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. . . Or a Tornado or Earthquake Drill

Miracle on 34th Street is a Christmas classic, a movie about a little girl who wanted to believe in Santa Claus, but her mom, an upwardly mobile executive at Macy's, was a hardnosed realist who dismissed Santa Claus as a myth. If you have seen the movie, you will perhaps remember the character of Kris Kringle, who was played by Ed Gwenn. One of the great scenes in that movie was when Kris Kringle told a mother that Gimbel's department store, a competitor of Macy's, had the particular toy she was looking for. At first the manager was appalled and wanted to fire Kris, but then when upper management found out that it increased customer respect and loyalty, everybody on the sales staff was told to be helpful and direct customers to other stores if Macy's didn't have the particular product they were looking for. We're going to do the same thing here. If you are really serious about the business of preventing, intervening, and following up in the traumatic wake of violence on your campus, we believe there are three books that need to make the cut on your reading list.

The first book is by Eugene Zdziarski and his associates, *Campus Crisis Management* (2007). It is a comprehensive guide to planning, prevention, response, and recovery of environmental, facility, and human crises in a college setting. It takes an in-depth look at the intricacies of managing all kinds of crisis on a college campus.

The second book is Nicoletti, Spencer-Thomas, and Bollinger's *Violence Goes to College* (2001). It's about 10 years old, but it is still a really great book for understanding, preventing, and planning how to stop violence on college campuses. It covers a variety of violence typologies and also provides information on how to build intervention strategies to combat potentially virulent episodes that can metastasize and spread across a campus.

The third book is Grayson and Meilman's *College Mental Health Practice* (2006), which gives a graphic portrayal of what practitioners in college counseling centers are dealing with in regard to contemporary students. These editors have done an excellent job of providing the reader with a comprehensive view of the legal and ethical, developmental, and diversity issues that undergird a variety of mental disorders and acute and chronic crises that go far beyond homesickness, flunking English, and broken romances.

We think so highly of these authors and what they have to say that we have referenced them a lot in this book. Now that we have told you about these three great books, you may be wondering why in the world you bought this one. So why, indeed, read

this book? We do believe there is a reason, and here's why. Those other great books are *about* what goes on in a crisis. This book is what you *do* in a human impact crisis on a college campus. It is further very specific in the kind of crisis with which it deals. Unlike the Zdziarski and associates (2007) book, which covers a wide variety of kinds of crises, this book deals with what to do with human beings who are the causative agents and victims of a crisis. As such, this book is tasked with trying to make predictable what is often unpredictable and chaotic and with giving form and substance to that which is often as concrete and tangible as fog to the emotive, cognitive, and behavioral responses of college students (and maybe some professors and administrators as well) who are attempting to negotiate a crisis caused by either themselves or others. It also attempts to deal with the fog that can surround and engulf the system when it attempts to deal with a crisis. To that end, it indeed is not a book about lockstep fire drill plans.

It would be nice if humans behaved like Skinner's rats and pigeons and lived on nice linear reinforcement schedules. It would certainly make planning for crises a whole lot easier. The problem is that they don't, and it is perhaps an understatement to say that college students *really* don't. It is also concerned with how the systems respond, sometimes in a not-so-linear manner. Therefore, this book is about giving you some very hands-on examples of what to do with students who are potentially violent toward themselves or others and how the system might respond to those problems. It doesn't give you an example of *every* type of violent situation you may encounter. Please don't be put out if the particular crisis you are grappling with is not covered. What we are attempting to do is give you the general tactics and strategies, along with some specific prevention, intervention, and postvention logistics and techniques that will allow you to apply them to almost any human-made crisis you are likely to be confronted with on a college campus.

We have divided this book into two parts. The first part deals with the system. The second part deals specifically with individuals. Following are brief descriptions of what the specific chapters are about.

Chapter 2, *Boilerplate: The Basics of Crisis Intervention*. This chapter covers the definitions, types, and dynamics of crisis. We discuss the basic building blocks of theory and terminology a person needs to know to talk about and understand the field of crisis and crisis intervention. A good deal of ink and paper in this chapter is devoted to multicultural issues and how they may affect crises on college campuses.

