An Examination of Institutional Approaches to Students Who Exhibit Suicidal Behaviors

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Abstract
Changing regulations related to suicidal students have led institutions to re-evaluate their policies and processes. This collective case study examined institutional responses to the revised direct threat test standard, as well as enforcement of policies that address liability, the duty of care, and compliance issues surrounding disability regulations. Findings focus on the importance of policies that address behaviors rather than diagnoses, the impact of those behaviors on the campus community, the use of due process, and the importance of collaborative decision making.
Introduction

In recent years, institutions of higher education have seen an increase in the number of students with mental illnesses on campus (Gallagher, 2012). As a result, many campus counseling centers have shifted their focus from a developmental and preventive model of treatment to a more clinical and crisis-oriented model in order to meet the demands of students with serious psychological problems (Kitzrow, 2003). Although there is no way to predict suicide, there are certain risk factors that may be present, such as mental illness (Cohen, 2007). “Admittedly, not all mentally ill students who seek crisis counseling are suicidal, but as 90 percent of suicide deaths are related to mental illness, students in the midst of a psychological crisis are a concern” (Douglas, 2007, p. 36). As the number of students on campus with mental illness continues to increase, the number of students who exhibit suicidal behaviors is likely to increase as well.

Cases of student suicide have prompted colleges and universities to evaluate how they address those who display suicidal behavior. The courts have clarified that institutions have a legal duty to prevent students from committing suicide. In 2005, Shin v. Massachusetts Institute of Technology (MIT) expanded the scope of liability that institutions possess if a student dies by suicide while in treatment at an on-campus counseling center or facility. The court found that administrators and medical professionals had a duty to prevent a student’s suicide due to their knowledge of the student’s suicidal ideology and their ongoing treatment of the student for mental illness (Douglas, 2007). The court ruled a special relationship existed between MIT and Shin, which created a duty to prevent her suicide.

Given the implication of this special relationship, and in order to limit liability, many institutions have adopted involuntary withdrawal policies (Pavela, 2006). Cohen noted that “by requiring the student to leave right away, the institution does not voluntarily undertake to help the student, which may limit the school’s liability if the student commits suicide at a later date” (2007, p. 3114).

While liability risk mitigation is an important consideration for administrators, institutions must balance it with the risk of violating federal disability laws. Revisions of federal regulations have made this balance difficult in the face of seemingly competing interests. The revision of the Department of Justice’s Title II regulation in September 2010, which applies to both the American with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, redefined the concept of direct threat when dealing with students of concern (Lewis, Schuster, & Sokolow, 2012). The direct threat test application was previously written to allow colleges and universities to take action and involuntarily withdraw students who presented a threat to themselves or others. Under the revisions, which went into effect in March 2011, a direct threat is only one that constitutes an immediate threat to others. Therefore, institutions can no longer initiate the withdrawal of students who are a threat to themselves (Lewis, et al., 2012). Given this new interpretation of the Title II regulation, and the increased legal interpretation of duty of care for students, institutions face the difficult decision of how to respond to students who have a mental illness and exhibit suicidal behavior.

Purpose of the Study

Due to the prevalence of student suicides, many institutions have begun to review their suicidal behavior policies to seek protection from liability and to save students’ lives (Cohen, 2007). It is important to understand emerging institutional practices of attending to the needs of these students while navigating an unfamiliar legal landscape. The purpose of this study was to understand these emerging institutional philosophies and examine how institutions are adhering to the revised direct threat test standard when students exhibit suicidal behaviors. This study also explored how institutions are enforcing policies that address both the duty of care in regards to students and the compliance issues surrounding disability regulations. Specific research questions included:

1. What are the institutional philosophies used when developing and implementing policies to address students who exhibit suicidal behaviors?
2. What institutional philosophies are used when developing and implementing policies that balance the duty of care and the need to remain in compliance with Title II?

Definition of Terms

- Mental illness is having a diagnosed psychiatric disorder based on the criteria of the Diagnostic and Statistical Manual of Mental Disorders (Mowbray et al., 2006).
- Suicidal behaviors span a spectrum that ranges from the feeling that life is not worth living and being tired of life to thoughts of suicide and suicidal acts (Ahrens et al, 2000).
- The American with Disabilities Act (ADA) of 1990 covers non-discrimination based on a disability (including mental illness) by public entities in the U.S., which includes access to public institutions of higher education (Department of Justice, 2010).
- Title II of the ADA extends the prohibition on discrimination based on disability established by Section 504 of the Rehabilitation Act of 1973, to all activities of U.S. state and local governments. Title II regulates both ADA and Section 504 of the Rehabilitation Act of 1973 (Department of Justice, 2010).
- Section 504 of the Rehabilitation Act of 1973 protects qualified individuals from discrimination based on their disability. Under this law, individuals with disabilities are defined as persons with a physical or mental impairment...
that substantially limits one or more major life activities (Department of Human and Health Services, 2006).

