Critical Incident Response: Charting the Course for Effective Collaboration and Planning

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The Crisis Matrix

- "A conceptual model developed to provide a basic framework for assessing a crisis, determining its impact on the campus community, and identifying considerations for responding to the crisis" (Zdziarski, Rollo, & Dunkel 2007, 36).

Level of Crisis

Critical Incidents
- Limited impact on the campus community
- Student suicide attempt, mental health emergency, missing student

Campus Emergency
- "an event that disrupts the orderly operations of an institution or its educational mission" (Zdziarski, Rollo & Dunkel 2007, 38)
- Serious weather threats, riots, demonstrations, serial crime sprees

Disaster
- Impacts not only the institution, but the community in which the institution lies
- Hurricane Katrina, 911

Type of Crisis

Environmental Crisis

- Any crisis that is environmental in nature
- Hurricanes, earthquakes, floods

Facility Crisis

- A crisis that impacts a facility or structure
- Fires, floods, chemical spills

Human Crisis

- A crisis that was caused by people
- Sexual assault, suicide attempt, mental health emergencies, substance abuse incidents, arrests

Intentionality of Crisis

Intentional

- **Planned and deliberately carried out**

Unintentional

- **Accidental**

Predictability of Crisis

Predictable

- Avoidable vs. Unavoidable

Unpredictable

- Always Unavoidable

The Significance of the Crisis Matrix

- It provides a systematic way to think about crises
- It allows us to focus on individual pieces of the whole-which is much less overwhelming
- Using the matrix, administrators can craft responses to each level and intersection of the crisis matrix
- Allows for a better measure of forseeabilty

Two Critical Incident Response Models

- **Tulane University's Process of Care**

- **University of South Carolina's Behavioral Intervention Team**

Things to consider…

Top 10 Questions

1. Who is/are the decision makers on your campus for these issues?
2. Who is/are the decision makers OFF of your campus?
3. Are the BIT & CIRT the same person(s)?
4. What mechanisms exist for them to learn about any incident? Who else is alerted & why?
5. Who makes on-site judgments and assumes risk/responsibility (watch student, contact parents, determine transport or not, determine suicidal v. drunk)?

Top 10 Questions

6. Do you want to Support? Assess? Treat? (Resource Allocation issue)
7. What about accountability?
8. Do you notify parents? Who will? What if they are NOT the emergency contact?
9. How do you find the student to treat/assess/support/discipline once they are released?
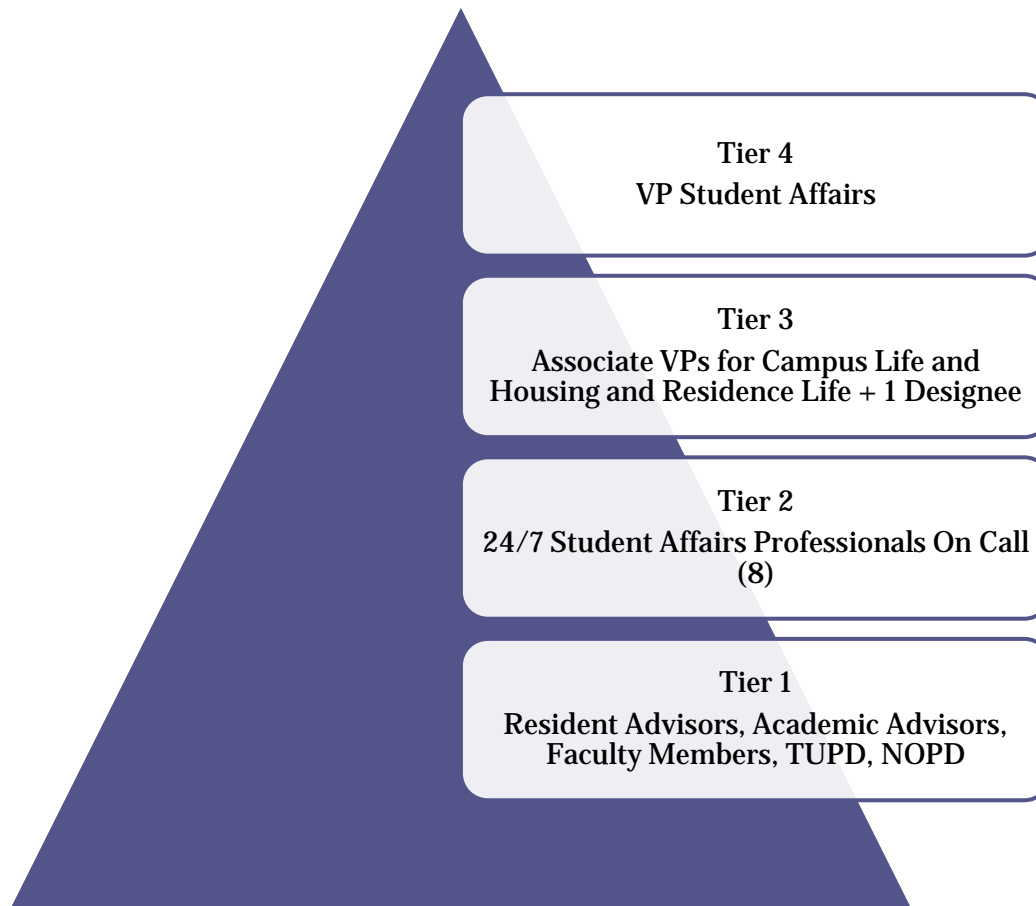10. What about peripheral students? (accountability, amnesty, etc.)

