Recommendations for Supporting Academic Advancement of BIT Cases

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Abstract
This article presents the findings from the author’s dissertation research regarding referrals to the Student Care Team at the University of Louisville between 2010 and 2015 (Ulmer, 2017). The findings suggest that first-year and graduate students who were discussed three or more times for self-injurious behavior during the first and seventh week of the semester were less likely than others to advance academically. Additional findings suggest first-year students were referred more frequently than other classifications (37 percent). Recommendations for team practice and additional research are made to build upon these findings and the growing knowledge base about Behavioral Intervention Teams on college campuses. Readers will be able to articulate practical recommendations for fostering resiliency in first-year students, considerations for the student conduct impact on academic advancement, and plans to predict and respond to particularly busy weeks of the semester.

Keywords
Behavioral Intervention team, CARE Team, academic advancement
The goals of the study were to identify the demographic profile for students referred to the Student Care Team (SCT), the nature of referrals, and whether referral impacted the academic advancement. This research also aimed to describe the work of the SCT by identifying the types of behavior referred to and discussed by the SCT, the intensity of the SCT discussions (i.e., number of times discussed by the SCT), and when first incidents are most commonly discussed by the team. The demographic profile and nature of referrals are then used as predictors to identify whether there is an interaction among any of these categories and whether students earned their attempted credit hours for the semester in which they were referred.

In previous literature, a review of the University of Iowa’s threat assessment team’s caseload for 2008, 2009, and 2010, examined self-injurious behavior and external threats (Cao, 2011). “External threats” were defined as behavior aimed towards others, such as “expressed anger, assaultive behavior, expressed physical aggression, firearm concerns, threats, unwelcome electronic or written communication, unwelcome verbal communication, verbal aggression, or harassment or stalking” (Cao, 2011, p. 9). “Self-injurious behavior” was defined as “behaviors that did not involve an expressed threat to another individual,” such as “suicidal ideation or attempt; ongoing suicidal concerns; welfare checks; and mental health related behavior such as alcohol or drug issues, delusion, disturbing or disruptive behavior, mental health issues, sexual behavior, suspicious activity, termination, or work performance issues” (Cao, 2011, p. 9). Analyses involving the distribution of demographics, threat-contributing factors, reported threats, referring person(s), and accused-victim relationships were compared with employees, students, and visitors via Chi-Square. Regression models and odds ratios were used to predict response type, situation type, and the need to follow up with the threat-contributing factors identified in the case.

A total of 284 referrals to University of Iowa’s threat assessment team were evaluated (13.03 percent from 2008, 48.94 percent from 2009, and 27.68 percent from 2010). The most common contributing factor to the threat was a history of mental health problems (more than one third), while 19.7 percent was alcohol, 14 percent was criminal history, and weapons was 5.3 percent. More than half of cases (51.8 percent) involved at least one contributing factor, and 51 cases (18 percent) involved more than two contributing factors. Incidents involving external threats and self-injurious behavior required the same frequency of response by the team. The most commonly reported incidents were suicidal behavior (35.1 percent) for students and threatening behavior (47.3 percent) for visitors.

The Student Care Team (SCT) at the University of Louisville was created in 2008 to “provide a regular opportunity for communication between university partners, identifying the resources and support for University of Louisville students who are in need of care, or who are experiencing distress” (University of Louisville, n.d., p.1). During the timespan of this study (2010–2015), the team consisted of the Assistant Vice President and Dean of Students, Assistant Dean of Students, Coordinator of Student Rights and Responsibilities, Student Care Manager, Director of Housing, Director of the Counseling Center, Chief of University Police, a faculty representative, Medical Director, an Enrollment Management representative, and an Academic Advising representative.

