Case Study: Financial Stress

Case Summary

During the semester, the Care Team received multiple reports about a student experiencing serious personal and financial instability. The student disclosed being unhoused, sleeping in a vehicle, struggling to maintain employment, facing possible loss of transportation because of missed car payments, and experiencing mental health challenges.

Faculty and staff responded with concern and submitted Care Team reports. Multiple offices attempted outreach and offered available supports, including campus referrals, connections to community agencies, benefits or housing navigation assistance, counseling referrals, and practical supports within institutional capacity.

The student's stated needs appeared to exceed what the institution could directly provide. The student seemed to be seeking immediate housing, emergency funds, or a direct institutional solution to complex life circumstances. When staff offered referrals or next-step assistance rather than direct material support, the student became upset, left meetings abruptly, or refused further engagement.

Over time, the student repeatedly told faculty and others that they were in crisis and that the college was denying assistance. Faculty became alarmed and frustrated, and some continued submitting reports, expecting more direct Care Team intervention. At the same time, the student avoided or rejected offered support, did not consistently respond to outreach, and did not follow through with referrals.

The student's communication eventually escalated, including expressions of anger toward the institution and the individuals trying to assist. The behavior resulted in a referral through the student conduct process. The student later withdrew from all classes through a hostile email and did not follow standard withdrawal procedures.

Case Theme

This is primarily a high-need CARE case with severe basic-needs insecurity, resource mismatch, help-rejecting behavior, faculty distress, and escalating institutional grievance. Based on the facts provided, it is not yet a targeted violence case, because there are no reported threats, weapons interest, stalking, vandalism, identity-based grievance, or attack planning. The key operational challenge is not simply "how do we help?" but: *How does the Care Team maintain support, boundaries, documentation, and safety screening when the student rejects realistic help and demands resources the institution cannot provide?*

TIMELINE

PHASE 1: DISCLOSURE AND FACULTY ALARM

Observed: Student discloses homelessness, financial crisis, possible loss of car, employment instability, and mental health challenges.

Team task: Confirm basic-needs risk, document reports, identify immediate safety concerns, and avoid overpromising.

PHASE 2: INSTITUTIONAL SUPPORT OFFERED

Observed: Offices offer referrals, community resources, benefits/housing navigation, counseling, and practical next steps.

Team task: Move from "general referrals" to a written, concrete support plan with one point of contact and clearly defined institutional limits.

PHASE 3: RESOURCE MISMATCH AND HELP-REJECTION

Observed: Student seeks direct housing, money, or an immediate institutional fix; rejects referrals or leaves meetings.

Team task: Separate unmet need from misconduct. Continue support while setting behavioral expectations.

PHASE 4: ESCALATED GRIEVANCE AND CONDUCT REFERRAL

Observed: Student says college is denying help, faculty continue reporting, communication becomes angry, and the conduct process is initiated.

Team task: Assess whether the new behavior includes threats, harassment, self-harm indicators, or safety risk. Do not assume hostility equals violence risk.

PHASE 5: HOSTILE WITHDRAWAL

Observed: Student withdraws from all classes through a hostile email and does not follow the standard procedure.

Team task: Clarify enrollment status, attempt transition support, document final outreach, and determine whether welfare/safety follow-up is warranted.

