Interacting with Troubled Students

Dr. Gary Pavela, a professor at the University of Maryland, prepared a document dealing with the above topic and gave permission for it to be modified and distributed at other institutions. The points he makes are timely and useful. I encourage you to review this as I think it can be helpful to faculty and staff.

Bruce Roscoe
Dean of Students
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Administrators expect and receive questions from faculty and staff regarding how to respond to students who demonstrate behaviors which are of concern to them. First and foremost is maintaining the safety and security of all involved. If there ever is concern about safety one should call the CMU Police Department at 911 or 774-3081.

CMU CARE Team

The purpose of the university’s CARE Team is to address the demonstrated and/or potential behavior of a student which has raised the concern of a member of the university community. This includes behavior toward oneself, others, or property. When such behavior is reported the Team convenes to review information, identify appropriate support strategies and determine whether additional review and action is necessary.

CARE Team membership:

- Assistant Dean / Director, Office of Student Life 774-3017
- Associate Director, Residence Life 774-3111
- Chief, CMU Police Department 774-3081
- Coordinator, Sexual Aggression Services 774-6677
- Director, Counseling Center 774-3381
- Director, Student Disability Services 774-3018
- Director, University Health Services 774-6599
- Student Ombuds Officer 774-3010
- Dean of Students (Chair) 774-3346

For additional information please feel free to contact any member of the university’s CARE Team. As indicated by the unit with which they are affiliated, CARE Team members have different expertise and authority.
What should I do if I have concerns about a student?

The most important point to remember is that trained colleagues are available to help.

The CMU Police Department will respond to any act or threat of violence.

The Dean of Students and the Assistant Dean / Director of the Office of Student Life are authorized to impose disciplinary sanctions up to and including dismissal (pending a hearing) if a student engages in threatening or disruptive behavior.

Counselors in the CMU Counseling Center can provide information and support.

Students must be treated fairly and responsibly – just as faculty and staff would expect if they were the subject of comparable inquiry – but the campus is not powerless or reluctant to act decisively when threats arise. Our overall process in this regard is managed by the CARE Team. You may reach the team by contacting any member. In emergencies call the CMU Police Department (911 or 774-3081.)

How frequent are homicides and other violent crimes on campus?

According to data from the U.S. Department of Education, the Census Bureau, and the FBI, “the homicide “rate on college campuses was 0.28 per 100,000 people, compared with 5.5 per 100,000 nationally” (U.S. News and World Report, April 30, 2007, p.49). The magnitude of the Virginia Tech shootings (32 people killed) is highlighted by the fact that the total number of murders on American college campuses (approximately 4,200 institutions enrolling 16 million students) “fluctuated between 9 and 24 [a year] between 1997 and 2004” (Virginia Youth Violence Project, School of Education, University of Virginia, 2007).

In terms of other types of violent crime (robbery, aggravated assault, and simple assault against students), a 2005 U.S. Department of Justice study by Katrina Baum and Patsy Klaus (Statisticians for the Bureau of Justice Statistics) reported that:

For the period 1995 to 2002, college students ages 18 to 24 experienced violence at average annual rates lower than those for non-students in the same age group (61 per 1,000 students versus 75 per 1,000 non-students). Except for rape/sexual assault, average annual rates were lower for students than for non-students for each type of violent crime measured...Rates of rape/sexual assault for the two groups did not differ statistically. . . .

Between 1995 and 2002 rates of both overall and serious violence declined for college students and non-students. The violent crime rate for college students declined 54% (41 versus 88 per 1,000) and for non-students declined 45% (102 versus 56 per 1,000). . . .
Among the “characteristics of violent victimizations of college students” Baum and Klaus reported that, “93% of crimes occurred off campus, of which 72% occurred at night.” (“Violent Victimization of College Students, 1995-2002”)

How dangerous is college teaching?

