



Case Flow



Brian Van Brunt, Ed.D

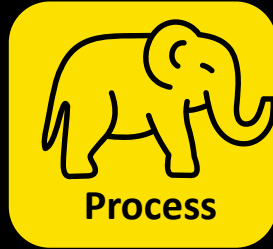
DPrep Safety
Brian@dprep.com



Chris Taylor, PhD

President, InterACTT
Chris@interactt.org

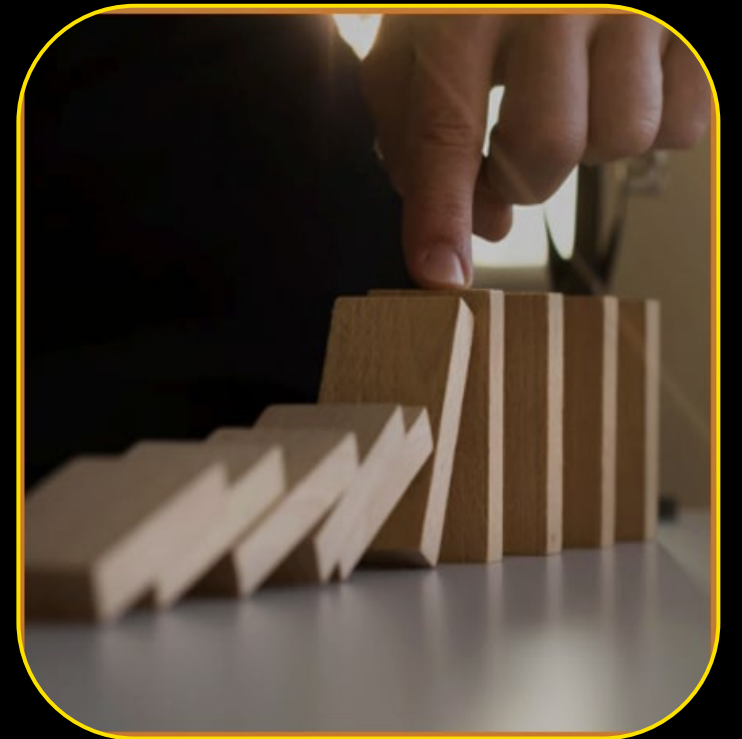
DEFINITIONS



Gather Data

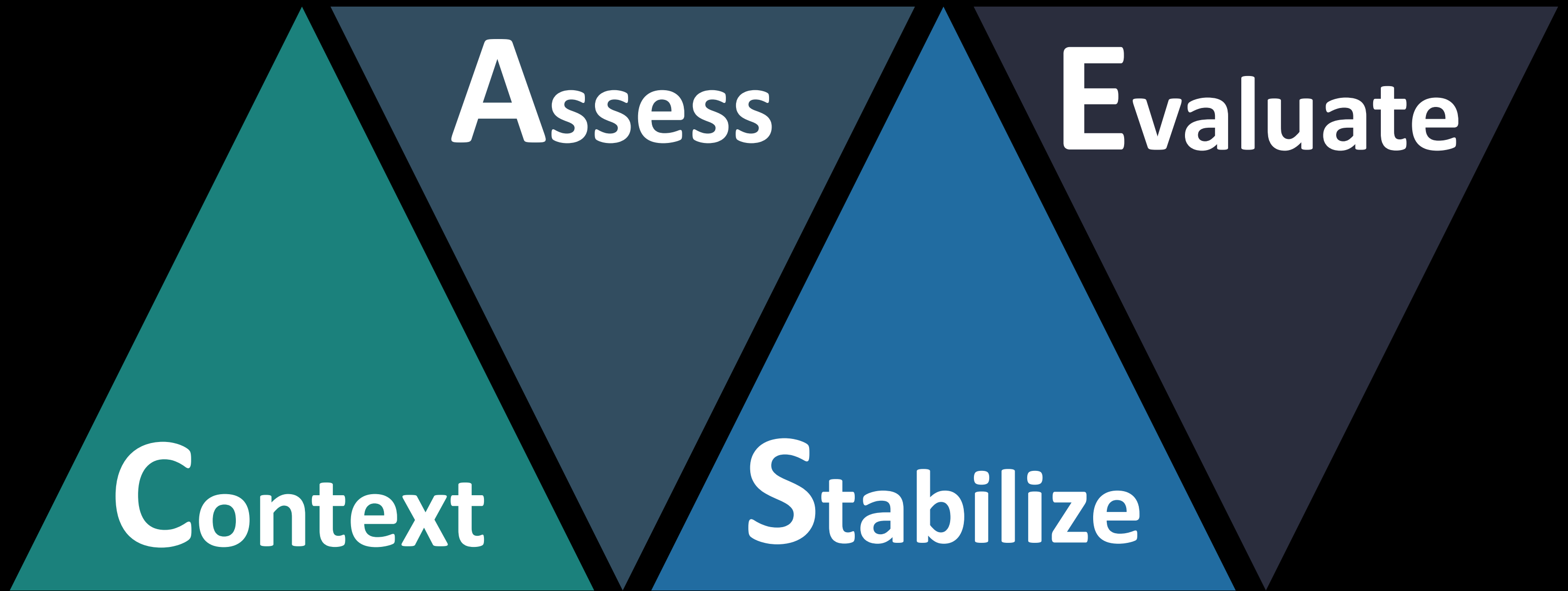


Determine Risk



Intervention

Dr. Murphy's CASE Model



CONTEXT

The first step of the CASE model is to establish the CONTEXT of the case by sharing information from across the team. The chair should share a brief overview of the case, including how the report was received and the basic nature of the reported behavior. Each member should share information from the perspective of their role/position on the team and receive information from others in order to use their specific lens to assist with identifying the level of risk and related interventions. For cases previously discussed, members should prepare to share any updated information or new behaviors.

- Does each member have access to review the case file to understand the context of the report prior to arriving to the meeting?
- Does each member know what information they are responsible for sharing with the team?
- Does each member know what to expect from other positions related to sharing information?
- Does each member know how others on the team are possibly constrained by limitations related to HIPAA, FERPA, or ADA confidentiality, are bolstered through the use of waivers or informed consents, or are able to share within exemption and disclosure limitations in law and policy?

ASSESS

ASSESS the level of risk by applying information gathered to an objective risk rating tool or rubric, such as Pathways, rather than using a “wing-it” approach to assessment. The risk level should be consistently documented each time a case is discussed. For cases previously discussed, new information or new behaviors should be considered in order to reevaluate the level of risk.

- What observed behaviors or concerns are being discussed?