Chapter 3, *Herding Cats: Organizing a Crisis Response*. Who does what and when, and how do they do it? Boundary problems, ethical and legal issues, sharing of responsibility, and other critical issues in administration of a comprehensive crisis intervention plan are covered.

Chapter 4, *Duller Than Dirt . . . More Valuable Than Gold: Policies and Procedures*. This chapter examines setting up policies and procedures governing how crises will be handled. Critical issues such as information sharing, retrieval, and storage are covered. Notification, privacy, and other legal and ethical issues that evolve from a crisis are examined.

Chapter 5, *The Best of Times and the Worst of Times: The Tale of Two Laws*. Two tragedies on college campuses have changed the landscape of confidentiality. The death of Tatiana Tarasoff at the hands of Prosenjit Poddar in 1969 affected the way mental health professionals manage clients who are homicidal. The Virginia Tech shooting spree by Seung-Hui Cho on April 16, 2007, may have even a larger impact on the way universities address the issue of students who may become violent. This chapter discusses these cases and their influence on crisis management and intervention.

Chapter 6, *Reality Check: Entry into the System*. This chapter is a discussion of difficulties in entry into and training issues in changing an entrenched system that has many constituencies that may pay lip service but resist the complexities inherent in a comprehensive crisis intervention program. How buy-in is created, who is responsible, and how they are trained to deal with a campus crisis are detailed.

Chapter 7, *What You See Is What You Get . . . or Maybe Not: Assessment of the System*. In crisis intervention, assessment of the system is as important as individual assessment of persons in crisis. Continuous assessment from precrisis to postcrisis functioning in the system is critical for understanding and ameliorating the crisis. This chapter examines how and why organizational triage assessment for crisis occurs and what can be learned from it.

Chapter 8, *No Rest for the Weary: System Recovery After a Crisis*. This chapter addresses components of what the system does in the traumatic wake of human crises, including memorial, political, and legal issues. We consider the potential emergence of acute stress disorder in the system, and contextual modeling in understanding the impact of what happened through use of an eight step intervention model.

Chapter 9, *Not Buying a Pig in a Poke*. This chapter covers basic understanding and use of the Triage Assessment Scale for Students in Learning Environments (TASSLE) across affective, behavioral, and cognitive components of a crisis, as well as use of a threat assessment team to determine potential lethality.

Chapter 10, *Basic Training*. This chapter explains and illustrates the basic listening and responding skills an average person needs to know and be able to use during a crisis.

Chapter 11, *One Day at a Time: Survivorship in the Aftermath*. This chapter discusses individual needs and system support responses to the individual and the role of mourning, stages of grief, Critical Incidents Stress Debriefing, and psychological autopsy of the individual in helping survivors deal with the traumatic wake.

Chapter 12, *Leadership Checklist: Preparing Your Campus for Crisis*. This chapter details a checklist summary of the things you need to do to get your crisis prevention and intervention plan for human dilemmas up and running.

If those topics fit into your game plan about what you need to do in crisis containment, then you are in the right place. Before we go any further, though, we want to give you a brief history of crisis intervention in general and at college campuses in particular. We do this because we are great believers in the admonishment that those who don't understand history are condemned to repeat it. In other words, if you don't know where

you have been, then how in the world do you know where you are or where you are going?

A BRIEF HISTORY OF CRISIS INTERVENTION

Depending on your view of the origin of our species, crisis has been around for humans since Eve got interested in a fruit tree or a herd of woolly mammoths stampeded through an Ice Age Cro-Magnon camp. However, for most people, the concept of crisis and crisis intervention comes to the fore only when large-scale natural disasters, such as hurricanes and earthquakes, affect huge parts of the ecosystem and large segments of the population. Historically, crisis intervention is most commonly seen as piling up sandbags on flooding rivers or searching debris for survivors after a tornado or earthquake. Crisis intervention in the form of direct support to humans has been stereotypically seen as disaster relief by such organizations as the Red Cross or Salvation Army providing tents and serving food. Currently, the most discussed and cussed agency identified with disasters and trauma is probably the Federal Emergency Management Agency (FEMA).