A 2001 Bureau of Justice Statistics (BJS) report (the latest in the series available) on “Violence in the Workplace” (data for 1993 through 1999 from the National Crime Victimization Survey) shows that employees of colleges and universities have a violent crime victimization rate of 1.6 per 1,000, compared to 16.2 for physicians; 20 for retail sales workers; 54.2 for junior high teachers; 68.2 for mental health professionals; and 260.8 for police officers. The BJS report states that “[a]mong the occupational groups examined…college teachers were victimized the least.”

School shootings are often suicides. How widely spread is suicide among college students?

Multiple studies have found that college students commit suicide at half the rate of their non-student peers. One of the most cited surveys “found an overall student suicide rate of 7.5 per 100,000, compared to the national average of 15 per 100,000 in a sample matched for age, race and gender.” (Silverman, et al., 1997, “The Big Ten Student Suicide Study: a 10-year study of suicides on Midwestern university campuses,” Suicide and Life Threatening Behavior, 27[3]:285-303)

Generally, the national suicide rate for teenagers and young adults has been declining – after an extra-ordinary increase since the 1950′s. More baseline studies pertaining to college students are needed, but experts believe the suicide rate in that group has been declining as well.

Are more students coming to college with mental disorders?

Probably yes.

Caution is required because increases in counseling center visits and the use of psychotropic medications may mean contemporary students are more willing to seek help for mental illness. In any event, college health center directors have been calling particular attention to larger numbers of students reporting the characteristics of clinical depression. A 2004 American College Health Association study found that 45% of the students surveyed “felt so depressed” that it was “difficult to function.” Nearly 1 in 10 students reported such feeling occurred “9 or more times” in the past school year. Likewise, about 10% of college students report they “seriously considered suicide” and about 1.4% reported they had attempted suicide. (Morton Silverman, Clinical Associate Professor of Psychiatry at the University of Chicago; 2006 presentation at the University of Vermont Conference on Legal Issues in Higher Education.)

Shouldn’t we routinely remove depressed students, especially if they report suicidal ideation?

No, unless a threat or act of violence is involved.
A 2006 article by Paul Appelbaum, Professor and Director of the Division of Psychiatry, Law, and Ethics at the Columbia University College of Physicians and Surgeons (and a past President of the American Psychiatric Association) highlights some of the practical issues involved:

No matter how uncommon completed suicides are among college students, surveys suggest that suicidal ideation and attempts are remarkably prevalent. Two large scale studies generated nearly identical findings. Roughly 10 percent of college student respondents indicated that they had thought about suicide in the past year, and 1.5 percent admitted to having made a suicide attempt. Combining data from the available studies suggests that the odds that a student with suicidal ideation will actually commit suicide are 1,000 to 1. Thus policies that impose restrictions on students who manifest suicidal ideation will sweep in 999 students who would not commit suicide for every student who will end his or her life—with no guarantee that the intervention will actually reduce the risk of suicide in this vulnerable group. And even if such restrictions were limited to students who actually attempted suicide, the odds are around 200 to 1 against the school’s having acted to prevent a suicidal outcome.” (Psychiatric Services: “Depressed? Get Out!” July 2006, Vol 57, No. 7, 914-916)

Aside from unjustified removal of thousands of individuals – including some of our best and most creative students – routine dismissals for reported depression or suicidal ideation would also discourage students from seeking professional help. Good policy, good practice, and adherence to state and federal laws protecting people with disabilities require professional individualized assessment and a fair procedure before students or employees can be removed on the grounds that they have a mental disability that poses a “direct threat” to themselves or others.

Is there any association between mental illness and violence?

Research shows some association between severe mental illness and violence, especially when mental illness is accompanied by substance abuse. The 1994 American Psychiatric Association “Fact Sheet on Violence and Mental Illness” contains the following observation:

People often fear what they do not understand, and for many of us, mental illnesses fall into that category. This fear...[often] stems from the common misconception that the term ‘mental illness’ is a diagnosis, and that all mental illnesses thus have similar symptoms, making all people who suffer with them equally suspect and dangerous...Recent research has shown that the vast majority of people who are violent do not suffer from mental illnesses. However, there is a certain small subgroup of people with severe and persistent mental illnesses who are at risk of becoming violent. . . .

