CCAPS Newsletter
Fall 2014

Greetings from the Newsletter Committee

Happy fall 2014 everyone! We hope this latest issue will bring back fond memories of the 2014 Annual Convention and also remind you that next year's convention is right around the corner in sunny Tampa, FL.

Speaking of Tampa, more details will be out in the January newsletter. It will include information about the 2015 Annual Convention and all of the opportunities for networking and professional development that CCAPS provides to mental health professionals in University Counseling Centers.

Remember, if you have a story or a topic for the newsletter please let us know. We are always looking for new content.

We hope the rest of 2014 is great!

The Newsletter Committee (Eric, Marilia, Marie, Meegen, Melissa, and Sara)

Chair Letter for CCAPS Newsletter

I am honored and excited to serve as Chair of the Commission for Counseling and Psychological Services (CCAPS). CCAPS has meant a lot to me over the years and is a central part of my identity as a counseling center professional. I'm grateful to Dr. Carolyn Bershad, current past Chair, and other past Chairs for their support and wisdom as I step into this role. I first came into CCAPS as an intern and was immediately impressed with all that CCAPS has to offer (e.g., innovative ideas, scholarship, networking, and, of course, the wonderful people). The talent and hard work from our past Chairs, directorate and other CCAPS members is why CCAPS has such a strong foundation and continues to be the organizational home of so many professionals. Our talented membership will also be the reason that CCAPS continues to grow and change as we rise up to meet the challenges of the dynamic landscape of collegiate mental health.

CCAPS (and the voice of college mental health professionals) is even more important now compared to 53 years ago when CCAPS was founded. Today we are facing a variety of situations, such as national and local crises, a need for campus behavioral intervention teams, increased service demands, campus climate issues, consultation with other student affairs professions, rapid technology changes, etc. As college mental health experts, our voice is essential when it comes to navigating these complex issues on campus and with policy formation. CCAPS will continue to provide programming and continuing education for our members as we take on these challenges. CCAPS will also continue its strong relationship with other organizations like the Center for Collegiate Mental Health (CCMH) and the Higher Education Mental Health Alliance (HEMHA) for the educational benefit of our members. As Chair, I look forward to working with you all to strengthen CCAPS and to continue our important contribution to the field of collegiate mental health. With these aforementioned ideas in mind (and feedback from the recent 2014 membership survey), some of the broad goals for my first year as Chair include:

- Strengthen CCAPS membership: My goal is to increase the number of CCAPS members and improve the membership experience. An important part of increasing our membership is recruiting early career professionals and members at the graduate student level (this has been a challenge for ACPA and CCAPS lately). We can also retain/reclaim members by improving member involvement outside of the directorate, and finding ways to help members stay connected/involved between conferences (continuing to create a year-round experience for our members, i.e., webinars, web resources, practice related resources, work on position papers, etc.). Finally, as we work to recruit and reclaim members we need think about our branding and niche… CCAPS and ACPA are very special and we want people to know what separates us from other associations.

- Providing programming across career levels: One of the top reasons people become a member of CCAPS is the professional development, CEs, and conference sessions. Given this, it's important that we continue to work at providing programming that meets the needs of professionals across these levels. This goal is intricately linked with the previous goal regarding membership. We want seasoned and mid-level professionals to value their membership, as much as new professionals. Overall, my hope is that CCAPS attracts a diverse and multicultural group of individuals, as it makes us stronger.

- Using technology to expand our presence and provide resources for our members: As technology continues to change at an amazing pace, we can use technology to benefit

CCAPS. Currently, we offer webinars, have a Facebook page and the CCAPS listserv, and of course Counseling Center Village.   We can continue to expand our use of technology with the goal of moving toward a fuller year round experience for our members. This includes the following: expanding counseling center village and/or the CCAPS website to help members access more practice related content, expanding our use of webinars, and using apps like twitter to advertise CCAPS and our programming.

I look forward to working with all of you for the benefit of our wonderful association and the field of collegiate mental health. Throughout my time as Chair, please feel free to contact me with questions, concerns or comments. I hope to see all of you in beautiful Tampa, Florida (March 5th-8th 2015) for our next Annual Convention.

