

## **ABSTRACT**

WARREN, CARROL LYNN ADAMS. Crisis Intervention and Management: Are North Carolina Community Colleges Prepared to Prevent a Crisis on Campus? (Under the direction of James E. Bartlett II, PhD).

The purpose of this study was to assess the extent to which policies and behavioral assessment teams exist at North Carolina community colleges, to determine the perceived ability levels of North Carolina community college counselors when dealing with students in crisis, and to identify the characteristics of community colleges in North Carolina who have implemented policies for the assessment of students in potential crisis. Research Question One sought to analyze policy implementation for the assessment of students in crisis and the implementation of behavioral assessment teams at community colleges in North Carolina. Research Question Two used descriptive data to report the levels of the counselors' perceived confidence when assessing risk and what they perceive as needs to address crisis intervention and management at community colleges in North Carolina. Research Question Three had the purpose of determining if a relationship is present between the five levels of risk (Sokolow et al., 2009) and the perception of confidence as reported by community college counselors in North Carolina. Research Question Four explored what type of relationship exists between North Carolina community college demographic characteristics and policy implementation level.

The methodology implemented was a mixed-methods design. A purposeful sample of counselors employed at community colleges in North Carolina was used for this study. A survey was developed and was distributed to the sample to collect both quantitative and qualitative data.

Data analysis techniques included computing descriptive data including the means, standard deviations, frequencies and percentages. A Pearson correlation was also used to answer two of the research questions.

Findings indicated that community colleges in North Carolina have varied levels of policy implementation when it comes to crisis management and intervention. Counselors employed by community colleges in North Carolina report needing additional training to assist students who present at-risk behaviors. Location was found to impact policy implementation; urban community colleges in North Carolina are more likely to have policies in place to address crisis intervention and management.

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Crisis Intervention and Management: Are North Carolina Community Colleges Prepared to Prevent a Crisis on Campus?

by  
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North Carolina State University  
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## DEDICATION

Proverbs 16:9 “The heart of man plans his way, but the Lord establishes his steps.”

Completing this degree has been a journey to say the least. I have had to say no to family and friends more often than I wished so that I could dedicate more time to class, more time to research, and more time to write. I would like to extend gratitude to my husband, Brian Warren, who has been my number one supporter and encourager throughout this process. He helped me realize that I have what it takes to finish and repeated to me many times, “if it were easy, everyone would be doing it.” He also gave me structure and when he caught me watching TV would kindly suggest “shouldn’t you be working on your paper?” Brian, I love you more than you know and appreciate your gentle heart. You’ve never complained about the time I’ve had to dedicate to this degree and you will now have my undivided attention.

To my sidekick, travel partner, and my source of comfort during this process, Andrea Thomas, I would not have made it without you and I would not trade our trips to Charlotte for anything in this world. We laughed, cried, and commiserated together on those long trips to and from class. Our friendship grew and I will forever cherish the memories we have made. From developing creative presentations to running hundreds of dissertation topics by one another, we survived! I look forward to all that life has in store for us beyond this degree.

To my mother, Dotty J. Edgerton and my brother, Jonathan Adams, you two have always been my biggest cheerleaders. You’ve listened to me vent about how many times I have re-written a chapter and you heard about all of my frustrations and you love me still. I

am grateful that you have been by my side for the duration and I look forward to conversations that don't revolve around this dissertation. I dedicate this dissertation to Brian D. Warren, Andrea Sutton Thomas, Dotty J. Edgerton, and Jonathan S. Adams. I appreciate your constant encouragement when I needed it most. You all endured this journey with me and I will forever be grateful that God placed each one of you in my life.

## **BIOGRAPHY**

Carrol Warren was born in Raleigh, North Carolina and grew up an hour east of the state's capitol in the small rural town Newton Grove. Carrol has always had a love of learning and desired to attend college at an early age. After graduating with a Bachelor's degree in psychology from Meredith College, she began working at the North Carolina Division of Vocational Rehabilitation providing counseling to individuals with disabilities after completing her degree. While working full-time Carrol went on to pursue a Master's degree from the University of Texas at Austin. It was during this time that Carrol began working as an adjunct instructor at a local community college. This experience fostered an interest in Carrol to work full-time in a community college setting. Soon after completing her Master's degree in Special Education, Carrol began working full-time for a community college maintaining a role in the counseling profession. After three years in a counseling role, Carrol transitioned to a director's position at the institution where she made the decision to return to college to begin work towards a doctorate degree. After completion of her dissertation, Carrol desires to continue to help educate adult learners.

## ACKNOWLEDGMENTS

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## **CHAPTER ONE**

### **Introduction**

This chapter will first summarize violent events which have occurred on 4-year university campuses. Next, a need for North Carolina community colleges to have a plan to prevent disturbing events will be provided. This chapter will also cover the following key points: nature and statement of the problem, the purpose of this research, the theoretical framework associated with this research, research questions to be addressed in this study, associated variables, the significance of the study, and the study's limitations and delimitations. The definitions of key terms in this research study will conclude this chapter.

### **Four-year Universities**

Tragic events in recent years have resulted from violence on the campuses of 4-year universities (Eells & Rockland-Miller, 2011; Keller, Hughes, & Hertz, 2011; Davenport, 2009; The Associated Press, 2007). In April 2007, the New York Times reported that 33 students lost their lives on the college campus of Virginia Tech after a gunman opened fire. Violent attacks on college campuses are documented back to 1966 when a student wounded 31 and killed sixteen others at the University of Texas at Austin (The Associated Press, 2007; www.npr.org, 2007). The Associated Press (2007) denotes the eight campus shootings that occurred between August of 1966 and April of 2007 that occurred on 4-year U.S. college campuses. In all, 64 people lost their lives on the campuses due to the violent attacks (2007). With certainty, the rate at which 4-year college campuses experience life-threatening risk is escalating (Davenport, 2009). A timeline of worldwide school and mass shootings provided

by Pearson Education (2012) reveals that between February 1996 and June 2014, 85 school shootings have occurred. Five of those eighty-five shootings, occurred at U.S. universities in the 2013-2014 academic year. Globally, 482 individuals on school campuses across the world have been killed and another 523 wounded since February 1996. Sokolow, Lewis, Wolf, Brunt, and Byrnes (2009) in a white paper prepared for the 2009 National Behavioral Intervention Team Association (NaBITA) outlines a threat assessment tool that will be referenced throughout this paper. As a “measure to assess mental health related risk” the threat assessment tool categorizes the following five levels of generalized risk: extreme, severe, elevated, moderate, and mild (Sokolow, Lewis, Wolf, Brunt, & Byrnes, 2009, p. 3). This threat assessment tool is specific to college campuses and mitigating the issues that create crises on campuses.

Research surrounding behavioral intervention and management is primarily focused on universities, possibly due to 4-year campuses being mostly residential (Keller, Hughes, & Hertz, 2010). There is a fundamental ethical and legal need to address the issue of growing violence. College administrators are ethically and socially responsible to provide leadership for keeping faculty, staff and students safe (Anderson & Davies, 2000). The management of crisis intervention is essential in minimizing the liability of colleges.

### **Community Colleges**

Cohen and Brawer (2003) report that “during most of its history, the community college has been unnoticed, ignored by writers about higher education” (p. 35). In 1988,

Dallas Herring, later named Chairman Emeritus of the North Carolina State Board of Education, stated,

We face a new century a dozen years from now-not just a new century, but a new millennium. No one knows what it holds for civilization. One thing is certain: education of the masses of humanity, not only as economic beings, but especially as human beings, will be essential to the achievement of peace and prosperity (p. 7).

The new millennium brought many challenges with it. Finding a balance between maintaining the open door mission of community colleges in North Carolina and developing a safer and more secure environment to serve the surrounding population emerges as a crucial issue facing leaders in this neoteric era (Vaughan, 2003). Increasingly, as community college administrators respond to the growing needs of the student population, their focus is more on finance operations (Levin, Kater, & Wagoner, 2006). The current focus of community college leadership is heavily weighted on productivity, competition, and efficiency (Levin, et al., 2006). John Levin (2006) describes the efforts of community colleges as “institutional shifts in strategic and operational planning that change from a focus on expanding educational and training opportunities for the local community to achieving economic goals motivated by values of efficiency and productivity [which] have affected the governance of community colleges” (Levin, et al., 2006, p. 47). In the new millennium, the increasing demands placed upon community college faculty to serve in multiple roles create an environment which lacks quality services (Levin, et al., 2006). Anderson and Davies (2000) regard community college leaders as responsible for the safety of their respective college campuses. It is imperative that community college administrators utilize innovative

approaches to plan effectively for the safety of students, faculty, and staff. Overall, strategic planning in preparation for serving a more diverse campus population is needed (Nevarez & Wood, 2010). The economy, in its current state, presents community colleges with additional challenges; specifically, the need to serve more students under pressure with specialized services (Nevarez & Wood, 2010). This dissertation will address a need to consider counselors' adoption of a vital role in the development of crisis intervention and management as related to campus violence prevention in addition to the role community college administrators assume in crisis intervention and management.

College counselors often identify "at risk" students who could potentially threaten the campus at large. As trained professionals, counselors ethically and legally provide de-escalation for students in crisis (Davenport, 2009). What are the consequences if counselors are not trained to deal with students in crisis? Along with the growth of the student population comes more diverse and increased mental illness, the demand for individualized counseling services, action planning, and crisis management. Do community college administrators have policies in place to handle situations of crisis which require intervention? The identification of warning behaviors in students who participate in classes on college campuses is critical (Meloy, Hoffmann, Guldemann, and James, 2012).

The expectations placed upon community colleges intensify each year. Community colleges are sought for their educational resources and unique ability to serve a wide range of students. Whether students seek training for their career field of choice or courses solely for personal enrichment, community colleges provide a wide range of educational opportunities.

Demands placed upon community colleges are increasing and the ability of community colleges to problem solve is becoming more difficult (Cohen & Brawer, 2008).

Campus crisis will be referred to throughout this dissertation and will be defined from this point forward using Roher & Warner's (2006) definition of "an abnormal and unique event with a potential to have serious impact on institutional operations" (i.e., a violent act such as a multiple shooting) (Roher & Warner, 2006, p 31). Most research on crisis intervention and management is focused on 4-year universities. Research specifically addressing the need for crisis intervention and management at 2-year colleges is limited. The focus of this research paper is to provide an analysis of the policies and procedures that address crisis intervention and management currently in place at North Carolina community colleges. The intention of this research study is to also identify the perceived ability levels of counselors who work at 2-year community colleges, in North Carolina, and their level of preparation and training for crisis intervention and management. It is anticipated that results can be generalized to 2-year colleges inside of North Carolina.

### **Nature of Problem**

Until now, literature addressed crisis intervention and management focused on 4-year institutions of higher education as a whole but not on 2-year community colleges with open-door admissions policies. Community colleges are not the only ones slow to plan for crisis. In fact, research indicates that "less than 70% of U.S. corporations reported having crisis management plans and teams" (Lee, Woeste, & Heath, 2007). The National Behavioral Intervention Team Association (NaBITA) supports research on the assessment of threats on

college campuses recognizing the increase in violent events on campuses (Sokolow, Lewis, Wolf, Brunt, and Byrnes, 2009). In a 2012 survey, NaBITA collected data from over 800 colleges and universities; 24% of respondents were 2-year schools while 76% were 4-year traditional colleges and universities (Van Brunt, Sokolow, Lewis, and Schuster, 2012). Even though the survey included 2-year schools, the participation of community colleges were not distinguished. With the literature's focus on 4-year universities, there is no way to estimate the number of 2-year community colleges without a plan for crisis intervention and management. Since the literature all but omits 2-year postsecondary institutions, this study will address the gap by closely examining the need to create policies which address crisis intervention and management at North Carolina community colleges.

### **Problem Statement**

Since repeated incidents of campus violence have occurred the need for teams to come together on college campuses to assess students who present disturbing behavior and thoughts on campus has been identified (Keller, Hughes, & Hertz, 2011). Eells and Rockland Miller (2011) recognize that mental health concerns, violence, and the need for risk assessment on the campuses of institutions of higher education are growing. Campuses are placed increasingly at significant risk for violent attacks and at many institutions the responsibility to assess the risk of students with mental health concerns is assigned to counselors (Davenport, 2009). A key concept to handling crises ethically and legally is to have trained professionals assess situations and evaluate students in crisis (Davenport, 2009).

Research focuses on 4-year university campuses with selective admissions policies and not on community college campuses that extend open access to all students (Vaughn, 2003, Zdziarski, Dunkel, & Rollo, 2007). Due to the increasing demands placed upon college personnel and resources, researchers are raising the question whether open access can continue at community colleges (Vaughn, 2003). NaBITA defines a behavioral intervention team or crisis management team as a “multi-disciplinary group whose purpose is meeting regularly to support its target audience (students, employees, faculty, staff) via an established protocol” (<http://nabita.org/behavioral-intervention-teams/>, 2012-2014). In 2009, NaBITA introduced its Threat Assessment Tool to aide campuses with the evaluation of potential at risk students in a white paper (NaBITA, 2009). The NaBITA Threat Assessment Tool (2009) identifies the five following levels of generalized risk: mild, moderate, elevated, severe, and extreme (Sokolow, Lewis, Wolf, Brunt, Byrnes, 2009). Each of the five risk levels is linked to student behaviors ranging from emotionally troubled to suicidal (Sokolow et al., 2009). Key members of a crisis management team can be composed of faculty and staff across campus including student affairs professionals and counselors (<http://nabita.org/behavioral-intervention-teams/>, 2012-2013). Sherwood and McKelfresh (2007) note that smaller-size institutions face a greater challenge in the development of a successful crisis management team and “community colleges [also] may have limited resources to draw on” (p. 57). The development and training of behavioral assessment teams, including counselors, are essential to maintain safe and secure campuses, increase risk assessment services to the campus population, and identify tools to prevent violence (Davenport, 2009; Eells and Rockland-

Miller, 2011; Keller, Hughes, and Hertz, 2011). If crisis intervention and management policies surrounding threat assessment are not implemented at North Carolina community colleges, safety and security on campuses will decrease; therefore, threatening the overall success of each institution.

Warning signs are often given by students exhibiting significant signs of distress. Mostly these signs are visible to faculty members, counselors, or other college personnel. How do community colleges choose to prevent students from engaging in violence on campuses? Colleges are responding to violence on campus by establishing preventative measures; however, threat assessment tools are lacking (Sokolow et al., 2009). If research is not concentrated on community college campuses, there may be an increased risk of violence (Bishop, 1995). The lack of implementation of a behavioral assessment team to assess risks also places a liability on the community college and employees (Barr, Desler, and Associates, 2000).

### **Purpose Statement**

This study will research what is currently being done at the organizational levels at community colleges in North Carolina to manage students who present potentially threatening behavior. The purpose of this study is three fold. First, the study will assess the extent to which policies and behavioral assessment teams exist at North Carolina community colleges. Second, the study will seek to determine the perceived ability levels of North Carolina community college counselors when dealing with students in crisis, based on behaviors reported by counselors and the behaviors associated with the five levels of risk

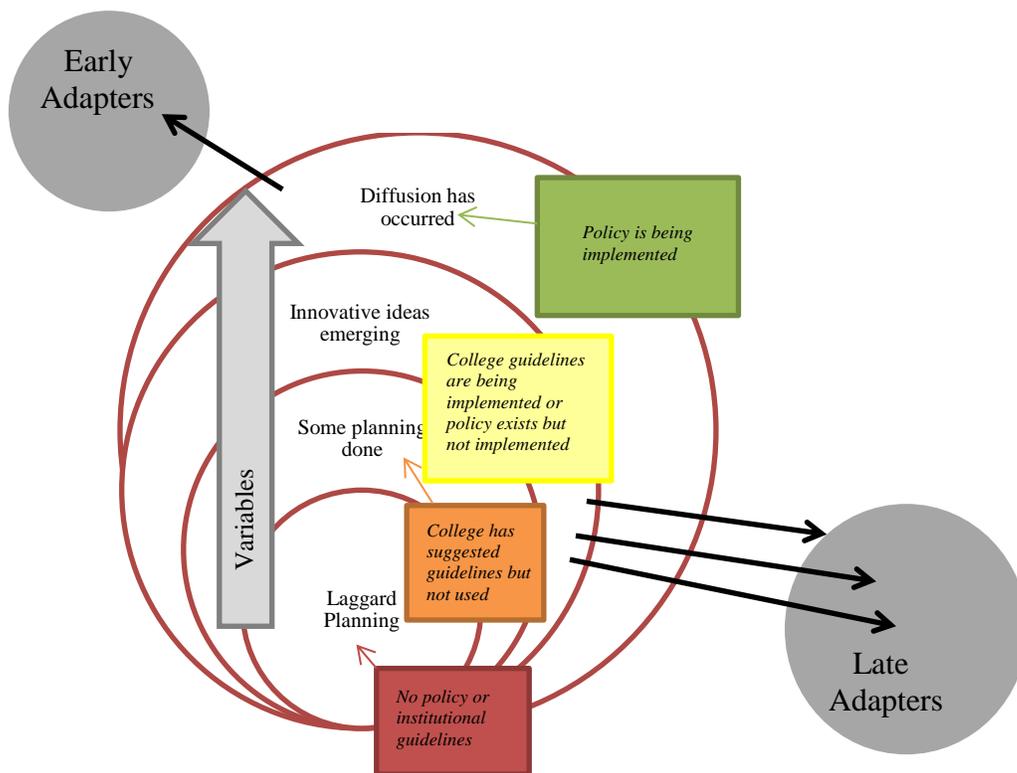
identified by NaBITA (Sokolow, Lewis, Wolf, Brunt, & Byrnes, 2009). Finally, the study will identify the characteristics ( size, number of counselors, and location) of community colleges in North Carolina who have implemented policies for the assessment of students in potential crisis.

### **Theoretical Framework**

The diffusion of innovation theory, developed by Rogers (1971, 2002, & 2003; Rogers & Agarwala-Rogers, 1976), has been used to study communication and other links possessed by organizations to implement new and innovative ideas. Rice and Rogers (1980) describe innovation as a connection to reinvention. The researchers explain that with reinventions of innovations, making an idea new again, pride and status may play a part with concepts becoming attractive to others resulting in a linkage to widespread implementation (Rice & Rogers, 1980).