Team members perform consultations with university partners reporting concerning behavior; visit students in the hospital for car accidents, overdoses, illness, and injury; provide resources for students in crisis; and offer ongoing care after an incident. Team members are also responsible for the student conduct process; therefore, they assess the level of threat to the community when appropriate and issue sanctions (e.g., suspension, expulsion, psychological assessment, etc.). The team also creates and approves protocols for responding to crises (e.g., suicide, hospital visits, etc.). It additionally provides training to university departments, faculty, staff, and students about reporting options, suicide prevention, and guides for responding to difficult student situations.
During each bi-weekly meeting, the SCT discussed students referred for concerning behavior by faculty, staff, students, and non-university-affiliated individuals. As a part of the discussion, team members identified action items for members of the team to facilitate prior to the next meeting. Action items included, but were not limited to, police or housing staff wellness checks, homeless shelter resources, counseling services, and sexual misconduct resources. Members of the team tracked each student referred through the Maxient Conduct Manager database and took notes of each student discussed during every meeting. Some students of concern referred to the team were for mental health concerns, threats of harm, sexual misconduct, self-injurious behavior, and/or homelessness, among many others.

Methodology
The setting for this study was the University of Louisville, which is categorized as a public, metropolitan, research university (2008–2010 Carnegie Foundation Data). According to the institution’s “Just the Facts” (2014), the university serves approximately 22,529 students (17,198 full-time and 5,331 part-time) in the commonwealth of Kentucky. The undergraduate student population is approximately 16,151 and the graduate population is around 5,620. More than 5,000 students live on campus (71 percent or more that 2,000 first-time, first-year students lived on campus, with a 98 percent housing occupancy). To develop the SCT referrals’ demographic profile, nature of referrals, and test predictability of academic advancement, the following variables were drawn from relevant research and data regularly collected by the SCT:

- **Demographic data** consisted of academic classification, ethnicity, academic major college, and gender, which were collected from self-reported information provided to the university and stored in the PeopleSoft database management system. The “Role in the Incident” the student played (i.e., accused, complainant, witness, or student of concern), was collected from SCT discussion notes. These data were used to answer the first research question: What is the demographic profile for students referred for SCT?

- **Nature of referrals** were collected from SCT student discussion notes and were categorized as referral type, referral sources, location of incident, week of the semester incidents are discussed, and intensity of SCT discussions. Referral types described the behavior for which a student was referred (e.g., sexual misconduct, harm to others, medical, self-injurious behavior, substance abuse, or multiple types). Intensity of the SCT discussions referred to the number of meetings the student was discussed in SCT. Week of the semester describes the timing of the semester when each incident was discussed first by the SCT. These data were used to answer the second research question: What is the nature of the referrals to SCT?

- **Attempted and earned credits data** were collected from the PeopleSoft database management system. This category is designed to measure academic achievement and advancement during the semester in which students were referred to the SCT. It considers if earned credits may be impacted because of action taken by the SCT, such as a withdrawal for medical reasons, and action taken by the student conduct process, such as suspension or expulsion from the university. These data were used to answer the third research question: How do demographics (i.e., gender and role in incident) and/or nature of the referrals predict the academic advancement?

Results
Data were analyzed using the Statistical Package for the Social Sciences (SPSS) (version 22) for Windows. Nominal data were tested using Chi-Square tests. This test required that the data are independent (i.e., scores are unrelated to scores of other participants). Logistic regression was used to predict associations of nominal and dichotomous categorical data. The significance for all statistical analyses was set at an alpha level of .05.

To compare the classifications of those referred to the SCT to the overall student population, a Chi-Square test of independence,
which determined if there was a significant difference between those referred to the SCT and the 2010–2015 averaged classifications for the overall student population, was used. Specifically, when comparing the undergraduate referrals with the undergraduate population at the university, a significant association was found among the groups (\(p=.047\)). Additionally, comparing the overall SCT referral classifications (i.e., undergraduate and graduate) to the overall university classifications, another significant association was found (\(p=.0005\)).

**Demographic Profile**

**Research Question 1:** What is the demographic profile of the referrals to SCT? The demographic profile for students referred to the SCT was representative of the demographic profile of the overall student population. The total number of referrals considered consisted of 824 students for the 2010–2015 years (82 percent students of concern; 10 percent accused; 6 percent complainants; and 2 percent student deaths). Chi-Square tests of independence determined that there was no significant difference between the ethnicities or genders of those referred to the SCT (52 percent females and 48 percent males) and the averaged overall university population (51 percent females and 49 percent males), (University of Louisville, 2012–2016). The majority of the students referred came from the College of Arts & Sciences (59 percent), while 11 percent were enrolled in the College of Education & Human Development, and 10 percent in the College of Engineering. Other enrollments consisted of the College of Business (7 percent), College of Nursing (3 percent), Kent School of Social Work (2 percent), College of Medicine (1 percent) and School of Dentistry (1 percent).