- What is the impact of the behavior being discussed? Does the impact seem limited to the individual, to specific others, or to the campus community as a whole? Does the impact create disruption to individual activities and functions and/or the activities and functioning of others?
- Is there a need to gather additional information through a more in-depth violence risk and threat assessment or other advanced assessment tool? What other information is needed to help determine the level and nature of risk?
- Are there any changes in the behaviors and concerns? When did these changes occur? Are there any known triggers?

STABILIZE

STABILIZE the risk with interventions to reduce risk factors and promote protective factors. Interventions include a combination of team actions and referrals. Interventions identify key connection points for the individual through either a team member, reporting party, or other staff/faculty. For cases previously discussed, interventions should be reviewed to determine if they were completed, if they need to be revised, or if new intervention approaches are necessary based on new behaviors and new levels of risk.

- Who is responsible for the identified action?
- If it is determined another individual should be involved in the intervention, how is the decision determined?
- What timing is appropriate?
- Does the intervention need to be coordinated with other processes or units?
- Is there a need to advocate or broker for the individual related to the intervention?
- Does the intervention align with the referral checklist and service audit features of legal, accessible, flexible, affordable, proximate, online availability, diversity, cultural competence, and neurodiversity?
- Are there other interventions that can be offered that are currently unavailable from internal resources but are available through external resources/partners (e.g., free family therapy and mental health services available through HMO/PPOs or gender identity counseling that is offered through regional LGBTQ Centers)?