- Involuntary withdrawal takes place when an institution dismisses a student from all classes on medical grounds and no longer considers the individual an enrolled student (Pavela, 2006).

**Literature Review**

Institutions of higher education have noted concern with the trend of students with mental illness entering campus communities (Levine & Dean, 2012; Belch & Marshak, 2006; Mowbray et al., 2006; Stone, Vespa, & Kanz, 2000). Federal law requires institutions to provide students with reasonable accommodations to ensure they have an equal opportunity to be successful, regardless of mental health status (Department of Justice, 2010). Because an increased number of students present with mental illness, there is likely to be an increase in the number of suicides of college students on campus as well (Douglas, 2007). Court cases related to students who have died by suicide on campus have placed an increased legal burden on institutions (Moore, 2007).

Institutional responses designed to limit legal responsibility vary. One method some institutions have used to limit legal responsibility is to impose an involuntary withdrawal of students who exhibit suicidal behaviors. Prior to March 2011, this separation from an institution was deemed legal based on the direct threat standard outlined in the American with Disabilities Act and Section 504 of the Rehabilitation Act (The Jed Foundation, 2008), which referred to students who were a threat to themselves or others. However, with the elimination of “threat to self” in the direct threat standard as an allowable reason for separation, this use of involuntary withdrawal to address suicidal behavior became prohibited (Lewis, et al., 2012).

**College Student Suicide**

Suicide is the second-leading cause of death among people aged 25 to 34, and the third-leading cause of death among people aged 15 to 24 (Centers for Disease Control and Prevention, 2013). Ninety percent of people at any age who die by suicide have a diagnosed mental illness (The Jed Foundation, 2006). The Center for Collegiate Mental Health (2014) reported that 33.3 percent of the students who responded to a survey had seriously considered suicide within past five years. Depression and anxiety are the most common mental illnesses linked to suicidal behaviors (Garlow et al., 2008; Wilcox et al., 2010). A survey of counseling center directors, (Gallagher, 2012) reported that 80 percent of students who died by suicide within a campus community were clinically depressed. The link between mental illness and suicidal behavior among college-aged students is evident. Administrators must understand the underlying dynamic of students’ suicidal ideology in order to provide a complete intervention (Drum, Brownson, Denmark, & Smith, 2009).

**Institutional Liability**

Court decisions have created uncertainty regarding the legal responsibility of institutions and have amplified concern regarding suicide liability (Blanchard, 2007; Cohen, 2009; Lake & Tribbenee, 2002; Moore, 2007; Wei, 2008). Blanchard (2007) stated:

> Legal cases have forced institutions to evaluate policies to limit liability when possible. In the 1960s, the student-institutional relationship could be referred to as the bystander era, a time in which judicial rulings inferred that universities should not get involved in the lives of students to avoid running the risk of assuming a duty of care. Presently, courts hold institutions to a duty of reasonable care. (p. 462)

Schiesler v. Ferrum College found that the college’s dean of students could be held responsible in the death of Michael Frentzel, a student who died by suicide at the institution. In this 2002 case, Frentzel had a documented behavioral pattern with the institution related to exhibiting anger management issues. During the spring semester, Frentzel expressed suicidal thoughts after an altercation with his girlfriend. When confronted by police about his suicidal thoughts, Frentzel was found locked in his residence hall room with self-inflicted bruises on his head. As a result of that, the dean of students required Frentzel to sign a pledge agreeing to not hurt himself again. The dean did not require any further follow-up with the student, such as counseling or mental assessment. Within a week, the student wrote two suicide notes to his girlfriend. The institution did not respond to the first note, and after the second note, administrators found the student hanging in his residence hall room.

The court determined that the institution’s inaction could be proximate cause of the student’s death (Blanchard, 2007; Cohen, 2009; Lake & Tribbenee 2002; Moore, 2007; Wei, 2008). The court also determined that an assumed duty arose from a special relationship between student and institution due to Ferrum College’s knowledge of the imminent danger Frentzel posed to himself (Blanchard, 2007; Cohen, 2009; Lake & Tribbenee, 2002; Moore, 2007; Wei, 2008). This case set the precedent for future litigation regarding student suicides and related institutional liability.