PATHWAYS FACTOR MAP

Pathways Factor	Score	Indicators Present in Case
Suicide	0	None reported
Depression	1	Difficulty functioning, but no clear depressive symptoms
Self-Injury	0	None reported
Alcohol/THC	0	None reported
Serious Drug Use	0	None reported
Being Teased	0	None reported
Social Problems	1	Repeated conflict with helpers, abrupt meeting exits, and refusal to engage
Academic Trouble	2	Withdrew from all classes without following procedures
Financial Insecurity	3	Unhoused, sleeping in a vehicle, struggling with employment, facing possible loss of transportation
Adjusting to Change	0	None reported
Loss or Bereavement	0	None reported
Being Stalked	0	None reported
Anxiety	1	Facing unstable housing, employment, and transportation
Intense Thoughts/Actions	1	Acts abruptly by leaving meetings and withdrawing by email
Hallucinations/Delusions	0	None reported
Group Pressure	0	None reported
Vandalism	0	None reported
Being Controlled	0	None reported
Harassing Behaviors	1	Repeated grievance communication, escalating anger toward helpers, and conduct referral
Stalking Others	0	None reported
Acts of Partner Violence	0	None reported
Sexual Violence	0	None reported
Incel Behavior	0	None reported
Eating/Sleeping	1	Sleeping in a vehicle due to being unhoused
Affective Violence	1	Leaves meetings abruptly, expresses anger, and sends a hostile withdrawal email
Trolling Actions	0	None reported
Transient Threats	0	None reported
Substantive Threats	0	None reported
White Supremacy	0	None reported
Weapons Interest/Access	0	None reported

PRIORITIES, STRATEGY, AND APPROACH

Immediate priorities: Confirm whether the student has a safe place to sleep tonight, food access, transportation options, and any current self-harm or harm-to-others concerns.

Engagement strategy: Assign one primary case manager or Care Team contact. Use a clear written plan: "Here is what the college can do, here is what we cannot directly provide, here are the next steps, and here is the behavior expected during meetings."

Boundary strategy: Acknowledge the legitimacy of the crisis without accepting abusive, threatening, or disruptive communication. A conduct referral may be appropriate for behavioral concerns, but it should not replace ongoing support planning.

Documentation strategy: Track each offer of assistance, student response, missed meeting, refusal, referral, and escalation. Separate facts from interpretations.

Faculty communication: Tell faculty what has been done in general terms, consistent with policy and role; encourage new reports only when there are new facts; and provide guidance on how to respond if the student rediscloses the crisis.

SUMMARY

This case is best understood as severe financial insecurity with academic disruption and escalating frustration toward the institution. The student's behavior is concerning and disruptive, but the facts provided do not support scoring threat-related factors such as transient threats, substantive threats, weapons interest and access, stalking others, or targeted-violence indicators. The safest team posture is structured compassion: continue practical support, set firm behavioral boundaries, screen for safety, document carefully, and avoid promising resources the institution cannot deliver.

PRACTICAL GUIDANCE

Need	Institutional Response
Immediate safety/basic needs	Ask where the student is sleeping tonight, whether they have food, transportation, medication, and any current thoughts of self-harm or harm to others.
Resource mismatch	Clearly name what the college can and cannot provide. Avoid vague promises like "we'll find a solution."
Help-rejecting behavior	Offer a simplified plan with one point of contact, one written checklist, and short deadlines.
Repeated reports from faculty	Acknowledge faculty concern, confirm the Care Team is engaged, and ask faculty to report only new facts, threats, disappearances, or deteriorations.
Hostile or disruptive behavior	Set behavioral expectations while continuing to offer support. Distress explains behavior; it does not excuse abuse or intimidation.
Academic disruption	Discuss withdrawal, incomplete, leave, or re-entry options, since academic trouble can involve feeling overwhelmed, unable to seek help, and unable to get back on track.
Escalation screening	Continue checking for suicide, threats, harassment, weapons interest, or targeted grievance. Do not score those factors without evidence.

QUESTIONS AND DISCUSSION

HOW DOES AN INSTITUTION WITH LIMITED RESOURCES SUPPORT A STUDENT WHOSE NEEDS ARE URGENT AND SERIOUS, BUT WHOSE REQUESTED SOLUTIONS ARE BEYOND THE COLLEGE'S ABILITY TO PROVIDE, AND WHO REPEATEDLY REFUSES OFFERED SUPPORT?

An institution should respond with structured compassion that includes taking the urgency seriously, offering concrete support, staying honest about limits, and setting clear expectations for engagement and behavior. The student's needs should be treated as real, serious, and destabilizing. Severe financial insecurity can involve difficulty focusing, feeling stuck, irritability, difficulty seeking help, desperation, and inability to make choices or solve problems. That means the student's refusal or anger should not automatically be interpreted as manipulation or misconduct. It may be part of the crisis presentation.