**Nature of the Referrals**

**Research Question 2:** What is the nature of the referrals to SCT? Frequency analyses were performed to identify the types of cases referred, the referral sources, incident location, week of semester the SCT discusses the referral, and the intensity of the discussions. The type of referrals consisted of primarily medical concerns (24 percent) and general care (18 percent) while 11 percent were for multiple concerns, 8 percent for sexual misconduct, 7 percent substance abuse, 5 percent for harm to others, 4 percent for mental health, and 4 percent for student conduct reasons. These referrals were discussed once 42 percent of the time, twice 30 percent of the time, and three or more times 28 percent of the time. Incidents discussed occurred on campus (66 percent), off campus (30 percent), and in unknown locations (4 percent). The weeks with the highest number of referrals were week 7 (13 referrals), week 9 (12 referrals), and weeks 1, 5, 8, and 12 (all averaged 11 referrals). The weeks with the lowest number of referrals were weeks 13 and 15, with eight referrals each. Sources of referrals consisted primarily of the University of Louisville Police Department (46 percent) and other sources (26 percent), while 8 percent of referrals came from the Office of Housing & Residence Life, 2 percent from multiple sources, 1 percent from conduct, and 1 percent from the Prevention Education Advocacy on Campus and In the Community (PEACC) program.

**Academic Advancement**

**Research Question 3:** How do the demographic profile and nature of the referrals predict academic advancement? Earning attempted credit hours for the semester in which a student was referred to the SCT was negatively associated with three or more discussions, week 7, self-injurious behavior among first-year and non-undergraduate students enrolled in the School of Social Work, and referral by academics. Each of these findings resulted from univariate analyses between each independent variable category and the dichotomous dependent variable of earning attempted credit hours.

Logistic regression was used to identify if any of the demographic profile variables and/or nature of the referral variables were predictors for whether students referred to the SCT earned the attempted credit hours for the semester during which they were referred. To determine this, the dichotomous dependent variable (i.e., academic advancement) was used to compare with each variable category of the demographic profile and nature of the referrals. Specifically, each category of variable (e.g., first-year) was compared with other categories (e.g., sophomore, junior, etc.) to predict academic advancement for the semester during which students were referred to the SCT. Some of the regression models received an error message, indicating they were unusable due to the maximum iterations being reached; therefore, no results from those variables are represented in the findings. For example, some academic major colleges, ethnicities, classifications, and all genders are not represented in the regression analyses due to this error.

The unknown category of incident location (\(R(1)=.779, p=.027\)) predicted academic advancement. The referral source also associated with academic advancement was the police department (\(R(1)=.409, p=.005\)); however, the referral source of academics did not predict academic advancement (\(R(1)= -.437, p = .040\)). Referrals first discussed during the first week of the semester also predicted academic advancement (\(R(1)=.865, p=.007\)). On the other hand, the seventh week of the semester in which a referral was discussed did not predict academic advancement (\(R(1)= -6.94, p = .019\)). In other words, students referred by academic departments during week 7
Regarding classification, the referrals (Cao, 2011), but because that institution’s referrals had missing of Iowa’s) team referrals consisted of a similar gender profile. In comparison, another large public institution’s (the University need resources for supporting students. If need support during crises, and all departments at the university findings suggest that all students, regardless of demographics, highest overall enrollment (University of Louisville, n.d.) was incident. Those referred to the SCT were representative of the categories among undergraduates for first-year (F(1)=-.372, p=.016). Additional statistically significant results suggested that those discussed once by the SCT were less likely to advance academically than those discussed twice (F(1)= -.630, p=.001). Similarly, three or more discussions were also less likely to advance than students discussed by the team twice (F(1)= -.502, p=.003).

Self-injurious behavior was the referral category with statistically significant results (F(1)= -.648, p = .004). This indicates that referred students with suicide ideation were less likely to advance academically than other referral types. The following discussion provides further explanation and recommendations based on these findings.

Discussion
This research was designed to describe the SCT referrals from 2010–2015 to provide conclusions and recommendations for practice and future research.