In the Shin case, the parents of Elizabeth Shin filed a lawsuit against MIT in 2005 after the death of their daughter. At the time of Shin’s enrollment at MIT, she suffered from a documented mental illness. Administrators at MIT worked with Shin until the time of her death, meeting regularly for counseling sessions and contacting her parents during difficult periods. However, the administrators failed to communicate a proper plan to assist Shin after acquiring knowledge of her plan to commit suicide. Shin ultimately set her residence hall room on fire and died from third-degree burns, which were determined to
be self-inflicted. Her parents sued MIT's medical and psychiatric personnel, as well as other campus administrators, for breach of contract. The court cited *Schleszier vs. Ferrum* in determining that MIT had a duty to assist Shin because the administrators were aware of her mental health issues (Blanchard, 2007; Cohen, 2009; Lake & Tribbennee 2002; Moore, 2007; Penven & Janosik, 2012; Wei, 2008).

Both of these cases changed the landscape for higher education administrators. Many institutions began to develop policies to limit liability once the courts ruled that a special relationship exists between institutions and students when campus administrators have knowledge of suicidal behaviors. This “special relationship,” means that colleges and universities have a duty to protect students from foreseeable harm (Kaplin & Lee, 2014).

**Policies Related to Suicidal Behavior**

There are many factors to consider when drafting policies to address students who exhibit suicidal behavior. Administrators must determine the appropriate response when addressing such behaviors. In order to make such decisions, many use an interdisciplinary threat assessment team. Such teams provide a centralized method for administrators to collaborate and intervene with students of concern, with the ultimate goal of reducing violence and tragedy on campus (Dunkle, Silverstein, & Warner 2008).

Administrators may elect to designate some suicidal behaviors as violations of the code of conduct. Creating a policy addressing suicidal behaviors must be done with great care and consideration (Dickstein & Christensen, 2008). Despite concerns, many institutions adopt policies designed to reduce legal risk if a student dies by suicide on campus. Senior student affairs officers see a critical need to develop policies that allow involuntary withdrawal to effectively manage the well-being of suicidal students (Belch & Marshak, 2006). An increase in such policies occurred in response to recent court decisions (Appelbaum 2006).

Involuntary withdrawal policies allow an institution to separate a student from the institution so that the student can receive the medical attention needed (Wei, 2008). Campus administrators must make an individualized and objective assessment of a student’s ability to safely participate in the educational community before requiring involuntarily withdrawal (The Jed Foundation 2008). However, Pavela (2006) stated that by adopting involuntary withdrawal policies, institutions are taking premature action that is likely to expand, not reduce, legal risk due to the potential of violating discrimination laws.

**Direct Threat Assessment**

Institutions are at risk of noncompliance with discrimination laws when adopting involuntary withdrawal policies to address students’ mental health issues. (Wei, 2008). Federal law protects students from discrimination based on disability, including mental illness. The U.S. Department of Education’s Office for Civil Rights (OCR) enforces ADA and Section 504 and ensures that institutions comply with these laws (Jed Foundation, 2008; Office of Civil Rights, n.d.). Title II is a joint regulation under the ADA and Section 504 that regulates, among other things, whether action against a student that is determined to be a direct threat can be taken (Department of Justice, 2010).

The direct threat standard considers nature, duration, and severity of the risk; the probability that the risk will result in action; and whether reasonable accommodations or interventions will sufficiently reduce the risk (Department of Justice; The Jed Foundation, 2008). “An institution must apply the direct threat standard before taking action (e.g., placing a student on involuntary leave) regarding students with a disability whose behavior poses a significant risk to the health or safety of [the student or] others” (The Jed Foundation, 2008, p. 14).

The Title II regulation, which only applies to public institutions, went through a revision that took effect on March 15, 2011 and that eliminated the option to take action on a student who was determined to pose a threat to self. The current definition of direct threat in Title II is “a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures, or by the provision of auxiliary aids or services as provided in § 35.139” (Department of Justice, 2010, p. 30). Campus administrators had to reconsider appropriate policy development for students who exhibit suicidal behavior within a campus community, because they can no longer be involuntarily withdrawn as a result of the direct threat test finding.