Developing a Critical Incident Response System

- **Establish the purpose of your team**
- **Identify stakeholders**
- **Decode your status quo**
- **Select your team**
- **Determine how information will flow**

Tulane's Process of Care

- **History**
  - Post-Katrina New Orleans
  - Restructuring of an institution
  - High staff turnover
  - Some existing mechanisms with merit
    - On-call Housing Staff
    - Students At Risk Meetings

Tulane's Process of Care

Tier 4
VP Student Affairs

Tier 3
Associate VPs for Campus Life and Housing and Residence Life + 1 Designee

Tier 2
24/7 Student Affairs Professionals On Call (8)

Tier 1
Resident Advisors, Academic Advisors, Faculty Members, TUPD, NOPD
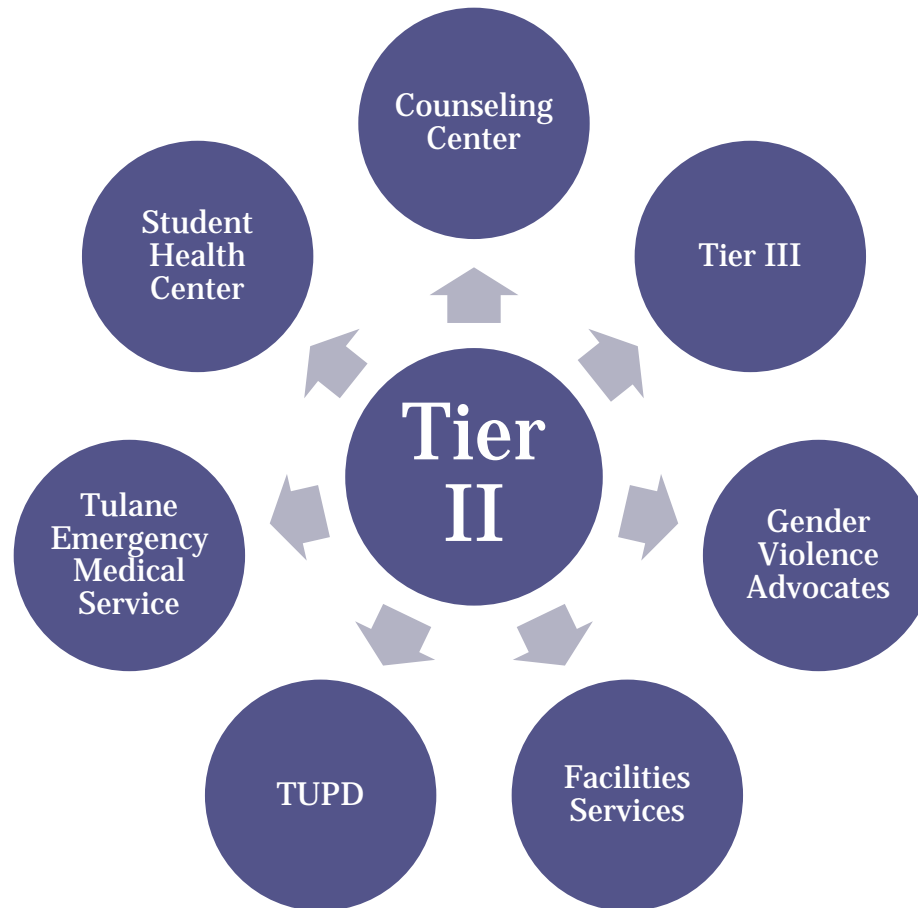
Tulane's Process of Care