Demographic Profile
All demographic profile variables were identified in the data, suggesting that the SCT discussed students of all genders, ethnicities, academic majors, classifications, and roles in the incident. Those referred to the SCT were representative of the overall university population in the categories of gender and ethnicity. Not surprisingly, the academic major college with the highest overall enrollment (University of Louisville, n.d.) was also the academic major most often referred to the SCT. These findings suggest that all students, regardless of demographics, need support during crises, and all departments at the university need resources for supporting students.

In comparison, another large public institution’s (the University of Iowa’s) team referrals consisted of a similar gender profile (Cao, 2011), but because that institution’s referrals had missing gender and ethnicity data, these data could not be appropriately compared to the overall university population. To adequately compare demographic profile of referrals for future research, a standard for measured demographic information is needed. A recommendation for future research is to use the demographic coding structure presented in the current research to replicate this analysis for comparison across universities.

First-Year Students: Regarding classification, the referrals to the SCT for first-year students (37 percent) exceeded the proportion of first-year students in the university population (17 percent). The demographic profile of the SCT referrals suggests that students referred to the SCT are very similar to the overall population of the university community, with the exception of the amount of students referred by classification. This exception is explained by previous literature indicating that stress causes students to behave in potentially dangerous ways (Mason & Smithey, 2012). These findings, along with historical incidents involving first-year students and alcohol, substance abuse, and self-injurious behavior (White v University of Wyoming, 1998), show that considerable attention is given and needed to assist first-year students in crisis.

Interestingly, there was no significant difference in the roles of the incident between first-year students referred and overall referrals. Specifically, 82 percent of referrals were made for students of concern both in the overall referrals to the SCT and for first-year students. Furthermore, the referrals for students accused of violating the Code of Student Conduct were also the same for first-year students and the overall referrals (10 percent). On the other hand, first-year students were more frequently referred to the SCT for every referral type than any other classification, except for consultation. The referrals for consultation for first-year students were one fewer than for seniors during the reporting period. The most frequently referred types for first-year students were medical, self-injurious behavior, and general care. First-year complainants consisted of 7 percent of referrals, while 6 percent of the overall referrals were for complainants; however, first-year is the only group with no student death referrals.

Historical programs have provided college students with resources to navigate the stress of entering college. In 1970, the University of South Carolina sought to bond first-year students and create a new way of learning. Originally designed in response to riots on campus, a course created by the president of the university revolutionized the way in which institutions address first-year student learning and development (Watts, 1999). Given that the original design for these programs emerged from a need to

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create support for students during difficult times and the findings like those of this research about first-year students, it may be advantageous to examine how these programs can work together. Orientation programs across the nation were designed from the basis of this project and operate with the mission to “assist new students with the transition” to college (University of Louisville, n.d.). A future collaborative effort between the National Behavioral Intervention Team Association (NaBITA) and the National Resource Center for First-Year Experience and Students in Transition could create a process for the evaluation of current programs and effectiveness in creating resiliency for students transitioning to college.

These findings suggest that all first-year students need support to assess whether programs designed to assist students transitioning to college can be used to decrease the need for referrals to the SCT. For example, targeted programming for first-year students may promote stress management, resiliency, and substance abuse awareness, leading to fewer referrals. Introduction to these topics provide expectations of the university community and resources needed to be successful if faced with difficulty. If students enter the college environment aware of resources to be successful or ways to request assistance, it could lead to increased academic advancement and fewer referrals.

**Nature of Referrals**

For students referred to the SCT, incidents occurred that disrupted those students’ college experience. These referrals varied in intensity, occurred both on and off campus, and consisted of all measured referral types. According to Zdziarski (2007), crisis management was the response to an event that disrupts or has the potential of disrupting the normal educational process. Teams are designed to provide crisis management resources. These referrals often originate from the first point of contact regarding the incident, such as a student’s parent, faculty member, friend, or police. Referral sources to the SCT were similar to previous literature (Cao, 2011) indicating that academics, police, other students, family, and/or friends referred students most frequently to University of Iowa’s team. At the University of Louisville, the SCT received the highest number of referrals from the police (46 percent), other students and/or parents (26 percent), and academic departments (16 percent).