Ratts and Wood (2011) tied the diffusion of innovation theory to the critical role that a counselor-educator plays when communicating ideas to others regarding social justice (Ratts & Wood, 2011). The awareness of a particular need an organization has and new ideas can depend upon the acceptance of others and time; for ideas to be sustained they must be adapted early on in one's education (Ratts & Wood, 2011). Applied to this study, this theory holds that the independent variables (stages of planning) will influence the dependent variables (early and late adapters). Chapter three will introduce further connection of this theoretical framework with crisis intervention and management policy implementation at North Carolina community colleges.

## Conceptual Framework



*Figure 1. Conceptual Framework*

*Figure 1.* The conceptual framework characterizes early adapters and late adapters. The early adapters are representative of colleges who have already implemented policies for crisis intervention and management as well as behavioral assessment teams. Late adapters are representative of colleges who are in the process or who have not yet implemented policies for crisis intervention and management. The implementation levels of behavioral assessment teams and crisis intervention and management policies at community colleges in North Carolina are examined further in the study. The diffusion of innovation theory in this

conceptual framework demonstrates a connection with the concept of the implementation of crisis intervention and management policies and the implementation of behavioral assessment teams in North Carolina community colleges. This conceptual framework ties directly to the research questions.

### **Research Questions**

The following research questions will be considered to evaluate the level of preparedness North Carolina community colleges have in place for dealing with students with significant mental health issues who pose potential threats on campus.

1. To what extent do community colleges in North Carolina implement policies and behavioral assessment teams to identify and assess students in crisis?
2. How often are North Carolina community college counselors providing services to students who present risk behaviors, what is the counselor's perceived level of confidence when assessing risk and what is perceived as a need to better assist students who present risk behaviors?
3. Based on the five levels of risk (Sokolow, Lewis, Wolf, Van Brunt, and Byrnes, 2009), what is the relationship between the presenting behaviors as they are reported by North Carolina community college counselors and the counselor's perceived level of confidence when assessing risk?
4. Do North Carolina community college characteristics (location, size of institution, and number of full-time counselors employed) explain a significant amount of

variance in the level of implementation of policies in place to identify students in potential crisis?

### **Variables**

This study will employ a mixed methodology with a foundation in survey design to evaluate the current practices in place for counselors who provide services to community college students in North Carolina who are facing crisis situations. The analysis of the research questions will provide descriptive statistics and qualitative data. Research question one will use descriptive and qualitative data to describe the extent to which community colleges in North Carolina have policies and behavioral assessment teams in place. The second research question will be answered by a collection of descriptive data. The third research question will use a correlation to determine the relationship between the five levels of risk (Sokolow et al., 2009) and the perception of confidence as reported by counselors employed by North Carolina community colleges. The fourth and final research question will seek to explain the significance of North Carolina community college characteristics by utilizing a multiple regression. Independent variables in research question four include the demographic characteristics of community colleges in North Carolina (location, student population, and number of counselors employed); the dependent variable will be the level of implementation reported by the counselors on the survey.

### **Significance of Study**

This research study has analyzed whether the current organizational policies in place at community colleges in North Carolina effectively support services to students who present potentially threatening behavior. This study is significant because it has the potential to outline the implementation levels of policies in place for crisis intervention and management specific to the assessment of threats created by students at community colleges in North Carolina. Furthermore, this study is significant because it describes the skill and comfort levels that North Carolina community college counselors possess specific to crisis intervention and management. It sheds light on what colleges may need to develop to effectively manage problematic student behavior before it escalates into a crisis situation.

### **Limitations**

**Instrumentation.** A survey instrument developed by this researcher was used in this study (see Appendix A). A pilot test was conducted prior to launching the survey. While the survey instrument used in this study is grounded in theory, the pilot test conducted was the first application. Feedback was provided from those who took the survey during the pilot test and modifications to the instrument were done to clarify wording on two survey questions prior to distributing to the sample population.

**Methods.** This study will use a mixed methods design which will include a quantitative analysis that will produce descriptive data and inferential statistics. A qualitative method was

added to this study to access an additional source of data that could not be collected or measured quantitatively.

**Source.** Although employees at North Carolina community colleges typically communicate with students for a barrage of reasons, this research was limited by conclusions which were drawn from one group of practitioners, the counseling staff. Counselors were selected to take the survey because they are most often utilized during the event of the crisis (Barr, Desler, and Associates, 2000). While research demonstrates that counselors can be a source from which to obtain data, a greater understanding of students in crisis may derive from surveying faculty and other employees as well (Van Brunt, Sokolow, Lewis, and Schuster, 2012).

### **Delimitations**

**Generalizability.** This study was limited to community colleges in North Carolina and as a result, the findings will not be applicable to 2-year private institutions or 2-year for profit postsecondary schools. Other public colleges outside of North Carolina, private institutions or for profit postsecondary schools will not be applicable in this study. The sample for this study was reflective of North Carolina community colleges.

**Time.** Time was a limiting factor. This study in its entirety was conducted within a limited time frame. It is possible that during the time this research was being conducted North Carolina community colleges could implement crisis intervention and management policies that assess behavioral threats on campus.

## Definitions of Terms

Key terms and their operative definitions for the purpose of this study ensue.

*Acute*, when referring to a behavior pattern, can mean an unwelcome or bad type of behavior (Meloy, Hoffmann, Guldemann, & James, 2012).

*A behavioral intervention team* is

a multi-disciplinary group whose purpose is meeting regularly to support its target audience (students, employees, faculty, staff) via an established protocol. The team tracks ‘red flags’ over time, detecting patterns, trends, and disturbances in individual or group behavior. The team receives reports of disruptive, problematic or concerning behavior or misconduct (from co-workers, community members, friends, colleagues, etc.), conducts an investigation, performs a threat assessment, and determines the best mechanisms for support, intervention, warning/notification and response. The team then deploys its resources and resources of the community and coordinates follow-up” (retrieved from: <http://nabita.org/behavioral-intervention-teams/>).

A *crisis* can occur at any given moment and can “apply to both individuals and systems”; a *crisis* “has the potential to cause severe affective, behavioral, and cognitive malfunctioning” (Myer, James, and Moulton, (2011, p. 15-16). Defined by Barton (1993) a *crisis* “is a major unpredicted event that impacts the organization across its employees, products, services, and reputation in unpredictable ways with the potential for negative results” (p. 2). A campus can be considered in *crisis* due to any of the following reasons: “a student death (whether it be from murder, suicide, or an accident), a student demonstration, violent act (rape or assault), or a natural disaster (hurricanes, tornadoes, or earthquakes)” (Duncan & Miser, 2000, p.453). For the purposes of this study a *crisis* will refer to student violence.

*Crisis Intervention* is thought of as a “rationale for psychological first aid” and can be “natural and human-made disasters, campus emergencies, and critical incidents” which may occur due to several factors including the increase in the population on college campuses who enter college with pre-existing susceptibilities or need for mental health assessment (Griffin, 2007, p. 146).

*Crisis intervention teams, crisis management teams, and behavioral assessment teams* are described by the National Behavioral Intervention Team Association as “a multi-disciplinary group whose purpose is meeting regularly to support its target audience (students, employees, faculty, staff) via an established protocol” (<http://nabita.org/>, 2013).

*Dynamic patterns of behavior* can mean that behavior is constantly changing (Meloy, Hoffmann, Guldemann, & James, 2012).

Rogers (2002) writes about *early adapters* versus *late adapters* as “the degree to which an individual or other unit of adoption is relatively earlier in adopting new ideas than other members of a social system” (p. 990).

*Innovation* is a connection to reinvention and as explained by research, reinventions of innovations, and pride and status may play a part to make concepts more attractive to others (Rice & Rogers, 1980). *Innovation* can also be explained by Rogers (2002) in five steps: “(1) relative advantage, (2) compatibility, (3) complexity, (4) trialability, and (5) observability” (p. 990).

*Laggard* planning refers to late adaptation. Hornik (2004) perceives the theory of innovation as a tool detecting the development of ideas; initial adopters of the idea can be separated to those who do so in the later stages, indicating *laggard planning*.

*Risk behaviors* are presented in the research of Sokolow, Lewis, Wolf, Van Brunt, and Byrnes (2009) and are identified within five levels: mild risk, moderate risk, elevated risk, severe risk, and extreme risk; mild and moderate risk level behaviors include:

distress level behaviors. Individuals who are emotionally troubled, individuals impacted by situational stressors and traumatic events, and individuals may be psychiatrically symptomatic. Elevated risk behaviors include disturbance level behaviors, individuals who are behaviorally disruptive, unusual and/or bizarre acting, destructive behaviors, apparently harmful to others, and individuals who are substance abusing. Severe and extreme risk behaviors are considered dysregulation/medically disabled and include individuals who are suicidal, para-suicidal (extreme cutting, eating disordered), individuals engaging in risk taking behaviors (i.e., substance abusing), hostile, aggressive, relationally abusive behaviors, and individuals deficient in skills that regulate emotion, cognition, self, behavior and relationships (2009, p. 1).

*Toxic* patterns in behavioral changes can mean that the behavior is harmful to oneself or to others.

*Warning behaviors* can be identified as “acts which constitute evidence of increasing or accelerating risk” (Meloy, Hoffmann, Guldemann, & James, 2012, p. 256). Researchers (2012) find that warning behaviors are “acute, dynamic, and particularly toxic changes in patterns of behavior which may aid in structuring a professional’s judgment that an individual of concern poses a threat” (Meloy, Hoffmann, Guldemann, & James, p. 256).

## **CHAPTER TWO**

### **Review of Literature**

The literature review will begin with a summary of violence on four-year university campuses. Next, counseling roles during a crisis will be examined. Third, crisis intervention and management will be presented followed by ethical and legal considerations. The literature review will provide a summary of the theoretical framework including Kohlberg's theory of moral development and the diffusion of innovation theory. The chapter concludes with a review of the community colleges and crisis intervention and management and the importance of crisis intervention and management in the community college system.

#### **Violence on Four-Year University Campuses**

Sixteen people were killed and 31 others were wounded when a gunman set fire on the campus of the University of Texas at Austin in 1966; in 1991 four faculty were killed and two others injured when a student began shooting on the University of Iowa campus; in 1996 three professors were killed at San Diego State University when a student began shooting; in 2000, a murder suicide took place at the hands of a disgruntled student at the University of Arkansas; in 2002 three individuals were shot to death by a student at Virginia's Appalachian School of Law; in a separate 2002 incident at the University of Arizona, three people were shot dead; in 2006 a shooting ended three lives at Shepherd University; in 2007 more than 30 were killed by a gunman at Virginia Tech (NPR, 2007). In 2014, three shootings have already resulted in 11 deaths on the campuses of universities (Pearson Education, 2014).

Institutions of higher education have been accountable for reporting crimes which occur on campuses beginning with the Clery Act signed in 1990, which "...requires colleges and universities to report crime on their campuses in yearly reports to the FBI and also institute informational and educational services to its constituencies about crime and crime prevention" (Myer, James, and Moulton, 2011, p. 8). Myer et al. (2011) provide support that additional amendments have aided in securing more significant laws related to emergencies and responses on campuses. Hate crimes are now included along with the obligation for the campus to report to the community any acts of violence on campus that threaten the community, students or staff. (Myer et al., 2011). Bishop (1995) found that colleges and universities lack the preparedness needed to control a volatile act of violence on campus, which supports colleges turning to trained professionals within the institutions (i.e., counselors).

### **Counseling Roles at Colleges during a Crisis**

Counseling staff are essential individuals on a campus from whom top down administrators can seek assistance when dealing with a student in crisis (Hersh, 1985; Davenport, 2009; Much, Wagener, & Hellenbrand, 2010). While strategic planning has been ongoing at institutions of higher education, until recently, little focus has been given to the role of counselors in dealing with preventing acts of violence (Myer et al., 2011). In assessing the mental health of students and threatening student behavior "colleges and universities historically rely on campus counselors for some measure of insight and analysis of threat assessment (Sokolow et al., 2009, p. 2).

Identifying the role of counselors who work in an academic setting and planning strategically is key; unfortunately, situations of immediate crisis arise and often there are no plans in place that provide a solution. The increased demand upon the counseling needs of students and the lack of administrative preparedness causes difficult situations to become unmanageable (Bishop, 1995). Adhering to a model for threat assessment could be a solution for counselors serving students in crisis.

Keller, Hughes, and Hertz (2011) present a model for the assessment and mitigation of threats on college campuses which colleges can follow to mitigate disruptive events. The model is designed to mitigate a threat by analyzing the risk in a comprehensive way. By facilitating a centralized team to track reports of disruptive behavior, “it is likely that the pattern and escalation of behavior...” could be recognized and further escalation prevented (Keller, Hughes, and Hertz, 2011, p. 84). The number of college students who experience mental illness is on the rise. This increase has been suspected because of “increases in pharmacological treatment and therapy, the issue of returning veterans on campuses attempting to reintegrate into society, and the increased pressures resulting from the difficult economic conditions being experienced by students and their families along with the host of everyday pressures normally experienced by this [traditional college] age demographic...” (Keller et al., 2011, p. 77).

In a search of relevant data the most current found was a 1992 survey of college and university counseling centers. Two-hundred, ninety-eight participating institutions found that 48% of those counseling centers had resorted to decreasing the number of counseling staff on

hand; in addition, counseling salaries were found to be less than competitive and funding for counseling was not marked as a high priority by administrators (Bishop, 1995). In 1995, research supported establishing limits for services provided in counseling centers at universities (Bishop, 1995). These limitations experienced by counseling centers at universities negate the efforts surrounding policy development for crisis intervention and management; this is another demonstration that the focus is placed upon college and university settings, rather than specifically to community colleges. The parents of university students expect that the university has services, such as counseling, in place. These services are particularly crucial since many students arrive on the campus of a 4-year institution having received years of therapeutic care and count on them for continued support (Bishop, 1995). Bishop's (1995) research provides colleges with administrative strategies and encourages leaders to rely on data regarding decisions made regarding what services counseling centers should provide to students since counselors can be part of the solution for intervening during a crisis. Support and training are lacking when it comes to crisis intervention and management at community colleges (Lee, Woeste, & Heath, 2007).

Student counseling centers at universities are often a resource for students during and after a campus crisis. Counseling centers face increasing demands as they strive to operate in an ethically sound manner (Much, Wagener, & Hellenbrand, 2010). The rate at which campuses experience opportunities that present risks is escalating, with the result that college counselors are being depended upon to assess risk in many situations (Davenport, 2009). College counselors are being sought out to identify "at risk" students who may pose a threat

to the campus at large. Counselors can be specifically trained to deal with suicidal students by developing assessment measures to enhance their outreach skills (Davenport, 2009). Davenport (2009) ranks homicide as the most significant risk a campus can experience today, referencing mass homicide on campuses since 1966. Davenport (2009) recognizes assessment within the counseling center as a key element to ethically handling crisis situations presented by distraught students; “risk is a fluid, constantly changing concept that continually becomes modified as we learn about the latest tragedies that occur at a given university” (p. 182).

### **Crisis Intervention and Management**

Trends for providing training to professionals in preparation for crisis intervention emerged in the late 70s (Aguilera & Messick, 1978). The need to provide education about team assessment to the masses was increasing, and mental health awareness was on the rise. Aguilera and Messick (1978) found a need to educate the public about mental health. The team approach was identified as a way to intervene during a time of crisis. Those who served on the team needed to be highly skilled with a background in the psychosocial sciences (1978). Aguilera and Messick (1978) identified crisis intervention as a way to resolve a potential crisis and reinstate normalcy to an individual or circumstance. In the 21<sup>st</sup> Century, crisis intervention lends itself to a more aggressive approach including identifying warning behaviors as a measure of prevention and utilizing threat assessment as form of eliminating immediate dangers (Meloy, Hoffmann, Guldinann, & James, 2011).

Concern with irrational behavior has become a variable when measuring the likelihood of a violent act occurring in public. Researchers aim to identify the key ingredients of assessment when investigating the time between the initial concern regarding a situation and the time of the actual response of the intervention (Meloy, et.al, 2011). Research ascertains that warning behaviors can be discovered by observing the individual or individuals involved and gathering information about the behavior in an effort to intervene (Meloy, et.al, 2011). The need to develop plans to deal effectively with the detection of students who present concerns is essential (Keller, Hughes, and Hertz, 2011). Researchers are moving towards identifying a more proactive approach to crisis intervention and management that will enable prevention. Campus situations which are deemed “controlled” have been the focus of crisis intervention and management as a preventative measure. In “controlled” environments such as secondary schools or corporate sites, it is not as complicated to support security and awareness at a level that meets the needs of the campus (Keller et al., 2011).

A 2009 white paper presented by NaBITA examines threat assessment in the campus setting (Sokolow et al., 2009). The paper provides a free threat assessment tool to be used for crisis intervention and management. The tool allows an evaluator, such as a behavioral assessment team member or counselor to examine a threatening situation. The NaBITA Threat Assessment Tool (2009) defines the following five levels of generalized risk: mild, moderate, elevated, severe, and extreme (Sokolow et al., 2009). In the NaBITA Threat Assessment Tool (2009), each risk is associated with a particular mental and behavioral

health scale and the nine levels of aggression. Mental and behavioral health, referred in the paper as “the D-Scale” in the NaBITA Threat Assessment Tool (2009) identifies the following categories of behavior associated with their risk levels. The first set of behaviors, Distress (i.e., emotionally troubled, individuals impacted by situational stressors and traumatic events, psychiatric symptoms), is listed in the scale with the mild and moderate levels of generalized risk. The next set of behaviors, Disturbance (i.e., behaviorally disruptive, unusual and/or bizarre acting, destructive, apparently harmful to others, substance abusing) is listed with the elevated generalized risk. The final set of behaviors are: dysregulation/medically disabled (suicidal, para-suicidal, extreme cutting, eating disordered, individuals engaging in risk taking behaviors, substance abusing, hostile, aggressive, relationally abusive, individuals deficient in skills that regulate emotion, cognition, self, behavior, and relationships). These behaviors are associated with severe and extreme generalized risk. The NaBITA Threat Assessment Tool (2009) also refers to the nine levels of aggression: actions vs. words, harmful debate, hardening, forced loss of face, image destruction, threat strategies, win/lose attack, limited destructive blows, and lose/lose attack. The nine levels are broken down into three categories that connect to the generalized risk levels. The mild risk on the tool connects to the trigger/escalation phase; the moderate and elevated risk level connect to the escalation phase; the severe and extreme risk level connect to the crisis phase (Sokolow et al., 2009, p. 1) (see Appendix B). Sokolow et al. (2009) share in their white paper that “as a result of campus shootings, other emerging campus violence and the increasing frequency and intensity of mental illness-related issues on campus,

colleges and universities have responded by implementing a variety of campus safety initiatives, including the creation of behavioral intervention teams” (p. 2).