The U.S. Department of Health and Human Services document, “Understanding Mental Illness: Fact Sheet” (April 20, 2007) contains the observation that “[c]ompared with the risk associated with the combination of male gender, young age, and lower socioeconomic status, the risk of violence presented by mental disorder is modest.” Such a “modest” correlation won’t be sufficient to draw conclusions about the future behavior of any particular student. Again, individualized assessment will be imperative, focusing on a specific diagnosis, demonstrable behavior, compliance in taking
prescribed medications, patterns of substance abuse, and any recent traumatic events or stresses, among other factors.

How can I identify potentially violent students?

This is not a task to be undertaken alone. Expertise is available on campus to help. The CARE Team can engage professionals who have the necessary expertise to accomplish this. It is important to resist the temptation to try to “profile” potentially violent students based on media reports of past shootings. The 2003 National Research Council [NRC] report *Deadly Lessons: Understanding Lethal School Violence* (a project undertaken by the councils of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine) contains the following guidance:

One widely discussed preventative idea is to develop methods to identify likely offenders in instances of lethal school violence or school rampages...The difficulty is that...[t]he offenders are not that unusual; they look like their classmates at school. This has been an important finding of all those who have sought to investigate these shootings. Most important are the findings of the United States Secret Service, which concluded:

There is no accurate or useful profile of “the school shooter”

- Attacker ages ranged from 11 – 21.
- They came from a variety of racial and ethnic backgrounds.
- They came from a range of family situations, from intact families with numerous ties to the community to foster homes with histories of neglect.
- The academic performance ranged from excellent to failing.
- They had a range of friendship patterns from socially isolated to popular.
- Their behavioral histories varied, from having no observed behavior problems to multiple behaviors warranting reprimand and/or discipline.
- Few attackers showed any marked change in academic performance, friendship status, interest in school, or disciplinary problems prior to their attack.

A more promising approach is “threat assessment,” based on analysis of observable behavior compiled from multiple sources and reviewed by a trained threat assessment team.

Proper threat assessment is a team effort requiring expertise from experienced professionals, including law enforcement officers. Threat assessment at Central Michigan University is initiated by the CARE Team. Faculty and staff should contact any member of the CARE Team if they believe a student may pose a risk of violence to self or others. If in doubt, seek assistance. In an emergency, contact the CMU Police immediately (911 or 774-3081.)
Should I talk with a student about my concerns?

Exercise judgment on a case by case basis, preferably after consultation with colleagues and the CARE Team.

An effort at conversation is generally advisable. Students are often oblivious to the impressions they make. Careful listening and courteous dialogue - perhaps with participation by a department chairperson, colleague or member of the Dean of Student’s staff - often will resolve the concern. At a minimum, the discussion may prove valuable in any subsequent situation.

Please do not give assurances of confidentiality. A student who appears to pose a threat to self or others needs to be referred for help and supervision. Faculty and staff should not abrogate their traditional role as guides and mentors, but they must not assume the responsibilities of therapists or police officers.

One danger in the aftermath of the Virginia Tech shootings is that of establishing a climate of fear and distance between faculty / staff and students, especially students who seem odd, eccentric, or detached. Research on violence prevention suggests schools and colleges need more cross-generational contact, not less. The NRC report stated that:

*In the course of our interviews with adolescents, we are reminded once again of how “adolescent society,” as James S. Coleman famously dubbed it 40 years ago, continues to be insulated from the adults who surround it... The insularity of adolescent society serves to magnify slights and reinforce social hierarchies; correspondingly, it is only through exchange with trusted adults that teens can reach the longer-term view that can come with maturity... [W]e could not put it better than the words of a beloved long-time teacher [at one of the schools studied]: “The only real way of preventing [school violence] is to get into their heads and their hearts....”*

Getting into the “heads and hearts” of students goes beyond individual conversations. It entails fostering a community of engagement defined not by codes of silence or barriers of indifference, but by an active sense of mutual responsibility. This critical endeavor depends upon the faculty and staff. Now, more than ever, they must demonstrate skills in reaching outward, not retreating inward.