Police are responsible for responding to complaints and concerns of each referral type to promote safety for the university community. One way in which the police department performs this function within the team is through threat assessment, a systematic review of information available to determine the likelihood of violence against self or another person (Borum, Fein, Vossekuil, & Berglund, 1999). A high number of SCT referrals were also connected to law violations and the need for emergency response, such as medical referrals (24 percent), self-injurious behavior (15 percent), sexual misconduct (8.1 percent), substance abuse (7.2 percent), threats of harm to others (4.5 percent), and additional mental health concerns (4 percent).

In comparison, the University of Iowa’s threat assessment team discussed 171 students referred for threat of harm to others and self-injurious behavior (Cao, 2011). Of those referrals, 20 percent were also related to alcohol, 57 percent involved a history of mental health concerns, 14 percent involved criminally charged students, and 3.5 percent involved a weapon. Considering these findings and findings about referrals to the SCT heavily involving police and threat assessment at some level, teams may benefit from an objective assessment tool to evaluate risk and the intentional engagement of police.

**Risk Assessment:** A resource to consider is the NaBITA Threat Assessment Tool (Sokolow, Lewis, Schuster, Swinton, & Van Brunt, 2014), which measures behavior at three levels (generalized risk, harm to self, and harm to others). The harm to self scale categorizes behavior in a progressive continuum of “Distress” to “Disturbance” to “Dysregulation/Decompensation,” and may be beneficial in the risk ranking of self-injurious behavior. Additionally, the instrument presents a nine-stage rubric that shows progression toward violent action for threats of harm to others. In this rubric of hostility and violence, the levels begin at the lowest, with a “Hardening” view, and progresses into “Debate and Contentious Arguments,” then “Actions Not Words,” to “Images and Coalitions,” then “Loss of Face,” and “Strategies of Threat,” to “Limited Destructive Blows,” then “Fragmentation of the Enemy,” and lastly to “Plunging Together into the Abyss.” The last assessment in the instrument ties each of these rubrics together to formulate an overall risk assessment as mild, moderate, elevated, severe, or extreme. This overall risk assessment is assigned to intervention tools that address the level of risk based on their classification. Using a tool such as this to provide objective risk assessments may be beneficial to the team to ensure the same level of care and appropriate resources for every student. Additionally, it may be necessary to show that all students receive the same type of assessment when referred, as well as any assigned risk level in times of litigation.

**Police Involvement:** Given police involvement in 46 percent of referrals to the SCT, it may be useful to review referral protocol and criteria with university and local police prior to the beginning of the fall semester. Referrals to the SCT involved both on-campus (66 percent) and off-campus (30 percent) incidents; therefore, it is
possible that off-campus students may not receive the same level of care as students who had direct interaction with university police. A potential reason that the highest percentage of referrals came from incidents that occurred on campus is because there are many more university members present to report an incident on campus than there are off campus. Additionally, first-year students represent the highest classification of students in the residence halls, which may also be a reason for the high number of referrals for first-year students. Even though more students live off campus than on campus, the jurisdiction of university police does not extend to all neighborhoods. Additionally, federal law requires university employees to report crimes (U.S. Department of Education, 2016).

A meeting with local law enforcement that communicates the vision and expectations of the SCT may build a culture of reporting off-campus incidents. Additionally, a written protocol for referrals by external sources and a memo of understanding with local police may provide good foundations for the process of referring off-campus incidents to the SCT. To consistently provide students care during critical incidents, the SCT must receive a referral in some way. A culture of reporting off-campus incidents would allow the SCT to assist students early after an incident occurs, which could also help those students academically and beyond.

Timing of Referrals: Another element of the referrals is what week of the semester a referral is first discussed by the team. To provide teams with information about when referrals tend to increase, the current research measured the first week a student was discussed by the SCT. Findings suggested that the highest number of referrals were in weeks 5, 7, 9, and 11, and that as many as 10 percent of referrals occurred when classes were not in session. This information shows that the referrals increased from the beginning of each semester, maintained at a high number for new incidents during the middle of the semester, and decreased again toward the end of the semester even though they continued to occur after final exams. The timing of these referrals were consistent with findings by Drysdale, Modzeleski, and Simons (2010), suggesting that violent incidents occur throughout the calendar year yet increase during April and October. Similarly, week 7, which was associated with the highest number of new referrals, occurred during October of the fall semesters. Furthermore, the week associated with the highest number of overall discussions occurred during April of the spring semesters.