As we have moved into the 21st century, the view of crisis intervention as sandbags and soup kitchens has changed as terror acts such as the Oklahoma City bombing, 9/11, and secondary school shootings such as Columbine have been brought to us in living horror in real time by new video technology. Although the Red Cross and the Salvation Army have been involved in disaster relief for more than a hundred years, FEMA has been in existence for only about 30 years. Furthermore, not until the last two decades or so has any organization given much time or thought to the mental health aspect of broadband crisis intervention for large populations afflicted by traumatic events. That unsettling fact has been particularly so in regard to colleges, where wide-scale violence and crisis were not perceived as part of that bucolic, ivory tower atmosphere. To say that environment has now changed would be a bit more than an understatement.

Suicide Intervention

Because of its high incidence in the typical college age group, suicide is certainly part of our focus in this book. Suicide prevention is probably the oldest organized crisis intervention program, starting with the National Save-a-Life League phone line in 1906 (Bloom, 1984). There are now hundreds of crisis suicide hotlines, including the national suicide prevention lifeline at 1-800-273-TALK (8255). Edwin Shneidman (2001) is known as the father of modern suicidology, and his landmark research on suicide has spanned more than six decades of work in trying to figure out why people kill themselves. Suicide is probably one of the most thoroughly researched mental health issues in the world. Clearly, suicide, along with drug addiction, has large implications for college-age populations who are at risk for both, as well as the potential for violence that goes with them (Meilman, Lewis, & Gerstein, 2006; Nicoletti et al., 2001; Silverman, 2006).

Cocoanut Grove Survivors

However, the real benchmark and foundation blocks for the birth of crisis intervention came with the Cocoanut Grove nightclub fire in 1942, when more than 400 people perished. Eric Lindemann (1944), who treated many of the survivors, found that they seemed to have common emotional responses and need for psychological assistance and support. Out of Lindemann's work came the first notions of what may be called "normal" grief reactions to a disaster. Gerald Caplan (1961) was also involved in working with Cocoanut Grove survivors. His experience led to some of the very first theoretical attempts to explain what a crisis is and the first basic rudiments of crisis intervention with traumatized individuals (Caplan, 1964).

Social Movements

To really understand the evolution of crisis intervention, though, is to understand that several social movements have been critical to its development and that these did not start fully formed as crisis intervention groups by any means. Three of the major groups that have helped shape crisis intervention into an emerging specialty have been Alcoholics Anonymous (AA) members, Vietnam veterans, and participants in the women's movement in the 1970s. AA worked long and hard to make alcoholism become recognizable as a disease rather than a character deficit. The veterans pushed the government and the medical establishment to recognize that veterans contracted something more than combat fatigue in Vietnam. The National Organization of Women (NOW) opened the drapes on domestic violence and lobbied state and federal legislatures and authorities to construct laws and prosecute offenders of physical and sexual assault against women and children. Although their commissioned intentions and objectives had little to do with the advancement of crisis intervention as a clinical specialty, these groups had a lot to do with people who were desperate for help and weren't getting any. The groups all started as grassroots movements and, through continuous self-organizing efforts, became political forces that local, state, and federal governments couldn't ignore (James, 2008, pp. 7–9).

As a result, governments and institutions were forced into acting because of intense political pressure from these social interest groups turned political action groups. A classic example of unwillingness to acknowledge an emerging mental health issue was the entrenched and regressive policies of the 1960s and early 1970s Veterans Administration (VA) toward returning Vietnam veterans. It was the intense political pressure that was brought to bear on the VA to deal with the thousands of Vietnam veterans who were returning home with terrifying behaviors, disturbing personality changes, and severe cognitive disturbances that forced them to act years after these behavioral anomalies first came to their attention (MacPherson, 1984); later, such problems came to be known as post-traumatic stress disorder (American Psychiatric Association, 1980). Because of the continuous publicity and lobbying efforts of AA,

NOW, and the Vietnam veterans' organizations, the medical establishment, insurance companies, the government, and finally society in general were forced to recognize these as legitimate and widespread social issues that could give birth to identifiable mental disorders. These bureaucracies grudgingly started to provide resources and treatment for these maladies and the resulting human crises these disorders created. As you shall soon see, university systems have not exactly been paragons of leadership in recognizing and dealing with their own human crises and their traumatic wakes either.