At the same time, the college should not imply that it can provide housing, cash, transportation, or ongoing case management beyond its actual capacity. The response should sound something like:

> *"We understand that your needs are urgent and that referrals may feel insufficient. We cannot directly provide housing or pay your car balance, but we can help you take the next steps with the resources that do exist. Here is exactly what we can do today, what we cannot do, and what we need from you to keep helping."*

The key is to separate the care plan from the conduct plan without letting either disappear. The care plan says, "We will keep trying to connect you with realistic support." The conduct plan says, "You must communicate and participate in ways that allow staff to help you safely and respectfully."

A strong institutional answer would be:

> **"***We support the student by staying engaged, narrowing the plan, assigning one coordinated contact, documenting every offer and refusal, clarifying institutional limits, screening for safety at each escalation point, and maintaining firm behavioral boundaries. We do not abandon the student because they reject help, but we also do not promise solutions the college cannot deliver."*

HOW DOES THE INSTITUTION SUPPORT FACULTY, STAFF, AND CARE TEAM MEMBERS WHO ARE REPEATEDLY EXPOSED TO THE STUDENT'S DISTRESS, ANGER, AND ACCUSATIONS THAT "NOTHING IS BEING DONE"?

The institution should support faculty, staff, and Care Team members by reducing isolation, clarifying roles, sharing relevant process information, and providing practical scripts and boundaries. The goal is to prevent helpers from feeling individually responsible for solving needs that exceed the college's capacity.

A strong institutional response would acknowledge that repeated exposure to a student's distress, anger, and accusations can create fatigue, guilt, frustration, and fear. Faculty and staff may begin to feel that they are failing the student, that the Care Team is not acting, or that they personally need to "do more." The institution should address that directly.

The key is to remind helpers that care does not require unlimited access, unlimited resources, or unlimited emotional exposure. Faculty and staff support the student best when they stay in role, document new concerns, avoid side agreements, and route communication through the coordinated Care Team process.

Practical Advice

Support Need	Institutional Action
Faculty feel "nothing is being done"	Provide a brief, privacy-conscious update: *"The Care Team is aware, outreach has occurred, and appropriate resources have been offered. We may not be able to share details, but the case is active."*
Faculty keep submitting repeat reports	Clarify what should be reported: new threats, disappearance, major deterioration, self-harm statements, classroom disruption, hostile contact, or new safety concerns.
Staff feel blamed or targeted	Provide supervisor support, documentation review, and guidance on when to end a meeting or move communication to writing.
Helpers overextend themselves	Reinforce role limits: faculty are not case managers, financial aid staff are not housing providers, and Care Team members cannot create resources that do not exist.
Communication becomes emotionally draining	Give staff scripts for responding without debating, defending, or making promises.
Care Team members feel stuck	Use structured case review: what has been offered, what was refused, what risks are present, what limits apply, and what the next realistic step is.
Emotional toll builds over time	Offer debriefing, supervisory consultation, EAP or counseling resources, and permission to rotate contact responsibilities if needed.

The institution supports its people by making the invisible work visible, giving them privacy-appropriate reassurance that action is underway, setting clear reporting thresholds, providing scripts and boundaries, and acknowledging the emotional burden of repeated exposure to crises.