Dwaine S. Campbell, Ph.D.
University of Michigan
CCAPS Chair 2014-2016

Committee/Liaison Reports

Publicity Committee

With a focus on publicizing the Commission and its activities and programs, the Publicity Committee has been working on compiling a list of schools, psych/counseling graduate programs, and counseling centers near the Tampa/greater Florida area. By disseminating this contact information to the Membership, Program, and Awards Committees, information regarding opportunities related to the Commission and Convention will be shared via e-mail with those nearby, encouraging increased interest in membership and participation in March. Additionally, this committee will collaborate with the Program Committee in publicizing the convention as well as CCAPS sponsored and CEU eligible programs to the CCAPS membership via e-mail. Prior to the Convention, the Publicity Committee will be working to create signage to publicize CCAPS sponsored events while there.

Continuing Education Committee

With the arrival of fall, the Continuing Education Committee is beginning its work to review and select programs to be offered for continuing education credits for psychologists at the next ACPA annual convention. This year's pool of programs reflects a range of topics of interest and

relevance to the work of mental health providers in counseling centers. Closer to convention time, keep an eye out in your email and on the CCAPS website for a comprehensive list of all the wonderful programs that will be sponsored for continuing education credits in Tampa. When we aren't working on programs for convention, the CE Committee also co-sponsors other organizations' conventions. Most recently, we co-sponsored the 2014 annual convention for Association for University and College Counseling Center Directors (AUCCCD).

Awards Committee

On Behalf of the CCAPS' Awards Committee, the deadline for award nominations has passed. The committee is in the process of reviewing nominations and selecting a winner. Thank you to everyone who took time to nominate a graduate student and/or colleague. We are excited to announce the winner during at the ACPA convention in Tampa.

Programs Committee

The Programs Committee is pleased to share the following CCAPS sponsored programs for convention this year:

1. Assessing Counseling Services: Accreditation, Self-Assessment, or Both?
2. Beyond Legal Compliance: Data Based Rape Prevention
3. How students deal with heartbreak related depression and unhealthy relationships
4.Innovations 2.0: Creative/Practical Ideas for 21st Century Counseling Centers
5. Vicarious Trauma: Including all impacted parties in crisis response

HEMHA Update

Dr's Melissa Bartsch and Eric Klingensmith are ACPA/CCAPS's representatives to HEMHA (Higher Education Mental Health Alliance). Some highlights to date include:

1. Annual Meeting at APA in Washington, D.C. August 2014. The group discussed final plans for their latest document (see below) and also future goals and projects.
2. HEMHA latest publication will be coming out by the end of fall 2014. The group is producing a document to help university counseling centers, mental health professionals, and student affairs professionals provide suicide postvention support to a campus community.
3. Information about HEMHA, their latest publication on suicide postvention, and their last publication about behavior intervention teams can be found at http://hemha.org/

2014 Convention Moments

REINVENT
MARCH 30 – APRIL 2
INDIANAPOLIS

ACPA 2014

2014 Convention Program Summaries

For those of you who either couldn't make it to the annual convention or attend every workshop we asked presenters to share summaries of their programs in the newsletter.

Thank you to those of you who allowed us to include these in our newsletter!

"Big Bang" and ASD: What Administrators Need to Know
Lynn Ortale, Ph.D. and Rosemary Mullaly, J.D.
Chestnut Hill College, Philadelphia, PA

Autism Spectrum Disorders (ASD) are increasing exponentially. Administrators need to know their obligations as well as effective means to support students with ASD as part of their professional competency. This 2014 ACPA Conference presentation sponsored by CCAPS focused on helping administrators understand how to be proactive and avoid the pitfalls of the "business as usual" approach as our student populations become more diverse. The primary professional competencies addressed through this session focused on Inclusion and Legal Issues.

This multi-media, interactive session provided participants with the opportunity to:

- gain a solid understanding of the characteristics, challenges and joys of being an ASD student
- examine the legal obligations of post-secondary institutions and survey how these obligations differ from what ASD students and families experience in elementary and secondary schools and consider how this may lead to confusion in expectations
- discuss and discern how to manage behaviors displayed by ASD students through the use of video segments of the sitcom, "The Big Bang Theory" with interactive electronic polling and group discussion
- consider best practices for the ASD student and the Institution as they relate to pre-enrollment preparation, tools for success in achieving a degree, and effective means to engage as contributing alumni.