### **Ethical Considerations**

Barr, Desler, and Associates (2000) point out several ethical considerations when a university campus experiences a crisis. Media relations, personal management, management of a natural disaster, leadership roles of student affairs professionals, financial management, and technology are all elements within a crisis intervention and management plan that pertain to ethical awareness (Barr, Desler, & Associates, 2000). Student discipline can also present behavioral challenges that lead to crisis intervention and management. College administrators have the responsibility to be adept in knowing the rights for individuals with disabilities as well (Drasgow & Yell, 2001). Not only do college administrators hold an ethical responsibility to provide leadership and safe campuses, but also hold a social responsibility as well. Anderson and Davies (2000) support the view that “community colleges play an integral role in the social, political, and economic lives of their respective communities” (p. 711).

Research explains how the selection of a college representative to speak on behalf of the college during a crisis can be a critical ethical decision made by college leaders. Selecting a trustworthy individual to represent the college who understands the values and concerns from the perspective of the college’s administration ensures that he or she will be able to ethically present the college in the most accurate light by providing facts and protecting student privacy. Once a crisis occurs and its effects have made an impact on the institution

and the campus community, it is the responsibility of the institution to interact appropriately with the media whether by hosting formal press conferences or preparing a release of information for the press (Barr, Desler, & Associates, 2000). The campus should identify either an office or individual to be in charge of public relations to handle the intricate details of relaying information to the public in an ethical manner (Barr, Desler, & Associates, 2000). Barr, Desler, and Associates (2000) found that “student affairs staff should establish and develop a close working relationship with the public relations-information office and seek assistance in understanding the complexities of the media world before a crisis happens” (p. 459). It is a likely possibility that the college would be overwhelmed with requests for information once a crisis occurs and it is essential that a well thought out plan for communication with the media be in place so that the relationship and information relayed to the public will be accurate (Barr, Desler, & Associates, 2000). The individual staff member identified as the key public relations specialist should be well informed and be present on campus, available during the event of a crisis. It is imperative that the public relations specialist be proficient when it comes to communicating with media outlets; this individual must also be relied upon to make “difficult decisions”, and should be able to “think through the appropriate responses to complicated or sensitive questions” (Barr, Desler, & Associates, 2000, p. 460). Finding the right balance between student privacy and the interests of the media will create an ethically sound route to providing information for the public. Barr, Desler, and Associates (2000) report that it is the “primary responsibility of student affairs staff ... to provide support and care for the students” (p. 461). Researchers suggest that by

identifying the press contact and relaying who that individual is to students, staff, police, and the press, difficult situations can be avoided when it comes to the media intruding on students' privacy (Barr, Desler, & Associates, 2000). More recent research focuses on ethical approaches to violent attacks and threats on university campuses.

Offering counseling services to the campus in light of a threat is a key component to managing risks (Davenport, 2009). Incidents of suicide and homicide on college campuses have increased in recent years, and campuses have begun forming threat assessment teams that include counseling staff to deal effectively with student concerns (Davenport, 2009). Hersh (1985) suggests a five-step model for interviewing students during a crisis on campus: (1) approaching the situation, (2) making contact, (3) making an assessment, (4) intervening, and (5) making a disposition. Thus, counseling staff can be prepared to take initial ethical responsibility during a campus crisis. Counseling staff have a responsibility to help students who present concerns, since "helping students in distress requires a repertoire of mental health skills and the artistry of human interaction" (Hersh, 1985, p. 286).

Sources of communication on campus such as student newspapers, blogs, or other media outlets, "are important players and will be covering the story long after the local, regional, and national media have left campus" (Barr, Desler, & Associates, 2000, p. 461). It will be vital to provide a contact for the student press to ensure the facts are reported accurately and to keep students and the campus community current on information related to the crisis. Putting selected students in communication with the public relations specialist identified by the institution will be beneficial (Barr, Desler, & Associates, 2000). Technology

can prove to be a valuable resource during times of crisis; specifically, communication displayed directly on the college website can be a tool to dispel rumors and provide the most accurate information during times of crisis (Barr, Desler, & Associates, 2000). Clarifying any misinformation is prudent in clearly communicating ethical and truthful information to the public. Because of the chance that media might misquote or take a quote out of context during a campus crisis, a team of professionals should be established to deal effectively and ethically with the media and prepare for crisis management (Barr, Desler, & Associates, 2000). Myer, James, & Moulton (2011) make reference to preparing intervention strategies that do not violate The Family Educational Rights Act (FERPA) of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to avoid breaking significant ethical and legal boundaries. Balancing the provisions for these acts with the privacy for students is the responsibility of the institution (Myer, James, & Moulton, 2011).

Barr, Desler, and Associates (2000) provide sound ethical advice when it comes to handling the information that is disseminated after a crisis occurs. They recommend managing the perceptions of the institution by “being cooperative, responsible, and truthful”, implying that “there is no alternative to candor” (Barr, Desler, and Associates, 2000, p. 461). Handling privileged information is another ethical consideration during a crisis. It is a possibility that “there may be circumstances or facts that cannot be communicated to the press” (Barr, Desler, and Associates, 2000, p. 461). Researchers on the subject do not recommend the statement of “no comment” because a question from the press directed at the institution in the event of a crisis should be “answered directly” or reveal that a response

cannot be provided at the time, but will, however, be provided as soon as possible (Barr, Desler, and Associates, 2000, p. 461). Part of being ethically responsible includes taking care of oneself during a crisis.

Personal management is another important component in successful management of crisis situations. An administrator's role during a crisis can create stress and put the individual in a vulnerable state, creating weakened abilities to make sound decisions (Barr, Desler, and Associates, 2000). Creating a plan for personal management in advance is recommended by researchers as a way to remain in control of the situation. By remaining calm, identifying a confidant, and taking care of himself or herself, the administrator can continue to act in an ethically sound way during times of crisis (Barr, Desler, and Associates, 2000).

A final ethical obligation when dealing with crisis management is to debrief and evaluate "all components of the crisis and the subsequent campus response" (Barr, Desler, and Associates, 2000, p. 470-471). It is crucial to the college and "may be almost as important as the actual recovery process, because it helps bring closure for those who were intimately involved and directly involved with the crisis from beginning to end" (Barr, Desler, and Associates, 2000, p. 470-471). Once a crisis has occurred and the necessary steps are taken to ensuring an ethically sound plan to deal with faculty, staff, students, and the public, debriefing and evaluation provide the opportunity for campus administrators to respond with gratitude to those key individuals who assisted with the management of the crisis and to provide a public offering of thanks for those who helped as well (Barr, Desler,

and Associates, 2000). Keeping adequate staff that are trained in dealing with crisis, calling on college counselors to serve on threat assessment teams, and allowing students to share their concerns are vital as colleges strive to provide safe and secure campuses with the best possible crisis management plans (Davenport, 2009).

The American Association of Community Colleges provides a code of ethics deemed appropriate for college officials and leaders to follow for personal ethics as well (AACC, 2005). The preamble set forth by the AACC's Chief Executive Officer reads

The Chief Executive Officer of the community college helps to determine ethical standards for his/her institution through personal conduct and institutional leadership. The Chief Executive Officer is expected to maintain the highest ethical standards through his/her individual actions and decisions within the institution and to expect adherence to the same standards by Boards of Trustees, administrators, faculty, staff and students (AACC, 2005).

Core values set forth by the association ensure that leaders follow ethical standards when conducting themselves in both personal and professional settings. The values include, "trust and respect for all individuals; honesty in all actions; just and fair treatment of all people; integrity in all actions" (AACC, 2005). Guidelines set forth by the Association of Community Colleges support models of ethical standards and a sound policy of ethical practice in community colleges across the nation (Anderson & Davies, 2000).

### **Legal Considerations**

Retaining legal counsel and understanding disability law are integral to the development of crisis intervention and management on a college campus. In addition, the cultural preparation of institutions prior to managing a crisis related event is essential (Barr,

Desler, & Associates, 2000). From a legal standpoint, managing a college campus requires specific considerations when implementing plans (i.e., crisis management). Barr, Desler, and Associates (2000) identify legal counsel as being the first relationship that needs to be asserted when dealing with critical issues such as crises (p. 457). Researchers encourage the college to understand the nature of the relationship between the college and the representation of the legal counsel. It is important for the legal counsel to have an understanding of higher education; legal ramifications can become even more complex when the college is a public campus (Barr, Desler, & Associates, 2000). Obtaining counsel with experience working with institutions of higher education and one who is familiar with the goals and values of the institution experiencing the crisis can ensure that the crisis is treated as a priority by legal representation (Barr, Desler, & Associates, 2000). Crisis situations present the possibility of a lawsuit and the protection of the institution and the individuals who serve within the institution should be a high priority. Researchers have found that students at educational institutions may present inappropriate behavior and that developing behavioral intervention plans can prevent further problems (Drasgow & Yell, 2001). Knowing the legal components of the Individual with Disabilities Education Act (IDEA), which identifies student behavior that affects learning, allows administrators to proceed with maintaining a smooth running campus by preventing aggressive behavior before it begins (Drasgow & Yell, 2001). Eels and Rockland-Miller (2011) point out that “disability law, laws that govern student privacy and confidentiality, and concerns about liability for student suicide and violence” are three key areas with which an institution’s legal counsel should be

familiar (p. 10). Research also supports communication between those who serve on a team designed to mitigate threats at an institution of higher education with the legal representation of the college for legal guidance (Eels & Rockland-Miller, 2011). It is imperative to note that any situation presenting a threat from a legal standpoint would need to be determined on an individual basis (Eels & Rockland-Miller, 2011). Further, the researchers provide an understanding for colleges facing legal issues and conclude that “any institutional policy that requires an automatic dismissal or withdrawal of a student who is exhibiting troubling behavior is legally vulnerable and ethically questionable” (Eells & Rockland-Miller, 2011, p. 9).

Both personal and punitive damages are at stake when considering the significance of a crisis intervention plan (Barr, Desler, & Associates, 2000). Barr, Desler, and Associates, (2000) found that it is important not to rely on assumptions when retaining legal counsel to represent the institution. They found it is just as important to educate the legal counsel about the college as it is to have counsel in place for crisis situations whose outcomes may have legal implications. Obtaining the approval of legal counsel for reports, policies, and public documents is important when implementing a plan for legal services for the institution (Barr, Desler, & Associates, 2000). Research provides guidelines to follow if a deposition is necessary; it should be priority to comprehend and clarify those guidelines before a possible deposition. Although an attorney may be hired by the institution, that doesn't mean a review of his or her work is not necessary; as an administrator in charge of policies and the institution as a whole it is part of that responsibility to confirm the work of the attorney on

behalf of the college (Barr, Desler, & Associates, 2000). Crisis situations can involve legal implications including lawsuits. The decision of who should serve as an attorney for the college is critical. Litigation, if it occurs, could result in a process that occurs over a period of months or, in some cases, years. The effectiveness of the college administration and the attorney working together as a team is crucial in the resolution of legal matters (Barr, Desler, & Associates, 2000).

Effectively managing a crisis situation can lead to a more confident institutional climate. The function of student affairs offices during a campus crisis is among the most valuable, because its role and ability to aide with student concerns can surpass all of the negativity a crisis may create (Barr, Desler, & Associates, 2000). By carefully analyzing the safety and ethical challenges that affect community colleges, leaders can focus on the future success of the college environment (Anderson & Davies, 2000). A well-prepared institution can face a time of reflection and may begin to realize a new sense of gratitude for the campus and surrounding community, whereas a poorly managed crisis can result in a very different outcome. Barr, Desler, and Associates (2000) explain that “loss of respect, influence and trust, individual reassignment or even dismissal is possible, if the crisis is major and if it is poorly handled” (p. 471-472).

A crisis could be expected at any point in time. With that said, administrative leaders, student affairs administrators, legal teams, media relations specialists, faculty, staff, and students should be prepared to handle a campus crisis situation effectively and efficiently (Barr, Desler, & Associates, 2000). Campus preparedness during times of crisis, threat, or

emergency situations is both an ethical and legal responsibility of colleges. The importance of preparedness can be demonstrated by the number of resources that have been created for college administrators to access as they implement plans promoting safe and secure campuses (Members of ACHA's Emerging Health Threats and Emergency Response Coalition and Campus Safety and Violence Coalition, 2011).

FERPA also has a threat standard. In 2008 new standards "permit college officials to release information from student education records to the public as needed, when those records would otherwise be protected from release by the institution under FERPA" (Sokolow, Schuster, & Lewis, 2011, p. 3). Federal law mandates a warning when college officials document "an articulable and significant threat to the health or safety of a student or other individuals" (Sokolow et al., 2011, p. 3). In addition to FERPA regulations as amended in 2008, two states, Virginia and Illinois, "now legally require such teams [behavioral intervention teams] and eighty percent of colleges nationwide have started them since 2007" (Marklein, 2011, retrieved online).

### **Theoretical Framework**

Theory provides a basis for which to ameliorate ones' understanding of an idea and the need to have practices in place which are based upon a theoretical foundation (Clark & Caffarella, 1999). Tying theoretical concepts to strategic planning processes at community colleges is a logical way to identify solutions for problems these colleges face. With risk prevalent and ever-changing at the two-year college, the need to support the management of crisis situations is on the rise (Davenport, 2009). Threatening situations facing institutions of

higher education, specifically two-year community colleges can occur in many forms. By planning strategically, colleges are able to reduce threats and prevent violence (Eels & Rockland-Miller, 2011). Facing multifarious times, college leaders must provide services to students to help them succeed. Leaders no longer live in a culture where focusing solely on goal achievement is possible, but in a culture that also requires involvement of a team who strives to provide quality service (Bhindi & Duignan, 1997). As crisis intervention and management becomes part of providing safety and security to staff, faculty, and students, colleges are struggling to gain support in the implementation of these plans (Lee, Woeste, & Heath, 2007). As colleges work to implement successful plans to decrease potential threats on campuses, the connection to theoretical concepts will make the plans more substantial. Keller, Hughes, and Hertz (2010) provide methods for which to “improve the ability to identify, map and assess disparate pieces of data that may ultimately be connected in a way to help administrators anticipate issues created by disruptive individuals and manage these individuals and situations to a less threatening level” (p. 92). The appropriate connection to a theory could support the model utilized by colleges to transition to a culture where crisis intervention plans are in place. Two specific theories which could be applied to study crisis intervention planning in the community college are Kohlberg’s Theory of Moral Development (Kohlberg, 1972) and Diffusion of Innovation Theory (Rogers, 1971; Agarwala-Rogers & Rogers, 1976; Rogers, 2002, 2003).

### **Kohlberg’s Theory of Moral Development**

Based upon Kohlberg’s (1972) theory of moral development, moral issues and the

decision making process can affect an individual's involvement in society. Relationships based upon moral reasoning share links to the action taken to secure one's personal thoughts (Bergman, 2002). Crisis intervention planning is in part an obligation to feel morally responsible for the protection of others based upon violent events on college campuses in recent years. More aggressive approaches are being taken to decrease the number of crises on college campuses (Keller, Hughes, & Hurtz, 2011). Researchers now see that colleges are incorporating procedures such as "background checks, the hiring of additional campus police, and emergency notification tools" as a means to satisfy moral obligations to the campus community including faculty, staff, and students (Keller et al., 2011, p. 76). Creating a nurturing college culture requires the understanding of the relationship between thought, action, and motivation, which can be examined by Kohlberg's theory of moral development (Bergman, 2002). Kohlberg's theory was composed of stages and claimed that "individuals act in concert with stages more advanced than their moral judgment stage" (Bergman, 2002, p. 107). Kohlberg's theory aligns with the intention of crisis intervention planning at a college campus because research identifies the theory to allow individuals to develop responsibility with actions. Bergman (2002) provides evidence that "Kohlberg comes as close as he ever does to acknowledging the role of the virtues or of character in moral functioning" (p. 107). Bergman (2002) notes that Kohlberg created moral stages with functions to include "interpretation and selection of principles, decision making, follow-through (moral judgment), and follow through (non-moral skills)". Bergman (2002) states these functions could just as likely be applied to support the intentions of crisis intervention

planning (p. 108). Researchers agree that strategic excellence and preparedness to handle difficult situations are equal to “excellent communication management” (Lee et al., 2007, p. 336).

### **Diffusion of Innovation Theory**

The diffusion of innovation theory, developed by Rogers (1971, 2002, & 2003) is to begin with a unique idea within a small group and allow that idea to grow and reach the larger population. The diffusion of innovation theory has a connection to the study of communication and to the way organizations choose to apply and incorporate new ideas into practice. Describing innovation as means to associate a new idea to reinvention, Rice and Rogers (1980) elude to the fact that innovation can play an integral role in communicating a desire to others (Rice & Rogers, 1980).

Rogers and Agarwala-Rogers (1976) “investigate innovation in organizations in order to better understand the nature of organizational structure and how it affects one particular type of communication, that which is involved in innovation” (p. 149). Defining structure as “the arrangement of the components and subsystems within a system”, Rogers and Agarwala-Rogers (1976) link the importance of communication within an organization. By giving an example of a typical manufacturing company with a Board of Directors, President, Vice Presidents, and different departments directed by each Vice President, Rogers and Agarwala-Rogers (1976) make claims that such an organizational structure, one that appears similar to that of community colleges, communicates as a system and that generally there is a pattern of official communication from the top down. Researchers illustrate that

communication is essential when bringing innovative ideas to light, and that this communication occurs in organizations more frequently than not. A relationship exists between change and the emergence of new ideas; honing in on innovation is the recommendation of Rogers and Agarwala-Rogers (1976) in an attempt to identify a process characterized by stages which take place over time. Moreover, Rogers and Agarwala-Rogers (1976) credit more formal organizations as ones that can successfully diffuse new ideas. Community colleges are formal educational organizations which can be associated directly with the diffusion of innovation theory.