HISTORY OF CRISIS ON COLLEGE CAMPUSES

There was a fairly long history of horrific mass murders on college campuses prior to Virginia Tech and Northern Illinois University. The classic example is Charles Whitman, who in 1966 used the 307-foot Texas Tower as an almost impregnable sniper position at the University of Texas in Austin to kill 14 people and wound dozens of others before he died. There were two rather ominous outcomes of that murderous rampage. The first was news coverage (radio) on-site in real time. This was one of the first times that an ongoing shooting rampage received real-time media coverage. What we now take for granted in regard to real-time news coverage was extraordinary in 1966 and certainly set the stage for some of the traumatic ramifications that media coverage of violence and disaster has for us today. Second, it most likely resulted in the creation of the country's first SWAT teams because an outgunned Austin police department had to rely on citizens bringing their high-powered hunting rifles to the scene of what became a war zone.

Richard Speck's 1966 mass murder of student nurses in Chicago, Ted Bundy's serial killing of co-eds at Florida State in 1978, and Danny Rolling's 1990 murder of co-eds at the University of Florida and Santa Fe Community College all got national headlines, yet these sociopathic killers were not directly linked to those institutions of higher learning, so there was no clear urgency to institute protective measures for the student populations. Along with these highly publicized murders, there were many other types of violence on college campuses. These included date rapes, hazing, hate assaults, alcohol-fueled riots, lethal drinking binges, and suicides that were quietly shoved under the carpet by universities that shunned negative publicity (Nicoletti et al., 2001, pp. 5–13).

The plain and simple fact until the recent past has been that not many universities had certified and trained police departments and instead used a variety of security services that were ill equipped to handle the kinds of problems that would assail colleges and universities in the latter part of the 20th century. Therefore, it is no accident that a number of references in this book and many of the procedures and techniques used here have been developed by law enforcement (Miller, 2006; Slatkin, 2005; Strentz, 2006; Thompson & Jenkins, 2004). Further, until the 1990s, there was no clear, organized

mental health approach or, for that matter, tested mental health intervention techniques for dealing with the aftermath of a traumatic event.

Any organized effort to deal with the aftermath of traumatic experiences with survivors of such aforementioned murders and other types of violence and trauma would be years down the road, both in regard to intervention with affected populations that resulted from events like the University of Texas clock tower murders and prevention of similar occurrences. In that era, counseling centers, if they existed at all on college campuses, mainly dealt with financial aid issues, academic failures, or personal adjustment problems such as homesickness or broken relationships. As a rather vivid anecdote of that era, it is noteworthy that one of the authors of this book was assigned to the new director of the brand-new (1966) university personal counseling center as the author's classroom practicum supervisor for his master's degree field experience. This assignment was made because it was felt that the director of that new center didn't have enough to do to keep him busy so he ought to be assigned a faculty course load as part of his duties! How do you suppose a harried director of a college counseling center today might feel about that assignment?

Things have certainly changed in regard to the felt need for counseling centers to deal with severe mental health issues and crisis intervention on the contemporary college campus. Counseling centers are now under severe pressure because of the universal budget cuts facing institutions of higher education, increased student usage, severity of presenting problems, legal and political pressures, and expectations to engage in not only standard psychology intervention but also crisis intervention, prevention, and postvention (Grayson, 2006, pp. 1–11; Kadison & DiGeronimo, 2004, pp. 1–8). While it is easy to cast blame on counseling centers for not spotting and stopping tragedies like the one at Virginia Tech, it should be understood that a perfect storm of the aforementioned problems can easily subvert and sabotage the best-laid plans and intentions of counselors and counseling centers. As Grayson (2006, p. 11) points out, in the eyes of the campus community, nothing is more important than preventing crises that can result in murder and mayhem. The problem is that predicting who will and who will not become violent is terribly difficult and that the consequences of labeling a student as a false-positive lethal risk carries heavy moral, ethical, and legal consequences. The current issues of violence faced by universities do not just fall on the shoulders of overburdened counseling centers. Their historical antecedents also rest on knowing, reporting, and disseminating knowledge of campus violence, which, until the murder of Jeanne Clery, were woefully inadequate.

