

Case Management Roundtable Discussion

- Case management is useful as it provides a service to catch those cases that seem to exist between the silos of counseling, DOS, judicial affairs and residential life.
- A key discussion point is where the case management position is housed---counseling, student affairs, attached to the BIT, judicial affairs and residential life?
- Funding for the position---shared between departments? A newly created position attached to the BIT (perhaps attached to a BIT budget request or tied to other crisis expenses such as HD cameras, blue lights, outdoor warning systems---crisis prevention vs. crisis response---we need both)
- Scope of authority of the position---can they require compliance and have sanctions? Do they refer to judicial affairs? Or are they more focused on providing assistance?
- How communication is designed? Think about---
 - Releases being signed at the start (easier than trying to do it mid process)
 - How much information is shared?
 - Helping the individual vs. risk to the community (think of mandated child abuse reporting)---counselors often err on the side of the individual---student affairs/conduct/residential life have a more community oriented approach (one is not better---how to set the balance)
- Some Data (17 schools, Enrollment ranged from 1100 to 48,000, with definite clusters around 6-10K, 15-20K, and 25K plus. No obvious patterns.
- Most frequent title is Case Manager (10). Others include Case Referral Coordinator, Emergency Case Manager, Clinical Case Manager, Case Management Specialist, Community Resource Specialist, Social Worker, Staff Counselor.
- Most frequent reporting channel is Director of the counseling center (8). Others include Assistant Director of the counseling center, dean of students, vice chancellor, associate vice chancellor, assistant director for psychiatry.
- Does the case manager manage both on/off-campus referrals? 16 yes, 1 no.
- Does the case manager collaborate with your local hospital ER? 15 yes, 2 no

WESTERN KENTUCKY UNIVERSITY
COUNSELING CENTER EMERGING SERVICES CLINICIAN

Western Kentucky University, Counseling and Testing Center, is seeking applicants for an **Emerging Services Clinician**. This position provides clinical services and is involved in care coordination for students who are hospitalized or deemed “at-risk” by the Counseling and Testing Center (CTC). This position will flexibly provide services to students in and out of the office. This position provides care coordination/patient advocacy in terms of finances, medications, housing, community partnerships and academic support with identified at-risk students who utilize the CTC.

Additionally, the Emerging Services Clinician coordinates mental health, substance abuse and eating disorder screening events on campus and assists the department with the evaluation and tracking of all outreach services.

Primary Duties and Responsibilities

- Provides psychotherapy services and care coordination for students who have been hospitalized (caseload expectations 8-10 clinical hours/week)
- Ability to work independently on task and meet deadlines
- Attends weekly campus partners meetings and work collaboratively with members of the team to address concerns for follow up and connection to campus resources
- Manages budget and assessment data related to the emergency student population
- Plans and administers mental health, substance abuse and eating disorder screenings and assist the department with the evaluation and tracking of outreach services
- Implements Counseling and Testing Center’s goals and strategic planning process
- Provides services outside the office as needed to meet the needs of the CTC clients
- Provides culturally sensitive psychological services to students
- Ability to problem solve, work independently and create team cohesion

Required Qualifications:

- Master’s Degree in Counseling, Psychology, Clinical Psychology, or Social Work field
- Minimum of two years extensive clinical experience
- Licensed as LPC or LCSW or licensed psychologist or eligible for licensure in KY
- Competency with differential diagnosis and use of DSM-IV-TR
- Clinical experience addressing suicide risk assessment and intervention, crisis response and intervention, case management, care coordination with high risk/high acuity clients
- Demonstrated strong clinical skills and interdisciplinary collaboration
- Demonstrated ability to provide quality and culturally-sensitive clinical services
- Demonstrated ability to work collaboratively within a team-oriented environment and have strong interpersonal skills
- Excellent oral and written communication skills
- Outstanding emergency services and triage skills

Salary Grade: 109

Expected Salary Range: \$35,000.00 - \$45,000.00 annually

Case Manager and Referral Coordinator
Counseling and Psychological Services Center Appalachian State University

This position will be an important part of the leadership team of the Center and reports to the Director of Counseling and Psychological Services which is a unit in the Division of Student Development. The Center is accredited by the International Association of Counseling Services (IACS) and internship accredited site by the American Psychological Association (APA).