EVALUATE

EVALUATE changes in the context of the case, the effectiveness of interventions, and the need for ongoing mitigations and management of the case.

- Are there catalyst events, trigger events, or dates of concern to be alert to moving forward?
- What does increased or decreased risk look like for the case?
- What steps will be taken if risk increases? Decreases?
- Should no new behaviors or areas of concern arise, when should the team plan to revisit the case and review its status?

A good plan is...

Simple: plans are broken into small, easy pieces

Attainable: plans are realistic and can be accomplished

Measurable: plans can be assessed and evaluated

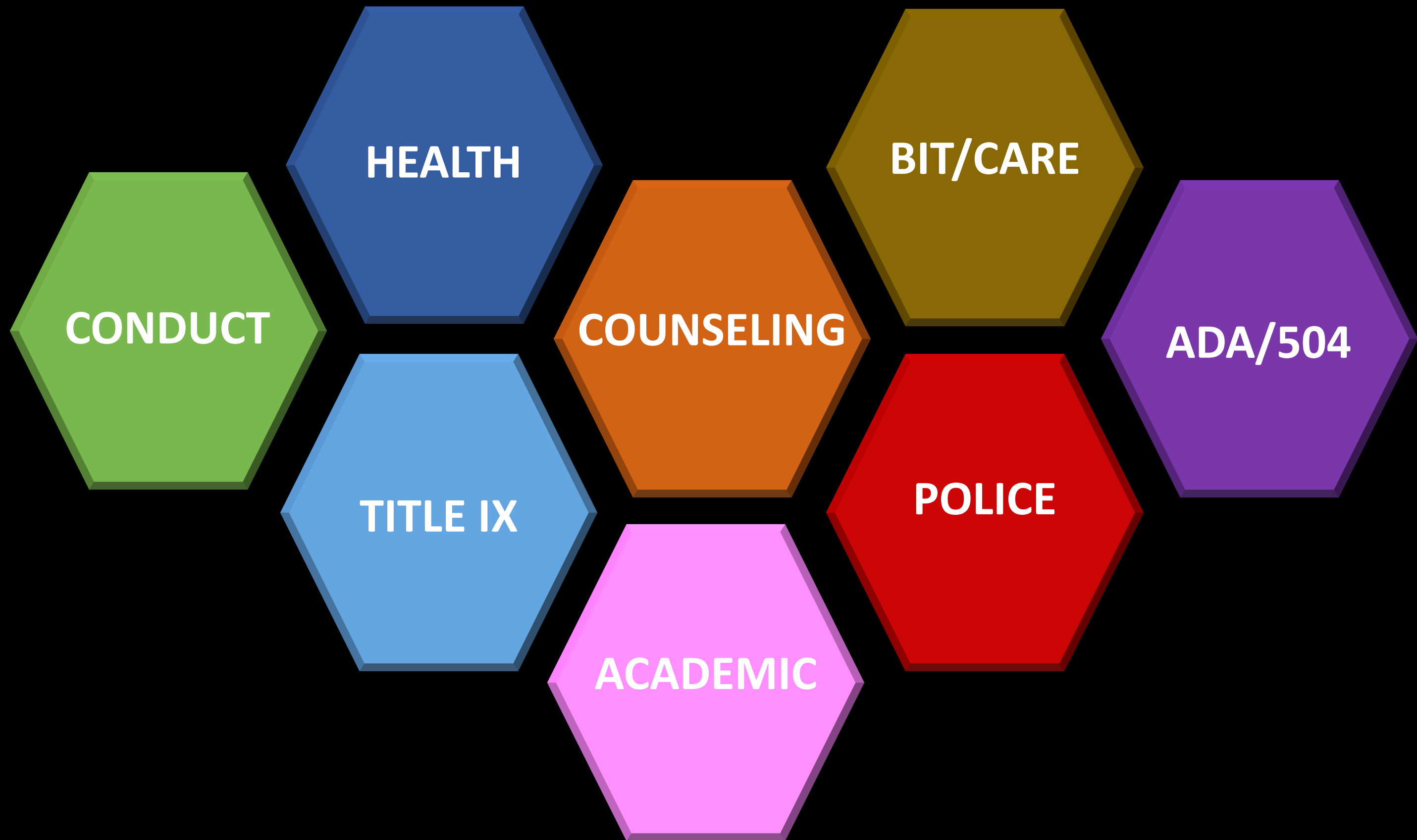
Immediate: short term goals that occur soon

