

- ▶ 40 Associate of Arts (AA)
- ▶ 23 Associate of Science (AS)
- ▶ 114 Associate of Applied Science (AAS)
- ▶ 3 Associate of Arts in Teaching (AAT)
- ▶ Bachelor of Applied Science (BAS)
- ▶ Bachelor of Science in Nursing (BSN)
- ▶ 139 Certificates



Campus Assessment Response Evaluation & Support (CARES)

Behavioral Intervention Teams (BIT)

Mission

CARES team members are dedicated to the prevention, early intervention and response to distressing, disruptive and threatening behaviors.

CARES History

ACC CARES 1.0 - Established Fall 2013

➤ Structure

- BIT at each campus
- Chaired by Dean of Student Services
- Staffed by campus counselor, campus police, other pertinent staff

➤ Milestones

- Developed vision, mission, and CARES name
- 1st draft of BIT manual
- Forms development

➤ Challenges

- Inconsistencies and gaps between 11 teams
- BIT's operating in silos
- Inconsistent support
- Lack of automation



CARES History

ACC Cares 2.0

➤ Structure

- Restructured to Regional Model (North, Central, South)
- Chaired by Regional Executive Dean
- Piloted centralized District Counseling Team (DCT) – 7
- Trained mental health officer added

➤ Milestones

- Referral process established
- Online system (PAVE)
- Partnership with Title IX

➤ Challenges

- Process inconsistencies
- Lack of training for BIT members



CARES History

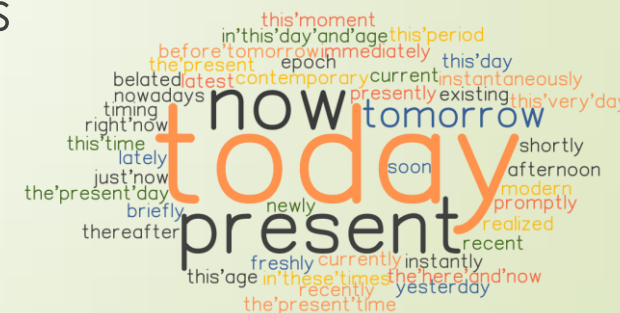
ACC Cares 3.0 – Current Model

➤ Structure

- Dean of Counseling for each region
- DCT restructured to Clinical Counselors
- Clinical Counselors manage mental health intervention

➤ Milestones

- Linkage established between CARES and Clinical Counseling
- Consistent policies/procedures across regions
- Increased buy-in and support for program



What is CARES?