The Clinical Case Manager and Referral Coordinator is an integral part of Appalachian's efforts to provide coordinated optimal care, ensure continuity of care and services, facilitate a coordinated team approach to client services, and monitor university response to needs. The position will be part of an institutional commitment to serve the needs of our students and the University through efforts to coordinate case management, monitor referrals, promote coordination and monitoring of care through collaboration among departments or agencies, improve communication, and facilitate coordination and continuity of care in complex cases.

Saint Joseph's University Office of Student Life

The position summary: The Case Manager will address the needs of students with health related, psychosocial, relationship and adjustment issues through a variety of interventions, referrals and follow-up services. Responsibilities include psychosocial needs assessment, case management and collaboration with University offices and external agencies. The Case Manager will actively collaborate and consult with members of the Student Life staff and serve as a resource to students, faculty and staff in the university community

University of North Carolina at Greensboro Case Manager

Primary Duties: Provide consultation to students for purposes of referral; follow-up with students to facilitate continuity of care; coordinate care and services for students with University departments and offices as appropriate, serve as a liaison to community mental health providers and services; develop and maintain a database of referral resources and community services. Provide clinical services such as individual and group therapy, triage/intake assessments, supervision and training of intern/practicum graduate students, outreach programs and clinical consultation, and crisis intervention. Coordinate training for and provide consultation to UNCG Sexual Assault Response Team (SART) volunteer advocates.

Required Qualifications: An earned Masters degree from an accredited program in Social Work, Counselor Education, Counseling or Clinical Psychology, or a relevant mental health field. Licensed, or license eligible, by the State of North Carolina to practice clinical services within his/her area of competency. Become fully licensed within twelve months of starting employment. Demonstrate competency in working with individuals from underrepresented and/or underserved populations. Demonstrate proficiency with the DSM-IV, and expertise in tasks required for CM functions.

Strongly Preferred: Experience in a college counseling or community mental health setting, including crisis intervention, short term therapy, and making referrals.

University of Tennessee, Knoxville
Division of Student Affairs
Case Management Specialist

The Division of Student Affairs at the University of Tennessee, Knoxville invites applications and nominations for the position of Case Management Specialist. The position is responsible for developing, implementing, and maintaining a case management system designed to coordinate, facilitate, and monitor programs and services available to distressed students. The position reports to the Vice Chancellor for Student Affairs.

PRIMARY RESPONSIBILITIES: Coordinate, facilitate, and monitor provision of programs and services to distressed students from various university departments and community organizations (i.e. Office of the Dean of Students, Student Counseling Service, Student Health Services, UT's Case Management Team, Police, Safe Haven, etc.); Coordinate with the Student Counseling Center and university psychiatrist to assist and support students in connecting with community resources for outpatient mental health care. This may include but is not limited to: scheduling phone appointments for students who need referral information, meeting with students to discuss barriers to accessing community resources, and providing case management for students who are in distress; Serve as primary point of contact for faculty and staff to express concerns regarding students who are exhibiting symptoms associated with distress; Assess students needs and, as appropriate, refer to university and/or community services; Provide crisis intervention for students with immediate definable needs such as shelter, food, financial, and medication control; Develop, implement, and maintain a system for follow-up with students who have been referred to campus and community resources (therapists, psychiatrists, clinics).

REQUIRED QUALIFICATIONS: Master's degree in higher education administration, counseling, social work, or related field; Concentrated experience working with distressed individuals within a higher education setting and/or community setting; Demonstrated ability to work with diverse constituencies both on and off campus; Strong communication, mediation, and interpersonal skills; Strong organizational skills; Demonstrated ability to deal with crisis situations; Demonstrated commitment to the values of cultural and ethnic diversity

PREFERRED QUALIFICATIONS: 3 years of concentrated experience working with distressed individuals within a higher education setting and/or community setting; Master's degree in Higher Education Administration, counseling, social work, or law

SALARY: \$55,000 - \$60,000 commensurate with experience and other qualifications.

Case Management Overview

Case Manager positions have been popping up all over the nation at institutions of all size and demographic. They have also been put in place in many different functional areas of institutions. The primary purpose for this position is to provide consistent support, follow up, accountability, and resources for students.