ASD students bring value to our learning communities and also bring challenges. The importance of training faculty, staff, students, and campus vendors needs to be stressed. For example, a security officer trained to recognize the difference between a belligerent intoxicated student and an overwhelmed, over stimulated ASD student in a state of distress can effectively resolve a situation rather than escalate the incident.

The wrap-around services experienced by ASD students in elementary and high school do not continue in the post-secondary arena. Therefore. ASD students and families often experience a disconnect, given the focus of the college transition to self-advocacy, independence and limited accommodations. While classroom accommodations are important, providing support for ASD

students outside the classroom, in residence halls, on athletic teams, and in student clubs and organizations. The key is for administrators to know their rights and responsibilities under Federal law to protect themselves and their institutions.   They ought to clearly articulate expectations to students on the Spectrum and their family members.

Getting the best people to discuss solutions to challenges is often the best approach to finding effective resolutions. In the case of ASD students this is particularly helpful. Tapping the best practices for the ASD student, for the Institution and exploring ways to incorporate a Universal Design for Learning are valuables approaches to avoid litigation, support our institutions, and ultimately support the success of our ASD students.

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TCKs: The Largest Group of Un-Served Students Hidden Among Us?

Presentation by: David Stuebing

This presentation was intended to bring attention to a group of students who generally fly under the radar at most colleges and universities. As the title suggests, these students tend to blend in with the larger student population and, as a result, often walk our campuses without faculty and staff having the necessary awareness to identify and assist them in their unique transitions and experiences.

To begin with the accepted definition, "a Third Culture Kid (TCK) is a person who has spent a significant part of his or her developmental years outside the parents' culture. The TCK frequently builds relationships to all of the cultures, while not having full ownership in any. Although elements from each culture may be assimilated into the TCK's life experience, the sense of belonging is in relationship to others of similar background." (Pollock & Van Reken, 2001)

TCKs on your campus may come from military families, families involved in international business, politics, governmental work, humanitarian or religious work or even professional athletics. The simple reality is that as our world shrinks, more and more young people are growing up in international, multicultural and often transient home experiences that leave a distinct mark on their development. With an estimated 6.3 million Americans living abroad (aaro.org), not including people of other nationalities residing outside their country of citizenship, the potential numbers of TCKs in college is significant. Since tracking TCKs is difficult at best, I speculate that this group is among the largest due to the aforementioned factors as well as my own observations from the initial tracking data from Washington College where I work in residence life, which has thus far shown that 4 - 4.5% of incoming students over the past few years have lived outside their passport country for at least 5 years. If, and I stress that this is a very large if, this statistic carries across 4 year institutions in the US in general, it would suggest as many as 500,000 TCKs in college in the US today. That number may be higher taking into account that for some, less than 5 years living abroad may have a significant impact on their developmental experience.

It is important that college and university personnel be aware of several common aspects of TCKs.

1) TCKs are high achieving, often coming from well-educated families. In 1993 they were been found to be 4 times more likely to attend college than the typical American young adult and 8 times more likely to attend graduate school (Cottrell & Useem, 1993).

However, 45% attended 3 or more colleges or universities before attaining a degree, speaking to significant issues of retention (Cottrell & Useem, 1994).

2) TCKs typically experience "dynamic in-between-ness" (Pollock & Van Reken, 2001), meaning they do not feel fully at home or connected in any one place in the world. The simple question, "where are you from?" that is asked so frequently in college ice breakers and orientations can be an overwhelming question for them, one which they often cease answering truthfully due to the frustration of attempting to explain their life experience to befuddled peers over and over again.

3) Due to challenges in connecting and the common experience of having moved multiple times while growing up, many TCKs experience loneliness, unresolved grief (Sheppard & Steele, 2003 and Oesterreich, 2004) and depression (Cottrell & Useem, 1993).

4) They also bring significant strengths to campus, but may not be aware of the value of their life experience. They are often understanding and flexible with a wide view of the world and an in-depth appreciation for the complexities of various parts of the world. Their experience prepares them to serve as excellent cultural ambassadors and bridges between local and international students as well as RAs and in other arenas where cultural competence and friendly acceptance are valued.

