





# Taking Care

College has long been a place for learning independence. But Rochester undergirds such lessons with a strong structure of support.

*By Kathleen McGarvey*

**I**N HIS JUNIOR YEAR, A FRENETIC SCHEDULE BEGAN TO OVERTAKE ERIC COHEN '13. HE was trying to balance the demands of his major in engineering science with a consuming interest in drama that had him involved in the International Theatre Program, Drama House, student-run theater group The Opposite of People, and comedy improvisational troupe In Between the Lines. His health suffered from the erratic sleep schedule and eating patterns of on-campus life, due to his Type-1 diabetes. Taking insulin before a meal, as he must do, and adjusting the dosage based on what he'd be eating was difficult with dining hall buffets. And time was a problem, too. "It can be hard, finding the five minutes to take my insulin. Things just get so hectic—and grabbing some pizza doesn't work."

An overfull slate of extracurricular activities, academic pressures, difficulties sleeping properly and eating right—"it became too much," says Cohen, of Cleveland, Ohio. "I was

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struggling to keep a grasp on all my responsibilities.” He was hospitalized twice for chest pains related to a heart condition.

And then one day, he received an email from Erin Halligan, assistant director for student support services. Someone—more than a year later, Cohen still doesn’t know who—alerted Halligan to the difficulties he was confronting.

“When I first heard from Erin, I was about to get kicked out—I wasn’t doing well,” Cohen says. “I’m pretty sure that in her message, Erin phrased it that ‘I’m here to help.’ And I was open to that.”

**H**ALLIGAN, WHO HOLDS A MASTER’S DEGREE IN MENTAL health counseling and is completing a PhD in counseling education and supervision at the Warner School of Education, is the person at the core of a new—though long-evolving—student support system at Rochester dubbed the Care Network. The network has developed into a resource nationally recognized for its comprehensiveness, responsiveness, and accessibility. It serves undergraduate students and graduate students across the University.

The system is a manifestation of a new way of viewing and handling student life. For several generations at least, college has been a place for making the transition to adulthood in an environment that is, to some extent, protected. In the later 1960s, the idea of *in loco parentis*, the institution acting in place of the parent, fell on hard times, and students became increasingly responsible for making their own choices—and living with the consequences of poor ones.

But incidences of campus violence—perhaps most notoriously, mass shootings at Virginia Tech in 2007 and Northern Illinois University in 2008—along with heightened awareness of and response to sexual assault and other campus crimes have spurred colleges and universities across the country to assemble teams dedicated to addressing such problems.

Rochester’s efforts at enhancing student support began more than a decade ago. Matthew Burns, dean of students, says: “Colleges and universities are under an incredible amount of pressure to care for their students in new and different ways. But we were caring for our students the way people were being encouraged to after Virginia Tech long before Virginia Tech.”

The system focuses on helping students at the first sign of a personal or academic problem and on enlisting the entire campus community as a source of helping hands. Anyone—a faculty member who sees a reliable student suddenly failing exams, an undergraduate who sees a roommate reluctant to get out of bed, a facilities worker who finds persistent evidence of sickness—can use the system to let Halligan know that a student may be in trouble by filling out a simple online form known as a Care report.

“The reason the network is as successful as it is, is because it’s supported all over campus,” says Halligan. All reports are reviewed within 24 hours.

When the network was introduced two years ago, only faculty and staff could make reports, but last year it also became available to students and families—in fact, to anyone, on campus or off, who sees reason to be concerned about a student’s well-being. Several students have even reported themselves in an effort to find help efficiently. In 2011–12, the network received 525 reports, a marked increase over the 427 submitted the previous year. In 2012–13, after the system became accessible to all for reporting, Halligan received 927 reports, a 117 percent increase from the number just two years before—a rise she chalks up to greater accessibility and visibility for the system. Because of that growth, Halligan will soon be joined by a full-time coordinator who will aid her in assessing reports and reaching out to students.