In research by Rogers (2002) diffusion of innovation is linked closely to prevention. Preventive innovations could be an effective tool for aiding research in addiction (Rogers, 2002). In Rogers' (2002) article, innovativeness is defined as "the degree to which an individual or other unit of adoption is relatively earlier in adopting new ideas than other members of a social system" (p. 990). Innovation possesses certain features which are defined by Rogers (2002) in the following five steps, (1) relative advantage, (2) compatibility, (3) complexity, (4) trialability, and (5) observability (p. 990).

Hornik (2004) discusses the framework for the diffusion of innovation theory and perceives the theory as a way to detect the development of ideas and as a means to separate those who are initial adopters of the idea to those who do so in the later stages. Ratts and Wood (2011) find the diffusion of innovation theory a mechanism to link social justice to counseling concepts. Significantly, they posit that creating space for the acceptance of new ideas is a concept that must emerge early on in one's education (Ratts & Wood, 2011). They

further explain that “the time to discuss anticipated and unanticipated consequences is also important to the diffusion of an innovation” (p. 221). Organizations with exceptional communication strategies are more likely to develop and implement the groundwork required to establish policies for change (Rogers & Agarwala-Rogers, 1976).

### **Community Colleges and Crisis Intervention and Management**

The growth and the demand for more services from community colleges is increasing (Roueche, J., Richardson, Neal, & Roueche, S., 2008). Eells and Rockland-Miller (2011) discuss the concerns of postsecondary institutions and their need to take action to prevent violence on campus. Suicide and violent attacks on campuses of institutions of higher education have occurred, and threat assessment tools are thus becoming necessary (Eells & Rockland-Miller, 2011). The American College Health Association conducted a National College Health Assessment in 2012; of the 28,237 student participants enrolled at an institution of higher education, only three of the students reported being enrolled at two-year colleges. Reported in the data collected from the National College Health Assessment Survey was the fact that 31% of students had experienced anxiety or depression within the past twelve months.

Planning to mitigate threats appears to be a necessary component in moving forward with safer and more secure community college campuses. Literature suggests that strategic planning at the community college level needs to turn its focus to eliminating crisis situations and striving for excellence just as other organizations have done (Lee et al., 2007). An institution’s chosen method of response to urgent situations and challenges, like crises,

within the school can lead to concerns (Eells & Rockland-Miller, 2011). Research provides models to follow in an effort to form crisis intervention and management teams and to develop procedures which effectively deal with the disruption of the normal environment (Bishop, 1995; Eells & Rockland-Miller, 2011; Meloy et al., 2011). Meloy et al. (2011) provide evidence that risk factors can be measured and investigated as a way to apply an assessment to threat. Patterns of threat and risk can be identified and professional judgment within an assigned team can provide sound control of situations before they become violent (Meloy et al., 2011). Similarly, Eells and Rockland-Miller (2011) supply recommendations to assist campus assessment teams in their research and recognize that early intervention with a trained team in place to handle crises effectively is key. Research supporting the importance of crisis intervention and management specifically on the campuses of community colleges is limited (Appendix A).

### **Importance of Crisis Intervention and Management**

The diffusion of innovation theory by Rogers (1971, 2002, 2003) supports a plan to create crisis management on college campuses. If just a few community colleges have plans in place to effectively intervene and manage crisis situations, others will soon follow with plans. One example provided by the literature is the review of methods that colleges can use to implement a plan of their own (Keller, Hughes, & Hertz, 2011). Research provides evidence that unsettling and violent attacks on college campuses are increasing and the need for colleges to adapt a plan to diffuse situations before they grow is essential (Keller et al., 2011). Indeed, Rogers (2003) identifies diffusion as “the process in which an innovation is

communicated through certain channels over time among the members of a social system. Diffusion is a special type of communication, in that the messages are concerned with new ideas” (p. 5).

Identified by Rogers (2003) as a “process in which participants create and share information with one another in order to reach a mutual understanding,” communication can be another tool to disperse information in an effort to share information that can be used as a “change agent” (p. 5-6). The idea of sharing information and spreading ideas that will support and protect community colleges is evident in research conducted by Nevarez and Wood (2010), who combine case studies and models for community college leaders to follow. The community college has many qualities and characteristics, and the concepts of community college services are “interrelated with its vision, functions, and operations” (Nevarez & Wood, 2010, p. 1).

The Health Services Association of California community colleges conducted a research study in 2007 that examined mental health data at community colleges in the state. The study reported that the authors claimed that the research data represented “the largest data set of community college students” with a total number of participants totaling 7,898. Out of those students at California community colleges who participated in the National College Health Assessment Survey in 2007, 32% reported being diagnosed with depression in the past school year. California community colleges have a focus on providing student health services and report that “mental health is increasingly becoming one of the most frequently accessed health issues and sometimes with great complexity” (Bratton, Perelli, &

Trieu, 2007). Throughout this literature review the article examining mental health data at California community colleges was the only one located that specifically linked the importance of community colleges collecting data with behavioral issues and violent attacks on college campuses. It is imperative that community colleges take heed the effort needed to plan effectively for the safety of campuses. Preparedness and strategic planning will be required in order to move forward with keeping safety a priority (Nevarez & Wood, 2010).

A comparative analysis of threat and risk management measures involving college students was conducted by Van Brunt (2013). The research utilized three case studies modeled after actual situations on a college campus and assessed the case studies by using four different assessment tools. After comparing four threat and risk management assessment tools Van Brunt (2013) found that the NaBITA Threat Assessment Tool “balanced mental health concerns, direct threat and disruptive behavior along with an exploration of cognitive aggression” (Van Brunt, 2013, p.37). This tool aligned closely with the assessments provided by the three other tools. Referred to by Van Brunt (2013) as a “triage tool”, the tool can provide colleges and universities with a starting point to assessing and understanding the risk behaviors presented by students. Assessment is such an important piece of identifying crisis intervention and management on the campuses of colleges and the NaBITA Threat Assessment Tool was selected in this research to provide a more in depth look at community colleges specifically. Teams focusing on developing a culture of reporting warning behaviors are developing on college campuses. In a letter to the editor of *The Chronicle of Higher Education*, Brett Sokolow (2010) shares, “conversation[s] ought to be about how we build

and empower the cultures of reporting that are essential to getting red flags to those on behavioral-intervention and threat-assessment teams that can connect the dots, identify emerging patterns, and interdict them” (p.2)

As community colleges adapt to the growing needs of the population, this research intends to establish where North Carolina community colleges are with implementing a crisis intervention and management plan. Linking the diffusion of innovation theory, community colleges will be able to maintain a collaboration of ideas, share resources, and identify vital components to planning effectively for the future.

## **CHAPTER THREE**

### **Methodology**

The purpose of this chapter is to present the research design and the method for this study. The method for this study is a mixed method-survey design, incorporating aspects of qualitative as well as quantitative research. Tashakkori and Teddlie (1998) describe mixed methods designs as “studies that are products of the pragmatist paradigm and that combine the qualitative and quantitative approaches within different phases of the research process” (p. 19). Participants for the study included counselors employed with the North Carolina Community College system working at the 58 institutions throughout the state. The qualitative and quantitative portions of the research design were utilized on the survey that was administered to participants.

This chapter will first review the research design including the quantitative and qualitative portions of the research. Second, the chapter will review the four research questions. The third section of the chapter will include a description of how the conceptual framework and theory connect to the study. Following the conceptual framework and theory section, other critical components of the study including the population, participants and sample, an examination of the variables, and instrumentation used in the study will be reviewed. Reliability and validity of the study, survey data collection, and the data analysis procedure will complete this chapter. The intention of this chapter is to outline the method for this study.

## **Introduction**

This correlational study examined variables which measured the policy development in relation to crisis intervention and management, specifically behavioral assessment teams and counselor preparedness, at community colleges in North Carolina. The data collected among community college counselors in North Carolina has been analyzed and a summary of the relationship among the variables in the study is provided. The study assessed the extent to which community colleges in North Carolina are prepared for crisis intervention and management specifically related to students with the potential to threaten the safety of the faculty, staff, and campus as a whole.

## **Research Design**

The quantitative portion of the research design, a non-experimental design, was used for this study to provide “a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population” (Creswell, 2009, p. 145; Sproull, 2002, p.153). Additionally this non-experimental design did not require the researcher to introduce experimental variables (Sproull, 2002, p. 153). The foundation of this study is that of a quantitative nature; however, this researcher felt it necessary to add a qualitative component to address any feasibility and methodological issues (Creswell & Plano Clark, 2011). The combination of methods required to examine the data created this mixed methods study. The qualitative component of this research study demonstrates an embedded design which will involve “collecting and analyzing at least one type of data within a design framework generally associated with the other type of data”, meaning that the

study used this particular design with both quantitative and qualitative approaches (Creswell & Plano Clark, 2011, p. 123). The qualitative approach in this study allowed for a deeper understanding of the data (Creswell, 2009; Sproull, 2002). The intention of the embedded design was to “enhance the conduct or interpretation of the larger design (Creswell & Plano Clark, 2011, p. 123). This design allowed the researcher to have “control over who or what to measure”, which was necessary in order to collect data specific to this study especially, “when the researcher is interested in reactions to a specific event” (Sproull, 2002, p. 153). This ex post facto design was a functional approach to examine the extent to which counselors at North Carolina community colleges are prepared to handle crisis intervention and management. A correlational analysis was functional for this study; the variables demonstrated if a need is present for North Carolina community colleges to implement crisis intervention and management planning (Sproull, 2002). This researcher chose to conduct a non-experimental survey design due to the study being data driven, which supports a quantitative more than a qualitative research design. The qualitative component of this study was included to provide additional insight to the existing literature. Advantages of a non-experimental design include the fact that the researcher has some control of the measurement; disadvantages of a non-experimental design are that inferences and conclusions may not be endorsed with as much certainty as in experimental research (Sproull, 2002).

## **Quantitative Method**

This study will report descriptive and inferential statistics including the means, standard deviation, frequencies and percentages. The benefits of reporting descriptive data can be summarized by Miller (1998), who describes descriptive statistics as a “tool box” that helps the researcher explain, with clarity, the procedures of an analysis in research (p. 1). The mean will be provided in this study to measure central tendency and is used by researchers to report descriptive statistics in the form of a table or a visual presentation (Miller, 1998). Described by Sproull (2002) as “a measure of central tendency which usually refers to the arithmetic average computed on scores which are interval or ratio level of measurement”, the mean can be considered a number that represents the average (p. 331). If the distribution looks equally proportioned, then the mean will be equal to the median. Extreme scores can impact the mean; however, the mean holds more advantages than disadvantages and its uses of reporting the central tendency are largely valued by researchers due to its ability to draw estimations about a population (Howell, 2007; Sproull, 2002).

The standard deviation, like the mean, is used to report descriptive statistics when reporting research findings. Sproull (2002) defines standard deviation as “a measure of variability which is the square root of the variance. Reporting a standard deviation “indicates the average of the scores’ deviations from the mean of a distribution of scores which are at the interval or ratio level of measurement” (p. 334). Researchers report that the standard deviation is the “most stable measure of variability, because it takes into account every score in the distribution” (Mertler & Vannatta, 2010, p. 10).

Researchers report the frequency in the form of a distribution; it is likely that researchers may also report a frequency distribution by reporting an absolute frequency or percent (Sproull, 2002). Agresti and Finlay (2009) report that “the relative frequency for a category is the proportion or percentage of the observations that fall in that category” (p. 31). In quantitative research frequencies are broken down to “observed frequencies” which, “are the frequencies [you] actually observe in the data” and “expected frequencies”, which are considered to be “the frequencies you would expect if the null hypothesis were true” (Howell, 2007, p.141). The benefits of research providing correlational data include demonstrating the relationship among the variables (Mertler & Vannatta, 2010).

This study utilized a Pearson correlation to determine if college location, student population, or number of counselors employed, impacted policy implementation. Mertler and Vannatta (2010) explain that “bivariate correlation and regression evaluate the degree of relationship between two quantitative variables. The Pearson correlation coefficient ( $r$ ), the most commonly used bivariate correlation technique, measures the association between two quantitative variables without distinction between the independent and dependent variables” (p. 13). This research study sought to investigate crisis intervention and management and intentions were to employ a multiple regression to support research question number four.

### **Qualitative Method**

The qualitative portion of the study was limited to one question on the survey instrument (see Appendix B) which was provided to the participants in the study to closer examine the research questions and gain a deeper understanding of the level of the

implementation of crisis intervention and management teams on the campuses of North Carolina community colleges; the addition of a qualitative component to this study allowed the researcher to build on the existing research. In this study, qualitative data will be used to both explore and support the overall goal of research relating to crisis intervention and management at community colleges in North Carolina. Providing at least one open-ended question creates a mixed design and both qualitative and quantitative components are effectively linked (Tashakkori & Creswell, 2007). The two methods together provided a more detailed interpretation of the research problem than just one method alone (Creswell & Plano Clark, 2007).

### **Research Questions**

This study applied both a quantitative and qualitative research survey design to explore crisis intervention and management at North Carolina community colleges as perceived by community college counseling staff. Stated research questions follow:

1. To what extent do community colleges in North Carolina implement policies and behavioral assessment teams to identify and assess students in crisis?
2. How often are North Carolina community college counselors providing services to students who present risk behaviors, what is the counselor's perceived level of confidence when assessing risk, and what is perceived as a need to better assist students who present risk behaviors?
3. Based on the five levels of risk (Sokolow et al., 2009), what is the relationship between the presenting behaviors as they are reported by North Carolina community

college counselors and the counselors' perceived level of confidence when assessing risk?

4. Do North Carolina community college characteristics (location, size of institution, and number of full-time counselors employed) explain a significant amount of variance in the level of implementation of policies in place to identify students in potential crisis?

Research Question One used descriptive data to analyze policy implementation for the assessment of students in crisis and the implementation of behavioral assessment teams at community colleges in North Carolina. Research Question One used frequencies, means, percentages, and standard deviations in the analysis of the data to report descriptive statistics. Qualitative data also supported the first research objective in an effort to provide additional insight from counselors employed by North Carolina community colleges on the particular implementation level of policies at community colleges in North Carolina that identify crisis intervention and management.

Research Question Two used descriptive data to report the levels of the counselors' perceived confidence when assessing risk and what they perceive as needs to address crisis intervention and management at community colleges in North Carolina.

Research Question Three had the purpose of determining if a relationship is present between the five levels of risk (Sokolow et al., 2009) and the perception of confidence as reported by community college counselors in North Carolina.

The purpose of the Research Question Four was to determine what type of relationship, if any, exists between North Carolina community college demographic characteristics and policy implementation level. To effectively provide support for this objective a Pearson correlation was used to analyze the data. The variables used in this research question include demographic characteristics of community colleges (location, student population, and number of counselors employed) and the level of implementation reported by the counselors on the survey.

### **Conceptual Framework and Theory**

The conceptual framework outlined in Chapter Two of this study provides a description for the ostensible relationships among the variables in research question one. This study sought to add to existing research related to crisis intervention and preparedness on college campuses, specifically community college campuses. The literature review determined that four-year universities are the focus of research conducted surrounding preparation for crises related to student violence; little research mentions the community college setting and how crisis intervention and management of threats could impact these particular institutions in the future. The conceptual framework for this study acknowledges this finding and aims to provide additional research directly related to community colleges in North Carolina.

For this study the research variables were classified as dependent or independent for the research questions. As illustrated in Chapter One, the conceptual framework linked the variables in this study with the diffusion of innovation theory. The first objective for this

research was to seek to provide an understanding of the level of planning community colleges have in place in relation to crisis intervention and management planning. Research Question One addressed the level of implementation of behavioral assessment teams and crisis intervention and management policies at community colleges in North Carolina. The data provided an overall view of where North Carolina community colleges stand in regards to the implementation of crisis intervention and management which will be representative of the levels demonstrated within the conceptual framework: laggard planning, some planning done, innovative ideas emerging, and diffusion of ideas. The four variables included within the conceptual framework include: 1) no policy or institutional guidelines (laggard planning), 2) college has suggested guidelines but not used (some planning done), 3) college guidelines are being implemented or policy exists but not implemented (innovative ideas emerging), and 4) policy is being implemented (diffusion has occurred). It was anticipated that the study would provide evidence, as reported by counselors, that at some colleges plans have been adapted and at others the opposite is true.

### **Population, Participants, and Sample**

The targeted population for this study was North Carolina community college counselors. It was appropriate to identify individuals who have a connection to the data collected (Bartlett II, Kotrlik, and Higgins, 2001). The counselors, employed at the 58 community colleges in North Carolina, were assessable through an e-mail list serve maintained by the North Carolina Community College System Office.

The purposive sample was representative of counselors who perform assigned job duties in 58 of North Carolina's community colleges. The response rate was 30% ( $n= 70$ ). The data was collected by utilizing a survey developed by this researcher and was stored using Qualtrics, a web-based service. Completed surveys were submitted online by counselors during the time period of April 22, 2014 to May 31, 2014. The survey took participants less than fifteen minutes to complete.

### **Variables Used in this Study**

This study used both independent and dependent variables. Research question one gathered descriptive data. This research objective supported the conceptual framework provided in Chapter One which illustrated a visual display of these variables. This research question corresponds with the following questions on the survey instrument: 6, 9, 11, and 16.

Variables that supported Research Question One are summarized in Table 1.

Table 1

*Variables Used to Provide Descriptive Data*

Variables
No policy or institutional guidelines (laggard planning)
College has suggested guidelines but not used (some planning done)
College guidelines are being implemented or policy exists but not Implemented (innovative ideas emerging)
Policy is being implemented (diffusion has occurred)

Research Question Two gathered descriptive data relating to the counselor's perceived level of confidence when assessing risk. This question also analyzed what the counselors perceived as needs of the community colleges in North Carolina to address crisis intervention and management planning. This research question corresponds with the following questions on the survey instrument: 7, 8, 10, 15, and 13.