**Rationale for Study**

There has been no published study to inform campus administrators regarding policy implementation in response to the new direct threat standard. OCR has acknowledged that the revised Title II regulation may have some unintended practical concerns (Grasgreen, 2014). Additionally, OCR has indicated that it would provide clear guidance to help avoid harmful consequences, but has yet to release follow-up information. Because of this uncertainty, there is a need for better understanding of policies that limit liability and adhere to the new direct threat test standard. This study explored the process by which administrators try to balance both the duty of care to students and the compliance issues surrounding disability regulations.

**Methodology**

A collective case study design was used to address the posed research questions. According to Johnson and Christensen (2012), the collective case study method is most effective when a researcher is seeking to gain a greater insight into a research topic by concurrently studying
multiple cases in one overall research study. By researching several institutions, the collective case study method provides greater insight into institutional philosophies.

**Sampling Procedures**
The sample included four public institutions in the University System of Georgia (USG). All institutions had a working policy to address students who exhibit suicidal behaviors prior to the change of the Title II regulations. At the time of the study, the participants also had withdrawal policies that addressed students who exhibited suicidal behaviors and that balanced the duty of care and the need to remain in compliance with Title II. A pre-screening email was sent to prospective institutions to verify that they had policies in place to address suicidal behaviors prior to the updated Title II regulation.

Four administrators from various institutional types responded and agreed to participate in the study. Institutional types within the USG system are classified as research universities, comprehensive universities, state universities, and state colleges (University System of Georgia, 2013). Responses were received from one research university, two comprehensive universities, and one state university. The selection of public institutions was intentional because of the applicability of the Title II regulation. (The Title III regulation, which governs private institutions, did not change; therefore, private institutions do not currently have to adapt their policies to meet the new legal standard (Lewis, Schuster, & Sokolow, 2012).)

Review of various institutional websites indicated that the dean of students was typically the administrator with direct responsibility for policy development and implementation in this area, so initial invitations were directed to individuals in that position. Each administrator selected for the study had direct responsibility for policy implementation regarding students who exhibit suicidal behaviors. Once eligible participants were identified, in-person interviews with each participant were scheduled.

**Data Collection**
This study used a semi-structured open interview guide with questions developed from the Jed Foundation Framework for Developing Institutional Protocols for Acutely Distressed or Suicidal College Students (2006). The Jed Foundation, a group focused on suicide prevention among college students, provides questions to consider when developing policies that address suicidal students. To develop a framework to assist administrators in drafting policies to manage students who are acutely distressed or suicidal, the Jed Foundation convened a round-table discussion that included senior college administrators, college counselors and other mental health practitioners, and attorneys specializing in higher education issues (2006).

After IRB approval, the interviewer went to each campus and interviewed the dean of students or other designee. For each campus in the study, the semi-structured interviews took place in person and were audio-taped.

**Data Analysis**
The data collected at the interview was transcribed and analyzed. Member checking was used to ensure interpretive validity (Johnson & Christensen, 2012). During the member checking process, each respondent was given the opportunity to provide feedback regarding the accuracy of the transcribed responses.

The case analysis technique was used to examine each institution’s philosophy on how it implements policies that focus on students who exhibit suicidal behaviors (Johnson & Christensen, 2012). For the case analysis, each transcript was reviewed and the information each participant provided regarding his or her institution’s philosophy, information that provided context to the philosophy, and any differences in how they addressed suicidal behavior, was highlighted. Additionally, each transcript was reviewed to gain insight regarding how each institution has adjusted or altered practices to comply with the revised Title II regulation. Lastly, each institution’s written policy was reviewed to ascertain further context.

**Findings**
Respondents outlined how their institutions balanced the legal landscape with the duty of care and the need to remain in compliance with Title II, as well as current policies addressing students exhibiting suicidal behavior. Each respondent reported a review of previously written policies to remain in compliance with the revised direct threat legal standard. An initial analysis of the data was conducted to examine individual institutional policies, and then a collective case study analysis focused on the similarities and differences among the institutions (Baxter & Jack, 2008).

**Comprehensive University A**
At Comprehensive University A, there has been shift in enforcing the written involuntary withdrawal policy to remain in compliance with the revised regulation. The dean of students was originally contacted to interview for this research study; however, the newly appointed dean referred the researcher to the director of counseling services, who had historical context of the policy, as well as in-depth knowledge of the revised policy development and implementation. The administrator explained, “We were removing students prior to Title II changes for being a danger to themselves. We have done significantly less of that since then.” Comprehensive University A still has an involuntary withdrawal policy in place, but decided to use it less and conduct fewer involuntary withdrawals. When determining whether to remove a student involuntarily, administrators at Comprehensive University A consider the severity of the suicide attempt, as well as patterns of suicidal behavior and first create a safety plan for the student. The respondent stated,
“If a student is actively suicidal and cannot make a safety plan with us, then we are going to move to involve the family, hospitalize, [any] kind of thing to secure them because their safety is important.”