The Clery Act

Historically, there has been a perceived reticence of colleges and universities to report the true number of crimes or criminal acts on their campuses because of the bad publicity it generates. That attitude changed dramatically with the murder of Jeanne Clery

on the campus of Lehigh University in 1986. Clery's parents subsequently found out that Lehigh had been covering up a number of violent crimes on campus. They sued the university and used the money they received in an out-of-court settlement to start a campaign to end campus violence and lobby Congress to require colleges and universities to disclose the crime rates on their campuses (Nicoletti et al., 2001, p. 9).

Subsequent lobbying of Clery's parents to require colleges to publicize criminal acts on campus resulted in the passage of what has become known as the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act. In brief, this act 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 (20 U.S.C. § 1092(f), 1990).

Additional amendments have been made to that act. Probably the most significant occurred after the Virginia Tech shootings. Congress passed the Higher Education Opportunity Act (HEOA) (PL 110-315, 2008), which adds a statement of "emergency response and evacuation procedures" to the Clery Act Annual Security Report (ASR) produced by institutions of postsecondary education. This policy disclosure has a "shall include" statement that the institution will "immediately notify the campus community upon the confirmation of a significant emergency or dangerous situation involving an immediate threat to the health or safety of students or staff" on campus (as defined in the act). The act also expands hate crime reporting to include larceny-theft, simple assault, intimidation, and vandalism. Warnings may be withheld only if they would compromise efforts to contain the emergency. While this "shall include" clause sounds definite and concrete about what should happen, it leaves wiggle room for the administration to make a judgment call about the degree of threat. Thus, the same incident might cause one university to make an immediate notification to its constituency while another university might not.

Further, HEOA expands the existing statement of policy on the law enforcement authority of campus security personnel to include a disclosure about whether institutions have agreements, such as a written memorandum of understanding (MOU), with state and local police for the investigation of alleged crimes. Finally, it also includes protection in the form of a whistleblower protection and antiretaliation clause that establishes safeguards for whistleblowers by prohibiting any retaliatory action against any individual "with respect to the implementation of any provision" of the Clery Act. Now why do you suppose that particular piece of legislation got put into the Clery Act? If you are curious about why a whistleblower clause would be put in this amendment, we suggest you read Roy's (2009) *No Right to Remain Silent: The Tragedy at Virginia Tech* to get an idea of why that particular piece of legislation got written so that administrations couldn't cover their tracks by muzzling or threatening employees.

So, do you possibly think there still might be some administrators around who would exact revenge on an employee who sought to bring a potentially violent situation to the light of day?

THE CONTEMPORARY COLLEGE SCENE

Study after study portrays a far different contemporary student population in place on college campuses than previous generations, in regard to both who they are and what kinds of mental health problems they bring to campus. A major question is whether the general student population in the United States is becoming more pathological, or is it because the population itself is changing? That change is due in part to the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, which made college campuses more receptive and accommodating to people with existing mental illnesses. This issue has become so important that the *Journal of College Counseling* devoted its Fall 2005 issue to the topic of severe and persistent mental illness. In recent years, counseling centers have reported an increase in mental health problems, as well as the increased severity of problems associated with college students, when compared with students 5, 10, and 20 years earlier (Arkoff et al., 2006; Benton, Robertson, Tseng, Newton, & Benton, 2003; Bishop, 2006; Erdur-Baker, Aberson, Barrow, & Draper, 2006; Grayson & Meilman, 2006; Kadison & DiGeronimo, 2004; Mowbray et al., 2006; Owen & Rodolfa, 2009; Schwartz, 2006; Yorgason, Linville, & Zitzman, 2008). These are not just typical homesickness, roommate, or romance problems, but serious pathology with the trappings of a community mental health center.

As recently as 2009, Owen and Rodolfa (2009) reported that more than 90% of college students report being stressed, 40% report being so distressed that it interferes with their academic and social functioning, and nearly 10% report seriously contemplating suicide. Similar statistics were found by Kadison (2006) and Field, Elliot, and Korn (2006). According to Mowbray and associates (2006), approximately 15% of college students have a diagnosable mental illness such as major depression, bipolar disorder, schizophrenia and other psychotic disorders, severe anxiety disorders (including obsessive-compulsive disorder), and eating disorders. Gallagher (2004) found in a survey of college counseling directors that 24% of the students turnstiling through their counseling centers were on psychotropic medication.