Controlled by the planner: ensuring adjustments

Consistently practiced: repeat until habits form

Committed to: buy-in and investment





A close-up photograph of a hand reaching into a filing cabinet. The hand is positioned to pull out one of several light-colored binders that are lined up on a shelf. Each binder has a circular handle. The background shows the interior of the cabinet with more binders.

CASE ONE

D·PREP

- Alice has seizure disorders that causes her to lose consciousness several times a month.
- This occurs outside, in classrooms, and in the residence halls.
- Other students, staff, and faculty step in to help and when she regains consciousness, she yells at those around her to leave her alone.
- Recently, EMTs were called when she passed out in a crosswalk. She refused care.



CONDUCT

HEALTH

COUNSELING

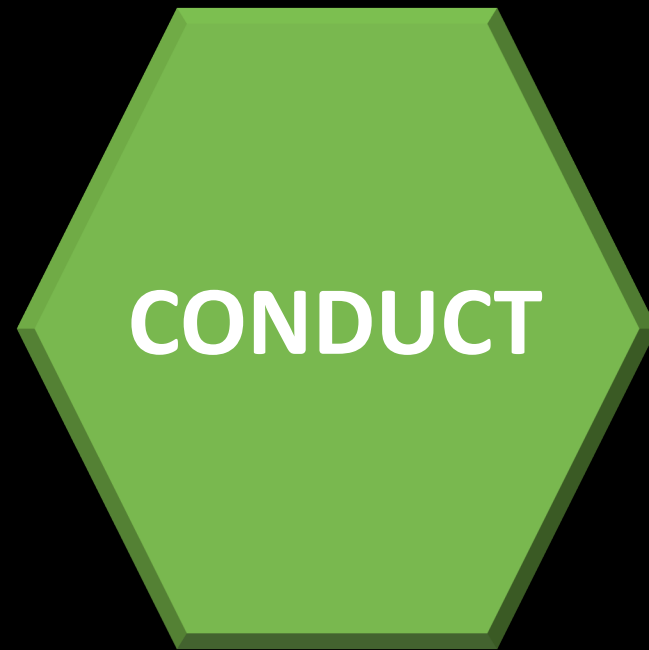
BIT/CARE

POLICE

ADA/504



- Coordination with Alice's medical providers.
- MOU conversations with local emergency providers.
- Coordination meetings with parents and setting expectations with medical response.



- Consider conduct code issues related to disruptive behavior, overuse of community resources, and general health and safety concerns.
- Look at potential for Conduct to serve as leverage for more supportive work with other departments.

- Offer support and social work care coordination.



- Help Alice understand community response, work on frustration tolerance, and develop new coping strategies.

- Address issues of community safety and impact.
- Coordination with emergency service and MOUs.



- Coordination of meetings to develop a multi-disciplinary strategy for engagement.



- Contact with parents and other supports to discuss outreach.

- Discussion of *reasonable* accommodations related to the seizure disorders.
- Coordination with Alice's parents and medical resources.



ADA/504

A close-up photograph of a hand reaching into a filing cabinet. The hand is positioned to pull out one of several light-colored binders that are lined up on a shelf. Each binder has a circular handle. The background shows the interior of the cabinet with more shelves and binders.

CASE TWO

- Craig's girlfriend broke up with him earlier in the semester. He has been depressed and suicidal.
- He texts and talks to her friends about getting her back. He tells her he'll kill himself without her.
- His floormates express worry at his continued suicidal talk. He threatens suicide on social media.
- Craig is transported to the hospital after an overdose on iron pills and anti-nausea medication. He is admitted to the medical unit for two days.