5) Lastly, many TCKs may not even know what a TCK is or that they may be one, so there can be a significant sense of relief to discover that the challenges they face are normal and do not mean they are broken. Similarly, it is often cathartic for them to realize that their life experience is an asset rather than a burden.

Identifying TCKs on our campuses can be a challenge, however, since TCKs tend to adapt quickly to their surroundings, a skill and habit learned through a life of international mobility and transition. While the Common Application has a space for applicants to disclose "# of years spent/lived outside the US", that data is not always captured by admissions offices who are often concerned with minimizing keystrokes. It is a good place to start, however, although it may also give an incomplete picture as it fails to capture students legally from other parts of the world who have lived largely or exclusively inside the US. Various offices can capture this information in their own way by including questions on intake or housing forms. A helpful way to phrase the question may be "How many years have you lived outside your passport country?" or "How many times did you move prior to attending college?" and "Were any of your moves to different countries?" This information is crucial as it helps us both inform our interactions and allows us to create opportunities for TCKs to meet each other. Recalling that TCKs find their sense of belonging in relationship to others of similar backgrounds as well as their high rate of transferring, our retention rates will likely be aided by smoothing the process by which TCKs can form communities of support and understanding.

Ultimately, as with our other students, we want to allow TCKs to pursue their own path through college, and be their own persons, while we remain available and educated so as to provide helpful services when needed or appropriate.

If you wish to discuss TCKs further or would like more information, please feel free to contact me at david.stuebing@gmail.com

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Exploring Psychological Privilege

Presenters: Joelle Ruby Ryan, Ph.D. (not in attendance) and Sean Moundas, Psy.D.

Summary: The concept of psychological privilege, or the freedom from chronic mental health challenges (i.e., depression, anxiety, and/or symptoms of psychosis), has been infrequently addressed within the fields of higher education and social justice. However, the experience of having a diagnosable mental health condition, which is often considered a disability, can have important effects for students, staff, and faculty's professional and personal identity development.

Within the field of social justice and education, the concept of privilege was historically viewed through the lens of race, ethnicity, and/or gender (McIntosh, 1988). Privilege was viewed as being granted specific, unique, and unearned advantages that are connected to a higher status socially or culturally (Lucal, 1996; McIntosh, 1988). According to these theorists, individuals with privilege were thought to be usually unaware of their advantages. However, by using their privileges, they would often be harming and/or excluding others without those advantages, particularly members of historically marginalized or oppressed groups.

The concept of privilege has more been recently expanded to include sanctions and entitlement that are given to a dominant group within a particular society (Black & Stone, 2005). The authors also expanded the concept in terms of content to include socioeconomic status, religious identity, age, sexuality and ability (Black & Stone, 2005) as potentially privileged or oppressed identities. There was also an increased focus on intersecting privileged and marginalized identities.

Phyllis May-Machunda (n.d.), a professor of American Multicultural Studies, specifically addressed privilege based on degree of ability and how the dominant systems of power often socially and financially oppressed people with disabilities. Though May-Machunda included how people could be oppressed based on emotional health challenges, her focus was on physical and developmental disabilities, not mental health challenges.

The concept of psychological privilege has been discussed within the context of developing business relationships across cultures (Thomas, 1996). The author postulated that those within the most powerful group were able to have experiences without a fear of being discriminated against or at least of feeling like "the other."

This session was also informed by the concept of minority stress, or the distress resulting from

membership in an oppressed, minority group (Meyer, 1995). Notably, literature in this field has repeatedly demonstrated the negative psychological effects of oppression on individuals with marginalized identities (Wong, Schrager, Holloway, Meyer & Kipke, 2014). Thus, oppression itself can lead to diminished psychological privilege and wellbeing.

The psychiatric survivors movement illuminated the existence and negative impact of psychological privilege. The terms, "sansim" and "mentalism" were often used to describe these experiences coined by Morton Birnbaum (Ingram, 2011) and Judi Chamberlin (1990) respectively.

Mentalism can manifest in many ways on college campuses. To illustrate, students with mental health challenges may feel the pressure, informally and institutionally, to "be social" with peers and face ostracism if they cannot or do not want to be engaged in this way consistently. On a more subtle microaggresisve level, students with mental health challenges may perceive stigma and therefore not want to disclose their challenges, even to trusted friends with psychological privilege who may want them to "just put on a happy face." Further, the lack of flexibility of schedules and course requirements, sometimes even when granted formal accommodations, can also pose scholastic challenges. Faculty and staff may experience parallel challenges in their workplaces on campus.