While these statistics are sobering, they may in fact minimize the problem. These statistics identify students who actually use counseling centers. Many of these students make one or two sessions and then drop out because of time commitments, desire for quick fixes, or a view of counseling centers as just another student service rather than a serious therapeutic endeavor. Many more students don't use counseling centers at all because they can't get an appointment, don't believe they have time due to other demands in their lives, see it as an embarrassing and humiliating stigma, or just don't believe they have a problem (Grayson, 2006; Kadison & DiGeronimo, 2004).

Thus, there is a good deal of debate over the real versus perceived influx of pathology in the mental health status of college students (Mowbray et al., 2006; Yorgason et al., 2008). There are some allegations that only a handful of students who need counseling services seek them (Yorgason et al., 2008), and most epidemiologic studies of college mental health relate to data derived from those students who present themselves to the

attention of mental health facilities. It would be a mistake to confuse these usage rates with actual illness rates in the general study body (Reifler, 2006). Whether the incidence of psychopathology is higher or lower in the general student population is a good question. Following are some of the reasons that make us think it is probably not lower.

Psychotropic Medication

The development of psychotropic medication allows students with mental illnesses to now function in an academic environment. The problem is that people go off their medication because of side effects they don't like, don't have money to buy medication, or just plain forget to take their medication, particularly when they are living independently for the first time in their lives, and Mom isn't there to make them take their vitamins or risperidone. The problem of medication compliance is so well known to police departments that these individuals have become known as Pete and Repete for the numerous times they come into contact with police after going off their medication.

Nontraditional Students

A second issue is the influx of nontraditional students into the contemporary university setting. Nontraditional students generally fall into one or more of the following categories: older, geographically and vocationally transient, veterans, married or unmarried with children, physical or mental handicapping conditions, holding down a couple of jobs, first-generation college students, and minority. They don't typically graduate in four years and may show up with a combination of transcripts from numerous colleges and numerous majors from earlier attempts at college that were aborted by a variety of the stressors that go with the foregoing categories. Each of those categories holds its own particular basket of stressors that, when combined with the stress of trying to get a college education, can lead to psychopathology and acting out in self-destructive ways.

Traditional Students

Traditional students certainly have their fair share of stressors as well. In generations past, a high school diploma would have been an admission ticket into a job with higher pay and higher prestige. Today, for many students, getting a bachelor's degree is merely an admission ticket into a graduate or professional degree program. Pressures to perform not just well but exceedingly well as an undergraduate are tremendous. Grade inflation due to student grievances and complaints when they don't receive high grades is endemic and exerts a great deal of pressure on professors to ease their performance criteria (Kadison & DiGeronimo, 2004, p. 50). However, academic pressures are not the only stressors that assail Frederick Freshman or Sarah Sophomore.

Developmental Issues

Beyond experiencing the normal crises that accompany transition from high school into college, students' new environment and the developmental issues of newfound freedom that go with it get large numbers of these traditional students in trouble. They experiment and engage in all manner of risky behaviors that include binge drinking and promiscuous and unprotected sex, sleep deprivation from way too much fun or way too much studying, dietary problems that result from too many supersize pizzas grabbed on the run, eating disorders that range from bulimia to anorexia, self-destructive behaviors such as taking drugs and self-mutilation, and being homesick, socially and emotionally isolated, and clinically depressed in an environment that is not only new and strange but also may be perceived as hostile. The accompanying crises that invariably go with these 18- to 21-year-olds when these stressors pile up and are not dealt with ripple out and affect not only the students themselves but also those surrounding them (American College Health Association, 2003; Grayson, 2006; Kadison & DiGeronimo, 2004).

The potential cause for having one of the greatest developmental crises in life is the simple act of walking onto a university campus as an entering freshman. College is a time of identity crisis for those students who still identify themselves by their high school activities (Kadison & DiGeronimo, 2004, p. 14). For many students, they shift from big man (or woman) on campus in high school to anything but that in college. Listen to one of our doctoral students: "I was the fastest man on my football team in our small rural high school. For that matter, I was the fastest halfback in our conference. When I went to Tech and ran my first wind sprint, I wasn't faster than any of the other running backs and flankers and maybe a little slower. Welcome to Division One football! Talk about creating a crisis of confidence!"