A useful message to faculty and staff might be: *"We understand how difficult it is to hear a student say they are in crisis and believe the college is not helping. Please know that reports are being reviewed and coordinated. Due to privacy restrictions, we may not be able to share all actions taken. Your role is to report new information, maintain appropriate boundaries, avoid promising resources, and refer the student back to the designated support contact."*

The institution should also give faculty and staff a boundary script: *"I'm sorry you're dealing with this. I'm not able to directly address housing or financial concerns, but I do want you connected with the right support. I'm going to refer this to the Care Team, and I encourage you to respond to their outreach."*

For hostile or accusatory communication: *"I want to help connect you with support, but I can't continue this conversation if it becomes hostile or disrespectful. I'm going to pause here and refer this back to the appropriate support contact."*

Finding The Balance

Tension	Balanced Response
Care	Take the crisis seriously, continue outreach, simplify the plan, and assign one clear point of contact.
Boundaries	Be honest about what the institution can and cannot provide. Do not allow hostile meetings, abusive emails, or repeated demands to override the process.
Student autonomy	Offer options, explain consequences, and let the student decide whether to engage. Refusing help is still a choice unless there is an immediate safety concern.
Limited resources	Prioritize realistic supports: food pantry, emergency aid if available, community housing referrals, benefits navigation, counseling, academic withdrawal options, and transportation resources.
Community impact	Support faculty and staff, reduce repeated uncoordinated involvement, document concerns, and address disruptive or hostile behavior through appropriate conduct channels when needed.

Avoid over-functioning: Chasing the student, making special promises, bypassing normal limits, or implying that the college can fix housing, money, transportation, and employment. That can exhaust staff and create false expectations.

Avoid premature disengagement: Deciding the student "doesn't want help" and closing the door too quickly. Help-rejecting behavior may reflect shame, panic, distrust, depression, or feeling trapped.

Finding the balance means offering help repeatedly, but not endlessly in the same ineffective way. It means shifting from broad referrals to a concrete plan*:* For example, *"Here are the three steps available*

this week. Here is who will help with each one. Here is what you need to do. Here is what happens if you choose not to participate. Here is how we will respond if communication becomes hostile."

- **The student's autonomy matters.** The institution can offer support, reduce barriers, and explain options, but it cannot force the student to complete forms, attend appointments, answer calls, accept referrals, or remain enrolled unless there is a legal, safety, or policy basis for intervention.
- **The community impact also matters.** Faculty and staff should not become the student's unofficial crisis managers. The Care Team should centralize communication, give faculty privacy-appropriate reassurance that the case is being handled, and clarify when to submit new reports. Conduct processes may be appropriate when the student's behavior becomes hostile, disruptive, or intimidating, but conduct should not replace care.

The institution balances care, boundaries, autonomy, limited resources, and community impact by staying engaged without overpromising, offering realistic support without coercion, documenting offers and refusals, setting behavioral expectations, supporting affected faculty and staff, and reassessing safety whenever the student's distress escalates.

HOW DO WE BALANCE CARE, BOUNDARIES, STUDENT AUTONOMY, LIMITED RESOURCES, AND COMMUNITY IMPACT IN A CASE WHERE THE STUDENT CONTINUES TO PRESENT AS HIGH-NEED BUT REFUSES AVAILABLE SUPPORTS?

We balance these pressures by using a structured care-and-boundaries approach: stay compassionate, stay realistic, and keep responsibility appropriately shared.

The institution should begin by recognizing that the student's needs are real. Housing insecurity, transportation loss, employment instability, and mental health distress are not minor problems. The student should not be dismissed simply because they are angry, disappointed, or unable to follow through. At the same time, the college cannot solve every urgent life circumstance, and pretending otherwise can cause more harm, mistrust, and escalation.

A balanced response sounds like this: *"We believe you are in a serious situation, and we want to help you access the resources available. We cannot directly provide housing, pay your car balance, or create emergency funds that do not exist. We can help you contact specific agencies, complete applications, explore academic options, and connect with counseling or case management. To continue working with you, we also need respectful communication and participation in the steps we are able to offer."*

HOW SHOULD A CARE TEAM COMMUNICATE THE LIMITS OF INSTITUTIONAL SUPPORT WITHOUT SOUNDING DISMISSIVE?

The Care Team should first acknowledge the seriousness of the student's situation, then clearly explain what the institution can and cannot do. The tone should be direct, compassionate, and specific. The key is to avoid vague reassurance. Do not say, "We'll figure this out," if the college cannot solve the housing or financial crisis. Instead, say what is possible.