The SCT may use these findings to increase support during weeks of high referrals. On-call responders may need to be increased during high referral weeks to decrease the potential number of late-night responses per person. This increase in staff could assist in combating responder fatigue and provide additional assistance to students in crisis. To assist in after-hour referrals, it may also be necessary to facilitate ways that allow responders access to office resources from afar (e.g., remote desktop access). Similarly, it may be necessary to develop a 24/7 on-call counseling rotation for times of increased referrals for self-injurious behavior. A way to engage the SCT differently may be to create open office hours for consultation with SCT members. Office hours would allow referral sources the opportunity for dialogue about concerning behaviors with members of the SCT to determine whether a referral is necessary and to provide an initial assessment for risk. Office hours would also provide an opportunity to build rapport with the university community, increasing the trust and reputation of the SCT. Furthermore, the team could use this knowledge to allow more time for student discussions during weeks of high referrals.

Care and Intensity: The second largest type of referral to the SCT was for general care (18 percent). This care consisted of homelessness resources, absence notifications, course withdrawal assistance, hospital visits, mandated assessment, and/or parental notifications. Any time students were referred to the SCT, they were offered these basic resources, if applicable. The general care category is considered a baseline referral for low level, non-specific to another category, cases. For example, the SCT provided consultations (5 percent) with those who contacted members of the team to discuss whether or not concerns should be referred. If no other action was taken beyond a consultation with the referral source or the referral was otherwise low intensity, the student was discussed once by the SCT (42 percent). Other referrals were discussed by the team twice (30 percent) or three or more times (28 percent,) categorizing them as increasing in intensity as the number of discussions increased. Referrals discussed three or more times consisted of self-injurious behavior and threats of harm to others. Because the SCT meets bi-weekly and referrals are discussed three or more times, it is not uncommon for a referral to be discussed during nearly half the semester.

It may be beneficial to assess the SCT referral discussions in future research. This assessment may address the need to identify criteria for what referrals are discussed by the SCT. A rubric could determine whether the SCT should discuss a referral, and if determined not necessary, could decrease the number of referrals discussed per meeting. This analysis could also decrease the length of discussion. The SCT may determine that low-intensity discussions may only be necessary to check the names of students referred.

Another option may be to categorize all discussions by the type of referral to encourage the same type of discussion and action
plan for each referral. For example, referrals requiring low-intensity discussions may be discussed by type of referral (e.g., consultations). This approach allows SCT members to discuss particular students named within each category, if necessary, but does not require individual discussions per student. Organizing a discussion agenda by referral type provides the SCT context from one referral to another in the form of action plans and resources. Additionally, because many referrals are discussed during multiple meetings, it is helpful to maintain ongoing case discussion notes. The SCT’s discussion notes provide historical documentation of action taken by the SCT and incident summaries to remind SCT members of previous discussions from meeting to meeting. Discussion notes should be stored in a secure database system that allows access from off campus in the case that the notes are needed to address an incident from afar.

The following section discusses the predictability of earning attempted credits for those referred to the SCT. This section discusses the impact on academic advancement and offers some recommendations are made to increase first-year resiliency through peer support and mental health support.

Academic Advancement
Earning attempted credit hours for the semester in which students were referred to the SCT was negatively associated with: a) three or more discussions, b) week 7, c) self-injurious behavior among freshmen and non-undergraduate students enrolled in the School of Social Work, and d) referral by academics or other.

Peer Support: As previously mentioned, all academic departments need resources for students in crisis. The School of Social Work and the School of Interdisciplinary and Graduate Studies may wish to explore ways to encourage academic advancement, as referrals are a significant negative predictor on earning credit hours. The 2020 Strategic Plan for the School of Social Work discusses the goal of maintaining students from one year to the next (University of Louisville, 2016). According to Skyfactor (2015), highly academic resilient first-year students were more likely to report feeling connected to their peers. If the school is considering ways to retain students from one year to the next, it could be beneficial to consider these findings. One recommendation is to provide opportunities for students to support each other in the program. Providing peer support may create a sense of belonging and bond between majors, encouraging study groups and moral support during difficult times.