- **Tier II**
  - First administrative responder 24/7
  - Made up of student affairs professionals who live on campus (not all housing professionals)
  - Deal with all incidents on and off campus
  - Initiate first follow-up in most cases
  - Address the immediate needs of the student (residential relocation, TEMS activation, etc)
  - Communicates with Tier III who forwards for the appropriate second level of follow-up

Tulane's Process of Care

- **Tier III**
    - Also available 24/7, all located within 5 mile radius of campus
    - Available to provide assistance/guidance to Tier II
    - Triages follow-up to the appropriate person (usually a person known to the student)
    - Ability to immediately do no contact orders, issue emergency relocations, begin the process of interim suspension etc
    - Communicates as necessary with Tier IV
    - Manages the tracking of all of these cases
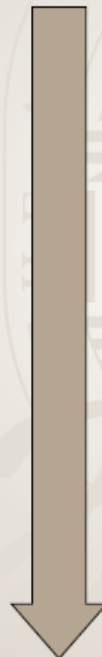
Tulane's Process of Care

Tulane's Process of Care

Reaching Out to Distressed Students

Response and Follow-Up Key

Student Incident Report

<24 Hours

First Contact

- Conducted by Student Affairs professional on call
- Addresses immediate student needs
- Demonstrates university is aware of the incident

<72 Hours

Second Follow-Up

- Conducted by person known to student
- Focuses on student well-being
- Connects student with appropriate resources

Documentation Recorded

- Contact and follow-up submitted to residence life office
- Information reviewed and entered into database

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Tulane's Process of Care

- **Students At Risk Committee**
  - Monthly meeting of academic affairs representatives, student conduct representatives, student health center (department of psychiatry), counseling center, the university police, and housing professionals
  - Any of the above can bring students to the meeting
  - Students who have previously been part of the process of care will be discussed

Tulane's Process of Care

Areas of Strength	Areas for Improvement
• High level of individualized care	• Students At Risk Committee too large, meetings too infrequent
• Good communication (both formal and informal between academic affairs)	• Tracking system done on a semester by semester basis
• Very simple tracking system	• On-call time intensive for student affairs professionals
• Collaborative spirit in solving student issues/helping students	• Assessment of service/care
• Multiple checks and balances	• Relationships with external constituents

University of South Carolina Behavioral Intervention Team

BIT GOALS

- Balance the educational needs of the student and the mission of the University
- Provide a structured positive method for addressing student behaviors that impact the University community and may involve mental health and/or safety issues
- Manage each case individually
- Initiate appropriate intervention without resorting to punitive measures
- Eliminate "fragmented care"

BIT Members at USC

Permanent Members

- **Student Conduct Officers (Chair)**
- **Counseling Staff**
- **Housing staff**
- **University Police**

Other University Constituents

- General Counsel
- Ombudsperson
- Media Relations
- Faculty
- Academic Advisors
- Deans/Academic Administrators
- Students
- Student Health Professionals
- Community Agencies
- Student Disability Services
- Chaplains
- Greek Life Staff
- Campus Recreation Staff
- Campus Life Staff

BIT CATEGORIES

§ **Category One**
- § Suicidal Ideation
- § Suicide Attempt
- § Self-Injurious Behavior

§ **Category Two**
- § Involuntary Hospitalization
- § Voluntary Hospitalization (possibly)

§ **Category Three**
- § Mental Health Disturbances – "Erratic Behavior"

BIT as Triage

- **Referring vs. Responding**

Critical Incident Case Study

Jason is a senior with a 3.83. He has been in several of your classes, and is your advisee. In February, His roommates report to you, the department chair, that they are worried about him. He has begun drinking more and they think he is smoking pot again.

What can you do now?

After talking to Jason and being reassured by him that he is fine, you check in with him a few times over the semester via email – he again assures you all is well. When you see him, he looks unkempt, but so do a lot of your students...

Should you do anything else?

On the day of his first final, he walks in, looks at the test, and scrawls something on it before turning it into the TA and walking out of the room. She looks down and sees the following written across the bottom of the page.

"If I kill them and myself, will they stop following me?"

She immediately brings the test to your office.

What do you do now?

What information do you need?

QUESTIONS

For more information on training and/or BIT or policy development, contact :
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or www.NCHERM.org

References

- The Advisory Board Company, *Meeting the Mental Health Challenge: Best Practices for Addressing the Needs of Troubled Students on Campus* (Book forthcoming).
- Zdziarski, E., Dunkel, N. Rollo, J. (2007) Campus Crisis Management: A Comprehensive Guide to Planning, Prevention, Response, and Recovery. Jossey-Bass, John Wiley & Sons: San Francisco.