

# WELCOME!



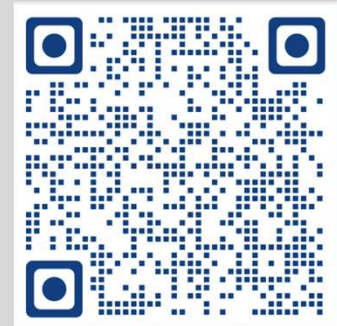
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National Association  
for Behavioral Intervention  
and Threat Assessment

# BIT Standards and Best Practices

Claremont Colleges

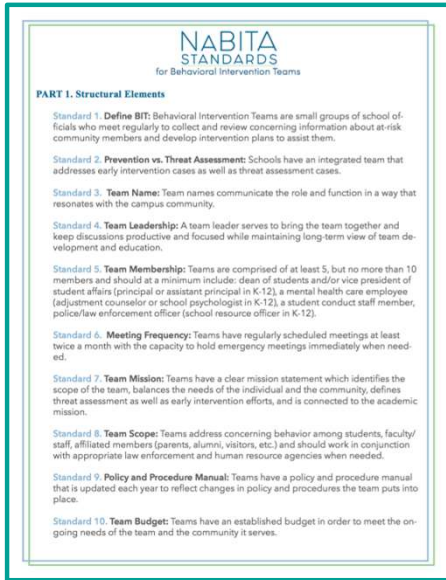
# INTRODUCTION

Dangerousness and violence, from a student, faculty or staff member is difficult, if not impossible to accurately predict.

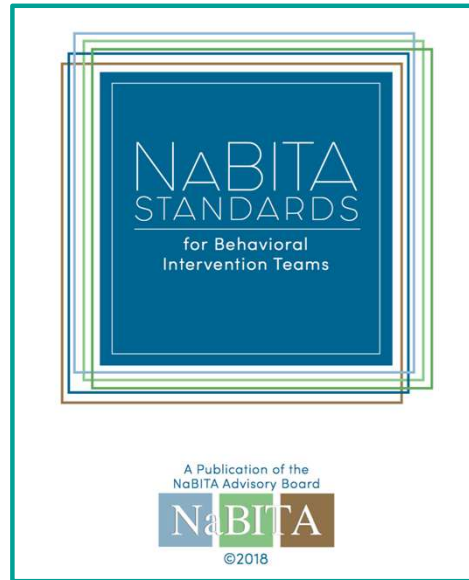
This training topic offers research-based techniques and theories to provide a foundational understanding and improved awareness of the potential risk.

The training or tool should not be seen as a guarantee or offer any assurance that violence will be prevented.

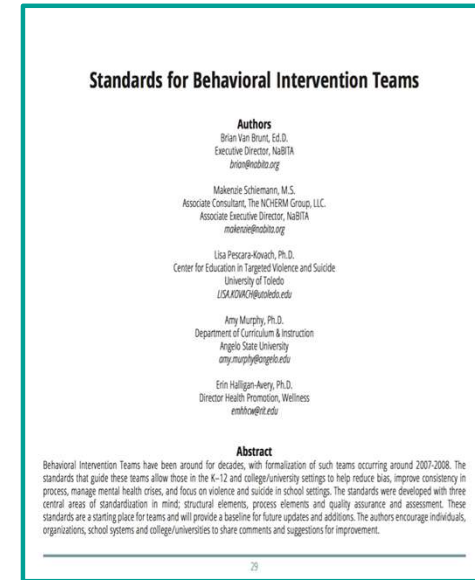
# THREE STANDARDS DOCUMENTS



- Two-page summary document of all 20 standards



- Ten-page detailed description of all 20 standards



- Twelve-page research article with detailed citations on each of the 20 standards

# INTRODUCTION

## PART 1. Structural Elements

- **Standard 1. Define BIT:** Behavioral Intervention Teams are small groups of school officials who meet regularly to collect and review information about at-risk community members and develop intervention plans.
- **Standard 2. Prevention vs. Threat Assessment:** Schools have an integrated team that addresses early intervention cases and threat assessment cases.
- **Standard 3. Team Name:** Team names communicate the role and function in a way that resonates with the campus community.
- **Standard 4. Team Leadership:** A team leader serves to bring the team together, keep discussions productive and focused while maintaining long-term view of the team development and education.

# INTRODUCTION

- **Standard 5. Team Membership:** Teams are comprised of at least 5, but no more than 10 members and should include: dean of students and/or vice president of student affairs (principal or assistant principal in K-12), a mental health care employee (adjustment counselor or school psychologist in K-12), a student conduct staff member, police/law enforcement officer (school resource officer in K-12).
- **Standard 6. Meeting Frequency:** Teams have regularly scheduled meetings at least twice a month with the capacity to hold emergency meetings immediately when needed.
- **Standard 7. Team Mission:** Teams have a clear mission statement which identifies the scope of the team, balances the needs of the individual and the community, defines threat assessment, early intervention efforts, and is connected to the academic mission.

# INTRODUCTION

- **Standard 8. Team Scope:** Teams address concerning behavior among students, faculty/staff, affiliated members (parents, alumni, visitors, etc.), and should work in conjunction with law enforcement and human resources when needed.
- **Standard 9. Policy and Procedure Manual:** Teams have a policy and procedure manual that is updated each year to reflect needed changes.
- **Standard 10. Team Budget:** Teams have an established budget in order to meet the ongoing needs of the team and the community it serves.