- A dismissive response sounds like: *"We don't have housing funds. You'll need to call community agencies."*
- A stronger response sounds like: *"I hear that your situation is urgent, and I understand why referrals may feel insufficient right now. The college cannot directly provide housing or pay your car balance, but we can help you take the next steps using the resources available. Let's identify what can be done today, what requires an outside agency, and what academic options may reduce pressure this week."*

WHAT LANGUAGE HELPS DISTINGUISH "WE CANNOT PROVIDE THAT SPECIFIC SOLUTION" FROM "WE ARE NOT HELPING"?

Useful language includes:

- "We cannot provide that specific resource, but we are still committed to helping you pursue available options."
- "I do not want to overpromise. The college cannot directly place you in housing, but we can help you contact housing agencies, complete applications, and explore emergency supports."
- "I understand that what we can offer may not feel like enough. That does not mean we are doing nothing. It means we need to work within the resources that actually exist."
- "Here is what we can do today. Here is what we cannot do. Here is what we need from you to keep moving forward."

WHAT IS THE BEST RESPONSE WHEN A STUDENT REPEATEDLY ASKS FOR HELP BUT REFUSES AVAILABLE SUPPORT?

The best response is to simplify, document, and continue to offer help without endlessly chasing the student or changing institutional limits.

The team should move from broad referrals to a clear written plan. This keeps the door open while making the student's role clear.

> *"These are the three supports available right now. These are the steps required to access them. This is who can help you complete each step. If you choose not to participate, those options may remain unavailable."*

The Care Team should also consider whether the student is refusing support because of shame, anxiety, confusion, depression, mistrust, exhaustion, or practical barriers. For example, a student sleeping in a car may struggle to complete forms, attend appointments, or manage calls from multiple offices. The response should reduce complexity by providing one point of contact, short action steps, written instructions, and realistic timelines.

AT WHAT POINT DOES REPEATED REFUSAL BECOME PART OF THE RISK ASSESSMENT?

Repeated refusal becomes part of the risk assessment when it contributes to worsening functioning, escalating distress, increased anger, loss of academic engagement, or a narrowing sense that there are "no options."

In this case, the refusal matters because the student is high-need, but not effectively using available help. That can increase concern for deterioration, not because refusal itself is misconduct, but because it may show the student is becoming more overwhelmed, stuck, hopeless, or grievance-focused.

Indicator	Why It Matters
Increasingly hostile communication	May show escalation and reduced coping
Statements that "nothing matters" or "there is no way out"	May require suicide screening
Blaming specific individuals	May increase concern for the targeted grievance
Repeated crisis disclosures without follow-through	May exhaust informal supports and increase faculty alarm
Missed classes, withdrawal, or academic collapse	Shows functional decline
Threatening, intimidating, or harassing behavior	May shift from care concern to safety/conduct concern

The team should avoid labeling the student as "noncompliant" too quickly. A better framing is: *"The student continues to present with urgent needs but is not participating in the available problem-solving process. This increases concern for deterioration and requires continued outreach, boundary-setting, and safety screening."*

WHAT SHOULD FACULTY BE TOLD WHEN THEY KEEP SUBMITTING REPORTS AND BELIEVE THE CARE TEAM IS NOT ACTING?

Faculty should receive privacy-conscious reassurance that the report was received, reviewed, and routed appropriately. They do not need every detail of the intervention, but they do need to know their reports are not disappearing.

A useful message is: *"Thank you for submitting this information. The Care Team is aware of the concern and has taken appropriate outreach steps. Because of student privacy, we may not be able to share details about specific interventions. Please continue to report new information, especially any threats, self-harm statements, major deterioration, disappearance from class, or escalating behavior."*

Faculty should also be told that the Care Team may not be able to produce the outcome the faculty member wants. The team can offer support, referrals, outreach, case management, and coordination, but it may not be able to provide direct housing, money, or force the student to accept help.