Research Question Three utilized a correlational analysis to examine the following variables: the five levels of risk (mild/moderate, elevated, severe/extreme) and the level of confidence the counselors reported when handling a crisis situation. This research question corresponds with the following questions on the survey instrument: 11, 12, 13, and 14. Table 2 illustrates a list of variables for the second research question.

Table 2

*Variables Used to Demonstrate a Relationship between Risk and Confidence Levels*

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Variables
Mild/Moderate risk
Elevated risk
Severe/Extreme risk
Counselor's perceived level of confidence

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Research Question Four had four variables: institutional location, student population, and number of counselors employed, and the level of implementation reported by the counselors on the survey. This research question corresponds with the following questions on the survey instrument: 2, 3, 4, 5, 17, 18, 19, and 20. Table 3 provides a list of variables for Research Question Four.

Table 3

*Variables Used to Explain Significance of College Characteristics and Policy**Implementation Levels*

Variables
Community college location
Community college student population
Number of counselors employed
Level of implementation based on counselor reports

**Instrumentation**

A review of the Mental Measurements Yearbook (1998, 1999) revealed the non-existence of instruments which could collect the data this researcher intended to analyze. Therefore, it was necessary to design an instrument since an appropriate instrument was not available (Sproull, 2002).

This researcher designed an instrument to measure the variables associated with the nature of the study. Sproull (2002) outlines the process of designing an instrument, which guided the development of the survey questionnaire used in this study (Appendix B). Consideration was given to the interpretation of the instrumentation and what level of

measurement would be appropriate in relation to the research questions as well as the statistical analysis (Sproull, 2002). The intention of the survey was to reach out to those who provide counseling services and are currently employed at community colleges in North Carolina.

The development and distribution of the survey consisted of three stages: design, approval from the Institutional Review Board at North Carolina State University, and distribution. First the survey was designed to collect demographic information for descriptive statistics. The survey also incorporated defined risk levels in the research of Sokolow et al., (2009). Next, approval was provided through the Institutional Review Board at North Carolina State University (Appendix C, Appendix D). The distribution of the survey occurred in two stages. The survey was pilot tested, as recommended by Sproull (2002) and validities and reliabilities were assessed. The pilot survey was given to five participants. Three of whom were currently employed in a higher education setting at a professional level and two who had previously been employed in a higher education setting at a professional level. The time required for participants to take the survey was kept to a minimum, less than fifteen minutes to complete. The pilot test revealed minor modifications that were applied so that the instrument could be re-designed prior to distribution (Sproull, 2002). Modifications included changing wording within two of the survey questions. These modifications allowed the final survey questions to be easily understood by the participants. The final stage of the distribution of the survey allowed this researcher to use institutional contacts and the survey was distributed through the counselor list-serve maintained by the North Carolina

Community College System Office. The survey was distributed to counselors employed at North Carolina community colleges.

### **Reliability and Validity**

Reliability and validity in survey research are essential; consistency ensures that the measures being used will remain that way (Nardi, 2003). Researchers desire that their findings be trusted and “operationalizing variables requires attention to two core concepts of research methodology, namely validity and reliability” (Nardi, 2003, p. 49). Validity was assessed for face, construct, content, and criterion validity. “Reliability comes to the forefront when variables developed from summated scales are used as predictor components in objective models (Santos, 1999, p. 1). For qualitative purposes within the study, validity and reliability were evaluated based upon the ideals of the study. Criteria included in the assessment of validity were: credibility, authenticity, criticality, and the integrity of the research study as a whole (Whittemore, Chase, and Mandle, 2001). Because of the size of the sample, validity was determined by content and face validity. Items on the survey were not scaled, so test and re-test items were not available to conduct a Chronbach’s alpha.

### **Survey Data Collection**

This study used data collected from a survey (Appendix B) administered to North Carolina Community College counselors at the 58 community colleges in North Carolina. The survey covered six areas: community college policies and practices, behavioral assessment teams at community colleges in North Carolina, counselor preparation, levels of implementation of polices relating to behavioral assessment, counselor demographics, and a

qualitative analysis of policies related to behavioral assessment at community colleges in North Carolina. The survey measured socio-demographic information including the education level, types of certification, years of experience, experience working with individuals who present mental health crises, and the length of time the counselor has been employed at a North Carolina community college(s). The survey included one open-ended question to gain insight regarding the counselor's perception of the community college's preparedness to serve students in crisis. For the qualitative question, the software NVivo 10 for Windows was used to analyze results. The study examined and evaluated the point of development at which community colleges in North Carolina are, in relation to the implementation of behavioral assessment teams.

Qualtrics was the online resource utilized to develop and distribute the survey by email to participants. Email was an appropriate form to conduct self-administered survey questionnaires (Nardi, 2003). Such a questionnaire was also an efficient tool "for surveying large samples of respondents in short periods of time" (Nardi, 2003, p. 59). Data analysis began after the completion of the surveys.

### **Data Analysis**

This study utilized data analysis procedures for both the quantitative and qualitative methods and provided descriptive and inferential statistics related to the population. Research Question One provided descriptive data about community colleges in North Carolina. The intention of the first question is to determine the extent to which community colleges in North Carolina have in place or plan to implement behavioral assessment teams and crisis

intervention and management policies on their campuses. Inferential statistics including, mean, standard deviations, frequencies and percentages, were the appropriate method of analysis. One survey question focused on gathering data to support a qualitative analysis for Research Question One. One open-ended question in the survey instrument that assessed where community colleges in North Carolina are currently in the process of planning for behavioral intervention was used to support this first research question. This survey question was considered to be qualitative in nature; data were collected and analyzed using a process of assembling patterns and identifying common themes. By assembling patterns and identifying common themes in this segment of the research study, taxonomies were created, which are “things at different levels of abstraction. To the extent that these taxonomies are pervasive, they are grouped into patterns in the pattern stage of analysis. In the structural stage, patterns are grouped into structures, which help to describe or explain the whole phenomenon.” (LeCompte, 2000, p.151).

The second research question intends to provide data supporting the perceived confidence levels of counselors employed at community colleges in North Carolina when assessing risk. This question also aimed to identify needs for community colleges in North Carolina to address crisis intervention and management plans as perceived by counselors. Descriptive statistics (means, frequencies, percents) support this second research question.

The third research question determines if a relationship is present. Based upon five risk levels and the confidence levels reported on the survey by the counselors who work at

community colleges in North Carolina, a relationship was determined using a Pearson correlation.

The fourth research question had several variables including the institutions location, student population, and number of counselors employed. This final research question utilizes a Pearson correlation in order to determine relationships among the variables within the population. To aid the researcher with analyzing data the Statistical Package for the Social Sciences (SPSS) was used.

#### *Descriptive statistics*

For this study, SPSS 18.0 for Windows software facilitated the data analysis. SPSS 18.0 for Windows is a software package allowing for the statistical analyses of frequencies, descriptive data, summaries, reports, regressions and all of the statistical computations that pertained to this research. Four research questions were examined in this study; in addition, the following factors were analyzed to provide descriptive statistics: counselor gender, age, ethnicity, credentials, and level of education.

#### **Summary of Data Analysis Procedures**

Data was collected then examined using both SPSS and NVivo software packages to analyze results. Four research questions were assessed and measured using descriptive statistical analysis including means, standard deviations, frequencies, and percentages; a Pearson correlation analysis completed the results. Table 4 provides an overview of the objectives measured in the analysis of data.

Table 4

*Summary of Data Analysis Procedures for Each Research Question*

Research Objectives	Quantitative Statistical Analysis	Qualitative Analysis
1	Descriptive (Means, SD, Frequencies, Percentages)	Theme Analysis
2	Descriptive (Means, SD, Frequencies, Percentages)	None
3	Descriptive (Means, SD, Frequencies, Percentages)  Pearson Correlation	None
4	Descriptive (Means, SD, Frequencies, Percentages)  Pearson Correlation	None

This chapter has provided an explanation of the methodology that was followed to develop an instrument, conduct an analysis of the data collected using both quantitative and qualitative measures, and report the findings for the study. Statistical tests utilized were discussed and supported by literature. The findings are reported in Chapter Four.

## **CHAPTER FOUR**

### **Results**

This chapter provides an overview of the results of the study. First, this chapter will review the data collection process and the socio-demographic data reported by the participants in the study. Next, the four research questions will be analyzed followed by information about the data collection. The final section of this chapter will summarize the four research questions and the findings associated with the research.

#### **Data Collection**

Qualtrics software was chosen to administer surveys to participants. Once the survey was approved by the Institutional Review Board (IRB) at North Carolina State University, the survey was distributed to counselors employed at community colleges in North Carolina via a list-serve maintained by the North Carolina Community College System office. The sample participants were asked to complete the survey. In an effort to gain participation, incentives were provided to participants who elected to be entered into a drawing for monetary compensation. Two \$100 Visa gift cards paid for by this researcher were provided to two randomly selected participants who completed the survey and provided contact information via a separate survey link.

Data were collected from April 22, 2014 through May 31, 2014. Counselors employed by North Carolina community colleges were asked to complete a web-based survey via a link to Qualtrics provided in an email and through weekly follow-up reminder e-

mails. Of the 70 participating counselors, 58% completed the survey on the first day of the initial request.

### **Socio-demographic Characteristics of Participants**

On average four counselors work at each of the 58 North Carolina community colleges. This is an estimated 232 total counselors system-wide. The participants included 70 of the total population of counselors employed at North Carolina community colleges. The response rate was 30% ( $n = 70$ ). The first research question that was conducted obtained a descriptive analysis of the socio-demographic variables, employment, and educational levels of the counselors employed at community colleges in North Carolina.

Participants were asked to provide the number of years they have worked for the North Carolina Community College System, their gender, age, ethnicity, level of education, and credentials. A detailed description of the socio-demographic information provided by participants is presented in Table 5. The mean age of participants was ( $n=77$ ) was 45 years of age ( $SD=9.51$ ). Gender reported by participants included 72% female ( $n=56$ ), and 28% male ( $n=22$ ). Of the participants, 75% identified as Caucasian ( $n=57$ ), 21% identified as African American or Black ( $n=16$ ), 2.6% identified as American Indian ( $n=2$ ), and 1.3% identified as multi-racial ( $n=1$ ).

When asked to report educational level, the majority of respondents, (84.2%,  $n=64$ ), had master's degrees, 8% indicated that they had either a Ph.D. or Ed.D. ( $n=6$ ), while 1.3% reported having a Psy.D. ( $n=1$ ). Those participants with a bachelor's degree totaled 3.9% ( $n=3$ ), and those who held other degrees totaled 2.6% ( $n=2$ ). Zero participants reported that

their highest obtained degree was an associate's degree. Participants were asked to share the credentials they have earned. Thirty-six percent of participants were Licensed Professional Counselors ( $n=27$ ), 3% were Licensed Clinical Social Workers ( $n=2$ ), and 15% reported that they held other related licenses ( $n=11$ ). There were no reports of participants holding Certified Rehabilitation Counselor certification or a license to be a Licensed Psychological Associate. Fifty-one percent of participants ( $n=38$ ) reported that they had no specific counseling related credentials.

Table 5

*Frequencies and Percentages of Socio-demographic Information of North Carolina Community College Counselors*

Respondents			
Variable		<i>n</i>	%
Gender	Female	56	72.0
	Male	22	28.0
Ethnicity	Caucasian	57	75.0
	African American or Black	16	21.0
	American Indian	2	2.6
	Multi-racial	1	1.3
	Hispanic/Latino	0	0
	Asian	0	0

Table 5 Continued

Other	0	0
Educational Level		
Master's degree	64	84.2
Ph.D. Ed.D.	6	8.0
Psy.D.	1	1.3
Bachelor's degree	3	3.9
Associate's degree	0	0
other	2	2.6
Credentials		
Licensed Professional Counselor	27	46.2
Licensed Clinical Social Worker	2	3.0
Certified Rehabilitation	0	0
Counselor		
Licensed Psychological Associate	0	0
Other related license	11	15.0
None	38	51.0

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## Results for the Research Questions

**Research Question One-** To what extent do community colleges in North Carolina implement policies and behavioral assessment teams to identify and assess students in crisis?

Descriptive statistics were gathered to determine the extent to which community colleges in North Carolina are implementing policies that address potentially violent situations and behavioral assessment teams. Survey question 14 of those administered to the participants requested them to measure the extent to which their college policy addresses

students in crisis. The participants were provided five levels of risk adapted from the research of Sokolow et al. (2009). They were asked to report the stage of their institution's policy or if their institution had guidelines rather than a policy. The first two risk levels reviewed by participants were mild/moderate risk, which included students who presented as "emotionally troubled individuals impacted by situational stressors and traumatic events or those who presented as psychiatrically symptomatic" (Sokolow et al., 2009, p. 9). Table 6 provides an overview of the summary based on the three levels. Of the counselors who participated 26% ( $n=17$ ) indicated that a policy is being implemented, 3% ( $n=2$ ) reported that a policy exists but is not implemented, 38.5% ( $n=25$ ) reported that college guidelines are being implemented, 11% ( $n=7$ ) reported that the college has suggested guidelines but they are not used, and 21.5% ( $n=14$ ) reported that there were no policy or institutional guidelines at their college.

The third risk level reviewed by participants was an elevated risk, which included students who presented as "behaviorally disruptive, unusual and/or bizarre acting, destructive, apparently harmful to others, and substance abusing" (Sokolow et al., 2009, p. 9). Of the counselors who participated 31% ( $n=20$ ) indicated that a policy is being implemented, 3% ( $n=2$ ) reported that a policy exists but is not implemented, 42% ( $n=27$ ) reported that college guidelines are being implemented, 12% ( $n=8$ ) reported that the college has suggested guidelines but they are not used, finally 12% ( $n=8$ ) reported that there were no policy or institutional guidelines at their college.

The fourth and fifth risk levels reviewed by participants were an extreme/severe risk, which included students who presented as “suicidal/para-suicidal (extreme cutting, eating disordered) individuals engaging in risk taking behaviors (i.e., substance abusing), hostile, aggressive, relationally abusive individuals deficient in skills that regulate emotion, cognition, self-behavior and relationships” (Sokolow et al., 2009, p. 9). Of the counselors who participated 37% ( $n=24$ ) indicated that a policy is being implemented, 3% ( $n=2$ ) reported that a policy exists but is not implemented, 35% ( $n=23$ ) reported that college guidelines are being implemented, 11% ( $n=7$ ) reported that the college has suggested guidelines but they are not used, and 14% ( $n=9$ ) reported that there were no policy or institutional guidelines at their college. Table 6 provides an in- depth look at the descriptive statistics collected from this data.

Table 6

*Crisis Intervention and Management Policies in Place at North Carolina Community  
Colleges for Mild/Moderate, Elevated, Extreme/Severe Risk Behaviors*

Variable	Respondents	
	<i>n</i>	%
<b>Mild/Moderate Risk</b>		
No policy or guidelines	14	21.5
College has suggested guidelines but they are not used	7	11.0
College guidelines are being implemented	25	38.5
Policy exists but is not implemented	2	3.0
Policy is being implemented	17	26.0
<b>Elevated Risk</b>		
No policy or guidelines	8	12.0
College has suggested guidelines but they are not used	8	12.0
College guidelines are being implemented	27	42.0
Policy exists but is not implemented	2	3.0
Policy is being implemented	20	31.0
<b>Extreme/Severe Risk</b>		
No policy or guidelines	9	14.0
College has suggested guidelines but they are not used	7	11.0
College guidelines are being implemented	23	35.0
Policy exists but is not implemented	2	3.0
Policy is being implemented	24	37.0

Additional data to provide support for Research Question One was collected qualitatively with an open-ended question, Survey Question 16. Counselors were asked to describe where

their college was in the process of planning for a crisis on campus, such as that of a violent attack. Answers were recorded in NVivo10 software and were analyzed by coding, linking, and annotating themes. This researcher selected six themes to code 54 responses. The themes included: “uncertain”, “in place” for responses that resembled that the institution had plans or policies in place, “in process” for responses which indicated that policies or plans to plan for crises on campus were in the planning stages, “no plans” indicating no plans or policies were in place at the institution, “Not Applicable”, and “outside contract”, for responses that claimed an outside source was contracted as part of their institution’s plan for dealing with a risk on campus. The six themes were linked and coded to the 54 responses to the survey statement.

Fifty-four participants elected to answer the open-ended survey statement, “Describe where your college is in the process of planning for these types [risk] of crisis on campus”. Of those who reported 13% ( $n=7$ ) shared that they were uncertain of where their college was in the planning process. Those who reported that their institution had plans in place totaled 29.6% ( $n=16$ ), this percentage tied with those who reported that they had plans in process, and 20.4% ( $n=11$ ) of counselors shared that their institution had no plans in place. Of the responses there were 3.7% ( $n=2$ ) who reported that the statement was not applicable. One of the survey responses coded as “uncertain” is demonstrated by this participant’s response, “None that I am aware of. I have presented this need on several occasions in the past, but to deaf ears”.

Of the 29.6% of responses that were coded “in place” two participants included the following statements, “Plans are enforced and constantly improved”, and “We have a threat assessment Team that meets regularly to monitor students of concern; a behavioral intervention team is in place to respond to new crisis situations; [we are] looking to upgrade reporting and tracking capabilities through software and college-wide education; student discipline hearings are actively enforced. There is a need for greater publicity about these processes, as well as additional resources.” Additional responses coded as “in place” included “we have had a BAT [Behavioral Assessment Team] in place since 2007. We have brought in a nationally known speaker to address classroom management which included some reference to distressed students. The BAT has presented to faculty/staff assemblies and individual divisions about the BAT and how to refer students for assessment,” and “We have a Behavioral Intervention Team that tracks and evaluates student situations and determines the college’s response to these situations. Our campus-wide training has focused on active-shooter and severe threats.”