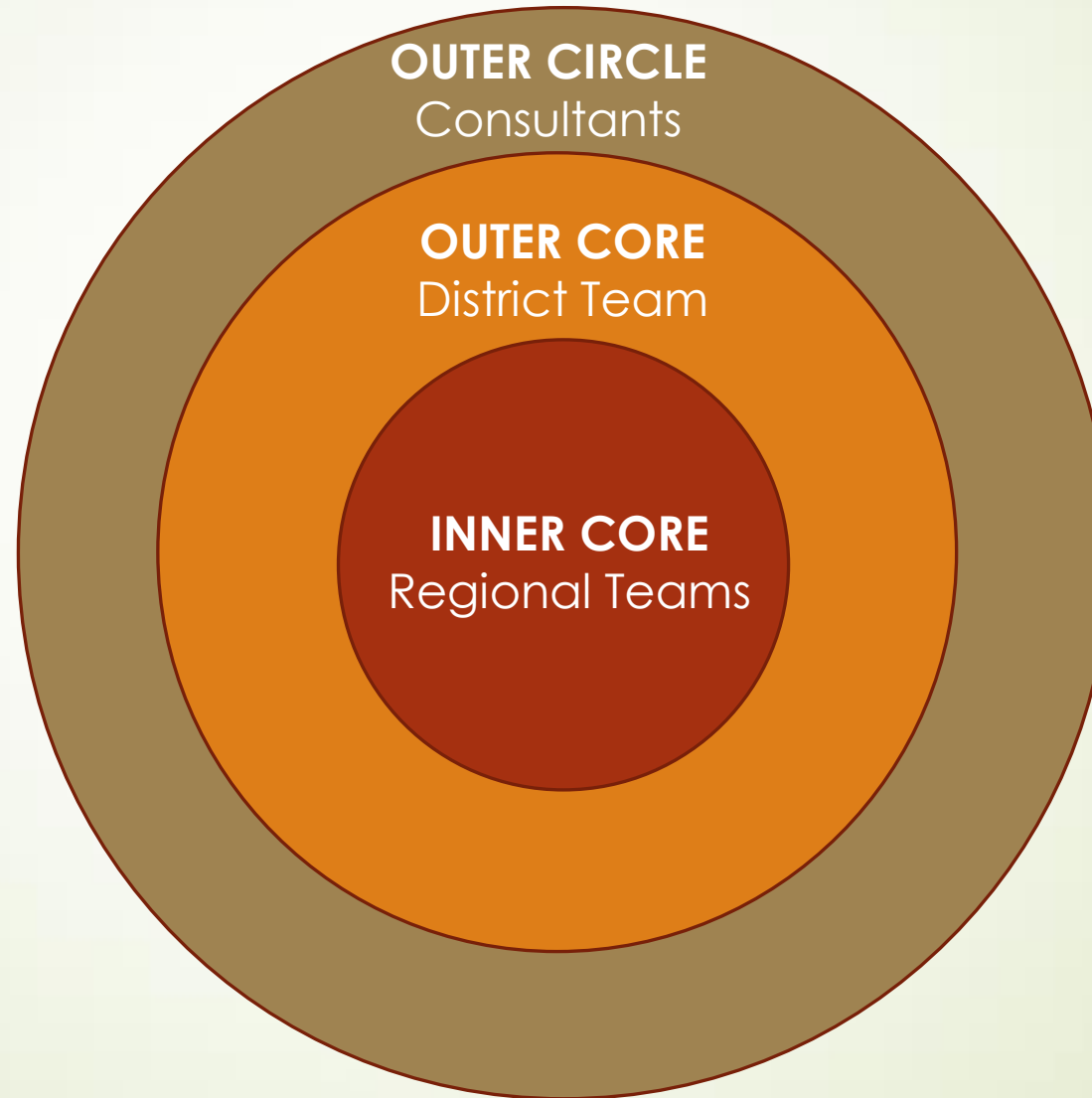
“promoting the health, safety and legal requirements of the campus communities”

- Multidisciplinary Teams of Professionals
- Holistic Approach “Wrap-around services”
- Multiple Sources to Monitor and Intervene
- Determine Appropriate Services for Student
- Bi-weekly Meetings / Adhoc
- CARES Online Incident Report System

https://cm.maxient.com/reportingform.php?AustinCC&layout_id=50



CARES Membership Levels



Inner Core CARES Team

Three Regional CARES Teams

- Regional Executive Dean - CARES Team Chair
- Campus Deans - oversee CARES
- ACC Campus Police
 - Mental Health Officer
 - Sergeant
- Regional Dean of Counseling – Mental Health Consultant
- All Team Members Sign Confidentiality Statement



