

# 1995 tragedy spurs progress at UNC Counseling and Psychological Services

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In the past two decades, UNC has [worked to reform its counseling services](#) in response to a tragedy that took place 20 years ago.

Wendell Williamson, who declined to comment for this story, was a law student at UNC in 1994. In January 1995, [Williamson walked down Henderson Street](#) with a semi-automatic rifle, killing two people and injuring others.

As an assistant dean at UNC School of Law, Winston Crisp noticed signs that something could be amiss with Williamson — in fall 1994, the first-year law student was disrupting classes.

“Wendell was an Eagle Scout. He was a brilliant man who got sick,” Crisp said.

He became increasingly worried and referred Williamson to UNC’s Student Psychological Services —today known as Counseling and Psychological Services.

But those steps weren’t enough to prevent what happened on Jan. 26, 1995. Williamson, who was later diagnosed with schizophrenia, shot and killed two people on Henderson Street in Chapel Hill. After confessing to the crime, Williamson was eventually found not guilty by reason of insanity.

Though Williamson pleaded guilty, he later placed responsibility for the tragedy on one staff member of UNC’s psychological services, prompting major changes to the program.

In 1997, Williamson sued his former psychiatrist, Myron Liptzin, for \$500,000 on the grounds of negligence.

Williamson had attended therapy sessions with Liptzin through Student Psychological Services in spring 1994.

After Williamson and Liptzin met six times during a 10-week period, the two stopped meeting before summer 1994. Though Liptzin encouraged Williamson to seek care during the summer, Williamson did not.

He stopped taking his medication, and though Liptzin said Williamson previously made signs of progress, in January 1995, he stopped attending classes and purchased guns, according to the lawsuit.

His lawsuit argued that Liptzin failed his patient by neglecting to explain the consequences of not taking his medication.

“(Williamson) believed that his mental illness was temporary and that the medication was a short-term measure,” the lawsuit states. “Plaintiff further stated that defendant told him that ‘if someday (he) wanted to go off the medication, that (he) could do that if (he) told someone (he) trust(ed).’”

In the lawsuit, the judge ruled in favor of Williamson — a decision that was later appealed and turned over in favor of Liptzin.

“Students are, and should be, responsible for themselves,” said Liptzin, who still lives in Chapel Hill. “And you cannot hold the therapist or outpatient care responsible for the patient’s actions.”

Liptzin said in 1995, UNC did not share records of students who sought service with other departments — which is one reason why Williamson fell through the cracks, Crisp said.

“The goal with a student who is severely troubled is to see if we can help them,” Liptzin said, adding that the department would see a student until it could transfer them into long-term care.

UNC’s model of brief therapy and referrals to community providers has not changed.

Although the long-term model — which would allow students to be treated consistently by one therapist — could be used, the department would have to double its staff, which would be too expensive, said Crisp, who is now vice chancellor for student affairs at UNC.

Crisp said the 1995 shooting resulted in three major changes to campus mental healthcare.

The University merged departments to form Counseling and Psychological Services (CAPS), adopted a system of information sharing between departments and created the Emergency Evaluation and Action Committee, he said.

“The actual sort of work hasn’t changed much,” he said. “It’s the system and framework around it that has changed.”

CAPS Director Allen O’Barr said CAPS refers out 25 percent of students it sees, leaving 75 percent to be seen by therapists at UNC, making it hard to keep up with how many cases they have at any given time.

To counteract that challenge, the University hired case managers to make sure students who were being transitioned to long-term resources outside of the University weren’t overlooked.

“One of the constant tensions with counseling centers on college campuses is the rising need for services,” said Mary Covington, director of Campus Health.

CAPS now has one therapist for every 1,800 UNC students.

Covington said in the 1990s, there were about eight therapists working in the department, serving around 20,000 students. Today there are 12.

Covington said with the number of staff compared to the number of students, people might have to wait to be seen — a problem that hasn’t changed in the past 20 years. But back then, the department didn’t have walk-in services, which it adopted in 2007.

“The intention is to provide care to anyone who needs immediate help,” O’Barr said. “So many students feel distressed about so much.”

Liptzin said shootings like the one in 1995 are rare.

“Williamson was an aberration,” he said. “Despite what you read in the newspaper, more harm comes to those with mental illness than they inflict on others.”

Linking mental illnesses to violence can stigmatize treatment, said Maggie Bertram, associate director of training and education for Active Minds, which raises mental health awareness at colleges.

“Unfortunately it often takes tragedy on our campuses or in our communities to consider reforming and refunding mental health initiatives,” she said in an email.

Bertram said colleges have made strides during the last few years to create better webs of support for students.

“The truth is that more and more college students are seeking help on campuses each year, and no one is alone in their struggles,” she said. “The best thing colleges can do is to train students to recognize the warning signs of mental illness in themselves or others, how to broach that conversation, and find the resources they need to seek help.”