

Care Team Report (2 pages)

(Title added by the Cheyenne Herald, May 21, 2010)

To: Dr. Darrel Hammon
President

From: LCCC Care Team

Date: ~~January 6, 2008~~ 2009 (Corrected by the Cheyenne Herald, May 21, 2010)

Re: Care Team Process feedback

Based on numerous Care Team referrals from LCCC students, faculty, and administration regarding the recent Biology 2470 class international trip to Costa Rica, the Care Team believes it necessary to provide feedback and recommendations. Our purpose is to enhance support services on campus and educate individuals about accessing campus support.

The following recommendations have been created based on Care Team process discussions. The Care Team mission states that its " function is to monitor behavioral patterns...that might indicate a potential for harm to self or others, be responsible for initiating proactive interventions and referrals on individuals of concern." The referrals indicate that a student of concern (SOC) was presented early into the Costa Rica trip. She exhibited behaviors that required a trained professional that understands mental health disorders to manage the situation. Unfortunately, such an individual was not available on the trip. As a result, other students were assigned roles in which they were not qualified; therefore, hampering their educational endeavors and endangering the health of the SOC.

Per College policy/practice, the Care Team, including the Director of Counseling, should be notified from the onset of a crisis involving a SOC to provide immediate assistance and support. The Care Team needs to be utilized, and therefore, empowered by administration. Campus leaders should understand, accept, and support the process established through the Care Team. Within the Care Team process, confidentiality is of utmost importance. Sharing any details of the SOC's condition during the trip, no matter how well intended, constitutes an actionable violation of confidentiality. Had the Care Team been notified from the onset of the occurrences, confidentiality of the student/situation could have been contained. Making a timely Care Team referral, even if at a distance, would have enabled the team to be more proactive and effective.

Another concern is the designation of a fellow student as the "pharmacist." Although the gentleman was an EMT, he did not possess the credentials to serve in that capacity. Had the SOC been wrongly medicated by the "pharmacist", the College could have faced significant liability. Finally, the gentleman in question participated in the trip as a student, which again raises the issue of the matter's impact on his educational experience.

Students reported that on the trip the administration assigned to non-event employees and those lacking expertise and/or licensure inappropriate responsibilities. Students felt pressured to assist. (The pressure resulted from the power differential that existed in the relationship between administration and student participants) Also, based on referrals, it appears that the relationship established between the college administration and SOC could be defined as a “dual relationship.” “Dual relationship” exists when an individual simultaneously occupies a position of counsel and authority. This type of relationship is an actionable violation of professional boundaries for administration and the Director of Nursing. Further, we are concerned that an educational plan and student mandates for SOC were developed without first obtaining input from the Care Team or Disability Resource Center Coordinator. At the very minimum, given the SOC’s documented disability, the DRC Coordinator and Director of Counseling should have been a necessary resource to assist in managing the post-trip plan from the onset of the crisis.

The Care Team is pleased to learn that a LCCC adhoc committee is creating a new student travel policy. We recommend that the following be included within the policy:

- 1) A medical waiver and release of information is highly recommended in case of a potential medical or mental health crisis. The instructor and chaperone(s) should be made aware of participants’ medical/ mental health history should a health incident occur.
- 2) The instructor and chaperone(s) should be instructed and trained on how to manage such a health crisis.
- 3) A more effective, structured chaperone selection process and chaperone training is needed. Had the chaperones on the Costa Rica trip been properly trained and advised, the integrity and learning experience of the trip would not have been jeopardized. The SOC should have been escorted back to the United States, where upon arrival she could have received needed services outside of the student learning context in Costa Rica.
- 4) Student grievances should be managed differently. The Care Team received student complaints regarding the trip, reflected distress, unfair treatment, and being placed into positions of unwarranted/unwanted responsibility. In addition, student reports indicated that the experience interfered with their learning. Student reports indicate a reluctance to bring their concerns forward for a variety of reasons, ranging from believing they would not be listened to to fear of reprisal/ stigmatization. A more proactive, open, and immediate response in the future might help assuage the situation early on.

We appreciate your time and attention concerning these important matters.

Respectfully submitted,
LCCC Care Team