CONDUCT

TITLE IX

COUNSELING

BIT/CARE

POLICE

ADA/504



CONDUCT

- Consider disruptive behavior within the residence hall or addressing the health and safety requirements.

- Has the behavior escalated to stalking or boundary crossing with the ex-girlfriend?



- Are there interim and/or supportive measures that could be put into place (e.g., no contact, academic support, emergency removal)?

- Given the suicide attempt, there are some protections under ADA/504 related to the behavior.
- Forced separation for the suicide attempt may run against policy if there are reasonable accommodations.



ADA/504

- Coordination of Title IX, conduct, counseling, and police is an important function of the BIT/CARE.
- Another area the BIT/CARE can assist is working with parents in the coordination of care.



- Support from counseling will likely involve services offered to both Craig as well as support to his ex-girlfriend.



COUNSELING

- These services will need to be coordinated with Title IX supports.

- Police will be useful related to assessing the nature of the threats and potential stalking/boundary crossing behaviors.
- Hopelessness and suicide raise the risk of targeted violence in a case with a fixation/focus and injustices focused on target.



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CASE THREE

D·PREP

- Dylan has difficulty connecting with people and has made female students feel uncomfortable.
- Dylan talks to women trying to ask them out, has trouble taking no for an answer.
- In the classroom, Dylan is engaging in disruptive behaviors such as interrupting the professor and asking multiple off-topic questions.
- He has had two conduct meetings and has a disability on file with ADA/504.



CONDUCT

TITLE IX

COUNSELING

ACADEMIC

BIT/CARE

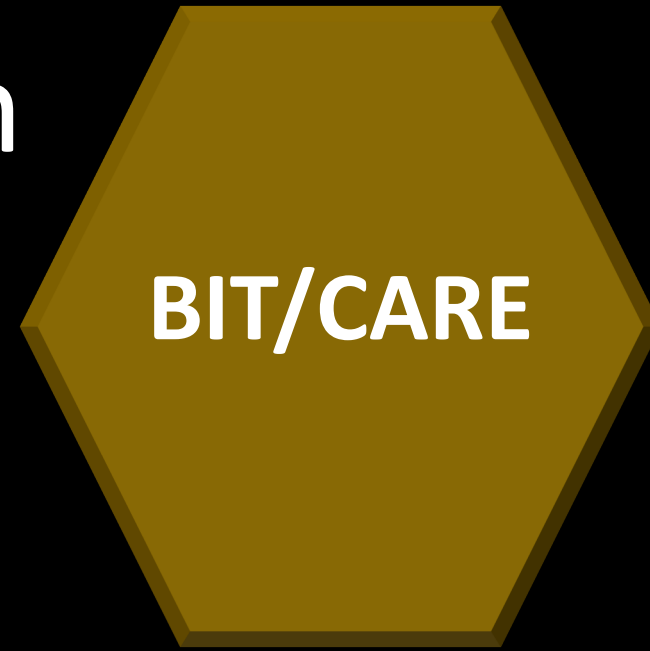
ADA/504

- How is conduct setting expectations around behaviors that need to be addressed?