Of the 29.6% of responses that were coded with the theme “in process” the following reflections were provided, “Threat assessment research and committees have been started multiple times, but no formal policies have been implemented. As the Director of Counseling, I have offered trainings for counseling staff and they get some crisis intervention in their master’s programs. In addition, HR [human resources] has an optional online training module regarding what to do in case of an active shooter on campus. Lockdown procedures exist, but formal training has never been offered by our institution. We do have emergency

coordinators assigned to every building and a site director for each campus.” Other statements from participants who responded that their institution was in the process of creating a plan or policy replied, “The director of security is planning to do training sessions.” “The counselors have created guidelines for working with suicidal students but it is not a policy. The college formed an Emergency Response Team for incidents that pose a threat to our campus. A training was required for that and we had one meeting, over a year ago”, and “We are in the process of assessing and revising current procedures”.

The amount of counselors who responded that their institution had no plan in place for crisis intervention due to risk behaviors totaled 20.4% and their statements follow, “Have discussed it some and have done some minor sheriff’s department tactical training videos, but nothing else. Have been talking about it for years now but nothing is being done”; “there is awareness of its potential, but faculty and staff are at varying levels to handle it. There would need to be much more intensive training for both general personnel and counseling staff before true readiness is established”; “As far as I am aware there are no plans being made. If there are, I have not been communicated anything”; and “There is talk about having a plan, but so far nothing has been initiated”.

Of the responses from counselors who participated in this portion of the survey there were 3.7% who reported not applicable (N/A). Also, 3.7% of responses indicated that an outside referral source was utilized. Those responses included, “The college employs, by contract, a licensed clinical social worker for assessment, short term therapy, and referral. A CARE team exists, and is used, to address students whose needs warrant it. The team consists

of key campus staff, and includes the mental health counselor as available,” and “Students are referred to counseling services and if long term care or evaluation is needed, we consult through our EAP [Employee Assistance Program].

**Research Question Two** – How often are North Carolina community college counselors providing services to students who present risk behaviors, what is the counselor’s perceived level of confidence when assessing risk and what is perceived as a need to better assist students who present risk behaviors?

Research Question Two is a three-part question. The first part of this question was analyzed by data collected from Survey Question 11 on the survey given to participants. The five levels of risk identified by Sokolow et al., (2009) were divided into three categories for the purpose of this research. Those categories included: mild/moderate risk, elevated risk, and extreme/severe risk. Each category is defined in the Table 7 that follows.

Table 7

*Levels of Risk Defined*

Level	Definition
Mild/moderate risk	Emotionally troubled individuals impacted by situational stressors and traumatic events psychiatrically symptomatic
Elevated risk	Behaviorally disruptive, unusual and/or bizarre acting destructive, apparently harmful to others; substance abusing
Extreme/Severe risk behaviors	Suicidal, para-suicidal (extreme cutting, eating disordered), individuals engaging in risk taking (i.e., substance abusing), hostile, aggressive, relationally abusive individuals deficient in skills that regulate emotion, cognition, self, behavior and relationships

Based on the terms provided in Table 7, participants were asked to rate how often they provided services to students who presented those behaviors. The scale was a 5-point Likert scale that included the answers, “never, rarely, sometimes, often, and always” was used.

Table 7 provides a detailed summary in response for the first part of research question two.

Seventy ( $n=70$ ) counselors responded to this question on the survey. For mild/moderate risk behaviors responses indicated that 3% ( $n=2$ ) “never” provided services to students who presented mild/moderate risk behaviors; 7% ( $n=5$ ) “rarely” provided services to students who presented mild/moderate risk behaviors; 38% ( $n=27$ ) “sometimes” provided services to students who presented mild/moderate risk behaviors; 40% ( $n=28$ ) “often”

provided services to students who presented mild/moderate risk behaviors; 11% ( $n=8$ ) “always provided services to students who presented mild/moderate risk behaviors. For the behaviors associated with the elevated risk category 6% ( $n=4$ ) counselors reported they “never” provided services to students who presented these behaviors, while 40% ( $n=28$ ) reported they “rarely” provided services to students who presented these behaviors; another 40% ( $n=28$ ) reported they “sometimes” provided services to students who presented these behaviors, and 13% ( $n=9$ ) reported that they “often” provided services to students who presented these behaviors in this category. One percent ( $n=1$ ) reported that they “always” provide services to students who presented these behaviors in this category.

For the final category of extreme/severe risk behaviors the following responses were provided by counselors. Thirteen percent ( $n=9$ ) “never” provided services to students who presented these behaviors; 58% ( $n=41$ ) “rarely” provided services to students who presented these behaviors; 23% ( $n=16$ ) “sometimes” provided services to students who presented these behaviors; 3% ( $n=2$ ) “often” provided services to students who presented these behaviors; 3% ( $n=2$ ) “always” provided services to students who presented these behaviors. Table 8 summarizes these results.

Table 8

*Frequencies and Percentages of Counselor Services Provided to Students Presenting Risk Behaviors*

Variable	How often counselors provide services to each behavioral level									
	Never		Rarely		Sometimes		Often		Always	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Mild/Moderate Risk	2	3	5	7	27	38	28	40	8	11
Elevated Risk	4	6	28	40	28	40	9	13	1	1
Extreme/Severe Risk	9	13	41	58	16	23	2	3	2	3

Additional results, including the mean and standard deviation for each of the three levels of behaviors is provided in Table 9.

Table 9

*Means for Students' Risk Behaviors as Reported by Counselors and Standard Deviations of Each Occurrence*

Risk Behaviors	<i>M</i>	<i>SD</i>
Mild/Moderate Risk	3.5	.897
Elevated Risk	2.64	.835
Extreme/Severe Risk	2.24	.82

As a whole, counselors reported providing services to students who fell into the mild/moderate risk behavior category mid-way between the “sometimes” and “often” responses ( $M=3.5$ ,  $SD=.897$ ); counselors reported providing services to students who fell into the elevated risk behavior category equally between the “rarely” and “sometimes” responses ( $M=2.64$ ,  $SD=.835$ ); the counselors reported providing services to students who fell into the extreme/severe risk categories mostly in the “rarely” response ( $M=2.24$ ,  $SD=.824$ ).

The second part of Research Question Two was drawn from Survey Question 11 where counselors were asked to report their confidence levels when assisting students who present with behaviors in the three categories. Of the 68 respondents to this question, 24 percent ( $n=16$ ) counselors strongly agreed that that they are confident when assisting students who present behaviors in the mild/moderate category; 63% ( $n=43$ ) agreed that they were confident when assisting students who presented behaviors in the mild/moderate category, 6% ( $n=4$ ) neither agreed nor disagreed that they were confident when assisting students who presented behaviors in the mild/moderate category, 6% ( $n=4$ ) disagreed and 1% ( $n=1$ ) strongly disagreed. For elevated risk behaviors, 10% ( $n=7$ ) counselors reported that they strongly agreed that they were confident, 47% ( $n=32$ ) agreed that they were confident, 27% ( $n=18$ ) neither disagreed or agreed that they were confident, 15% ( $n=10$ ) disagreed that they were confident, and 1% ( $n=1$ ) strongly disagreed that they were confident. For the category of extreme risk behaviors 7% ( $n=5$ ) strongly agreed that they were confident when assisting students, 49% ( $n=33$ ) agreed that they were confident when assisting students, 16% ( $n=11$ )

neither disagreed or agreed that they were confident, 21% (n=14) disagreed that they were confident when assisting students, and 7% (n=5) strongly disagreed that they were confident when assisting students. Table 10 summarizes the confidence levels reported by counselors.

Table 10

*Confidence Levels Reported by Counselors when Providing Services to Students Presenting Risk Behaviors*

Variable	Counselors' confidence levels											
	Strongly Disagree				Neither Disagree or Agree						Agree	
	Disagree		Disagree		or Agree		Agree		Agree			
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Mild/Moderate Risk	1	1	4	6	4	6	43	63	16	24		
Elevated Risk	1	1	10	15	18	27	32	47	7	10		
Extreme/Severe Risk	5	7	14	21	11	16	33	49	5	7		

Table 11 summarizes the means and standard deviations of the counselors' reports of confidence levels when working with students who fell into the mild/moderate risk behavior category, the elevated risk behavior category, and the extreme/severe risk behavior category. Survey Question 12 asked counselors to "strongly agree", "agree", "neither disagree or agree", "disagree", or "strongly disagree" that they are confident when assisting students

within each risk behavior category. Counselors reported the strongest level of confidence when working with students in the mild/moderate risk category, with the majority selecting that they “agree” that they are confident ( $M=4.01$ ,  $SD=.819$ ); counselors reported their confidence levels when assisting students who fell into the elevated risk behavior category as half-way between the “neither disagree or agree” and “agree” responses ( $M=3.5$ ,  $SD=.922$ ); the counselors reported assisting students who fell into the extreme/severe risk categories mostly in the “agree” response ( $M=3.28$ ,  $SD=1.104$ ).

Table 11

*Means and Standard Deviations for Confidence Levels Reported by Counselors for Each Risk Behavior*

Risk Behavior	<i>M</i>	<i>SD</i>
Mild/Moderate Risk	4.01	.819
Elevated Risk	3.50	.922
Extreme/Severe Risk	3.28	1.104

The third and final part of Research Question Two was to determine what needs are perceived by counselors employed at community colleges in North Carolina to better serve students who present risk behaviors. Data collected from Survey Question 6 indicated that

78% of counselors ( $n=59$ ) during a given semester meet with at least one student during a given semester who poses a threat to himself or herself, forty-seven percent ( $n=36$ ) reported meeting with a student who poses a threat to another student, forty-one percent ( $n=31$ ) of counselors meet with a student who poses a threat to a faculty or staff member, and forty-three percent ( $n=33$ ) meet with a student who poses a threat to the campus. Sixty-three percent ( $n=48$ ) of the community college counselors in North Carolina who participated in the survey reported that their institution keeps official records of risk behaviors; 37% ( $n=28$ ) reported that they are not certain whether their college keeps or does not keep a record of risk behaviors. Survey Question 9 asked counselors to report the level of confidence they have that the number of students needing mental health and referral services was increasing; 67% ( $n=39$ ) of counselors reported that they either “agreed” or “strongly agreed”. Out of the data collected it was determined that training to better assist students who present risk behaviors was a need reported by counselors. Table 12 details a need identified by counselors in order to better assist students.

Table 12

*Counselor Training Identified as a Need to Assist Students who Present Risk Behaviors*

Deviation	Agree or Strongly Agree that Training is Needed		Mean and Standard for all responses	
	<i>n</i>	%	<i>M</i>	<i>SD</i>
Risk Behavior				
Mild/Moderate Risk	43	64	3.52	1.092
Elevated Risk	49	73	3.79	1.008
Extreme/Severe Risk	56	84	4.01	1.002

Table 12 provides support that counselors employed at community colleges in North Carolina feel the need to have training to better assist students who present mild/moderate, elevated, and extreme/severe risk behaviors. Eighty-four percent (n=56) agree or strongly agree that training is needed to work with students who present extreme/severe risk behaviors. In additional data retrieved from Survey Question 14, 58% of counselors who participated in the study reported that they had not received any specialized training from their institution about threat assessment and/or crisis intervention for students with mental health diagnosis.

**Research Question Three** - Based on the five levels of risk (Sokolow, Lewis, Wolf, Van Brunt, and Byrnes, 2009), what is the relationship between the presenting behaviors as they are reported by North Carolina community college counselors and the counselor's perceived level of confidence when assessing risk?

Research Question Three draws from Survey Question 11 in which counselors were asked to report their confidence levels when assisting students who present with behaviors in the three categories. Of the 68 counselors who responded to this question, 24% ( $n=16$ ) counselors strongly agreed that that they are confident when assisting students who present behaviors in the mild/moderate category; 63% ( $n=43$ ) agreed that they were confident when assisting students who presented behaviors in the mild/moderate category, 6% ( $n=4$ ) neither agreed nor disagreed that they were confident when assisting students who presented behaviors in the mild/moderate category, 6% ( $n=4$ ) disagreed and 1% ( $n=1$ ) strongly disagreed. For elevated risk behaviors, 10% ( $n=7$ ) counselors reported that they strongly agreed that they were confident, 47% ( $n=32$ ) agreed that they were confident, 27% ( $n=18$ ) neither disagreed or agreed that they were confident, 15% ( $n=10$ ) disagreed that they were confident, and 1% ( $n=1$ ) strongly disagreed that they were confident. For the category of extreme risk behaviors 7% ( $n=5$ ) strongly agreed that they were confident when assisting students, 49% ( $n=33$ ) agreed that they were confident when assisting students, 16% ( $n=11$ ) neither disagreed or agreed that they were confident, 21% ( $n=14$ ) disagreed that they were confident when assisting students, and 7% ( $n=5$ ) strongly disagreed that they were confident when assisting students. Table 13 summarizes the confidence levels reported by counselors.

The survey responses of strongly agree, agree, neither disagree or agree, disagree, and strongly disagree were calculated using a Likert Scale from one to five, with one equating strongly disagree and five equating strongly agree.

Table 13

*Summary of Counselor Confidence Levels Reported When Providing Services to Students Presenting Risk Behaviors*

Variable	Counselors confidence level									
	Strongly Disagree		Disagree		Neither Disagree or Agree		Agree		Strongly Agree	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Mild/Moderate Risk	1	1	4	6	4	6	43	63	16	24
Elevated Risk	1	1	10	15	18	27	32	47	7	10
Extreme Risk	5	7	14	21	11	16	33	49	5	7

To determine if there was a relationship between the confidence levels reported by counselors and the presenting behaviors of students a Pearson correlation was conducted. One significant correlation exists between the confidence level reported by counselors when providing services to mild/moderate risk behaviors and the number of elevated risk behaviors that were reported by counselors,  $r=.378^{**}$ ,  $n=68$ ,  $p=.001$ . Table 14 provides a detailed examination of the correlation.

Table 14

*Pearson Correlations between Confidence Levels and Risk Behaviors*

		Confidence Levels		
		Mild/Moderate	Elevated	Extreme
<b>Risk Behaviors</b>				
Mild/Moderate Risk	Pearson <i>r</i>	.378**	.218	.060
	<i>p</i> (2-tailed)	.001	.074	.627
	N	68	68	68
Elevated Risk	Pearson <i>r</i>	.181	.134	.108
	<i>p</i> (2-tailed)	.140	.274	.382
	N	68	68	68
Extreme Risk	Pearson <i>r</i>	.038	.048	.117
	<i>p</i> (2-tailed)	.757	.695	.341
	N	68	68	68

**Research Question Four** - Do North Carolina community college characteristics (location, size of institution, and number of full-time counselors employed) explain a significant amount of variance in the level of implementation of policies in place to identify students in potential crisis?

The first approach to gathering data for Research Question Four was to analyze the descriptive data reported by counselors on the survey about the community colleges in North Carolina that they represented. The participants were asked to answer several questions regarding demographic information related to the institution at which they were employed. Of the 65 respondents, 26% ( $n=17$ ) reported that they worked at a community college in the Eastern region of North Carolina, 14% ( $n=9$ ) reported that they worked at a community college in the Western region of the state, 28% ( $n=18$ ) reported that they worked at a community college located in the central region of the state, and 2% ( $n=1$ ) reported that they worked for the Northern region of the state. Other respondents reported working at community colleges in the Southeastern, Southwestern, Northeastern, or Northwestern regions within the state. Additional demographic information shared by respondents included that 18% ( $n=12$ ) worked at community colleges in North Carolina that they would consider to be located in an urban location, 57% ( $n=37$ ) worked at community colleges in North Carolina that they would consider to be located in a rural location, and 25% ( $n=16$ ) reported that they considered the community college at which they worked to be neither urban nor rural. The majority (69%;  $n=45$ ) of the 65 survey participants reported that their institution served between 1,000 and 5,000 students. Table 15 provides a summary of the characteristics of the community colleges represented in the study.

Table 15

*North Carolina (NC) Community College Demographics*


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Institutional Demographic Data		
<hr/>		
Location	<i>n</i>	%
Eastern NC	17	26.0
Western NC	9	14.0
Central NC	18	28.0
Northern NC	1	2.0
Southeastern NC	7	11.0
Southwestern NC	6	9.0
Northeastern NC	5	8.0
Northwestern NC	2	3.0
Demographic	<i>n</i>	%
Urban	12	65.0
Rural	37	57.0
Neither urban nor rural	16	25.0
Student population	<i>n</i>	%
Less than 1000	2	3.0
1000 to 5000	45	69.0
5000 to 10000	8	12.0
10000 to 15000	5	8.0
Over 15000	5	8.0
Counselors employed	<i>n</i>	%
0	2	3.1
1	6	9.2
2	13	20.0
3	12	18.5
4	7	10.8
5	7	10.8
6	7	10.8
7	3	4.6
8	1	1.5
10	3	4.6

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Table 15 Continued

12	2	3.1
15	1	1.5
16	1	1.5

Table 15 concludes with a report of the number of counselors employed at each community college who participated in this study. Of the 70 participants 72.4% ( $n=47$ ) reported that five or fewer counselors were employed at their respective community college.

To determine whether a relationship was present between college characteristics (location, size of institution, and number of full-time counselors employed) and the level of implementation of policies in place to identify students in potential crisis a Pearson correlation was conducted. Due to the fact that one level of the correlation was found to be significant, it was determined that a multiple regression would not support additional findings.

Table 16 provides a summary of the results. There were two significant correlations discovered during the analysis. Based upon the Pearson correlation it was revealed that colleges who are in an urban location are more likely to have policies in place that address students who present elevated and extreme/severe risk behaviors. The first significant correlation exists between urban location of the institution and the level of policies in place for students who present behaviors within the elevated risk category,  $r=.872^{**}$ ,  $n=65$ ,  $p<.001$ . The second significant correlation exists between urban location of the institution

and the level of policies in place for students who present behaviors within the moderate/severe risk category,  $r=.557^{**}$ ,  $n=65$ ,  $p<.001$ .

Table 16

*Pearson Correlations between College Characteristics and Policy Implementation*

		Policy Implementation of Risk Levels		
		Mild/Moderate	Elevated	Extreme/Severe
College Characteristics				
Institution Location (Urban)	Pearson $r$	-.009	.872**	.557**
	$p(2\text{-tailed})$	.944	.000	.000
	$N$	65	65	65
Institution Size	Pearson $r$	.028	.207	.158
	$p(2\text{-tailed})$	.827	.097	.208
	$N$	65	65	65
Number of Counselors	Pearson $r$	-.072	.200	.127
	$p(2\text{-tailed})$	.566	.109	.315
	$N$	65	65	65

## **Summary of Findings**

This chapter has presented findings of the data analyzed for this study. Research questions were analyzed using a combination of qualitative and quantitative data. The beginning of the chapter provided an overview of the data collection process. Descriptive statistics for the study participants included the socio-demographic (age and ethnicity), employment, and educational levels (level of education and credentials) of the counselors who participated in this study. The level of implementation for policies to address crisis intervention and management was examined by the data analysis of the research objectives.