Everyone Brings a Unique Perspective



CARES Team Members



ACC Regional CARES Team “Inner Core” Members	ACC District CARES Team “Outer Core” Members	ACC CARES Team “Outer Circle” Members
<p>The Inner Core team is the regional CARES Team:</p> <ul style="list-style-type: none"> ○ Regional Executive Dean (Regional Team Chair) ○ Campus Dean of Student Affairs for each campus in region (may be assigned interim or ad hoc Team Chair designee) ○ Regional Dean of Counseling ○ Campus Police (Sergeant and Mental Health Officer within the region) 	<p>The District CARES Team is the executive level group:</p> <ul style="list-style-type: none"> ○ Consists of Vice Chancellor, Associate Vice Chancellor, Assistant Chief of Police, faculty member, Title IX, and Executive Dean of District Clinical Counseling Services ○ Develops protocols and reports ○ Oversees the consistency of practices between regional teams ○ Oversight and awareness of how each regional team follows policies and procedures ○ Creates responses and resources with feedback from inner core members ○ Obtains and utilizes feedback to improve or modify existing processes 	<p>The Outer Circle members function as consultants to the Inner Core CARES Team and may include but not limited to:</p> <ul style="list-style-type: none"> ○ Legal Counsel ○ Admissions ○ Financial Aid ○ Faculty ○ Academic Administrators ○ Emergency Management ○ Student Accessibility Services (if not on inner core) ○ Librarians

CARES IS

- Early Intervention
- Prevention & Care
- Help & Support
- Providing Resources
- A Student Success Tool
 - Retention
 - Persistence
 - Student Success

CARES IS NOT

- 24/7 Threat Assessment
- Reactive
- Student Conduct
- Disciplinary
- Meant to be Punitive
- Health Care Delivery

CARES Assessments



NaBITA Risk Rubric

D-SCALE

Life Stress and Emotional Health

DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
 - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
 - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
 - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
 - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
 - ▲ Actual affective, impulsive violence or serious threats of violence such as:
 - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
 - ▲ Making threats that are concrete, consistent, and plausible
 - ▲ Impulsive stalking behaviors that present a physical danger

DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
 - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous bingeing/purging
 - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
 - Threats of affective, impulsive, poorly planned, and/or economically driven violence
 - Vague but direct threats or specific but indirect threat; explosive language
 - Stalking behaviors that do not cause physical harm, but are disruptive and concerning

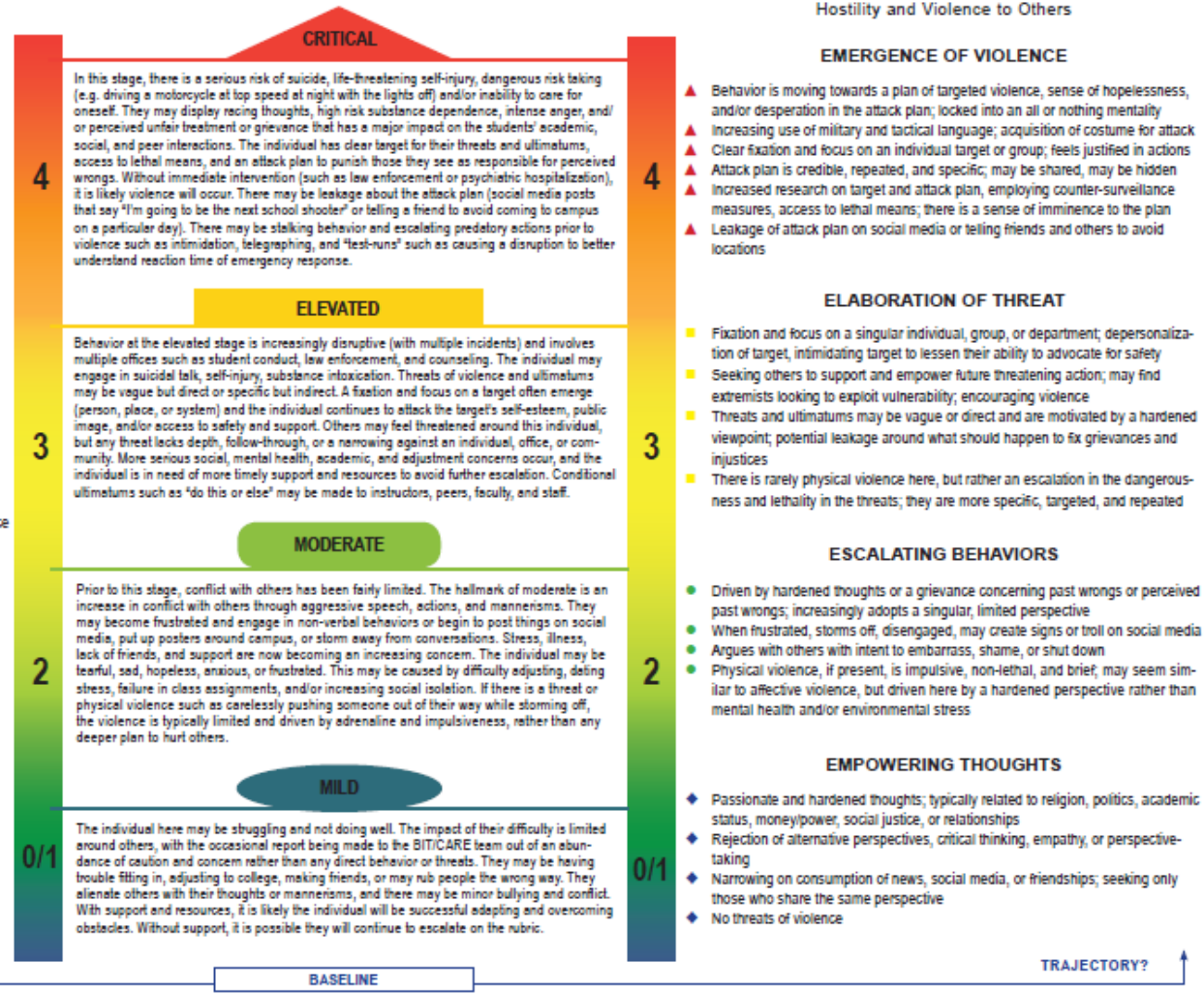
DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
 - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
 - Situational stressors that cause disruption in mood, social, or academic areas
 - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