Mental Health Support: Findings indicate that students who exhibit forms of self-injurious ideation, gestures, and attempts are significantly less likely to earn attempted credit hours than others. It is not surprising that students who find it difficult to function due to feelings of hopelessness are not able to perform as well academically as those not experiencing this depression. If SCT members are able to identify self-injurious behavior before the intensity increases and provide appropriate resources, it may be possible to increase the potential for earning attempted credit hours. An instrument assessing progressive mental health risks could encourage early behavior intervention, which could lead to academic advancement. As Pavela and Joffe (2007) stated, early intervention with troubled students is a role of the SCT.

First-Year Resiliency: First-year students are the most frequently referred to the SCT, and those referrals negatively predict the earning of attempted credit hours for the referral semester. Even though special attention is given to first-year students through orientation programs upon arrival, these students need additional support. Considering the findings and the recommendations for peer support, mental health assessment, risk assessment, and SCT function, it appears that all themes surround the need for first-year student resiliency.

Students possessing a first-year classification have the fewest number of credit hours than any other classification. These students have established fewer coping mechanisms than students who have been in college longer and often need assistance to gain them. Students create ways to achieve expectations, and students who do not have the means for achieving goals may rebel. For example, concerning behaviors (e.g., suicidal ideation) could be a response to the institution’s expectations and the perception that the expectations cannot be met. Given that first-year students are not only the most likely to be referred to the team, but also significantly less likely to earn attempted credit hours if referred, further rationale exists to explore different avenues for assisting first-year students in their transition to the university environment.

In a study examining methods for student success among first-year students in their transition to college (Rahat & Ilhan, 2016), researchers found that resiliency characteristics (e.g., positive outlook, leadership, and initiative) were more likely to predict adjustment to college than other strategies, such as social support, relational self-construal, and coping styles. Given findings from previous research, these conclusions, and that more than 70 percent of first-year students live on campus, the SCT may be interested in collaborating with the Office of First-Year Initiatives and the Office of Housing & Residence Life to provide a program designed for incoming first-year students that promotes the development of resiliency characteristics.
Recommendations for Practice

It is important to consider the implications of these findings on institutions of higher education, the campus community, and teams responding to these referrals. Now that patterns have been identified within the referrals to the SCT, the university has an opportunity to provide targeted programs to students, faculty, and staff regarding ways to identify, report, and potentially mitigate concerning behavior. The section that follows presents some recommendations for practice.

Training and Preparation: The findings of this research provide teams with the ability to anticipate referrals and how referrals may impact academic advancement. Members of the university community and beyond can benefit from training related to identification of concerning behavior and how to support students involved in critical incidents.

Considering the types of behavior reported, training and preparation materials should provide reporting responsibilities and options. It may be beneficial to create a calendar of trainings to ensure they are presented regularly and to inform the community about when they can expect to be trained. Because the findings suggest the largest referral type was medical, it may be useful to provide training for academic departments on ways they can support students who are hospitalized. Training for self-injurious behavior identification and reporting is also needed for students living in the residence halls, as these students often interact in close quarters. Given the findings that students referred by other students and/or family members are less likely to earn attempted credit hours, training for all students and families about early intervention may also be beneficial. Additionally, suicide prevention training, bystander intervention training, sexual misconduct reporting responsibilities, and conflict resolution skills are valuable trainings for all students, as well as for para/professionals who serve in a crisis response capacity.

Students may benefit from passive programming such as email tips about stress and time management during high-stress academic times (e.g., mid-terms and/or final exams). It may also be beneficial to provide policy awareness programming to decrease referrals for substance abuse. On the other hand, because substance abuse is discussed by the SCT, it may also be necessary to promote the Good Samaritan Consideration (University of Louisville, 2017). This provision encourages students to report health and safety concerns without reluctance due to concern that students would be in violation of the Code of Student Conduct.

A communication plan for referral sources may also be beneficial to standardize strategies and maintain positive reputations for responding to critical incidents. While referrals differ in intensity, the communication lines during all referrals are extremely important. As Coombs (2007) indicated, the steps for maintaining a credible reputation are: 1) taking responsibility for the crisis, 2) understanding the history of crises, and 3) paying attention to reputation as a result of previous crises. It is important to consider how referral sources perceive the management of referrals to promote the team’s reputation (Murphy, 1996). To create an effective communication plan, it may be advantageous to ask referral sources about their perceived experience in referring to the SCT. It is also important to be transparent with referral sources about the level of follow up they will receive after the referral. This dialogue about communication expectations and plans will provide referral sources with an understanding of the process, which may also promote a positive reputation.