Reports can be triggered by something as slight as a normally diligent student suddenly missing several class meetings, but the network also encompasses actions as serious as suicide threats. Because it can take relatively little to move the system to action, Burns calls the network “as close to proactive as it can be.”

It’s the “fruit of a long effort, and the end result is so thoughtful,” says David Bevevino, senior analyst at the Education Advisory Board, a Washington, D.C., based group that provides best-practice research and advice to higher education leaders. The board highlighted the network for its methods of identifying students of concern, its transparency, and its marketing efforts to promote its use in a 2012 study of how colleges and universities respond to students in need of help.

“It’s a resource. It’s not disciplinary,” Cohen says. He established a routine of weekly meetings with Halligan, who helped him to manage his time better and take better care of his health. He became such a believer in the program’s value that he has worked to spread the word, urging other students to take advantage of it. He led a discussion of the network after the performance of a play about gun violence in the spring semester in response to last December’s elementary school shootings in Newtown, Conn.

“I’m definitely an advocate, 100 percent,” he says.

The network evolved from a more typical form of student intervention: a weekly campus-conduct meeting that involved officials representing residential life, security, the office of the associate dean of students, and the University Counseling Center. The group evaluated security reports and decided how to handle issues of misconduct. But those involved realized that their efforts could be more effective if they could intervene with students before they reached the point of misconduct.



In the fall of 2002, Burns created the Student Support Network, a roundtable that brought together staff from all corners of campus—including the College Center for Advising Services, the Office of Minority Student Affairs, chaplains, the bursar’s office, and financial aid—to help students while their problems were more manageable. But the group’s large size was both a strength and a weakness, raising issues of confidentiality.

To address that dilemma, Burns streamlined the process, using the software package Advocate by Symplicity to track students headed for trouble, with the concerns initially fielded by a single source—Halligan, who began her position in fall 2011.

Richard Feldman, dean of the College, says: “We thought the thing to do was set a quite low threshold, that if you just were

## Care App

This September a new Care Resource Center app debuts. It will help students connect with resources according to their concern, finding students’ locations using GPS in their phones and giving them directions to the office that can best provide help. “It’s a way to connect students to resources from their dorm room,” says Erin Halligan, assistant director for student support services, who oversaw the app’s development. Liz Rothenberg—a practice manager at the Education Advisory Board, a Washington, D.C., based group that analyzes best practices in academic affairs, student affairs, and other areas of higher education—calls the app “something that truly stands out. It’s really meeting students where they are.”



concerned about somebody, you could identify that person and there could be follow up. And it might turn out that there's not much of a problem; it might turn out that there is."

Melissa Kelley, a health educator in University Health Service and a frequent participant in the network, likens Halligan to a detective, receiving clues to students' situations and investigating to find out what kind of help, if any, they might need.

"I proceed on a case-by-case basis," says Halligan. "I talk with the student, assess what their needs are, and get them to where they need to be." Some students need a counselor, whether academic or personal. Others, a psychotherapist. Some could use a mentor—and others just need an adult to talk with once in a while. "Almost everybody at the University has served in that capacity at

one time or another, if they have something to do with students. Students who can't find that person can find them through the Care Network, we hope," says Burns.

The issues reported were predominantly academic ones when Halligan began the job—but once the system became open to all, she started to see more reports of emotional and mental health problems. And "problems that ostensibly come from the academic realm may actually have their origins in emotional issues," she says.

Because anyone can file a report, the network gives "an ability to get a 360-degree picture of a student's life," says Eleanor Oi, academic advisor and director of orientation. That makes it easier for the University to intervene appropriately in cases where it might not otherwise recognize the need. And intervening when a

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problem is just beginning gives a student more options. Once a real crisis hits, the choices become more limited— typically, hospitalization, medical leave, or withdrawal, says Bevevino. Early intervention also saves students and the University time and effort. “We are trying to find students who are headed for trouble at the earliest possible moment so that the amount of resources it takes for both them and us to get them back on track is minimal,” says Burns.