OVERALL SUMMARY



E-SCALE

Hostility and Violence to Others

EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence

SIVRA 35

1. Direct threat to person/place/system.
2. Has tools, plans, weapons, and/or schematics.
3. Fantasy rehearsal.
4. Action plan or timeframe to attack.
5. Fixated/focused on target.
6. Grudges/injustice collector.
7. Pattern of negative writing/art.
8. Leakage/warning of potential attack.
9. Suicidal thoughts with plan.
10. Persecution/victim mindset.
11. Last act behaviors.
12. Confused thoughts/hallucinations.
13. Hardened point of view.
14. No options/hopeless/desperate.
15. Drawn or pulled to action.
16. Recent break-up or stalking.
17. Defensive/overly casual interview.
18. Little remorse or bravado.
19. Weapons access or training.
20. Glorifies/studies violence.
21. Disingenuous/externalize blame.
22. Acts superior/lacks empathy.
23. History of impulsive risk-taking.
24. History of conflict (authority/work).
25. Extreme poor frustration tolerance.
26. Trouble connecting/lacks trust.
27. Substance abuse/acting out.
28. Mental health Issues.
29. Poor access to mental health.
30. Objectification of others.
31. Obsession with person/place.
32. Oppositional thoughts/behaviors.
33. Evaporating social inhibitors.
34. Overwhelmed from loss (e.g., job or class).
35. Drastic behavior change.



VIOLENCE RISK ASSESSMENT OF WRITTEN WORD

Rate each of the five sub-factors either 0 for not present, 1 for unsure, and 2 for present, then add up all points. Scores of 5 or more indicated the overall factor is endorsed.