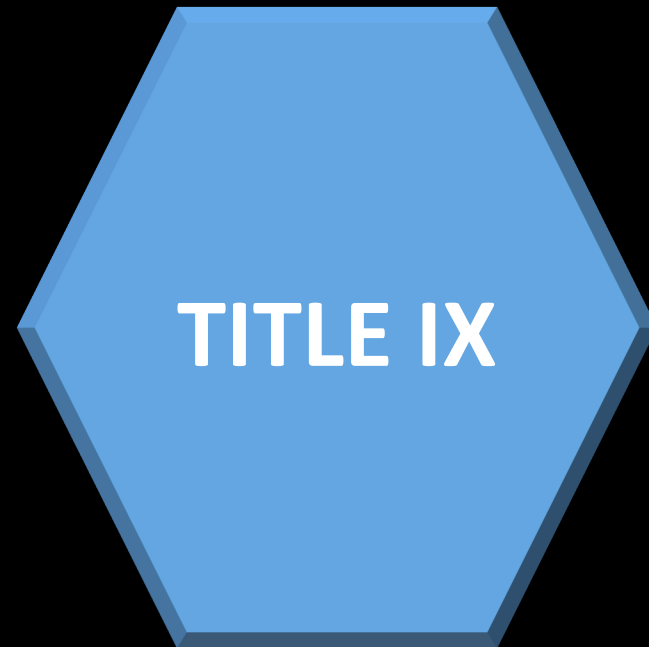


- Past conduct meetings have not been successful in addressing the behavior. Following a progressive discipline approach is an important part of this case.
- Discussion with faculty and ADA/504 will be an area Conduct will need to coordinate.

- There are areas of education that will be useful for the BIT/CARE to engage in with other students who are concerned about the behavior.
- Coordination of other departments to respond to Dylan is another area the BIT/CARE should help with this case.



- Title IX will need to offer a gatekeeping/triage discussion related to the unwanted behavior.



- Supports for both parties in this matter is another consideration for Title IX.

- Addressing approach to dating and how behavior is crossing community standards.



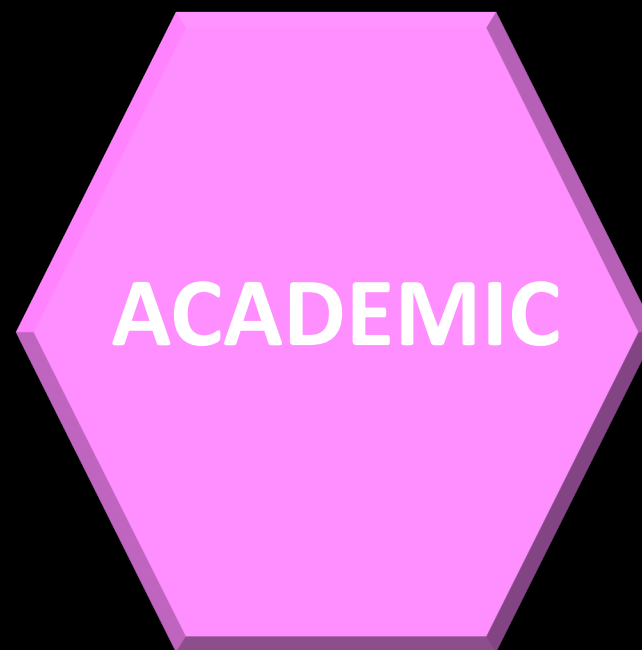
- Coordination with ADA related to addressing behavior in the classroom.

- Discussing with other departments how reasonable accommodations apply in this case related to classroom behavior.



ADA/504

- Identifying academic supports that may be needed for Dylan as the case progresses with the various departments.



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CASE FOUR

- Sara opts into a voluntary medical leave process due to her suicidal thoughts and previous history with depression and anxiety.
- Her depression worsened to the point where she left campus and went back to live with her parents for the remainder of the semester.
- Sara obtains treatment from a therapist at home and is excited to return to campus following her voluntary medical leave.

- Sara has no previous outpatient history, psychotropic medication history.
- Sara spends some more time with friends, both locally and back at the school online. She continues to see her therapist and has begun to take some medication to improve her energy and focus.
- Prior to Sara coming back to campus, Sara begins to worry and express concern about what she might do if her depression gets worse.

A diagram consisting of five interconnected hexagons arranged in a network. The hexagons are colored blue, orange, olive green, purple, and pink. The text inside each hexagon is white and bold. The hexagons are connected by their edges, forming a central hub-and-spoke-like structure with 'COUNSELING' at the center.

HEALTH

BIT/CARE

COUNSELING

ADA/504

ACADEMIC

- Offering support for Sara within the limits of the counseling center's scope of practice.



- Coordinate care with off-campus providers and review any required documentation provided related to return.