Case Management Philosophy

It is no secret that challenged and challenging students can be emotionally draining and time consuming. Professionals often find themselves questioning how to respond in ways that help the student, protect the university community, and follow university policies/practices all while trying not to burn out. When individual students exhibit concerning behaviors often associated with eating disorders, substance misuse, depression, self-harm, suicidal ideations, or others we are challenged by how to achieve this personal vs. community balance. This is where case management can play a role in both helping professionals stay balanced and support the greater university community while the student in need is provided the support, resources, and accountability that may be helpful to his/her personal development.

At its heart, case management seeks to:

- 1) link a student with appropriate campus and community resources,
- 2) provide a student with a frame work for practicing good self-care and self-advocacy.
- 3) utilize a system for accountability/follow up, and
- 4) help a student move beyond the behavioral issues exhibited

Whether a student's issue(s) are professionally diagnosed, self-disclosed/diagnosed, or emerging, these issues often create challenges that impact the individual student, roommates, community members, and even the campus as a whole. This is compounded by the difficult challenge of balancing the needs of the individual student with the needs of the greater community. These challenges and challenging students often need a level of ongoing follow up that provides accountability until the student is able to advocate on his or her own behalf and consistently demonstrate behaviors that align with our community expectations. To this end, let's first examine the different between some of the types of students that student affairs professionals deal with on a daily basis.

Type of Behavior	What you see	Examples:
Rebellious disruptive	Intentionally defiant, annoying, disrespectful behaviors.	Antagonistic behaviors, questioning the rules/finding the loop hole, continuous disregard for others/rules, pranks
Emotionally disruptive	Unintended behaviors usually precipitated by an underlying emotional crisis. While these may still feel annoying or disrespectful, they are usually unintentional.	Emotional distress/outbursts, hygiene changes, behavioral changes, isolation, self harm threats

From "Dealing with Disruptive and Emotional College Students: A systems model" by Thomas J. Hernandez and Deborah L. Fister. *Journal of College Counseling*, Spring 2001, volume 4

Behaviors that are solely rebellious are typically addressed judicially. Behavior contracts may be allow us to guide a student into behaviors that are more appropriate for our community expectations. They also provide accountability should a student continue to act in rebellious ways.

Emotional behaviors often need support and resources, but may also become a judicial issue if behaviors continue to disrupt the community. Please note that emotional behaviors may also be a manifestation of dealing with an underlying medical or health condition, specifically those related to mental health. These are situations where we need to act carefully and in accordance with ADA laws. In most cases, case management is aimed at helping students manage their conditions. Students may still exhibit symptoms of their illness/conditions, but do so in ways that are appropriate, healthy, and not disruptive to the community. For example, a student suffering from depression may exhibit suicidal ideations. The appropriate response for a managed condition would be for the

student to practice appropriate self care by getting him or herself to a clinician for help rather than disruptive community living or relying on friends to care for the student. In using case management with these students, we have built a relationship with the student which promotes trust and the building of the student's abilities to practice good self care and appropriate self advocacy.

Sometimes a behavior could fit into both categories on appearance, but more clearly fits into one upon greater conversation with the student. For example, an alcohol transport or consistent marijuana use may appear to be rebellious, but may actually be a sign of substance dependence, which would fit into emotional.

In some cases, students can be both disturbed and disturbing at the same time. These students would often be seen as our highest risk students. The title of "disturbed and disturbing" often fits those who have acted out on campuses such as Virginia Tech. These are students where an assessment may be appropriate to determine the safety of the student and those around the student.