At the same time, he and others are mindful that the network shouldn’t create an environment that is overly watchful, coddling students rather than supporting them. “There’s a balance to be struck, and it’s not crystal clear where the line is,” Burns says. “This is not a support system that should prevent failure altogether. If a healthy student makes the decision that they want to fail out of school, at some level do you have to say, you’re allowed to fail out if you want? You’re allowed to make bad decisions if you want. There are consequences, but we’re not going to prevent you from making the kinds of decisions that you have a right to make.”

**T**HE EDUCATION ADVISORY BOARD CARRIED OUT RESEARCH on current practices for what it calls behavioral intervention teams at more than 200 schools in the United States and Canada last year. Rochester’s system is a “mature effort” compared to what the researchers found at other schools, where intervention programs are mostly at earlier stages of development, says Liz Rothenberg, a practice manager at the board. In the wake of the Virginia Tech shootings, many schools established crisis teams, but didn’t advertise them broadly for fear of adding to anxiety, Rothenberg says, noting that Rochester has taken the opposite tack, making its services highly visible and widely accessible.

Even the name “Care Network” reveals a different emphasis, she says. “In a lot of places, it’s called something like ‘Threat Assessment’ or ‘At-Risk Students.’ What Rochester has created is much friendlier. It’s easier to submit a ‘care report’ than an ‘incident report.’”

Kevin Allan ’14, a neuroscience major from Sharon, Mass., has seen the network from both sides, as someone who has submitted reports and as someone who’s had a report submitted on his behalf.

In 2012–13, Allan was a resident advisor in the Susan B. Anthony residence hall, where he oversaw 32 freshmen. As part of his training, he was taught how to use the network, and he referred students to it who were feeling homesick or experiencing other difficulties, such as having to miss exams because of a death in the family.

Like Cohen, he felt pressures mounting as the fall went on, from his responsibilities as an advisor, his own heavy course load, and his work as a teaching assistant in two classes. Someone, he doesn’t

know whom, saw his stress level rising and submitted a report about him. Initially, he was taken aback. “When you first see the email, you feel a little stigma: ‘Someone thinks I’m not OK,’” he says. But meeting with Halligan “made life feel manageable,” and he says he’s now thankful that someone alerted her to his anxiety. “It shows someone cares about you, and took the time to write.”


Oi says the cumulative effect of so many people being able to submit a report is a kind of safety net that could never exist otherwise. “If I meet with a student and I gather information, I may see one chunk of their life, where someone else sees another chunk, and someone else, another. If someone’s really in crisis, it can be that all of those little chunks moving together” reveal the scope of the problem.

And for people, such as faculty members, who may become aware of a student’s problems without having the expertise to guide the student, the network is an appreciated resource.

“The idea here was explicitly not to ask faculty members to solve the problem with the student, not to intervene in ways they might not be comfortable doing, but just to have a place to let someone know,” says Feldman. “The network makes it really easy. I think that’s important. It’s extending the network of people who might be able to get something like this started to faculty, and now to students and families and others.”

Heather Layton, a senior lecturer in art and art history, has filed reports for about half a dozen students. “It was a relief to get advice from colleagues on campus who had access to a broader range of information about the student. While the privacy of the student was entirely protected and the details of any situation were kept confidential, it helped tremendously to have validation of a situation and to understand whether or not I’m taking the right approach in teaching or advising,” she says. It alleviates her own anxiety “to know that there is a network of support on campus rather than it just resting on one person’s shoulders.”

The percentage of people seen at the University Counseling Center because of a report is small, says Brigid Cahill, associate director of the center. “Because people don’t know who we’re seeing, people sometimes file a report for someone who’s already in treatment here. People seem to get here on their own—but for people who don’t, and for whom there’s enough concern, I think that’s the valuable piece of Care: for students who are falling through the cracks, Care helps to catch them.”

When Bevevino looks at the network, he sees something distinctive. “It’s part of what you do as a student, or a faculty or staff member, at Rochester—you make a report and get students the support they need.” 

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*For more about the Care Network, visit [www.rochester.edu/care](http://www.rochester.edu/care).*