HOW MUCH CAN BE SHARED WITH FACULTY WHILE STILL PROTECTING STUDENT PRIVACY?

Generally, faculty can be given process-level information rather than detailed personal information. Appropriate information may include:

Indicator	Why It Matters
"The report was received."	Details of counseling, diagnosis, or treatment
"The Care Team is aware and following up."	Specific financial aid, housing, or benefits information
"Please report any new safety concerns."	Private family, medical, or mental health details
"Here is how you should respond if the student contacts you."	Details the student disclosed to another office
"A designated staff member is coordinating outreach."	Unnecessary specifics about conduct or discipline

A helpful standard is: share what the faculty member needs to know to perform their role, support safety, and maintain appropriate boundaries.

WHAT SCRIPTS OR GUIDANCE WOULD HELP FACULTY AVOID OVER-FUNCTIONING?

Faculty need language that is caring but role-limited.

For a student disclosing a crisis: "I'm sorry you're dealing with this. I'm not the best person to solve housing or financial concerns directly, but I do want to connect you with the right support. I'm going to submit a Care Team report so someone can follow up with you."

For repeated disclosures: "I hear that this is still unresolved and very stressful. I want to be clear that I cannot provide housing, money, or case management, but I will make sure the Care Team has this update."

For hostile or accusatory comments: "I want to support your success in this class, but I cannot continue this conversation if it becomes hostile. I'm going to pause here and refer this back to the appropriate support office."

For faculty tempted to personally solve the situation: "Your role is to listen, document, report, and refer. You are not expected to become the student's case manager, financial sponsor, transportation coordinator, or emergency housing provider."

HOW SHOULD THE COLLEGE SUPPORT EMPLOYEES WHO BECOME TARGETS OF ANGER, BLAME, OR REPEATED CRISIS DISCLOSURES?

The college should treat the impact on employees as a real part of the case. Staff and faculty can experience stress, frustration, guilt, fear, and compassion fatigue when a student repeatedly says they are in crisis but rejects help or accuses helpers of doing nothing.

Support should include supervisor consultation, clear communication boundaries, documentation support, and permission to end or pause hostile interactions.

A staff-facing script could be: "You are not required to absorb hostile communication in order to be caring. You may acknowledge the student's distress, restate the available support, and end the interaction if the behavior becomes abusive, threatening, or unproductive."

The institution should also centralize contact when possible. If multiple employees are receiving repeated crisis disclosures, the Care Team should designate a primary contact and ask others to redirect the student to that contact. For example: *"I'm going to refer you back to Nina Patel, who is coordinating support. She is the best person to help track next steps."*

This protects the student from fragmented responses and protects staff from being pulled into repeated, uncoordinated crisis conversations.

WHAT DEBRIEFING OR CONSULTATION PROCESS SHOULD EXIST FOR DIFFICULT CARE TEAM CASES?

There should be a structured debrief process for cases involving high need, repeated refusal, staff distress, or escalating hostility.

A useful debrief format includes:

Debrief Area	Guiding Question
Facts	What do we know, and what has changed?
Offers of support	What resources were offered, accepted, missed, or refused?
Risk	Are there any new suicide, threat, harassment, violence, or safety indicators?
Boundaries	Are staff being pulled beyond their roles?
Communication	Who is the designated point of contact?
Faculty/staff impact	Who needs support, guidance, or relief from direct contact?
Next step	What is the next realistic action, and who owns it?
Closure/re-entry	If the student withdraws or disengages, what documentation or re-entry plan is needed?

The debrief should not become a blame session. It should help the team separate three things:

- **Need:** The student's situation is urgent and serious.
- **Capacity:** The institution has limited tools and cannot solve every problem.
- **Behavior:** The student is still responsible for how they engage with staff and processes.

A strong closing: *"We support the student by keeping the door open, narrowing the plan, and screening for safety. We support the community by setting limits, coordinating communication, and not asking individual employees to absorb unlimited distress or hostility."*