Nonetheless, there has been progress. At many universities, staff from Counseling Centers and other departments have continued to increase accessibility of services and awareness of the damaging impact of not only mental health symptoms but also mentalism. Further, the student-based advocacy group, Active Minds, present in over 400 college campus, continues to make strides in stigma reduction.

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Emerging Adults Theory and Identity Development

Diane J. Wolter, Ph.D.

Student Affairs professionals use development theory to guide their programs and services, and the development of identity is integral to the college student experience. Those involved with career development need to be well versed in the theoretical models of college student identity development. This presentation explored Arnett's emerging adults theory in the context of more established theories. It also presented data from a study of two groups of first year students at a regional university. One group consisted of bioscience students who intended to pursue graduate or professional degrees, the other of students who had neither a major nor career plans. The study looked at the applicability of Arnett's emerging adults model to these students in their different approaches to identity development. The presentation opened with an introduction of the emerging adults theoretical model for those unfamiliar with Arnett's work. It placed emerging adults in the context of other developmental theories, then touched on some new publications in the field.

Numerous models exist for describing the multiple components of student development; this presentation focused specifically on identity development. Many of the identity developmental

models used by student affairs professionals today stem from the work of Erik Erikson (1963, 1968). These models include work by Marcia (1966), Chickering (1969), Chickering and Reisser (1993), and Josselson (1987), all of which are well known to those working with college students. Arthur Chickering's (1969, 1993) psychosocial development theory has probably been the most widely used among student affairs professionals for decades. Applying Erikson's (1963, 1968) developmental model to college students, Chickering's theory describes the developmental tasks (called "vectors" to illustrate their non-sequential nature) students face as they leave home, attend college, and prepare to enter the "real world" as adults. These vectors include developing competence, managing emotions, moving through autonomy toward interdependence, developing mature interpersonal relationships, establishing identity, developing purpose and developing integrity.

James Marcia (1966) worked with Erikson's foundation to describe four ego identity statuses: foreclosure, identity diffusion, moratorium and identity achievement. Ruthellen Josselson (1987) applied Marcia's identity groups to college women and their search for identity. Both of these theoretical models have been used to guide college students through their career identity development.

Jeffrey Jensen Arnett (2000) introduced a new developmental theory called "Emerging Adults." Emerging adults are a recent phenomenon, and reflect changes in American society. Fifty years ago, most 18 – 25 year-olds would be married, probably have children, and have entered the work force. Current trends, including increased participation in higher education, geographic mobility, and delays in marriage and childbearing ages, combine to illustrate characteristics of this segment of the population. This population defies current developmental labels: while they are too old to be considered youth or adolescents, they do not exhibit the typical markers of adulthood outlined above. Thus Arnett posits the stage of emerging adulthood. The emerging adults model has five features: the age of instability, the self-focused age, the age of feeling in between, the age of possibilities and the age of identity development. This presentation focused mainly on the aspects of identity development, to outline Arnett's view of how emerging adults find and pursue career identities.

The presenter discussed Arnett's model in the context of the other development theories, to aid in understanding how his approach may provide insight into our understanding of college students and their development. The presentation will then provide some results of a study of two groups of first year students at a regional university. One group consisted of bioscience students who have stated an intention of pursuing a career path that requires a graduate or professional degree. The other group consisted of students who have not declared a major, and

have no career plans. The attendees examined and discussed the initial career path decisions of these two groups of students in the context of these three developmental models.

After examining the emerging adults theoretical model and its utility in understanding student identity development, the presentation moved into a discussion among participants of a more recent, less data-based publication; Meg Jay's work with "twenty something" clients. Participants engaged in lively discussion of her findings in terms of their own experience with students.

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Bibliography for Diane Wolter presentation
Emerging Adults Theory and Identity Development
ACPA, March 2014

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Intensive Treatment Programs at University Counseling Centers
Meggen Sixbey, Ph.D.