Findings from Research Question One provided both quantitative and qualitative data. Descriptive data demonstrated that community colleges in North Carolina vary in their placement of policies to address crisis intervention and management; some fully implementing policies and others having no policy or guidelines. The qualitative data supported that policy implementation for crisis intervention and management is at various levels within the community college system.

Findings from Research Question Two focused on three areas. Part one determined that North Carolina community college counselors provide services to students who mostly fall in the category of mild/moderate risk behaviors. Part two distinguished that counselors employed at community colleges in North Carolina report have the highest level of confidence when working with students who are in the mild/moderate risk category and the lowest level of confidence when working with students who fall into the extreme/severe risk category of behavior. The final part of Research Question Two sought to identify needs as

seen by the counselors. It was determined that needs include a way to track of data when providing services to students who may present risk behaviors and training to better assist students and maximize crisis intervention and management.

Findings for Research Question Three provided one significant correlation between the confidence level reported by community college counselors when providing services/counseling to students considered to be a mild/moderate behavioral risk and the number of elevated risk behaviors.

Research Question Four resulted in two significant findings. The size and number of counselors employed by community colleges in North Carolina did not explain a significant variance on the level of policy implementation for crisis intervention and management; however, the location did prove to have an impact on the level of policy implementation. It was determined, based on the data analysis, that community colleges in urban locations within North Carolina had a significant relationship with the level of policy implementation for both categories, elevated and moderate/severe risk behaviors.

## **CHAPTER FIVE**

### **Summary, Conclusions, and Recommendations**

This chapter will begin with an overall summary, conclusions, and recommendations for this research study. Next, a content summary of each of the five chapters will be provided. Following the summaries, this chapter will be divided into four sections, one section for each research question. Within each of the sections a description of the research question will be provided followed by a conclusion, general recommendation, and a recommendation for future research. The final portion of this chapter will review limitations of this study including the sample, data collection, population, and instrument used.

The purpose of this study was to explore crisis intervention and management planning from a counselor's perspective at community colleges in North Carolina. The research was supported by the diffusion of innovation theory, developed by Rogers (1971, 2002, & 2003; Rogers & Agarwala-Rogers, 1976). The idea behind the research was to determine what, if any, policies exist to address crisis intervention and management related to potential alarming student behaviors at community colleges in North Carolina. This chapter provides an overall summary of the research including a review of the findings, conclusions, recommendations, suggestions for future research, and limitations of the study. This study had four research questions.

The first research question sought to describe the extent to which community colleges in North Carolina are implementing policies and behavioral assessment teams which identify and assess students in crisis. Risk levels adapted from the research of Sokolow, Lewis, Wolf,

Van Brunt, and Byrnes (2009) were utilized in a survey to gather data from counselors employed with North Carolina community colleges. The intent of the second research question was to identify services provided by counselors who work at North Carolina community colleges, to determine North Carolina community college counselor's perception of their level of confidence when assessing risk, and to identify the counselor's perceptions of what is needed address crisis intervention and management at community colleges in North Carolina. The third research question sought to determine if a relationship was present between risk levels (Sokolow, Lewis, Wolf, Van Brunt, and Byrnes, 2009) and the perception level of counselors who provide services to students who attend community colleges in North Carolina. The intention of the fourth and final research question was to provide an explanation of the significance of the relationship between characteristics of North Carolina community colleges and the level of policy implementation.

## **Chapter One**

Chapter One established a basis for discussion on the importance of crisis intervention and management on the campuses of community colleges in North Carolina. An outline of the diffusion of innovation theory, developed by Rogers (1971, 2001, & 2003; Rogers & Agarwala-Rogers, 1976), provided a basis for discussion for this research study. The theory supported a connection with counseling and the implementation of new and innovative ideas within organizations. This first chapter sought to provide a framework designed to support the idea that a need is present at North Carolina community colleges to

have more structured policies related to behavioral intervention and management. Counselors who work in community colleges were specifically targeted to gather data related to the purpose.

Chapter One examined violent events which have occurred on the campuses of 4-year universities and gave details of the comparison with community colleges. The nature of the problem was identified, the purpose was stated and the conceptual framework provided an overview of the intent of the research.

## **Chapter Two**

Chapter Two provided ten different sections of discussion for this research study. The review of literature provided by Chapter Two outlined a foundation supporting the essential nature of this research. The majority of the literature found in Chapter Two supports the importance of 2-year community colleges having a defined policy in place to provide structure for behavioral intervention and management.

Chapter Two began with a summary of violence that has occurred on the campuses of four-year universities. With a focus on various incidents that have occurred on 4-year college and university campuses since 1966, this section detailed a support within the research to plan strategically in an effort to be prepared for the unexpected (Nevarez & Wood, 2010).

The second section in Chapter Two explained counseling roles at colleges during a crisis. Literature identifies the purpose of counseling staff as essential when students are in crisis (Hersh, 1985; Davenport, 2009; Much, Wagener, & Hellenbrand, 2010). This portion

of the chapter identified the fact that college students who experience mental illnesses is on the rise (Keller, Hughes, & Hertz, 2011). The chapter concluded with discussion of counselors at colleges being sought to identify students who could be potential threats to the campus (Davenport, 2009). This topic led to the third section of Chapter Two, crisis intervention and management. This section was supported by the research back to 1978 (Aguilera & Messick). This section of the chapter aimed to discuss the identification of behaviors associated with potential threats and the need to assess and intervene.

The next two sections of Chapter Two reviewed literature revolving around both the legal and ethical considerations of crisis intervention and management on college campuses. Barr, Desler, and Associates (2000) provided an explanation of student affairs staff at colleges having the responsibility of providing direct guidance to students. Legal considerations for campuses continue to grow and now include legal resources provided by various organizations.

The sixth section of Chapter Two gave a detailed review of the theoretical framework supporting this research study. As the study sought to demonstrate a need for crisis intervention and management planning at community colleges in North Carolina, the connection to the theoretical framework was crucial. The two theories linked to this research were Kohlberg's theory of moral development (1972) and the diffusion of innovation theory (Rogers, 1972, 2002, & 2003).

The next section in Chapter two discussed the diffusion of innovation theory. The concept for an idea to begin within a small group and grow to reach a larger population was

in line with the idea for community colleges to develop plans to strategically balance crisis intervention and management for students who could present potentially violent behaviors. Innovation has the ability to play a vital role when communicating a desire to others (Rice & Rogers, 1980).

The final sections of Chapter Two summarized community colleges and crisis intervention and management and their importance. Research to support the development of campus assessment teams is minimal and early intervention is key (Eells and Rockland-Miller, 2011).

This study examined the status of crisis intervention and management planning at community colleges in North Carolina from the community college counselor's perspective. The current plans in place at community colleges in North Carolina along with the types of risk related to student behaviors that counselors are exposed to were directly examined in a survey.

### **Chapter Three**

The purpose of Chapter Three was to identify the research design and methods used for this research study. The design introduced in chapter three was a mixed-method design which incorporated one qualitative survey question with the remaining quantitative data that was collected from the survey. Chapter Three introduced the variables that were examined in this non-experimental survey design in a section that described the quantitative method that

was used. The qualitative method that contributed to this study was described in a separate section.

Research questions and the conceptual framework and theory were also a part of Chapter Three. To support the methodology, Chapter Three gave the account of the population and sample selected for this survey. Counselors who work for community colleges in North Carolina were the targeted population for completion of the survey. Chapter Three contributed a section on the instrumentation and variables used in this study. A survey was developed by this researcher and once approved by the Institutional Review Board at North Carolina State University, the survey sought to examine the four research questions designed to shed light on the understanding the crisis intervention and management planning at North Carolina community colleges. Chapter Three concluded with an explanation of the proposed data analysis, reliability and validity, and survey data collection.

#### **Chapter Four**

Chapter Four offered an analysis of the data and findings collected from the survey that was distributed to community college counselors employed in North Carolina. These findings were collected to support the four research questions. Chapter Four featured six main sections. The first section focused on an overview of the results, the second section provided a detailed narrative about the data collection, and the third section provided descriptive statistics about the socio-demographic characteristics of the participants. The

fourth section had four major components: results of Research Questions One, Two, Three, and Four.

## **Chapter Five**

This chapter provides a summary of the entire study and includes a review of the findings, conclusions, recommendations, and suggestions for future research. This chapter includes limitations of the study. This research study had four research questions. This chapter will be broken down by each research question.

### **Findings, Conclusions, and Recommendations**

A combination of quantitative and qualitative analysis was used to provide data for Research Questions One through Four.

#### **Research Question One**

Both quantitative and qualitative data were utilized to provide an analysis for Research Question One. The first research question used descriptive statistics to provide an analysis of the population of survey respondents. This question sought to provide data that described the extent to which community colleges in North Carolina are implementing policies that address potentially violent situations. The findings from Research Question One support the diffusion of innovation theory, a theoretical framework developed by Rogers (1971, 2002, and 2003; Rogers and Agarwala-Rogers, 1976). The innovation identified in Research Question One was crisis intervention and management at community colleges in

North Carolina. Diffusion of the innovative policy would occur when the idea of a crisis intervention and management policy and behavioral assessment team spreads and community colleges across the state adapt a crisis intervention and management policy.

***Conclusion One*** The analysis proved various levels of policy implementation. Responses ranged between three percent of colleges having an existing policy that is not implemented for the mild/moderate risk category and 38.5% of colleges that have guidelines which are implemented but no policy in place. For the elevated risk category counselors reported a range of 3% of colleges that have an existing policy that is not implemented and 42% of colleges which have guidelines that are implemented but no policy in place. For the extreme/severe risk category the analysis proved that 3% of colleges have an existing policy that is not implemented and 37% of colleges have a policy that is being implemented. Of the colleges that participated in the study 21.5% had no policies or guidelines in place for the mild/moderate risk category, 12% had no policies or guidelines in place for the elevated risk category, and 14% had no policies or guidelines in place for the extreme/severe risk category.

Qualitative data were also obtained to contribute to the findings of Research Question One. Six themes were identified and coded for the 54 open-ended responses provided by the counselors. The themes included: 1) uncertain, 2) in place, 3) in process, 4) no plans, 5) not applicable, and 6) outside contract. The range for these themes were from 3.7%, which included both not applicable and outside contract and 29.6% which included institutions which had plans in place.

The data analysis for Research Question One illustrates that community colleges in North Carolina are not consistent across the board with policies for crisis intervention and management. Research has identified that crisis intervention and management is paramount to safety on all college campuses (NaBITA, 2012-2013) and threat assessment tools are lacking (Sokolow, et al., 2009). Four-year universities are more prepared for crisis intervention and management than 2-year colleges, including community colleges (Van Brunt, Sokolow, Lewis, and Schuster, 2012).

***General Recommendation One*** Community colleges in North Carolina should be consistent in efforts to establish policies to effectively address crisis intervention and management in order to find what works and obtain data that can be used. Currently, data regarding services provided to students who present risk behaviors is not available. Tracking this data is key in order to move forward with the best possible solution at the state level for community colleges. Because of the lack of crisis intervention and management policies in place for community colleges in North Carolina the risk for liability is at a heightened level. Research demonstrates that strategic planning is necessary for the safety and success of community college campuses (Nevarez & Wood, 2010). Community colleges are consistently met with significant challenges and students who are considered at risk could further increase these challenges (Davenport, 2009). Establishing policies at community colleges could begin with strategic planning and the development of guidelines which address specific types of warning behaviors, like those identified in this study, could aide the colleges through the policy development process (Meloy, Hoffmann, Guldimann, and James,

2012). North Carolina community colleges would benefit from receiving training specific to crisis intervention and management; this type of training and other resources are already made available through NaBITA. It would be in the best interest of community colleges in North Carolina to diffuse future issues of liability by participating in training, increasing communication regarding crisis intervention and management at the state level, and tracking data.

***Recommendation for Future Research*** Further research should be conducted to include community colleges in the topic of crisis intervention and management since this is a gap in the literature. Research focusing on the open-door admissions policies of community colleges and the balance of admissions and safety could be a potential topic for further research. Since research conducted on higher education often leaves out community colleges, this is seen as a necessity for the safety and advancement of policy development related to crisis intervention and management on the campuses of community colleges in North Carolina (Cohen and Brawer, 2003). Research in the future could include data as it becomes available from community colleges in North Carolina.

### **Research Question Two**

The second research question sought to determine how often North Carolina community college counselors provide services to students who present risk behaviors, what the counselor's perceived level of confidence was when assessing risk, and what was perceived as a need to better assist students who present risk behaviors.

Counselors, threat assessment tools, and risk assessment services have been identified as key components of the development of crisis intervention and management on college campuses (Hersh, 1985; Davenport, 2009; Much et al., 2010; Eells and Rockland-Miller, 2011; Keller et al., 2011). Counselors employed at colleges strive to meet increasing demands while the risk for a chance of violence due to a crisis situation is increasing (Much et al., 2010; Davenport, 2009).

**Conclusion Two** The findings from Research Question Two provide data to support that counselors most often work with students who present mild/moderate risk behaviors and rarely encounter extreme/severe risk behaviors when assisting students at community colleges in North Carolina. The second part of Research Question Two assessed the counselors' confidence levels when assisting students who presented risk behaviors. Twenty-eight percent of counselors either disagreed or strongly disagreed that they were confident when assisting students who presented extreme/severe risk behaviors. Keller et al., (2011) explain that a need is present to effectively develop plans to assist students who present concerns. The final portion of research question two provides evidence to support that counselors who work at North Carolina community colleges would benefit from ongoing training to better assist students who present behavioral concerns.

Sixty-four percent of counselors agreed or strongly agreed training is needed to better assist students who present mild/moderate risk behaviors; 73% of counselors report that training is needed to better assist students who present elevated risk behaviors; 84% of

counselors report that training is needed to better assist students who present extreme/severe risk behaviors.

***General Recommendation Two.*** Since counselors report a lack of confidence when dealing with students who present extreme/severe risk behaviors and 84% of counselors reported that training is needed for this risk level, it is recommended that North Carolina community colleges provide training for counselors on how to effectively handle students who are presenting the extreme/severe risk behaviors. Having a policy for counselors to follow would also contribute to the level of confidence counselors' experience. It could be possible for community colleges in North Carolina to adopt a model using materials available NaBITA. Resources available include a violence prevention program called CheckMate that allows for an expert in crisis intervention and management to provide training for teams on college campuses. Another resource provided by NaBITA is the NaBITA Threat Assessment Group (NaTAG), which provides 24/7 consultation with behavioral assessment teams for triage for teams who lack expertise and the team also serves to supplement already existing resources.

***Recommendation for Future Research Two*** The analysis of Research Question Two emphasizes the need for further research on the training and development of counselors employed at community colleges to effectively intervene and provide services to students who present extreme/severe risk behaviors. Research focusing on training specific to community college behavioral assessment teams has the potential to fill an existing gap.

### **Research Question Three**

Research Question Three utilized a correlation to determine the relationship present between the presenting behaviors as they were reported by the counselors and the counselors' perceived levels of confidence when assessing risk.

**Conclusion Three** A correlation revealed one significant relationship. A relationship exists between the counselors' perceived confidence level when working with mild/moderate risk behaviors. Counselors reported that their confidence level is greater when working with mild/moderate risk behaviors. Some counselors denoted their confidence levels decreased when they provided services to students who present elevated and extreme/severe risk behaviors.

**General Recommendation Three** Additional training for counselors to understand the needs of students who may fall into the elevated and extreme/severe risk behaviors would increase confidence levels. Training and resources are available from NaBITA. It could also be possible for community colleges in North Carolina to put together a state-wide supported plan to address crisis intervention and management to reduce the liability of institutions and the faculty and staff.

**Recommendation for Future Research Three.** Future research on the specific risk behaviors presented by community college students would benefit those who intend to provide counseling services to that demographic. Recommendations include obtaining additional data from community colleges, specifically data on the number of students served who fit into the risk behavior categories outlined in this study. As community colleges in

North Carolina grow, data is likely to be the driving force to conduct additional research in areas specific to crisis intervention and management as well as risk behaviors.

#### **Research Question Four**

Research Question Four sought to determine if North Carolina community college characteristics (location, size of institution, and number of full-time counselors employed) explained a significant amount of variance in the level of implementation of policies in place to identify students in potential crisis. Original intentions were to conduct a regression; however, correlations were only found significant at one level. A Pearson correlation was conducted to determine the model summary among the variables.

***Conclusion Four*** This study revealed that there were not significant relationships among North Carolina community college's characteristics (size of institution, and number of full-time counselors) with the level of implementation of policies in place that would identify students in potential crisis; however, it was found that location had an impact. Community colleges in urban locations in North Carolina did result in having policies in place that address students who presented elevated and moderate/severe risk behaviors.

***General Recommendation Four*** Since the location had an impact on level of implementation of policies it is recommended that colleges utilize resources within their institution to develop crisis intervention and management plans that best meet the needs of the student population. It is possible that more in depth research to be conducted using data from community colleges specifically in urban locations. New data collected from

community colleges in urban locations may provide benefit and relief to community colleges in rural locations as the idea to implement crisis intervention and management policies grows. It would be possible, based on the findings of this research study, for community colleges in urban settings in the state of North Carolina to train and share resources with the colleges in the more rural locations; this would also allow for support of the conceptual framework.

***Recommendation for Future Research Four*** Future research might examine additional characteristics of the college and student population that could have an effect on the level of implementation of policies that address crisis intervention and management. Since it has been found that campus crises can have a devastating impact on the student, faculty, and staff population, more institutions are seeking to recognize plans and policies to address violence on college campuses (Sokolow, et al., 2009). As additional data is tracked by institutions in North Carolina, it may be possible for future research to conduct a multiple regression, as this study intended originally.

