# Building and Managing a Collaborative CARE Team



# **AGENDA**

#### Module



- Multiple teams: How do we choose?
- What's the best name for our team?
- How often should we meet?
- Who is best to lead the team?
- How should we document what we do?
- Who is on the team?

#### Module



- How do we assess suicide?
- What motivates violence to others?
- Using a model to assess risk
- Case study introduction

#### Module



- Applying the Pathway Intervention approach to the cases
- Example of how cases are shared with team
- Meeting logistics, process and flow
- Interventions and Action plans
- Documentation

#### Module



- Discussion of next steps for the team
- Training schedule
- Marketing the team to the community
- End of the year reports

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# MEETING LOGISTICS, PROCESS AND FLOW

# In today's training

- 1. Introduction to the Navigator
- 2. Case Study Matilda
- 3. Case Study Stacie
- 4. Case Study Dustin





## **NAVIGATOR: ABOUT**

The Navigator is an expert system that rises above traditional pen and paper assessments and intervention plans. It takes the guess work out of these processes, as it guides counselors, human resource professionals, and CARE and threat team members to work through a series of questions which will be used to develop an intervention plan and have clear documentation to support these interventions.



### **NAVIGATOR: ABOUT**

Based on best-practices and in-depth research, your answers will be assembled and analyzed by the system to create a risk level and risk-based suggestions for interventions. Because of the depth and breadth of the report, the Navigator requires that you answer questions related to each of the core concepts. As you submit each section, the concept icon will change to green. When all concepts are completed and green, you will be able to submit for the report.



# **NAVIGATOR: WHY AN ONLINE SYSTEM**

The Navigator's technology allows you to enter all relevant data toward providing you the three things you need most:

- 1. An assessment of risk with mitigated bias,
- 2. Clear and consistent documentation to enter for your database, and
- 3. Intervention recommendations to help mitigate the risk and access appropriate services.



## **NAVIGATOR: WHAT IT DOES**

The Navigator asks the subscriber to share information from their interview or details from a particular case. Next, the data is analyzed and used to create a dashboard summary of the individual's current overall state and provides narrative guidance on recommended next steps.





The Navigator's calculations are dependent on an accurate gathering of information from a variety of sources (e.g., counselors, teachers, human resources, etc.). This data is critical to the generation of the dashboard and narrative guidance.





A quality interview is critical in this process. You should not simply pass this document to the person being assessed and ask them to fill it out. Instead, a careful intake interview should be conducted with the individual and appropriate contextual data gathered.





While implicit and explicit bias can be mitigated by a computer-driven expert system, some bias remains related to what information is gathered, what questions are asked and how forthcoming people are when they share. The Navigator questions are available in their entirety to help ensure you gather the information needed to create the dashboard and guidance recommendations.







#### **Navigator Questions**

The Navigator is designed to assist counselors, human resource professionals, BIT, CARE and Threat team members to work through a guided series of questions in order to develop an intervention plan and have clear documentation to support these interventions. Using the expert system process, users are asked to complete a series of questions which will them be assembled and analyzed by the system to create a risk level and suggestions for interventions.

No information is saved within the system and PDF document is created to provide the user with a clear intervention plan and documentation to justify the next steps for the student as they connect to services.

#### Demographics

- Which group fits best? (Middle/high school/secondary school student, college/university, workplace, or general)
- 2. Age range:
- 3. Relationship status:
- 4. Are they a veteran?
- a. Which of the following apply in regards to their military service? (Check all that apply: They were involved in active-duty combat; Their military experience has prepared them well for the college or work environment; The struggle with adjusting back to civilian life; They often experience irritability and a heightened awareness or startle reflex; They excel at college course work and complete tasks on time; They struggle with finding purpose at school or work given all they have been through; Their service is a source of pride and accomplishment in their life: They feel alone and isolated)
- 5. Gender:
- 6. Sexual orientation:
- 7. Are they of Hispanic/Latino/Spanish origin?
- 8. Race:
- 9. Employment status:
- 10. Occupation:
- 11. Where do they live? (rural, suburban or urban setting)
- 12. Do they have access to a car?
- 13. Access to public transport?
- 14. Social Connections:
- 15. Facebook Usage:
- 16. YouTube Usage:
- 17. Instagram Usage
- 18. TikTok Usage:

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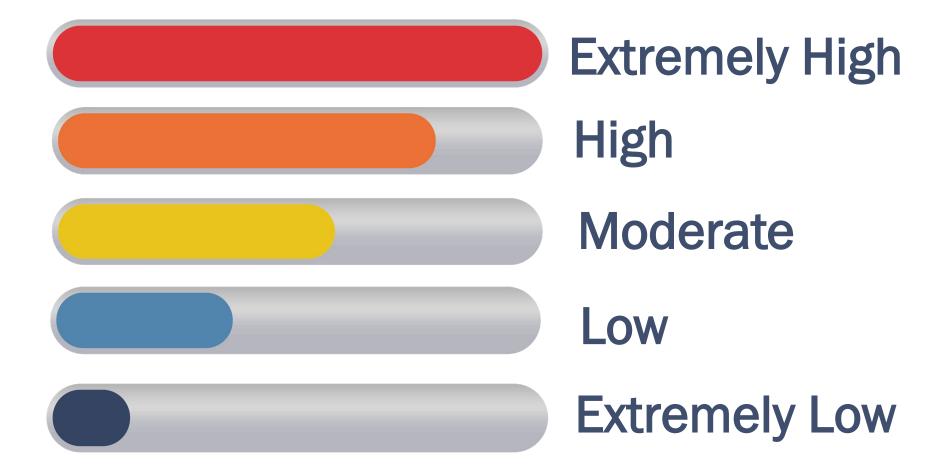
# **NAVIGATOR: SCAFFOLDING**







# **NAVIGATOR: THE RESULTS**







# Case Study: MATILDA

#### Case Study: Matilda

Matilda is a first-year college student studying at a residential, four-year university. She came from Lancaster, U.K. on a scholarship for soccer (football). It is now late October. A teammate shares the following with you and the CARE team.





# Case Study: STACIE



#### **Case Studies**



#### Stacie: Vague Threat in Photojournalism Class<sup>1</sup>

Stacie is a 25-year-old Caucasian female enrolled as a full-time graduate student studying photojournalism. She aspires to be a photographer and travel the world to cover wars and humanitarian crises. She has a history of depression and has been on medication but has never been in the hospital. She had a college boyfriend and that relationship ended badly. She saw a therapist after the breakup for vague suicidal thoughts without a plan. She has no eating or sleeping problems and feels ok about how she looks. Stacie was a solid student in her undergraduate work (3.8 grade point average). She is concerned and worried, but too much.

She drinks 2-3 glasses a wine a month by herself. She is not religious. She plays intermural soccer on Wednesday nights on campus. She posts her photography occasionally on Facebook, Twitter, and Instagram. These are also safe places for her to post worries and get support. Stacie lives in an off-campus apartment in the suburbs and has a car and access to the city bus. She has two female roommates who she gets along with alright but who have their own lives. One keeps a handgun locked up in a safe in her room which is often left unlocked. Stacie is non-committal about having access to the combination of the safe.

She has been in a class with Professor Galloway, who is prominent in the department and has travelled extensively doing the work she dreams of doing. She has recently been struggling in his class and has been to academic tutoring for help. She finds the assignments poorly defined, and she becomes increasingly frustrated at the lack of clarity. This comes to a head on her thesis project. He offers criticism that is arbitrary, inconsistent, and seems to reflect more on his sense of self-importance than the requirements of the syllabus.