Program Abstract: Intensive Outpatient Programs (IOP) or Intensive Treatment Programs are commonly used in community mental health agencies and may be a much needed addition to university counseling centers, as they offer a more intensive level of structure and support through an organized, wrap-around approach. This program will explore what common IOPs look like in community mental health settings and how these can be adapted to fit a university counseling center, through an empowerment, non-coercive lens.

Program Description:
Introduction (including purpose and rationale and an explanation of how this program connects to the professional competency/competencies you have previously selected);

University personnel across the country are well aware of the increase in mental health needs on their campuses. The American College Health Association (ACHA) reports in their annual survey that in the last 12 months: 21% of student report feeling things were hopeless, 22% report feeling very lonely, 16% report feeling so depressed it was difficult to function, 4.6% report seriously considering suicide, 3.2% report engaging in self injury, and 36% report doing something they later regretted due to drinking alcohol. Thankfully, university personnel continue to receive training in how to recognize signs of distress in students and work with their university counseling centers to refer these students for services. The Association for University and College Counseling Center Directors (AUCCCD, 2012) report that students'

thoughts of suicide are up, staffing continues to be strained, large institutions struggle to maintain the proper professional-to-student ratio (one clinician for every 1,500 students), rural centers having few options when they are overloaded with clients and need to refer students off campus, more students presenting with severe psychological problems, staff responsibilities extending far beyond counseling alone, and budgets and staff levels are tenuous.

These strains have led university and college counseling centers to become more innovative and creative in serving their campus communities. The majority of counseling centers continue to provide individual and couples therapy as a standard part of their operations. Other centers have begun adapting their approaches to include online resources and "apps," computerized biofeedback systems, while also enhancing their workshop and group programs (AUCCCD, 2012; Kitzrow, 2003; Much & Swanson, 2010).While counseling resources have been helpful for the majority students seeking services, centers are finding that available university counseling services are not effective for a subset of the student population. Several counseling centers have presented at conferences over the past 3-5 years regarding experimenting with the implementation of Dialectal Behavioral Therapy (DBT) groups and programs. Some of these centers have also begun working on publications regarding their findings with the use of DBT programs in their university counseling centers to assist sister centers who are also faced with this increase in severity and demand (Engle, Gadischkie, Roy, & Nunziato, 2013).

While DBT programs are extremely helpful and becoming more needed in the university setting, a counseling center at a large university in the South East is exploring the development and use of a more inclusive program. A variation of an Intensive Outpatient Program (IOP) or Intensive Treatment Program, commonly used in community mental health agencies, may be a much-needed addition to university counseling center services. IOPs are designed to promote functioning by offering a more intensive level of structure and support than was previously available (Fisher, 2009). Many IOPs include an organized, wrap-around approach to assist this subset of clientele that includes services that most counseling centers already provide (i.e. individual counseling, process groups, skills/DBT groups, medication management services, etc.). Organizing and providing a systematic approach to these services, while considering the inclusion of additional services (e.g. peer support), may assist centers in decreasing the numerous clinical hours needed to manage both the crises themselves and their aftermath. This program will explore through the use of both didactic and interactive presentation approaches: what common IOPs look like in community mental health settings and how these can be adapted to fit a university counseling center, areas explored by this university counseling center's IOP task force, the need for intermediary services between inpatient hospitalization and standard counseling services, the importance of empowerment-based models, non-coercive and non-mandated services, and recovery support communities through the inclusion of a peer support component..

Presenters are doctoral clinical faculty, co-direct a crisis and emergency center at a large academic institution, and lead the center's IOP task force. They teach and provide supervision in crisis intervention and consultation and offer trainings on suicide prevention, conflict

management, and involuntary hospitalization. Collectively they have over 15 years of experience in crisis intervention, behavioral consultation, and trauma-responsive counseling in higher educational settings, and 12 years in community crisis counseling and consultation services. Presenters are active members of a multidisciplinary threat assessment team and work extensively with and provide training to law enforcement, faculty, staff, and community members on effective intervention with distressed and disturbed persons. They have presented nationally on the counselor's role in behavioral health consultation and risk assessment and have spoken on expert panels regarding successful mental health/law enforcement collaborations.