Sample Case Management Responses

Condition/Situation	How we find out about it	Typical Response
Eating Disorder	In most cases, it's a roommate disclosing concern.	<p>Unless the behaviors associated with the eating disorder are continuously disruptive, we may not do anything. This is intentional in that eating disorders are about control, so the more we intervene, the more we may be making the student more resistant as opposed to open to getting help. When behaviors become more disruptive or it appears that a student's health is in danger, we will step in.</p> <p>When a student is referred to the Case Manager, the first step is a referral to off campus resources (dietician, counselor/therapist, doctor) for services and to the Accommodations Office, in addition to a conversation about disruption to the community and ongoing support. Often students will continue to check in with the case manager every few weeks.</p>
Cutting/Self Harm (not suicide)	In most cases, it's a roommate disclosing concern.	<p>A Residence Life Professional staff member may meet with a student about this first. If the student of concern discloses working with a counselor or that the issue is in the past, the RD can likely refer the student to on campus resources, discuss other stress management techniques, have a conversation about community living, and follow up the conversation with an e-mail that reiterates what the student and professional staff member discussed during their meeting.</p> <p>If the student is currently struggling with self harm and/or is not seeking (or using) resources properly, a referral to the Case Manager is appropriate and necessary. The case manager will then refer the student to resources, ask the student to sign a behavioral agreement, and put the student on a regular check in schedule.</p> <p>After a period of time, if the student uses appropriate resources and is no longer disrupting the community, the student may no longer need to have regular check in meetings Case Manager, but may still be on a behavioral agreement for the duration of their career.</p>
Drug use or alcohol transport	Incident report or self disclosure	<p>Students who self disclose past issues who are not currently in a judicial situation around substance use may be referred to treatment and check in with the case manager just to make sure they have support.</p> <p>Students who are sanctioned to an assessment as a result of an incident and come back with a recommendation of treatment are required to enter the treatment. The case manager receives monthly progress reports on these students until they complete their probation with the university.</p>

Condition/Situation	How we find out about it	Typical Response
Suicide Attempt	Attempt is in our facilities; friends know about past attempt or history	<p>If a student has recently attempted, we typically want clearance from a medical professional that the student is not a threat to him/herself or others prior to the student's return to the campus. This is typically communicated through a letter that is faxed to the hospital and copied to the student's doctor. This lets the student know that he/she is not allowed to return to campus without providing the university information from the doctor in addition to meeting with the Dean of Students and with the student's parents present. The questions we typically want answered include: (a.) Can the student practice self-care for him/herself 24 hours a day without consistent monitoring or support? (b.) Can the student appropriately manage his/her medication in a way that promotes safety and self-care in an unmonitored, unstructured environment? And (c) Are there any psychiatric recommendations for the student's on-going self care, including living recommendations (i.e. residence hall/community living considerations) and continuing care?</p> <p>In most cases, doctors recommend that students go home and get some continued treatment/care prior to their return. Students are not allowed to re-enroll until the Dean has answers to the above questions, reviews the documentation, has practitioners for continuing care in the area, and is on a self care agreement.</p>
Suicidal Ideations	Disclosure by roommates/friends	<p>The first step is to get the student into the Case Manager's office. We want to lay eyes on this student and know he/she is okay. The Case Manager will typically do an initial assessment of the student's current state. In situations where the Case Manager feels the student is actively suicidal, an on staff counselor is called to also do an assessment. If counseling staff feel that the student is suicidal, the student will be transported to the hospital for assessment. The procedures listed above for suicide attempt may then be put into place to ensure a safe return to campus.</p> <p>If a student has ideations but is not actively suicidal, the student is referred to resources (on and off campus), asked to sign a behavioral agreement, and placed on a regular check in schedule. Parental notification may be done if the student needs assistance finding resources that fit with the student's insurance or other financial situation.</p> <p>After a period of time, if the student uses appropriate resources and is no longer disrupting the community, the student may no longer need to have regular check in meetings Case Manager, but may still be on a behavioral agreement for the duration of their career.</p>

Sample Behavioral Agreement

Behavioral Agreement for On Campus Students

DATE

This behavioral agreement is meant to serve as an outline of how the University expects students to see their own self care as an individual responsibility, especially in instances when the resources necessary for a student to remain well and manage their own self care may not be available to the extent needed on campus. This university is committed to student success in and outside of the classroom, and strongly believes that this success is dependent on one's ability to positively and appropriately care for one's self. As such, behavioral agreements are used to outline self care expectations in ways that will help support student growth as whole people in pursuit of academic, educational, and personal success.

As we discussed during your meeting on **DATE**, the University wants to support you during this process and ensure that you are taking the necessary steps to address your self harm behaviors in a healthy and appropriate manner. By your signature below, you agree to meet the expectations below as stated. You understand that these agreements are required at this time for you to continue to obtain the help, support, and guidance that you need to enrich your university experience while also promoting your success as a student, peer, friend, and person.