FACTORS	POINTS	NOTES
FACTOR A: Fixation and Focus	<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed	
Sub-factor A.1 Naming of Target	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor A.2 Repetition of the Target	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor A.3 Objectification of Target	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor A.4 Emphasis of Target	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor A.5 Graphic Language	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
FACTOR B: Hierarchical Thematic Content	<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed	
Sub-factor B.1 Disempowering Language	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor B.2 Glorified Avenger	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor B.3 Reality Crossover	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor B.4 Militaristic Language	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor B.5 Paranoid Content	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
FACTOR C: Action and Time Imperative	<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed	
Sub-factor C.1 Location of the Attack	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor C.2 Time of the Attack	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor C.3 Weapons and Materials to be Used	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor C.4 Overcoming Obstacles	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor C.5 Conditional Ultimatum	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
FACTOR D: Pre-Attack Planning	<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed	
Sub-factor D.1 Discussion and Acquisition of Weapons	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor D.2 Evidence of Researching or Stalking the Target	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor D.3 Details Concerning Target	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor D.4 Fantasy Rehearsal for Attack	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor D.5 Costuming Description	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
FACTOR E: Injustice Collecting	<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed	
Sub-factor E.1 Perseverating on Past Wrongs	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor E.2 Unrequited Romantic Entanglements	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor E.3 Desperation, Hopelessness, Suicide Idea/Attempt	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor E.4 Amplification/Narrowing	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Sub-factor E.5 Threats to Create Justice	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	

Note: Dangerousness and violence, from a student, faculty, or staff member is difficult, if not impossible, to accurately predict. This training topic offers research-based techniques and theories to provide a foundational understanding and improved awareness of the potential risk. The training or tool should not be seen as a guarantee or offer any assurance that violence will be prevented.

District Clinical Counseling Services (DCCS) Unit

DCCCS Mission

Austin Community College Counselors are here to support our students' success efforts. We offer services and programs across the district to foster life balance, develop personal and academic growth, and help maintain a safe and healthy learning environment.

DCCS Unit History

Education Counselors

- Developmental Focus
- Report to Campus Dean

Pilot - District Counseling Team (DCT)

- Executive Dean of Clinical Services
- 7 Counselors Centrally located
- CARES Consultants
- No Mental Health Services

District Clinical Counseling Services (DCCS) Team

- Established Fall 2018
- Dean of Counseling for 3 Regions
- Clinical Counselors (Mental Health Model)
- Regional Model
 - Campus In-person Counseling



District Model

- In-person Counseling (Regional Students)
- Telemental Health (Districtwide, Cross Regions)

DCCS Team

- Clinical Counseling Leadership Team (CCLT)
 - Executive Dean of District Clinical Counseling Services
 - Licensed Clinical Supervisor: Dean of Counseling
 - District Clinical Coordinator
 - Administrative Assistant

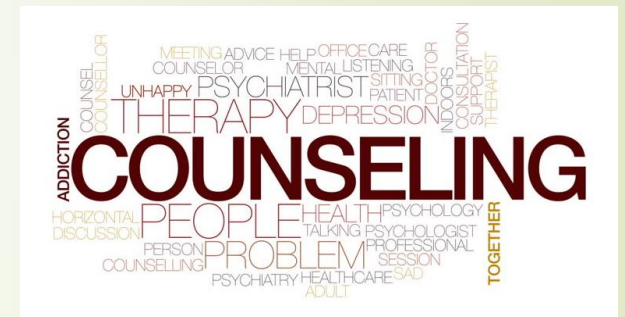
- Licensed Professionals

- Licensed Professional Counselor (LPC)
- Licensed Social Work (LCSW)
- Licensed Professional Counselor-Associate

