Back on the Roster

Broad overview for facilitated CARE/BIT discussion

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Today's frame

- ✓ Repeated re-enrollment
- ✓ Crisis disclosure through coursework
- ✓ Support avoidance
- ✓ Faculty boundaries and re-entry

During multiple semesters, the Care Team receives reports about a student who enrolls with hope, begins attending class, then quickly shows significant distress, unstable housing, medication disruption, missed assignments, and difficulty staying connected to support.

Faculty and staff respond with concern and submit Care Team reports. The college offers counseling referrals, case management, accessibility services, academic advising, emergency aid screening, housing referrals, and help communicating with instructors.

The recurring problem is not that the student has needs. The problem is the repeated cycle: re-enrollment, distress disclosure, faculty alarm, support avoidance, academic collapse, withdrawal, and then re-enrollment without a stronger plan.

Case snapshot

The essential facts in one clean pass.

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The student presents with repeated instability across semesters.

1

Repeated enrollment pattern

Enrolls, starts carefully, disengages, withdraws, and later reappears on another roster.

2

Basic needs and medical instability

Unstable housing, transportation barriers, and difficulty maintaining medication continuity.

3

Faculty as crisis outlet

Late-night emails and written assignments become the primary channel for distress disclosure.

4

Support Avoidance

Missed counseling intakes, limited response to case management, and disengagement from advising.

Core pattern: access to education + repeated distress + support avoidance + faculty overextension.

Discussion prompts

Questions to consider and talk through.

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1. What should change before the student returns to another roster?
2. How do we support access without repeating an ineffective cycle?
3. What should faculty know, and what should remain private?
4. When does academic become a crisis disclosure instead of academic expression?
5. How do we document refusal, non-engagement, and repeated withdrawal?

The best answers usually separate three lanes: access, support, and role clarity.

Why this case matters

Welcoming a student back without pretending history does not exist.

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Access

Do not block enrollment simply because the student has needs.

Boundaries

Faculty can care, report, and teach. They should not become case managers.

Structured re-entry

Structure

Use the prior pattern to build a plan before problems build.

Community impact

Protect faculty/staff from becoming crisis managers.

The puzzle is not "let back in or keep out." It is how to return with enough structure to make success possible.

Timeline at a glance

Eight phases orient participants before discussion.

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1 Prior pattern

Repeated semesters of distress, missed work, withdrawal, and non-engagement.

2 Pre-semester concern

Professor sees the student on the roster and contacts the Care Team.

3 Early engagement

Student attends but appears exhausted and reports housing and medication instability.

4 Concerning coursework

Essays describe distress, disappearance, and being visible only when alarming others.

5 Avoidance of direct support

Student ignores or rejects case management, counseling, and advising outreach.

6 Avoidance of direct support

Student ignores or rejects case management, counseling, and advising outreach.

7 Withdrawal/disappearance

Student stops attending and withdraws without advising.

8 Future enrollment

Student appears on another roster; the team must prepare differently.

The central operating problem

The student's main support runs through faculty.

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Student needs

- ✓ Housing stability
- ✓ Medication continuity
- ✓ Academic planning
- ✓ Emotional support
- ✓ Clear re-entry structure

Resource mismatch

Institution can offer

- ✓ Case management contact
- ✓ Counseling / medical referrals
- ✓ Accessibility and advising support
- ✓ Reporting pathways for faculty
- ✓ Written expectations and boundaries

The student wants to be understood, but avoids the offices that can help. Faculty become the most available audience, not the most appropriate support system.

Pathways factor snapshot

The full factor table is in the handout; this slide highlights the pattern.

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Factor	Score	Meaning for the team
Academic Trouble	3	Missed work, stopped attending, repeated withdrawal.
Depression	2	Exhaustion, discouragement, withdrawal, trapped-in-a-loop language.
Financial Insecurity	2	Unstable housing and transportation barriers.
Anxiety	2	Panic, late-night distress, difficulty attending, worry about others' reactions.
Eating/Sleeping	2	Exhaustion and unstable sleeping conditions.
Suicide	1	"Pause" and "too tired" language, but no direct plan or threat reported.
Hallucinations/Delusions	1	Unclear concern that others may be secretly talking about her.
Threat Indicators	1	No stalking, weapons interest, direct threats, or attack planning reported.