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Learning objectives

1) Increase awareness of the nature, types, and trends of client concerns at university counseling centers (UCC);
2) Provide information on current UCC treatment options and the need for increased, intensive treatment options
3) Provide information on the areas explored in a yearlong task force assessing the need for and developing criteria for a UCC Intensive Treatment Option

Assessing for Harm to Others: Guiding Principles for Assessing Violence Risk: A BioPsychoSocial Model

Meggen B Sixbey, Ph.D.

Program Abstract:

University personnel are increasingly asked to assess students' potential to harm others without adequate training and subsequent discomfort in this area. This interactive program presents the BioPsychoSocial model of harm assessment. The model assesses potential for violence across 18 risk factors and 3 domains, guiding personnel to gather and consider divergent sources of information to support a comprehensive and culturally competent decision. Presenters will also address the model's utility for distinguishing types of threats, stalking behaviors, and ethical dilemmas

Program Description:

In an era of traumatic school and community violence, helping professionals face increasing pressure to assess clients' potential to harm others (Davenport, 2009) as well as heightened public and legal scrutiny regarding their decisions in cases where violence occurs (retrieved from http://www.cnn.com/2013/01/15/justice/colorado-theater-shooting-lawsuit/index.html). However, the U.S. Department of Defense (DOD, 2012) has unequivocally stated that methods for predicting violent action are inaccurate and unreliable, with violence mitigation efforts best directed at effective intervention—and thus prevention—prior to violent action. Given the limitations of violence prediction and the reality that counselors and university personnel must still assess and make recommendations about students at various points along the progression from ideation to violent action (Knoll, 20009), university personnel can benefit from exposure to/review of an established and comprehensive model of harm assessment (Meloy, 2000) to guide their decision-making and better protect themselves, their students, and the public in this challenging area of practice.

However, while university personnel are often frequently trained in assessment of warning signs regarding danger to self (e.g., risk of suicidal action), they are not as prepared to conduct assessments of students' potential to harm others (e.g., degree of homicidal ideation and intention) (Davenport, 2009; Khubchandani et al., 2012; Reeves, Wheeler, & Bowl, 2004). The Centers for Disease Control (CDC, 2013) identify violence as a "serious problem" affecting people in all stages of life, with the 2012 CDC statistics on homicide and death by firearms projected to remain at the current level. Thus, it is imperative that university personnel are well-trained to assess for students' desire and potential to harm others, just as they are trained to assess harm to self (Knoll, 2009). By providing university personnel with education, practice, and follow-up discussion in violent risk assessment, attendees will feel more confident and

better able to provide such an assessment. This skill will allow them to promote more effective violence intervention and prevention strategies in their workplaces, while also understanding what they reasonably can and cannot do in the violence risk assessment process.

A person's desire, capacity, and intent to inflict violence on others is complex and layered and thus best assessed with a multifaceted, multimodal assessment tool (Fabian, 2010). Meloy (2000) has developed a highly-regarded BioPsychoSocial Model for assessment (Fabian, 2012). Individuals using the BioPsychoSocial model can avoid focusing solely on domains that are familiar to them by examining 18 risk factors for potential to do violence across 3 domains. This model utilizes a systems approach for gathering and considering divergent sources of information to guide individuals in arriving at a comprehensive and culturally competent decision. With data gained from a completed BioPsychoSocial assessment, individuals can also be more fully informed regarding other alarming behavioral issues such as the types and severity of verbal threats (O'Toole, 2000), stalking behaviors (Mullen, 1999), and potential/actual threats against the clinician (Simon & Tardiff, 2008).

Given that individuals who pose a potential danger to others can present for services in any university setting, this program has been developed for the university professional working (or intending to work) a higher educational institution. Additionally, counselor educators who teach in the areas of crisis intervention, consultation, and ethics and legal issues will benefit from learning or reviewing a comprehensive model of harm assessment.

This program will employ several methods of presentation: PowerPoint presentation, didactic components, interactive group discussions, and an experiential multi-phased case scenario.

Presenters are doctoral clinical faculty and co-direct a crisis and emergency center at a large academic institution. They teach and provide supervision in crisis intervention and consultation and offer trainings on suicide prevention, conflict management, and involuntary hospitalization. Collectively they have over 15 years of experience in crisis intervention, behavioral consultation, and trauma-responsive counseling in higher educational settings, and 12 years in community crisis counseling and consultation services. Presenters are active members of a multidisciplinary threat assessment team and work extensively with and provide training to law enforcement, faculty, staff, and community members on effective intervention with distressed and disturbed persons. They have presented nationally on the counselor's role in behavioral health consultation and risk assessment and have spoken on expert panels regarding successful mental health/law enforcement collaborations.