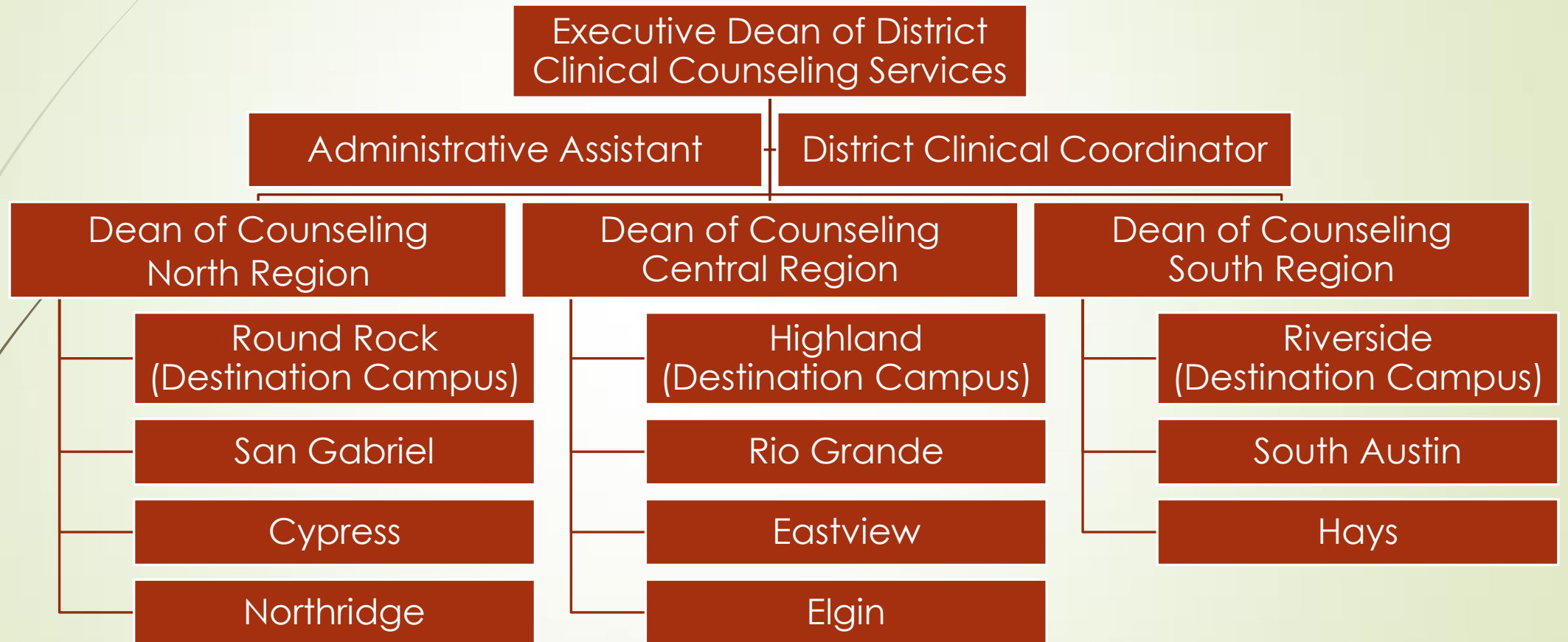
- Board Certified TeleMental Health (BC-TMH)