Two strategies used at this institution reflect how administrators balance the rights of the student while protecting the campus community. One way is to use the campus intervention team to decide collaboratively if an involuntary withdrawal would be the most effective intervention for the student. The respondent explained that collaborative decision-makers consist of the Dean of Students and representatives from campus police, student conduct, housing and residence life, student counseling center, and health services. The other way is to use the student code of conduct to guide practice in addressing the student’s behaviors. The administrators revised the code of conduct to reflect revisions of the Title II regulation so that students have due process before an involuntary withdrawal. Prior to the updated interpretation of Title II, due process was not necessarily provided for involuntary withdrawals. The respondent described the philosophy regarding involuntary withdrawals as ways to intervene that are most beneficial for the student, have the best potential outcome consider how a student’s behavior affects the campus community.

### Comprehensive University B

Comprehensive University B discontinued the practice of involuntary withdrawals of students who exhibit suicidal behaviors. The dean of students explained that prior to the Title II regulation revision, the policy permitted administrators to involuntarily withdraw students who did not comply with recommendations from a counselor. In response to the revised Title II language, the institution no longer gives administrators the authority to remove a student from the institution for exhibiting suicidal behaviors. This respondent also explained that university counsel decided that, due to the unclear nature of the updated language, removing students who exhibit suicidal behaviors infringes on the students’ individual rights and is a form of disability discrimination. The administrator stated that Comprehensive University B now addresses students’ suicidal behavior as a disruption to the campus community. Student who disrupt the campus community due to their suicidal behaviors are referred to the Office of Student Conduct for alleged policy violations. Though the respondent explained the institution’s rationale for the current policy, it was also mentioned that when it comes to threat to self, they continue to be challenged by how to effectively mitigate risk.

### State University

The State University was created from a consolidation of two public institutions, which the associate vice president for student affairs said resulted in a unique challenge for the development of their policy. Before the consolidation, each institution had a separate policy in place to address suicidal behaviors. After the announcement of the consolidation, work groups were created to establish a consolidated code of conduct and policies to address students who pose a risk to the campus community. The creation of the consolidated university’s policy reflects the revised Title II regulation. The respondent explained four considerations that drove their policy development. First, the policy focuses on conduct and not the disability. Second, the policy requires an individualized assessment. Third, the policy ensures consideration of reasonable accommodations. Finally, it ensures due process to students.

At this university, when a student exhibits suicidal behaviors, a comprehensive Behavioral Intervention Team convenes to discuss the student. The team, consisting of representatives from the campus counseling center, student disability center, campus police, and student conduct, is tasked with determining the threat risk. These campus constituents gather to determine the best individualized approach to deal with the student, which can include an involuntary withdrawal. The student’s safety is of the utmost importance. The respondent stated when the team makes its decision on how to intervene, it is based on the student’s behavior as it relates to the disruption to the learning environment. The university considers a “threat to self” incident
a health or safety violation. Disability is not considered when making a decision to withdraw a student involuntarily. The policy makes provisions to ensure that a student who is withdrawn receives due process. Safety, not only to the student, but also to the campus environment, is the overarching philosophy of the institutions’ policy.

**Differences and Similarities**

This study’s respondents all described specific institutional philosophies on addressing the behaviors of students who exhibited suicidal behavior. Though the policies reviewed address the removal of students from the institution, it is important to note that not every intervention with students who exhibit such behaviors results in the students being immediately removed. There were commonalities and differences among the approaches of the institutions represented.

**Policy Development**

Among the four institutions reviewed, each presented different approaches to policy development. For the Comprehensive University A, written policy remained the same, but implementation changed to meet the revised Title II legal standard. Comprehensive University B abandoned the policy altogether and decided to handle students who pose a threat to themselves as a disruption, which is a violation of its code of conduct. The Research University sought approval from the faculty and staff council, as well as the president for their policy to expand their authority to withdraw students. The State University created a new policy due to the recent institutional consolidation of two institutions. Three of the institutions still have policies that permit them to involuntarily remove students who pose a threat to themselves. Comprehensive University B no longer has a policy in place that permits such action.