1. I agree that I am responsible for my own self care, including making positive, healthy choices. I understand that it is in my best interest to begin working with a professional in the INSERT FIELD in the local area regarding these behaviors. I understand that all costs associated with these appointments are my own, and agree that I will work with my parents and/or insurance company as needed to figure out a provider that works best for my personal and financial situation. I agree to sign a release allowing my healthcare provider(s) to provide information to the Case Manager, regarding my progress and any other information deemed appropriate and necessary. A copy of this release should be faxed to the Case Manager as soon as I sign it. If any prescription medications are given, I understand that taking them as prescribed is what my provider believes is in my best interest. If I choose not to take medications as prescribed, or follow the suggestions, recommendations or treatment plans as given by my providers, I acknowledge that there may be a negative impact on my ability to regulate my behaviors and practice self care in positive and healthy ways that align with the University's Student Code of Conduct. I will establish and meet with this provider by DATE.
2. I understand that it is my responsibility under the Student Code of Conduct to manage myself and my own care well enough that I do not adversely impact either the community I live in or the friends/peers that surround me. This includes causing a significant amount of disturbance in your residence hall community. I understand that if my self care begins to struggle to a point where my personal health is in danger, including becoming detrimental to the goals of the on campus living community or behaviors that require significant amounts of staff time, attention, and resources, I may be required to move off campus.
3. I agree to meet with the Student Life Case Manager on a bi-weekly basis to discuss how I am doing and anything else I wish to discuss. If I begin to struggle, I understand that I may need to have these meetings more frequently.
4. I agree not to engage in any sort of behavior that harms or disrupts myself and/or the University community. I agree to contact a University official if I feel inclined to engage in any such behavior.
5. I understand that any special accommodations during my time at the University need to be worked out with the Accommodations Office. I will keep this resource in mind and use it use as necessary and required.
6. I understand that if University Officials believe that my health and safety is in danger, they reserve the right to contact my parents/guardians as needed.

By signing below, I understand that all of the items listed above are expectations and requirements of me as a student of this University for the duration of my time at the institution. I recognize that failure to meet these expectations will result in meetings with the Case Manager or other university officials.

Signed: _____

Date: _____

I hope that you see this agreement as another learning tool to help you achieve success. Our goal has always been and will always remains helping you grow as a person and aiding you in being a successful student.

Please let me know what I can do to aid in your success.

Sincerely,

Case Manager

JoAnne: I Don't Want to be Here Anymore

JoAnne is a first-year student who has been having difficulty adjusting to life on campus. She is the first in her family to go away to college and comes from a rural town. Her parents are proud of her, although they don't have a good frame of reference for all that is involved in going away to school. JoAnne has trouble making friends, feels overwhelmed by classes and worries that she won't be able to finish all the work she has piling up around her.

JoAnne's roommate Heather is worried that JoAnne's homesickness is worse than people think. Heather tells her resident advisor that JoAnne hasn't been eating much lately and that she is sleeping all of the time. She is worried JoAnne hasn't been going to class and that she has found her several times crying uncontrollably in their room when Heather gets back from class.

JoAnne has told Heather, "I don't think I can do this anymore. I don't want to be here. I don't want to be anywhere."

Heather has tried to get help for JoAnne. She has even offered to walk her over to the counseling center to talk with someone about her difficulty adjusting to college. JoAnne says, "I went to counseling before when my parents got divorced when I was little. It never helped. I don't want to go there."

Heather struggles with this answer from JoAnne. She sees the situation getting worse and feels frustrated about how to proceed. Heather talks to one of her other friends who suggest that Heather talk to a counselor about her worries. Heather makes the appointment and shares her concerns with a counselor I don't think I can do this anymore. I don't want to be here.

Heather makes the appointment and shares her concerns with a counselor without using JoAnne's name. The counselor offers her some suggestions and encourages her that if she shares a name, then the counseling staff can follow up directly with the student.

Heather tells the counselor, "I'll think about it. I'm just worried that I'm overreacting or she will be mad at me for coming to talk to you. I know I shouldn't worry about that and I'm doing the right thing. I just don't want to get the whole school involved."

Soon after, Heather comes back from studying at the library and finds JoAnne in her room with a razor. She has a deep cut on her left arm that is bleeding on the bed. Heather runs from the room to find the RA and call campus safety. Other students begin to mill about the hallway and try to find out what is going on. Heather comes back with the RA after calling campus safety.

Campus safety comes to the room to find JoAnne crying, surrounded by Heather and her RA. The RA is applying pressure to the wound and the razor sits on the desk next to the bed. JoAnne says, "I'm fine. It was just a stupid cut. I do that sometimes when I'm sad. I'm fine. I'll be fine."