- Meet the Clinicians -

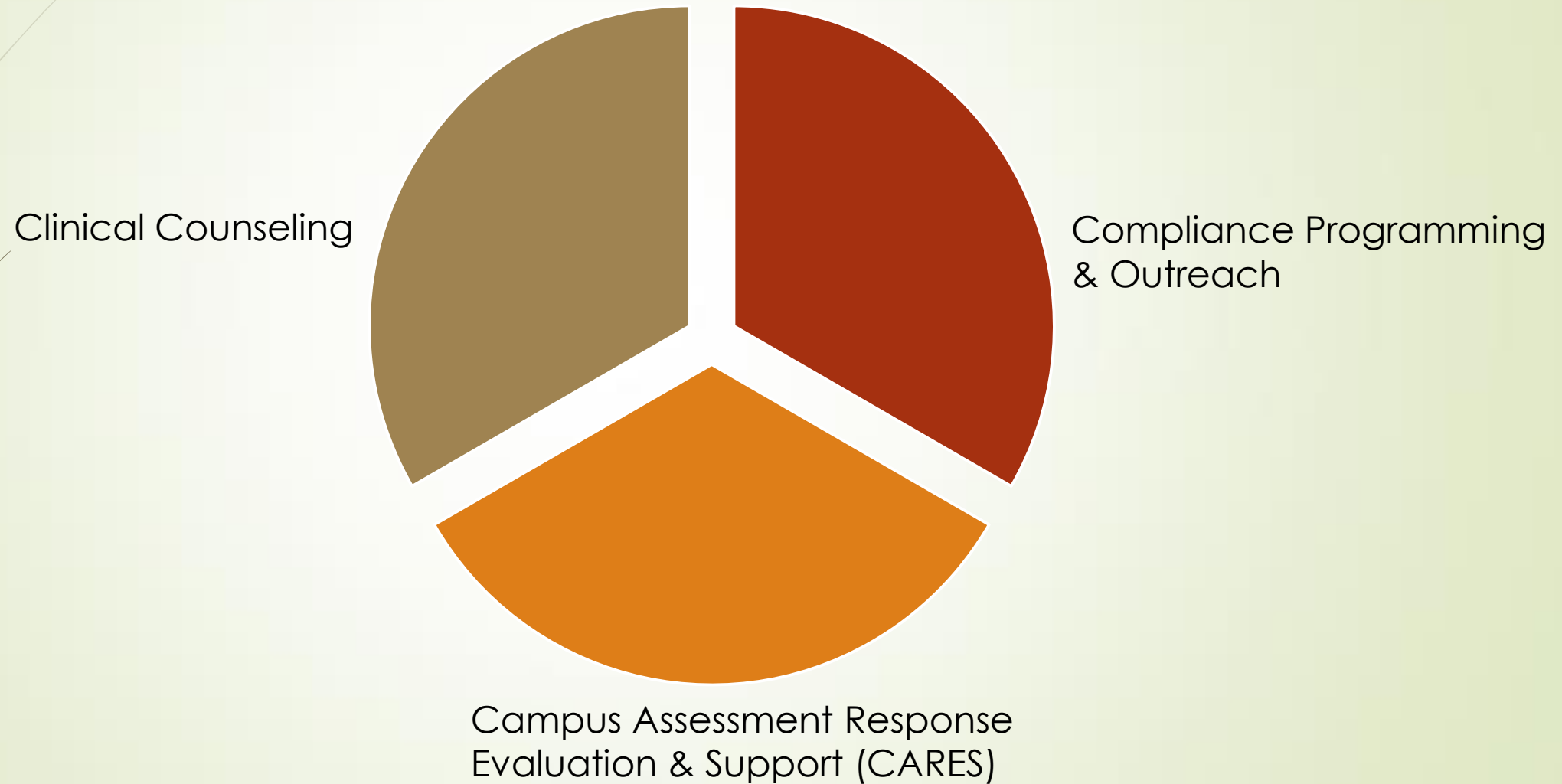
<https://www.austincc.edu/students/mental-health-counseling/meet-the-clinicians>



DCCS Organization



DCCS Unit Components



Clinical Counseling



- Counseling Model
 - By Appointment
 - Brief Intervention
 - 7 Sessions: Intake, 5 Counseling Sessions, Termination Session
 - Maintenance Plan (additional sessions: Dean approval)
 - Individual & Group Counseling Services
 - Alcohol and Drug Screening
 - Substance Abuse Subtle Screening Inventory (SASSI)
 - Suicide Prevention Screening
 - Columbia-Suicide Severity Scale (C-SSRS)
- Referrals to Community Services
 - Outside Scope of Practice
 - Not Eligible for Services
- Develop Psychoeducational Videos (Depression, Anxiety, DAAPP, Suicide Prevention, etc.)