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Learning objectives

1) Increase awareness of the nature and types of threatening and aggressive behaviors;
2) Gain exposure to and practice with a multimodal model for assessing potential to harm others and a stalking typology to assist with threat assessment; and
3) Review and/or increase knowledge of critical concerns in the harm to others assessment process, such as confidentiality, duty to warn, cultural factors, decision-thresholds, and helper safety, and have the opportunity to engage about these complexities during an interactive case simulation and follow-up discussion with presenters.

After-Hours Campus Emergencies: Training, Collaborating, and Responding as a Team

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Nicole Marganti, Psy.D. – Coordinator of Case Management
Takeelia Garrett-Lynn, M.Ed, Assistant Director of Housing & Residence Life

Knowledge and application of crisis management has become a critical part of professional development for all student affairs professionals. However, different disciplines within student affairs often approach training and operations in this area differently. Our program introduces a multi-disciplinary training and real-world delivery model of campus crisis response, including perspectives from counseling, housing, student development, and crisis management. Results of utilizing the model at our institution for over five years will be discussed.

Crisis teams need to be intentional and proactive and not put together in a moment of crisis. Institutions need to have a plan in place to deal with crises for the entire campus (Dolan, 2006; FEMA, 2013; Wisen, 2006). Corporate America has continuously been ahead of student affairs in terms of crisis preparedness and we are just starting to get to where we need to be in this area (Clark, 2012). For a long time in student affairs, a more reactive approach to crisis was used. While one cannot prepare for every crisis, there can be a plan in place for most crisis/emergency situations (Dolan, 2006). One lesson from emergency management, law enforcement, and corporate crisis planning is a plan is no good unless it is practiced and refined on a regular basis (Wuthrich, 2008). Our comprehensive, annual preparation and training model allows us to use our experiences to learn how to better serve our campus community the next year.

Learning from what other institutions have experienced in terms of crisis is essential to planning for one's own campus (Rock, 2000). University of Texas-Austin is one of the leaders in crisis management at the University level (Dolan, 2006). They are forward thinkers in this area and are often looked to by other schools for their crisis preparedness. Schools have learned from the events at Virginia Tech, the effects of Hurricane Katrina, and the various high profile acts of violence at schools around the nation (Dolan, 2006; FEMA, 2013).

Crisis management teams tend to be made up of non-academic personnel who know what their roles are and are able to make decisions quickly (Wisen, F. & Lischer, D., 2006). This information is also true for K-12 institutions when dealing with students who may have emotional or behavioral problems (Rock, 2000). Crisis teams need to have continuous training and all members need to want to be on the team. This continuous training should be interdisciplinary and teach team members to use a common language, model, and tools (FEMA, 2013; Wisen, F. & Lischer, D., 2006; FEMA, 2008, FEMA, 2003). This leads to increased collaboration and effectiveness when responding in a stressful emergency situation.

For instance: How does a crisis team determine that a crisis is occurring? The behavior must be specific and observable, in other words, all members of the team must be able to identify what is considered a crisis situation. Who from the team responds to what situation? Every member of the crisis response team should know their role (FEMA, 2003; FEMA, 2008; Rock, 2000). The team must also determine when and what technology to use in order to notify members of the crisis team that a crisis is occurring (Rock, 2000). Where does everyone meet up during the crisis? Can the person involved be isolated? Why did the crisis happen? Having a crisis response model that provides a framework that is flexible, multi-component, and can allow mental health professionals and non-mental health professionals to work together is a key part of answering all of these questions (Rock, 2000; Everly, G. & Flynn, B., 2006).

Relationships with campus partners are essential in order to assure that everything runs as smoothly as possible during a crisis situation (Dolan, 2006; FEMA, 2013). Follow up needs to happen as soon as possible after the crisis, in order to make sure the students involved are able to return to a normal life (Wuthrich, 2008). Campus partnerships are essential in order to assure a connection with a student is made immediately (Wisen, F. & Lischer, D., 2006; Everly, G. & Flynn, B., 2006).

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