The RA calls the Administrator On Call (AOC) to try to figure out what to do. Both the RA and Heather worry about JoAnne if she is going to spend the night in the residence hall. They each think that this is a chance to have some other professionals see how bad things have really gotten for JoAnne.

Case Management Response

Brian (brian@vanbrunts.com): One thing I case manager might help with is addressing the stigma associated with counseling. If a case manager worked out of the counseling department, it might be useful to have JoAnne address some of these concerns over coffee with a case manager to help her feel more comfortable coming into counseling. If a case manager is connected to student affairs, the conduct office or the BIT/TAT then it might be helpful to have the case manager work more closely with JoAnne to help coordinate her care with counseling, residential life and her parents. The flexibility of the case manager position would help ensure that JoAnne doesn't "fall through the cracks" if she is hospitalized and returns to campus.

Jill (yashinsky@gonzaga.edu): In this situation, I believe that the role of case management is to get JoAnne connected with greater resources both in and around campus while also providing accountability. If I were the administrator on call, I would ask that JoAnne be evaluated in the moment by both a mental health professional to assess her current state, and also by a medical professional to deal with the open wound. Our case management follow up would likely be guided by the mental health professional's assessment. If this was a suicide attempt, an ambulance or the local police would transport the student to the hospital. We would then fax a letter to the student care of the hospital letting the student know that she cannot return to campus until she has met with the Dean of Students and that she must bring any documentation provided by the hospital to that meeting. We would request that the hospital include any guidelines or recommendations for ongoing care in the documents provided to the JoAnne. Our Dean would then work with other on campus professionals to evaluate if it is safe for JoAnne (and others) to return to campus, and what on campus services and support we could provide.

If this is an instance of self harm behavior, which is certainly different that suicidal ideations/attempts, we would first still rely on medical and mental health professionals' assessments of the situation. Then our ongoing case management would start. JoAnne would begin to meet with our Case Manager on a weekly basis. During her first meeting, we would review the University's statement on self care. JoAnne would then be asked to sign a behavioral agreement that acknowledges that herself care is her own personal responsibility and that she understands that following the recommendations of her health care team is in her best interest. We would connect JoAnne to resources on and off campus. One part of that conversation would certainly be a discussion about her past experiences with counseling and some ways that we could help her make this experience new, different, or better. We would work with JoAnne and her family to figure out which resources are within their financial situation. JoAnne would be expected to sign a waiver with her practitioners allowing them to verify that JoAnne is attending appointments, is not a danger to herself or others, and is making positive progress. The burden for signing these waivers falls on the student. We would also talk about the impact something like this has on a living community and how this may have impacted her roommate or friends. Finally, we would get JoAnne on a regular check in schedule meaning that she would meet with a Case Manager every

week until she got into the routine of using her other practitioners and her routine use was verified by those providers.

Erica (ewoodley@tulane.edu) : Brian and Jill both make some very good points. I think each individual institution's protocol determines how the immediate situation would be handled. At Tulane, we have an internal emergency medical service which would be dispatched at the time of the incident. This group tends to err on the side of transporting students to the hospital in situations like this.

Something that Jill alluded to, but which actually took me a good bit of time to really get a handle on is the relationships that the case manager develops with emergency room staff. In Orleans Parish, we have just under ten hospitals with functional emergency rooms that students may be transported to in emergency situations. Additionally, Post-Katrina New Orleans has a real problem with mental health beds. When I began, I thought it would be simple to develop relationships with all of the hospital ER staff members without accounting for high turnover-or how long that actually takes. After my first year, I was able to develop a system which has really worked for us. Anytime a student is transported for mental health reasons, they go to one hospital. I have worked extensively with that hospital to negotiate issues surrounding communication and consent . In terms of students who are admitted, we have also crafted an MOU with a hospital located about 45 minutes outside of New Orleans. This hospital works with the hospital to give our students priority for admittance. The same kind of coordination has gone into this relationship, such that the hospital understands the benefits of having the university involved in their care and in a way that makes the transition seamless. However, I think it's important to take the time to figure out the best way to set up this network.