Clinical Counseling Process

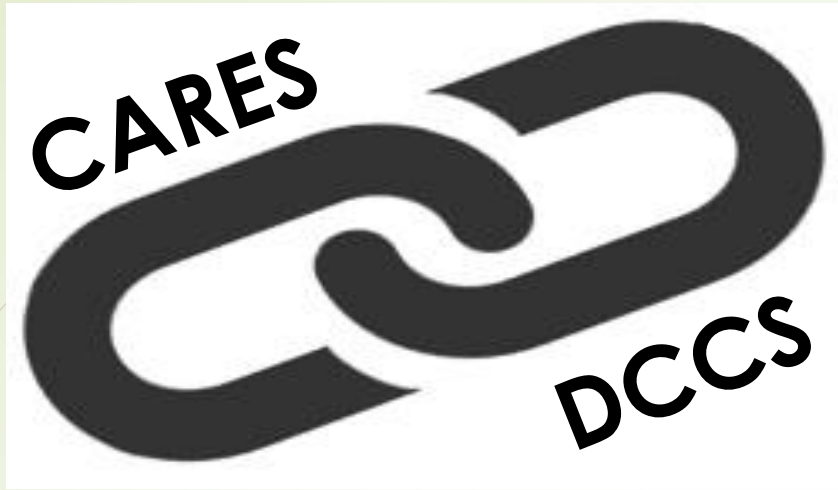
- Online Request for Clinical Counseling Services
https://cm.maxient.com/reportingform.php?AustinCC&layout_id=51
- Referral to Community Resources
<https://www.austincc.edu/students/mental-health-counseling/community-resources>
- Crisis & De-escalation
 - Not a Crisis Counseling Team
 - Student Affairs De-escalation Procedure
 - Coordinate Mental Health First Aid Training to ACC Employees



Compliance Programming & Outreach

- Objective: Providing a Safe, Healthy Environment for Students, Employees, & Visitors
- Provide Education and Information
 - Drug and Alcohol Prevention Program (DAAPP)
 - Title IX – Protection Against Discrimination Based on Sex in Education Programs
 - Women Against Violence Act (VAWA)/Campus SaVe - Campus Sexual Violence Elimination (SaVE)
 - SB212 - Reporting of Sexual Assault, Sexual Harassment, Dating Violence, or Stalking
 - SB1624 - Suicide Prevention
- Engage Students in Psychoeducational Events & Activities





- ▶ Dean of Counseling
 - CARES Case Creation
 - Clinical Consultation
 - Clinical Counselor Assignment
 - Risk/Threat Assessment
 - Assign Case to Clinician

- ▶ Clinical Counselor
 - Provide Mental Health Services
 - Case Management

COUNSELING IS

- ▶ Help & Support for Common Student Issues
- ▶ Crisis Stabilization and Support
- ▶ Providing Support, Resources and Community Referrals
- ▶ Confidential
- ▶ A Student Success Tool
 - ▶ Retention
 - ▶ Persistence
 - ▶ Student Success

COUNSELING IS NOT

- ▶ Crisis Counseling
- ▶ 24/7 Services
- ▶ Long-Term Intervention
- ▶ Mandated Counseling
- ▶ TMH Counseling Outside of Texas
- ▶ Assessments or Evaluations for External Support or DSM Diagnosis
- ▶ Substance Abuse Treatment



References

- ▶ American College Health Association – National College Health Assessment (ACHA-NCHA). (2021). 2021 *Spring reference group executive summary*. https://www.acha.org/documents/ncha/NCHA-III_SPRING-2021_REFERENCE_GROUP_EXECUTIVE_SUMMARY_updated.pdf
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- ▶ Salzer, M. S. (2012). A comparative study of campus experiences of college students with mental illnesses versus a general college sample. *Journal of American College Health*, 60(1), 1-7. <https://doi.org/10.1080/07448481.2011.552537>
- ▶ Van Brunt, B., & Lewis, W. S. (2014). *A Faculty Guide to Addressing Disruptive and Dangerous Behavior*. Routledge.