What this case is, and is not

A crucial distinction keeps the team from minimizing or over-escalating.

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What this case is

- ✓ Repeated re-enrollment concern
- ✓ Housing and medication instability
- ✓ Academic non-completion
- ✓ Crisis disclosure through coursework
- ✓ Support avoidance
- ✓ Faculty role strain

This is not, based on current facts

- ✓ Not a targeted violence case
- ✓ No reported weapons interest or access
- ✓ No stalking or attack planning
- ✓ No direct threat toward others
- ✓ No basis to share private details just because faculty are anxious

Distress is real. The response should be structured, not stigmatizing.

Team strategy: Build the Re-Entry Plan

Move from repeated surprise to visible structure

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1. **Review the pattern**
   Prior reports, outreach attempts, accepted supports, declined supports, outcomes.
2. **Invite a re-entry meeting**
   Case management, advising, accessibility, and student support before or early in the term.
3. **Name the primary contact**
   Reduce scattered outreach and limit faculty as the default crisis outlet.
4. **Clarify expectations**
   Attendance, assignments, crisis communication, support engagement, and withdrawal planning.
5. **Document choices**
   Track offers, refusals, missed meetings, new facts, faculty impact, and safety changes.

Plain-language

"We are glad you are enrolled again. Let's create a plan before things build."

Support the helpers, too

Faculty and the team may feel alarm, guilt, frustration, or blame.

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What faculty often need

Privacy-conscious reassurance that the report was received, the case is active, and new information should still be reported.

What team often needs

A consistent message: teach the course, apply academic expectations, document concerns, report safety or wellbeing issues, and stay out of the case manager role.

What faculty doesn't need

A full private history, clinical details, rumor-based warnings, or responsibility for managing the student's life circumstances.

What staff doesn't need

Inconsistent messaging, inconsistent documentation, a singular approach that builds silos preventing collaborative work.

Faculty boundary script

"I care about your success in this course, but I cannot serve as your crisis support person. I'm going to share this concern with the Care Team."

Role clarity protects both the student and the helpers.

Escalation screening

Reassess when the pattern changes. Score with evidence.

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Continue CARE/re-entry response when the issue is…

- ✓ Repeated distress without imminent danger
- ✓ Missed work or withdrawal risk
- ✓ Avoidance of support
- ✓ Faculty overreliance
- ✓ Housing, meds, or transportation instability

Escalate safety/conduct review when there is…

- ✓ Suicide plan or imminent danger
- ✓ Threat, target, time, place, or method
- ✓ Harassment, intimidation, or abusive
- ✓ Repeated boundary violations after directives
- ✓ Evidence the student cannot safely or effectively participate without a plan

Operational mantra: concern rises when distress narrows options, becomes imminent, names targets, or turns into repeated boundary violations.

Documentation Across Semesters

The record should show the pattern without labeling the person.

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Document observable facts

- ✓ Enrollment and withdrawal dates
- ✓ Reported concerns
- ✓ Outreach attempts
- ✓ Student responses
- ✓ Faculty impact
- ✓ Academic impact
- ✓ Safety screening
- ✓ Case outcome and future recommendation

Avoid labels

Do not write “attention-seeking,” “manipulative,” or “refuses to help herself.”

Stronger documentation phrase

“Pattern noted across multiple semesters: student enrolls, discloses significant distress primarily to faculty, does not consistently engage with direct support outreach, stops participating academically, and withdraws or disappears. Recommend proactive re-entry planning upon future enrollment.”

Key takeaways

Core concepts to highlight in the case

1. **Do not treat each semester as brand new.**
   Use history carefully and behaviorally.
2. **Protect access without ignoring impact.**
   The plan should support participation, not punish need.
3. **Keep faculty in role.**
   They teach, document, and report. They do not become crisis managers.
4. **Offer help clearly and document choices.**
   Support is strongest when it is specific, visible, and honest.
5. **Plan for the next enrollment before the cycle repeats.**
   The safest posture is structure without stigma.

Structured re-entry: welcome the student back with enough clarity to change the pattern.