Another thing to think about, and something that actually helped me get support for establishing my position is to point out the ripple effect and how this model allows for better support for all involved students. In this scenario, the case manager would follow-up with the student and possibly the roommate-but many times in cases like this, the community feels the impact. When you have a case manager to work with the students experiencing the primary issues-you can focus residence life staff (just one example) on supporting the community.

Boris: A Lack of Social Skills

Boris attends a community college and is working on his degree in accounting. He has always been good with numbers and is an average student in his classes. He hopes to be able to take his degree and go on to get his CPA license and work for a company like H&R Block, training others to do taxes and financial planning. Boris lives at home with his mother and she works as a manager at the local department store. They get along well and his mother encourages Boris in his schoolwork. She is proud of her son and the two of them go out each Friday night before she starts her evening shift to talk about his future. Boris never met his father and his mother tells him that he is still in Russia and that he is a “dirty, no good, son-of-a-bitch.” Boris has no reason to doubt this.

Boris doesn't do well talking to people and making friends. He becomes very focused at times with the things going on in his life (completing assignments, playing video games, collecting trading cards for Magic the Gathering) and doesn't possess the skills to ask questions about other people and their interests. Boris learned in elementary and middle school that the best way to avoid getting into fights or being hurt was to keep to himself. He developed an active fantasy life and often plays video games to distract himself from feeling isolated and alone.

His mother had at one time enrolled him in therapy to work on his social skills and hygiene issues, at the request of a teacher and principal at the high school. His mother never saw anything wrong with the way Boris related to the other children, and didn't see any problems with his bathing and washing habits. They never really had much money, so his clothes were mostly second-hand. They lived in a small apartment, so washing required a trip to the Laundromat down the street and, with money always being tight, this didn't happen often.

During classes at the community college, Boris sits alone in the left front of the classroom and rarely talks to other students. Many of the students in class stay away from Boris altogether because he has a fairly distinct body odor that is unpleasant to be around. One or two of the males in the class make teasing remarks about Boris saying, “Nice shirt...didn't I just see that yesterday?” and “It's called a shower—they have them in most houses, you know. They are really easy to use...”

Boris gets these references and feels sad when the other students tease him. He keeps his feelings bottled up inside and rarely shares them with anyone. Occasionally, he will cry a bit in class and then quickly cover his face so others don't notice. Once or twice, the tears have turned to anger and he has told the male students teasing him in class to “shut up.”

The professor doesn't do much to try to help Boris. She sees him as a lost cause in terms of connecting socially with other students. He does well enough on the quizzes and tests and turns in his assignments on time. Most of Boris' professors are part-time adjuncts that come in to teach one or two classes and then leave. They aren't paid fairly or treated well by the administration. It is hard for them to balance teaching and the added responsibility to police the classroom for teasing.

Case Management Response

Jill (yashinsky@gonzaga.edu): This is a great place where a case manager can have a caring conversation with a student while also helping him feel more connected to the campus community. The opening of the conversation may be more about how he is feeling here, what his life is like at home, what (if anything) he perceives he could use some assistance with. That could provide an opening about some of the hygiene and social challenges that the student may be having. Brian hit this one on the head.

Brian (brian@vanbrunts.com): Isolation, teasing and bullying are difficult for any one person to handle on their own. A case manager could be used here as part of a BIT/TAT intervention to help Boris improve his social skills, hygiene and find new ways to interact with students in the classroom. The case manager could also be helpful in providing some support and suggestions to the professor who is struggling with how to best handle Boris. Most importantly, the flexibility of the case manager would allow them to form a connection with Boris on his own "turf" and find ways to help address his social and hygiene problems in a way that will have a higher chance of success (for example, walking him through how to wash his clothes and how often to shower).

Erica (ewoodley@tulane.edu): This is one of those cases in which I am reminded of the importance of utilizing colleagues on campus. When I first started this position, I believed that I had to have all of the answers and be able to solve every problem. I think Boris's case illustrates a great opportunity for a behavioral interventional/multidisciplinary approach. I would first try to see if there was someone on campus with whom Boris had connected, if yes, this person may be a good social support while the person in the case management role can challenge or push a bit. If the support is not there, I like the idea of trying to create it or help the student create it using our colleagues in housing, academic advising, international student support office, student programs-whatever is appropriate. Again, this highlights the importance of having a case manager who can build strong relationships with people across campus.