Kadison and DiGeronimo (2004, pp. 5–89) eloquently describe the many developmental issues and challenges that new freshmen on campus walk smack into as they make the transition from the safe, secure, and predictable environment of home into the strange, exotic, and sometimes threatening world of the university setting. Students experience new social and sexual standards of behavior, drug and alcohol use, freedom from parental controls, and getting used to a new roommate who may be the diametrical opposite in everything from clothing to political beliefs. While most students face these developmental issues head-on and move through them, some students will be overcome by the tsunami of new ideas, increased competition, divergent views, and different cultures that engulfs them. The result may be a tidal wave of helplessness and hopelessness that overcomes them. They then become prime candidates for a smorgasbord of intrapersonal and interpersonal issues that can lead to severe crises and most likely will be the faces into which the residence hall workers, administrators, counselors, police, and professors who are reading this book will be peering.

But as we have seen, developmental crises are not the only types of crises that the college crisis worker is likely to encounter, and each of the other crises carries its

own multicultural baggage. From that standpoint, a major component of any crisis intervention is being aware of the influence and impact of the cultural background that both the student and the crisis worker bring into the situation.

Diversity and Multiculturalism

Another issue that is now part of the campus scene and factors into the crisis equation on college campuses is the wide range of diversity that embodies most colleges and universities. The word *university* is probably synonymous with the concept of diversity and multiculturalism, given the variety of nationalities, races, creeds, religions, ethnicities, socioeconomic levels, political views, sexual preferences, geographic locales, and about everything else one could think of that somehow differentiates one person from another. This human *mélange* makes a university setting a petri dish where different people with vastly different backgrounds come together for the first time and attempt to start to grow in this strange new culture. Everyone who enters must adapt or fail to receive a college degree. In the last general census, college enrollment increased 62% for students of color (U.S. Census Bureau, 2001), and “color” is only one part of the diverse group of individuals who are entering colleges and universities in the United States in the 21st century.

Foreign students make up a large population of the diverse students on contemporary college campuses and are assailed with all of the developmental issues that American students face plus language difficulties when struggling with American idioms and euphemisms, different learning styles in American classrooms, problems with student visas, and difficulty in entering, exiting, and reentering the country under the current terrorist alert. They run into different social customs, different foods, and different plumbing that compound the daily dilemmas they face in just surviving (Kadison & DiGeronimo, 2004, pp. 59–64).

Being a minority can mean a not-so-fast Caucasian football halfback on a largely very fast African American backfield, an African American in a largely Caucasian political club, a Hispanic in a largely African American and Caucasian criminal justice program, a female in a largely male civil engineering major, a lesbian in largely heterosexual theology program, an Indonesian Muslim in a Business 201 class with Christian and Jewish Americans, or anybody who has few “us” in a college situation with lot more of “them.” These students will most likely experience real or perceived problems adjusting to campus life that the majority won’t. Those problems may come in a variety of forms. Is the student’s social life pinched off by shunning from the majority or by admonitions from home to stick with your own kind? Do academic problems result from intellectual inaptitude or a lack of support systems and role models? Does a poor grade in a class result from a majority professor’s bias, or is it because of misperceptions based on and brought in from the home culture? All of the foregoing may certainly be due to the fact that everyone who enters the college scene for the first time may be considered culturally different and unassimilated, given that most will indeed be strangers

in a strange land. We will have a good deal more to say about the concepts of diversity and multiculturalism in Chapter 2, the boilerplate chapter, because we think it is one of the critical variables to be considered in any crisis intervention plan.

SUMMARY

There are several great books about violence and crisis and about violence and crisis intervention on college campuses. This book is not so much about those topics but more about how to do them. It is also not a book about all the kinds of crises that may afflict a college. It is a book on human-made crises and prevention, intervention, and postvention strategies in regard to those crises. This chapter has detailed a brief history of both the general state of the need for crisis intervention as it has evolved in the last century in the United States and its more specific evolution on college campuses.

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