### **Limitations**

The limitations of this study address the sample, data collection, and instrumentation. **Sample.** The findings of this study are bound by the population and sample, which was made up of counselors who were employed at community colleges in North Carolina (fifty-eight total).

**Data Collection.** This study collected data using survey methodology. The effort was to collect data from a target group, counselors employed by the 58 community colleges in North Carolina. This was a purposive sample due to the fact that community colleges in North Carolina are inconsistent in their data tracking with the services that are provided to students who present risk behaviors outlined in this research study; data was not available.

**Population.** This study assessed counselors who worked at community colleges in North Carolina; therefore, this study could not be generalized to other 2-year colleges that are not community colleges within this state. This study is not generalizable to community colleges or other 2-year colleges outside of the state of North Carolina.

**Instrument Used.** This study utilized an instrument that was developed and created by this researcher. A pilot test revealed that the instrument would be suitable for the research; however due to the sample size being relatively small, a factor analysis could not be conducted. The survey requested counselors to report the frequency of services provided to students who present risk behaviors.

## **Conclusion**

This research study has the potential to significantly impact the progression of community colleges in North Carolina as they seek to manage crisis intervention on their campuses, reduce liability, and create policies for staff and faculty to follow in the event they serve a student presenting severe to extreme risk behaviors. The conceptual framework for this study introduced in Chapter One fit the intentions of the research; however, future

research could alter the model to incorporate external and regional factors that did impact diffusion.

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Zdziarski II, E., Dunkel, N., Rollo, J., and Associates. (2003). *Campus Crisis Management*.

San Francisco, CA: Jossey-Bass.

**APPENDICES**

## Appendix A

### Gap in the Literature

Reference	Higher Education & Universities	Specifically Community College	Need for Policy	Includes Counselors In Plan	Presence of Violence On campus
Alkandari, 2011	X		X		X
Barr, Desler, & Associates, 2000	X		X	X	X
Bishop, 1995	X			X	
Davenport, 2009	X		X	X	X
Eells & Rockland-Miller, 2011	X		X	X	X
Jenkins, M. 2005		X	X	X	X
Keller, Hughes, and Hertz, 2011	X		X		X
Meloy, Hoffmann, Guldemann, & James, 2012	X		X	X	X
Sokolow, Lewis, Wolf, Van Brunt, & Byrnes, 2009	X	X	X	X	X
Zdziarski, Dunkel, & Rollo, 2007	X		X		X

## Appendix B

### Survey Instrument

#### CRISIS INTERVENTION PLANNING SURVEY

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North Carolina State University  
 INFORMED CONSENT FORM for RESEARCH  
*This consent form is valid from 3/19/2014 - 3/19/2015*

#### Title of Study

Crisis Intervention and Management: Are North Carolina Community Colleges Prepared to Prevent a Crisis on Campus?

#### Principal Investigator Faculty Sponsor (if applicable)

Dr. James Bartlett, II

#### Other Investigators

Carrol Warren

#### What are some general things you should know about research studies?

“You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research study is to gain a better understanding of crisis intervention and management at community colleges in North Carolina and to better understand the role of the counselor at North Carolina community colleges. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form is provided to you via electronic format and at any time by contacting the researcher. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above”.

#### What is the purpose of this study?

This research is being conducted to better understand crisis management and intervention at North Carolina community colleges. This study will:

- determine if polices and/or behavioral assessment teams are currently in place to effectively assess crisis intervention and management at North Carolina community colleges.
- seek to determine the perceived ability levels of North Carolina community college counselors when dealing with students in crisis.

-identify if a relationship exists among North Carolina community colleges that have policies and/or behavioral assessment teams in place and those that do not.

Understanding the process of crisis intervention and management planning can aide community colleges who work with students who may be potential threats.

What will happen if you take part in the study?

If you agree to participate, you will be asked to participate in the following activities:

1. A 15 minute online survey.

#### Risks

There are minimal risks. A potential risk includes a reputational risk for community colleges in North Carolina. Steps will be taken to reduce this risk including not stating, by name, any community college in North Carolina.

#### Benefits

There is no direct benefit to you from participating; although, the research produced may provide indirect benefits by contributing to literature regarding planning for crisis intervention and management on the campuses of two-year post-secondary institutions.

#### Confidentiality

You will have the opportunity to submit your contact information via a separate link at the end of the survey to be considered for the drawing of one of two \$100 gift cards. Submitting your contact information is solely for the purposes of entering the drawing and will not be connected with your survey answers.

#### Compensation

Completers of this survey will have the option at the end of the survey to be entered in a drawing for one of two \$100 gift cards. Respondents will not be required to enter this drawing.

What if you are a NCSU student?

Participation in this study is not a course requirement and your participation or lack thereof, will not affect your class standing or grades at North Carolina State University. Completing this study is NOT a requirement of the institution with which you are employed.

What if you have questions about this study?

If at any time you have questions regarding this study you may contact the researcher/principle investigator Carrol Warren, at [clwarren@ncsu.edu](mailto:clwarren@ncsu.edu)

What if you have questions about your rights as a research participant?

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919/515-4514).

### Consent To Participate

“By clicking to move forward with this survey you are agreeing that you have read and understand the above information. You agree that you have received this form in electronic format. By moving forward with completing this study, you also agree to participate in this study with the understanding that you may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

This survey will take no more than 15 minutes of your time. Please refer to the informed consent you received with this survey and retain a copy for your records. The first five questions are considered descriptive questions for the purpose of reporting.

### Crisis Intervention and Management Survey

*This survey will take no more than 15 minutes of your time. Please refer to the informed consent you received with this survey and retain a copy for your records. The first five questions are considered descriptive questions for the purpose of reporting.*

1. How many years have you worked for the North Carolina Community College System?

- Less than 1 year
- 1-5 years
- 5-10 years
- 10-15 years
- 15-20 years
- 20-25 years
- 25-30 years
- over 30 years

2. What is your gender?

- Male
- Female

3. What is your age?

4. What is your ethnicity?

- American Indian
- Black/African American
- Caucasian
- Hispanic/Latino
- Multi-racial

- Asian
- Other

5. What is your level of education?

- Associate's Degree       Bachelor's Degree
- Master's Degree       PhD. or Ed.D.
- Psy.D       Other

6. How many times during a semester do you meet with a student who poses a threat to:

himself or herself?

another student?

faculty or staff member?

the campus?

7. Does your college keep an official record of these types of incidents?

- Yes       No       I am uncertain

8. Are you currently credentialed with any of the licenses/certifications listed below?

- Licensed Professional Counselor
- Licensed Clinical Social Worker
- Certified Rehabilitation Counselor
- Licensed Psychological Associate
- Other related license
- None

9. I feel confident that the number of students I provide mental health counseling and referral services to are increasing.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

**RISK LEVELS**

For each of the following areas, please report the extent you serve students, the extent the issue is covered in the college policy, your confidence in dealing with these types of crisis situations, and your perceived need for training in the area of crisis intervention/threat prevention.

10. How often do you provide services to students who present the below behaviors?

<b>MILD/MODERATE RISK</b>	Never	Rarely	Sometimes	Often	Always
<ul style="list-style-type: none"> <li>• emotionally troubled</li> <li>• individuals impacted by situational stressors &amp; traumatic events</li> <li>• psychiatrically symptomatic</li> </ul>	<input type="radio"/>				
<b>ELEVATED RISK</b>	Never	Rarely	Sometimes	Often	Always
<ul style="list-style-type: none"> <li>• behaviorally disruptive, unusual and/or bizarre acting</li> <li>• destructive, apparently harmful to others</li> <li>• substance abusing</li> </ul>	<input type="radio"/>				

<b>EXTREME RISK</b>	Never	Rarely	Sometimes	Often	Always
<ul style="list-style-type: none"> <li>• suicidal</li> <li>• para-suicidal(extreme cutting, eating disordered)</li> <li>• individuals engaging in risk taking behaviors(i.e., substance abusing)</li> <li>• hostile, aggressive, relationally abusive</li> <li>• individuals deficient in skills that regulate emotion, cognition, self, behavior and relationships</li> </ul>	<input type="radio"/>				

11. I am confident when assisting students who present the below crisis behaviors.

<p style="text-align: center;"><b>MILD/MODERATE RISK</b></p> <ul style="list-style-type: none"> <li>• emotionally troubled</li> <li>• individuals impacted by situational stressors &amp; traumatic events</li> <li>• psychiatrically symptomatic</li> </ul>	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> Strongly Agree
<p style="text-align: center;"><b>ELEVATED RISK</b></p> <ul style="list-style-type: none"> <li>• behaviorally disruptive, unusual and/or bizarre acting</li> <li>• destructive, apparently harmful to others</li> <li>• substance abusing</li> </ul>	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> Strongly Agree
<p style="text-align: center;"><b>EXTREME RISK</b></p> <ul style="list-style-type: none"> <li>• suicidal</li> <li>• para-suicidal(extreme cutting, eating disordered)</li> <li>• individuals engaging in risk taking behaviors(i.e.,</li> </ul>	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Neutral

<ul style="list-style-type: none"> <li>substance abusing)</li> <li>• hostile, aggressive, relationally abusive</li> <li>• individuals deficient in skills that regulate emotion, cognition, self, behavior and relationships</li> </ul>	<input type="radio"/> Agree <input type="radio"/> Strongly Agree
---	---

## RISK LEVELS

For each of the following areas, please report the extent you serve students, the extent the issue is covered in the college policy, your confidence in dealing with these types of crisis situations, and your perceived need for training in the area of crisis intervention/threat prevention.

12. I need training to better assist students who present the following behaviors.

<p><b>MILD/MODERATE RISK</b></p> <ul style="list-style-type: none"> <li>• emotionally troubled</li> <li>• individuals impacted by situational stressors &amp; traumatic events</li> <li>• psychiatrically symptomatic</li> </ul>	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> Strongly Agree
<p><b>ELEVATED RISK</b></p> <ul style="list-style-type: none"> <li>• behaviorally disruptive, unusual and/or bizarre acting</li> <li>• destructive, apparently harmful to others</li> <li>• substance abusing</li> </ul>	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> Strongly Agree
<p><b>EXTREME RISK</b></p> <ul style="list-style-type: none"> <li>• suicidal</li> <li>• para-suicidal(extreme cutting, eating disordered)</li> <li>• individuals engaging in risk taking behaviors(i.e.,</li> </ul>	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree

substance abusing) <ul style="list-style-type: none"> <li>• hostile, aggressive, relationally abusive</li> <li>• individuals deficient in skills that regulate emotion, cognition, self, behavior and relationships</li> </ul>	<input type="radio"/> Strongly Agree
---	--------------------------------------

## RISK LEVELS

For each of the following areas, please report the extent you serve students, the extent the issue is covered in the college policy, your confidence in dealing with these types of crisis situations, and your perceived need for training in the area of crisis intervention/threat prevention.

13. Please measure the extent to which college policy addresses students in the below areas of crisis.

<p><b>MILD/MODERATE RISK</b></p> <ul style="list-style-type: none"> <li>• emotionally troubled</li> <li>• individuals impacted by situational stressors &amp; traumatic events</li> <li>• psychiatrically symptomatic</li> </ul>	<input type="radio"/> No policy or institutional guidelines <input type="radio"/> College has suggested guidelines but they are not used <input type="radio"/> College guidelines are being implemented <input type="radio"/> Policy exists but is not implemented <input type="radio"/> Policy is being implemented
<p><b>ELEVATED RISK</b></p> <ul style="list-style-type: none"> <li>• behaviorally disruptive, unusual and/or bizarre acting</li> <li>• destructive, apparently harmful to others</li> <li>• substance abusing</li> </ul>	<input type="radio"/> No policy or institutional guidelines <input type="radio"/> College has suggested guidelines but they are not used <input type="radio"/> College guidelines are being implemented <input type="radio"/> Policy exists but is not implemented <input type="radio"/> Policy is being implemented
<p><b>EXTREME RISK</b></p>	<input type="radio"/> No policy or institutional guidelines <input type="radio"/> College has suggested guidelines but they are not

<ul style="list-style-type: none"> <li>• suicidal</li> <li>• para-suicidal(extreme cutting, eating disordered)</li> <li>• individuals engaging in risk taking behaviors(i.e., substance abusing)</li> <li>• hostile, aggressive, relationally abusive</li> <li>• individuals deficient in skills that regulate emotion, cognition, self, behavior and relationships</li> </ul>	<p>used</p> <p><input type="radio"/> College guidelines are being implemented</p> <p><input type="radio"/> Policy exists but is not implemented</p> <p><input type="radio"/> Policy is being implemented</p>
--	--

14. Have you received any specialized training from your current institution about threat assessment and/or crisis intervention for students with mental health diagnosis?

- Yes       No

15. Describe where your college is in the process of planning for these types of crisis on campus.

Please answer a few demographic questions regarding your institution.

16. My institution serves the following student population:

- Less than 1,000
- 1,000-5,000
- 5,000-10,000
- 10,000-15,000
- Over 15,000

Demographic questions continued:

17. My institution is located within the following region in the state:

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="radio"/> Eastern NC  | <input type="radio"/> Southeastern NC |
| <input type="radio"/> Western NC  | <input type="radio"/> Southwestern NC |
| <input type="radio"/> Central NC  | <input type="radio"/> Northeastern NC |
| <input type="radio"/> Northern NC | <input type="radio"/> Northwestern NC |

Demographic questions continued:

18. I would say that my institution is more:

- Urban       Rural       Neither urban nor rural

Demographic questions continued:

19. My institution employs the following number of counselors

20. If you are interested in being entered in a drawing for a \$100 Visa gift card for completing this survey, please click the link below to enter your contact information via a separate survey. Your contact information will not be associated with your responses in this survey. Two gift cards will be distributed.

[http://ncsu.qualtrics.com//SE/?SID=SV\\_eEy5mcsqL2C6NnL](http://ncsu.qualtrics.com//SE/?SID=SV_eEy5mcsqL2C6NnL)

## Appendix C

### IRB Approval Letter

North Carolina State University is a land-grant university and a constituent institution of The University of North Carolina

**Office of Research  
and Graduate Studies  
Division of Research Administration**

Sponsored  
Programs and

Regulatory Compliance

Campus Box 7514

2701 Sullivan Drive

Raleigh, NC 27695-7514

919.515.2444

919.515.7721 (fax)

From: Debra Paxton, IRB Administrator  
North Carolina State University  
Institutional Review Board

Date: March 20, 2014

Project Title: Crisis Intervention and Management: Are North Carolina Community Colleges Prepared to Prevent a Crisis on Campus?

IRB#: 3870

Dear Carrol Warren,

The project listed above has been reviewed by the NC State Institutional Review Board for the Use of Human Subjects in Research, and is approved for one year. **This protocol will expire on 3/19/2015 and will need continuing review before that date.**

NOTE:

1. You must use the attached consent forms which have the approval and expiration dates of your study.
2. This board complies with requirements found in Title 45 part 46 of The Code of Federal Regulations. For NCSU the Assurance Number is: FWA00003429.
3. Any changes to the protocol and supporting documents must be submitted and approved by the IRB prior to implementation.
4. If any unanticipated problems occur, they must be reported to the IRB office within 5 business days by completing and submitting the unanticipated problem form on the IRB website.
5. Your approval for this study lasts for one year from the review date. If your study extends beyond that time, including data analysis, you must obtain continuing review from the IRB.

Sincerely,



Debra Paxton  
NC State IRB

## Appendix D

### IRB Approval Form

Revised January 14, 2013

# 3870

**North Carolina State University  
Institutional Review Board for the Use of Human Subjects in Research  
SUBMISSION FOR NEW STUDIES**

**GENERAL INFORMATION**

1. <b>Date Submitted:</b> 02/17/2014
2. <b>Title of Project:</b> Crisis Intervention and Management: Are North Carolina Community Colleges Prepared to Prevent a Crisis on Campus?
3. <b>Principal Investigator:</b> Carrol Warren
4. <b>Principal Investigator Email:</b> clwarren@ncsu.edu
5. <b>Department:</b> Leadership, Policy, Adult and Higher Education; Adult & Community College Ed D.
6. <b>Campus Box Number:</b> 7801
7. <b>Phone Number:</b> 910/379-8035
8. <b>Faculty Sponsor Name if Student Submission:</b> Dr. James Bartlett, II
9. <b>Faculty Sponsor Email Address if Student Submission:</b> jebart13@ncsu.edu
10. <b>Source of Funding</b> (Sponsor, Federal, External, etc): <b>Self-funded</b> <i>If Externally funded, include sponsor name and university account number:</i>
<b>RANK:</b> Faculty: <input type="checkbox"/> ; Student: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input checked="" type="checkbox"/> PhD; Other: <b>Ed.D.</b>

*As the principal investigator, my signature testifies that I have read and understood the University Policy and Procedures for the Use of Human Subjects in Research. I assure the Committee that all procedures performed under this project will be conducted exactly as outlined in the Proposal Narrative and that any modification to this protocol will be submitted to the Committee in the form of an amendment for its approval prior to implementation.*

\*Electronic submissions to the IRB are considered signed via an electronic signature\*

**Principal Investigator:**

Carrol Warren		02/17/2014
(typed/printed name)	(signature)	(date)

*As the faculty sponsor, my signature (or electronic submission) testifies that I have reviewed this application thoroughly and will oversee the research in its entirety. I hereby acknowledge my role as the **principal investigator of record**.*

**Faculty Sponsor:**

Dr. James Bartlett, II -	permission has been granted	02/17/2014
(typed/printed name)	(signature)	(date)

PLEASE COMPLETE AND E-MAIL TO: [irb-coordinator@ncsu.edu](mailto:irb-coordinator@ncsu.edu)

Please include consent forms and other study documents with your application and submit as one document. \*Electronic submissions to the IRB are considered signed via an electronic signature. For student submissions this means that the faculty sponsor has reviewed the proposal prior to it being submitted and is copied on the submission.

.....  
For SPARCS office use only:

**Reviewer Decision** (Expedited or Exempt Review)

Exempt     Approved     Approved pending modifications     Table

Expedited Review Category:  1     2     3     4     5     6     7     8a     8b     8c     9

T.A. BIRLAND		3/19/14
Reviewer Name	Signature	Date