All of the administrators stressed the need to focus on students’ behavior and how it impacts the campus community when dealing with students who pose a threat to themselves. The State University, in particular, stressed the importance of ensuring that the decision to remove students involuntarily is not based on disability. At Comprehensive University A, the respondent stressed that when addressing suicidal behavior, it is important to look for ways to intervene that will be most beneficial to students to ensure the best outcome.

**Policy Implementation**

All institutions stressed the importance of due process when enacting policies to remove students who are disruptive to the campus community. Though all institutions engage in some form of due process, an analysis across institutions shows different approaches. Whereas Comprehensive University A made changes to its code of conduct to ensure students received due process, Research University developed a stand-alone policy outside of the code of conduct that affords students the ability to appeal an involuntary withdrawal decision to the vice president of student affairs.

Two of the respondents noted their institution’s code of conduct was used to address students who exhibit suicidal behaviors. While Comprehensive University A and Comprehensive University B both use the code of conduct to address such behavior as a code violation, Comprehensive University B exclusively uses the conduct process to enforce the policy, while Comprehensive University A uses a collaborative decision-making process. Though State University administrators also view a student’s suicidal behavior as a health and safety violation, all incidents are reviewed by their Behavioral Intervention Team for the best possible intervention, which according to their policy may include an involuntary withdrawal.

Three of the institutions stressed the importance of a collaborative decision-making structure when determining what course of action to implement, while one institution used only the code of conduct to address these situations. All three respondents who used a collaborative process spoke about the importance of having a mental health professional’s voice when making such decisions. The inclusion of a mental health professional is paramount to make an individualized assessment of a student, which is a requirement of the direct threat standard (Jeb Foundation, 2008).

Overall, respondents stressed the importance of creating policies that focus on student behavior and how such behavior impacts the campus community. The administrators also outlined institutional philosophies that balance the duty of care with the need to comply with Title II. They also stressed the importance of a collaborative decision-making process when addressing student behaviors. Finally, it is important to ensure due process in policies addressing suicidal students.

**Implications**

This study sought to understand how institutions were adhering to the revised direct threat standard when students exhibit suicidal behaviors. It was particularly important to understand institutions’ philosophies when developing and implementing their policies. Consistently, the underlying philosophies involve focusing on students’ behavior and how that behavior impacts the campus community.

It is important when implementing a policy that addresses suicidal behavior to ensure the decision-making process is collaborative. The philosophies outlined by three respondents centered on and used a collaborative decision-making process. One respondent eliminated the policy in favor of using the code of conduct to address students who exhibit suicidal behaviors. Administrators should consider such measures when reviewing policies to
ensure that individualized assessments are taking place. Such assessments are required by the ADA and the direct threat test (Department of Justice, 2010).

When developing a policy, it is important to consider the legal implications involved in implementation. The Title II revision focuses on “threat to self” policies that address students who have a diagnosed disability, including mental illness. Enacting policies focusing strictly on behavior rather than on disability limits the legal risk when the Title II regulation applies. After the revision of the direct threat standard, administrators outlined steps taken to balance the legal landscape while keeping the safety of students as a main consideration, focusing on conduct rather than how disability influences behavior. The respondent from State University received guidance from Paul Landon, author of the National Association of College and University Attorneys notes on the Title II revision (Lannon & Sanghavi, 2011). Using such guidance, the respondent stated that, “viewing the threat to self situation as health and safety violations permits institutions to intervene and remove students who exhibit suicidal behaviors by focusing strictly on the student’s behavior and not the student disability.” This is important for administrators seeking to develop risk mitigation policies. By developing policies that focus on the behavior only, institutions can limit legal liability by involuntarily withdrawing students.

**Future Research**

Several areas require further inquiry. One of the recommendations for further research would be to replicate this study with a different sample of institutions. The current study only sought to gain information from institutions within the state of Georgia. Further, research is needed into the ways in which institutions within other states develop and implement policies to address students who exhibit suicidal behaviors. A larger quantitative study is also recommended to provide more comprehensive data on how institutions address these situations.

**Conclusion**

The lack of specific guidance regarding new interpretation of the Title II regulation has made administrators re-examine involuntary withdrawal policies. Though most institutions in this study continue to use withdrawal policies that address behavior if a student seems to pose a direct threat to self, institutions have implemented safeguards that will also limit their legal liability with regard to Title II. These safeguards allow institutions to ensure that the entire campus community is at the center of each decision made by administrators. Overall, the safety of all students is always important in determining whether withdrawing an individual student is the most effective way to address suicidal behaviors.

**References**