The other thing that I believe is worth mentioning about this case study and the case manager position is the importance of marketing your position and training the faculty and staff at your institution to engage you in situations like this-so that we can be proactive. I am probably the worst person to bring this up, as a small office, when things get hectic or busy, these two tend to be the easiest things to neglect-but some of the most important.

Darryl: A Frustrating Student

Darryl is not the easiest person to get along with. He often finds himself arguing with just about everyone he comes in contact with. In the past, this has included friends, family, teachers, members of his church and, in a few instances, he argued with police over speeding tickets and had to be taken to the police station. Darryl's "difficult" manner has continued during his time on campus.

He has been involved in multiple arguments with various departments, professors and students. While none of these have escalated to anything physically violent, several incidents have risen to the attention of the student conduct office, as many people report a feeling of "being scared and worried" about what Darryl might do.

Recently, Darryl got into an argument at food services over a forgotten ID card. He was frustrated at the cashier for not allowing him through the line. Darryl responded with, "Look, you part-time food service worker. I pay your salary by being a student here at the college. All I want to do is get a damn apple before class. It's not like I'm trying to steal anything. I just left my ID card in my room." Darryl proceeded to take an apple and then had to meet with the student conduct office because of his behavior and language to the staff.

Another problem occurred when Darryl made some inappropriate comments to a professor. He told her that her "insight was pretty good for a woman, but men are always going to be better at the hard sciences." The professor took offense to this and the information was shared with the campus BIT as a possible concern.

When the incident was discussed at the BIT meeting, it led to a flurry of discussion around the table about other offices that knew of Darryl's rude and disrespectful behavior. Many shared concerns about Darryl and wanted to hold him accountable for his language and behavior. The team required an assessment at the counseling center.

The counseling center staff, who had previously not encountered Darryl, did not get a chance to meet with him. As he was scheduling his appointment, Darryl managed to offend the office manager and two graduate students in the office. He said, "Is this a picture of your husband? Because there is no way he deserves to be with a hottie like you." He then stared inappropriately at the two graduate students while making conversation with them, saying, "I don't even really have to be here. I'm just doing this to keep the Dean happy. Some professor got her panties in a bunch." The staff was shocked at this behavior and the counselor assigned to work with Darryl canceled the appointment.

Counseling services reported the behavior back to the Dean of Students.

Case Management Response

Jill (yashinsky@gonzaga.edu): This is certainly a situation where we would want to get a good grasp on what as many people as possible know about Darryl. We would want someone to consistently be laying eyes on him. Due to his comments about women, we would likely try to assign a male to serve as the Case Manager on this case. We would have a conversation with Darryl about how disruptive his behavior is becoming to our campus community and put him a behavioral agreement. Our Dean of Students would have this meeting, but we would have campus security staff close by while this meeting is going on. We may also reach out to see if there is a staff person who has a particular connection with Darryl. If there is, we may ask that person to accompany Darryl to that meeting. We may also ask a parent to come into town for the meeting if we are concerned for the welfare of the student or others. If there is a question about propensity to violence, which there appears to be in this case, we would likely mandate enrollment in an anger management program, and likely some counseling. Finding the right counselor who would feel safe but also hold Darryl accountable for his disruptive behavior would be important. If Darryl has already been put on notice that these behaviors are unacceptable, he may be released from the institution and trespassed from campus.

Erica (ewoodley@tulane.edu): This is one of those cases where the university really has two goals 1) to support an individual student and 2) to make decisions along the way that consider the overall safety and wellbeing of the campus community. In this case, we would employ a standard threat assessment process in conjunction with a mandated assessment. In cases like these, we may opt for an assessment done by an outside clinical professional.

I think this case highlights the importance of a good relationship between student conduct and the case manager. Where possible, it's always good to hear about the Darryl's of the world before their situation(s) escalate because oftentimes early intervention can prevent future incidents.

Brian (brian@vanbrunts.com): This case can be a little more difficult given the potential for violence, inappropriate behavior and Darryl becoming upset. Clearly, this is a case that will involved multiple departments (police, conduct, counseling, residential life, BIT/TAT) and having one person to help coordinate Darryl's care may be helpful to ensure he gets where he needs to go and one person is taken ownership to ensure that Darryl's behavior is address and does not fall between the many "silo's" that may occur since his behavior is occurring in so many areas across campus.