Most students go along with Professor Galloway because his recommendation carries weight in the field and at the university. Behind his back, everyone agrees he is arrogant and difficult to get along with. Most people learn the lesson of avoiding him or placating him to proceed. Stacie becomes upset, internalizes her anger, and is tearful when the subject comes up. Her roommates offer support and listen for an hour or so but aren't supportive beyond that. They tell her to go back to therapy, "like when she was an undergraduate student and had that bad breakup with her boyfriend." Stacie is thankful for the advice but refuses. Stacie has a few other friends she occasionally hangs out with after soccer, though she doesn't confide much in them.

As the semester draws to a close, Stacie struggles with balancing her coursework. She has another professor requiring an enormous paper that takes up a lot of her time and chemistry of photography and requires a great deal of focus. Her goal is to make Bs in all her classes (a requirement of the graduate program). Professor Galloway's critique of her final project has been unrelenting. Stacie has been documenting conflicts between a local street preacher and students on campus. The street preacher attacks gay students, those who dress provocatively, and any Greek students or athletes. Stacie has gotten some good pictures, but none are of the quality required by Professor Galloway.

<sup>1</sup>Adapted from: Van Brunt, B. (2015). Harm to Others: The Assessment and Treatment of Dangerousness. Alexandria, VA: American Counseling Association. (Chapter 3, p. 41-77)

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# Case Study: DUSTIN



#### **Case Studies**



#### Dustin: Threating Behavior in the Classroom<sup>2</sup>

Dustin is a 32-year-old non-traditional sophomore student who lives alone off-campus and is studying nursing at a community college in an urban setting. He works full-time as an emergency medical technician (EMT) in the local community while attending classes. He says he wants, "an easy emergency room nurse job so I don't have to drive around anymore and pick up the sickies... I want them to come to me." Dustin was in the army for two years before being discharged for a chronic knee injury that first occurred in basic training. He has been in numerous arguments and appeals with Veterans Affairs (VA) to have his physical therapy covered.

Dustin does well in class, mostly because of his street knowledge as an EMT and first responder in the military. The coursework is easy for him; the problem lies more in his attention to detail and his attendance. He finds the classes a waste of time, since he feels like he already knows everything they're teaching. He has a 2.8 GPA. He has no mental health history (no therapy, medication, or inpatient stays). He has one past assault charge from a bar fight with a bouncer that ended in 6 months' probation. He admits to being a regular drinker, often going to a bar on his own after his EMT shifts, and that he has attended class under the influence, but claims no one could tell. He drinks alone and with friends and has no desire to reduce his drinking or see it as a problem.

Dustin feels distant from other students. He often comes across as having a chip on his shoulder or being angry. He shares, "You know that scene in the Hulk movie where Bruce Banner says he is angry all the time. That's me. I'm always just a hair's breadth away from pulling the god-damned trigger."

Other students see Dustin as a kind of loose cannon, capable of just about anything. Most give him a wide berth. His social life includes a series of volatile sexual relationships with women, including some fellow students at the college, but because he works long hours and finds most of the activities on campus boring or meant for "kids who haven't seen the shit I have," he hasn't made any real connections on campus. None of the women remain in his life beyond a hook up or two, and all have included the potential for rough sex and violence. Dustin sees himself as a bit of a sadist and enjoys being in positions of control. He doesn't seem to have this same connection problems at his EMT jobs—Dustin says, "Everyone gets it there. We have a dark sense of humor. No PC bullshit." Though even there, he doesn't have any close friends or people he spends much time with outside of work.

Three weeks before the end of the semester, one of the girls he slept with makes a joke about his injury, something about him being "less than a man," to one of her friends during class. The instructor does not hear this initial comment.

Dustin yells at her, "You are a fucking c\*nt. Shut your god-damn ignorant mouth or I'll shut it for you." The instructor is very concerned about the potential for violence and feels this is a potential Title IX reporting issue. The instructor asks Dustin to leave the class and he refuses. Crossing his arms, he says, "I've paid to be here. I'm not going anywhere."

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<sup>&</sup>lt;sup>2</sup> Adapted from: Van Brunt, B. (2015). Harm to Others: The Assessment and Treatment of Dangerousness. Alexandria, VA: American Counseling Association. (Chapter 3, p 41-77)

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