Mitigation: Using the findings and recommendations, it may be possible to decrease referrals and critical incidents. These strategies may also encourage academic advancement through collaboration with academic divisions and teams. The following section describes recommendations for research and practice designed to mitigate risk.

Themes presented about weeks of the semester with high referrals may call for the need to assess if academic stress is particularly high during corresponding weeks. Teams have an opportunity to partner with academics to survey syllabi due dates to determine what weeks of the semester are most associated with exams and assignments. If academic strain could be decreased through the use of alternative exam/assignment schedules, critical incidents may also decrease. A slight alteration of due dates among an academic department may decrease referrals and increase academic advancement.

Mitigation also comes in the forms of student discipline, as members of the SCT serve in the role of conduct officers who are responsible for separating students who are threats to the health and/or safety of the campus community. Sometimes, this mitigation has a negative association with earning attempted credit hours because a student may no longer have the opportunity to do so (e.g., due to suspension or expulsion). In situations like these, the university must make a decision about whether it is more important for a referred student to earn attempted credit hours or to protect the university community through a separation. Deferred suspensions could be used to allow students to earn their attempted credit hours after a
decision has been made to separate them from the institution for conduct reasons. If students can complete coursework from afar, the institution could achieve both its goals for academic advancement and community safety.

The section that follows focuses on providing some useful recommendations for future research about team function and referrals. The coding structure of this dissertation provides a framework for future research regarding the demographic information of referrals.

**Recommendations for Future Research**

Because the body of research about teams is still growing, the methodology and findings of the current research provides a framework for team data collection and analysis. The current research variables should be replicated in future research to allow for comparison across institutions of higher education. Additional recommendations for future research include team structure and impact on team function.

Also, future research regarding the impact of SCT action on academic persistence to graduation will provide longitudinal data to these findings. The following section discusses some recommendations for future research on team structure and function, referrals, and impact of the services provided by BITs.

**Team Structure and Function:** Team structure and function are additional recommendations for future research. Because members of the SCT and many other teams were selected based on their roles at the institution (Dunkle, Silverstein, & Warner, 2008), future research may focus on the impact of those roles on the overall function of the team. This assessment may provide insight on functions that need additional development and validate those that produce positive results on academic advancement. Functions such as referrals for general care may also be examined as predictors for academic advancement in future research. The next section of this paper expands on this section about research on teams and the nature of the referrals made to the teams.

**Nature of Referrals:** The following research recommendations were drawn from questions outside the scope of this dissertation. These recommendations are designed to expand the findings of the current research about the nature of referrals to teams. Demographic considerations may be able to help create a profile of employees referred to teams, if applicable, and compare profiles between the roles in incidents. A new variable to consider as a predictor of academic advancement is student engagement (e.g., athletics, employment, and/or student organizations).

Additionally, the use of National Survey of Student Engagement (NSSE) data, which includes engagement data about first-year students and senior students, could also be used to compare levels of engagement before and after referrals.

Additionally, the expansion of categories for referral types would also allow for a more complete description of the referral types and examination of these variables as predictors for academic advancement. Specifically, re-categorizing the following types from “medical” to “EMS transport” and “long-term stays;” “harm to others” to “threats” and “physical harm;” and including “robbery” as a new referral type may provide additional insight into the academically straining times to compare high referral weeks with institutions on alternative academic schedules (e.g., quarters, semesters, summer sessions, and j-terms). Lastly, a comparison of referral type data across institutions of higher education (e.g., military, HBCU, women’s, private, Ivy league, nontraditional) would provide additional themes about the nature of referrals to teams.

The expectations of a university community to provide safety, security, and student well being have encouraged universities to create teams to assess and respond to concerning behavior. The purpose of the current research was to describe the demographic profile of students referred to the SCT, the nature of the referrals to the SCT, and whether those variables predicted if students referred earned attempted credit hours for the semester during which they were referred. The statement of the problem described the need to understand the work of teams on college campuses to add to the growing knowledge base about a growing field. Three research questions were presented to describe the demographic profile, nature of referrals, and prediction of earned credit hours.

**References**