- Health services may coordinate medical leave in collaboration with the BIT/CARE and counseling process.

- Coordinating various departmental discussions on the case.



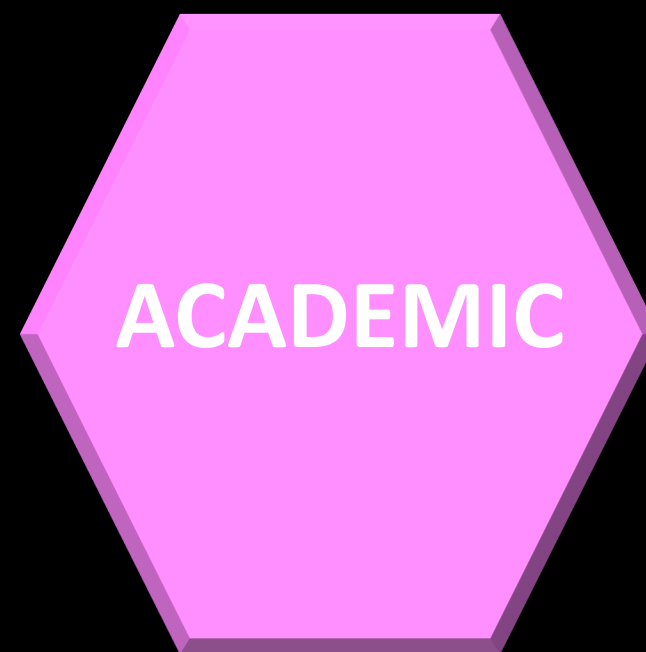
- Discussion with supports such as parents and off-campus treatment providers (along with counseling services).

- Offering support and expertise on reasonable accommodations related to return.
- Cautioning team to act in line with acceptable policy when reviewing the student's mental health as they return to campus.



ADA/504

- Offering academic support and planning related to return to campus.
- Explaining options (along with BIT/CARE) related to future medical leaves and assisting with faculty around expectation.



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CASE FIVE

- Carlos is a 34-year-old veteran who lives on campus in a shared apartment. He studies engineering. He spends a lot of time with Veterans affairs on campus.
- Carlos becomes enraged in class about the younger students and their worldviews in class discussions.
- Carlos' professor has a good relationship with him and they have talked about test accommodations.
- Carlos is less upset at the class discussion and more upset at how out of touch the college is.

- He leaves abruptly saying, “You have no fucking clue how the world works.”
- Carlos goes to the department chair’s office to talk and is told the chair is out of the office for the rest of the day.
- He leaves shouting, “I am just done with life!”

CONDUCT

COUNSELING

BIT/CARE

ADA/504

POLICE

ACADEMIC

- At most, we are looking at low level disruptive behaviors.



- Given the veteran history and experience, it is worth reviewing past conduct to see if similar behaviors have occurred.
- Discussion with faculty and ADA/504 will be an area conduct will need to coordinate.

- Connecting with counseling to assess the potential for suicide risk and ensuring follow-up occurs in a timely manner are two areas where counseling would help.
- Addressing potential concerns from students about Carlos' behavior and connecting HR to address faculty concerns are also areas the team could assist.



- Offer an assessment of suicide based on the statement made in the faculty chair office.



- Counseling for Carlos directly may be useful for reducing stress, helping with the adjustment to college, and exploring options.

- Police may be needed to assist connecting Carlos to an immediate assessment of suicide. This may involve supporting a welfare or wellness check at his apartment.
- Police may also have the ability to gather some background information related to firearms access or past wants/warrants.



- There was mention early in the case of the faculty member looking at potential accommodations. This should be further explored and followed up on by this office once the suicide matter is assessed.
- Caution the team to act in line with acceptable policy when reviewing the student's mental health as he returns to campus.



ADA/504

- Following the suicide assessment and ADA/504 support, academic support may help Carlos in his classroom work.
- Academic support may be able to look at a longer history of his performance in classes and other incidents that may have occurred.