# INTRODUCTION

## PART 2. Process Elements

- **Standard 11. Objective Risk Rubric:** Teams have an evidence-based, objective risk rubric that is used for each case.
- **Standard 12. Interventions:** A team clearly defines its actions and interventions for each risk level associated with the objective risk rubric.
- **Standard 13. Case Management:** Teams invest in case management as a process, and often a position, that provides flexible, need-based support for students to address challenges.
- **Standard 14. Advertising and Marketing:** Teams market their services, educate, and train their communities about what and how to report to the BIT through marketing campaigns, websites, logos, and educational sessions.



# INTRODUCTION

- **Standard 15. Record Keeping:** Teams use an electronic data management system to keep records of all referrals and cases.
- **Standard 16. Team Training:** Teams engage in regular, ongoing training on issues related to BIT functions, risk assessment, team processes, and topical knowledge related to commonly presented concerns.
- **Standard 17. Psychological, Threat and Violence Risk Assessments:** BITs conduct threat and violence risk assessment as part of their overall approach to prevention and intervention.

# INTRODUCTION

## PART 3. Quality Assurance and Assessment

- **Standard 18. Supervision:** The BIT chair regularly meets with members individually to assess their functional capacity, workload, offers guidance and additional resources to improve job performance.
- **Standard 19. End of Semester and Year Reports:** Teams collect and share data on referrals and cases to identify trends and adjusts resources and training.
- **Standard 20. Team Audit:** Teams assess the BIT structure and processes to ensure it is functioning well and aligning with best practices.

# INTRODUCTION

This presentation contains graphic language and imagery.



# INTRODUCTION

## What we've learned...



- Some participants get so overwhelmed with all the information that it becomes paralyzing.



- There is so much information during the training that it is hard to know where to start.



- And while you may leave energized, the question of getting new ideas into action on your campus can be an entire other challenge.

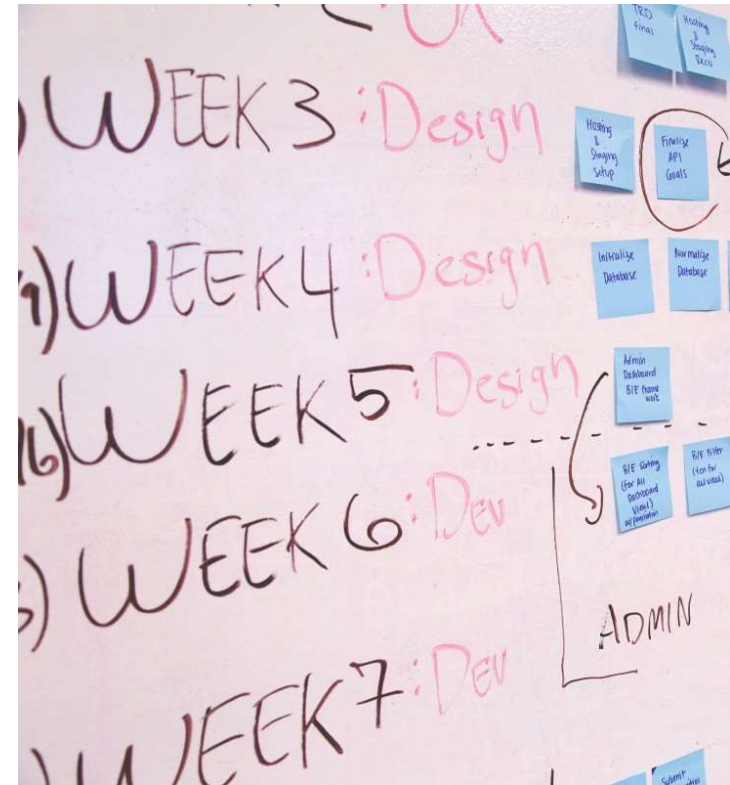
# INTRODUCTION



# INTRODUCTION

## You can do it!

- Make a list of 4-5 things you want to take back to your campus.
- Set up goals to have these items completed during a reasonable timeframe.
- Break complicated items into small, manageable pieces that are easier to tackle.
- Set monthly and semester goals to have these tasks completed.



# INTRODUCTION

## Don't Reinvent the Wheel

- Lean on the expertise of others who have walked where you are walking now.
- Borrow ideas that work well for your campus and make adjustments to those that need some adaptation for your campus.
- Ask for help and use the resources available on the NABITA website and your lobby.



# INTRODUCTION

## Focus on achievable tasks

Team Name,  
Mission,  
and Scope

Team Leadership,  
Membership,  
and Meetings

Objective  
Risk Rubric

Psychological,  
Threat and Violence  
Risk Assessments

Case Management  
and Interventions

Team Marketing  
and Advertising



# Part One: Structural Elements

NaBITA Behavioral Intervention Team Standards 1-10

# **NABITA STANDARDS 1 AND 2**

Defining the BIT and Prevention vs Threat Assessment

**CASE STUDY:**

**Parkland**

# CASE STUDY: PARKLAND

February 14, 2018



On the afternoon of February 14, 2018, a former student walked into a building at Marjory Stoneman Douglas High School in Parkland, Florida.

He armed himself with an AR-15 rifle. The percussion from firing the gun caused dust from the ceiling to drop and set off the fire alarm.

The former student began shooting at students and teachers exiting classrooms.

Approximately 6 minutes later, after navigating three floors of classrooms while killing 17 people and wounding 17 more, he put his weapon down and exited the building among the chaos he started.

# CASE STUDY: PARKLAND

A neighbor's son tells BSO that Cruz, pictured with guns on Instagram, "planned to shoot up the school."

A deputy responds, discovers Cruz owns knives and a BB gun, and informs the high's school resource officer Scot Peterson.

**Feb. 5, 2016**

**Sept. 28, 2016**

A peer counselor informs resource officer Peterson that Cruz may have ingested gasoline a week earlier and is cutting himself.

A blogger in Mississippi warns the FBI that someone named 'nikolas cruz' wrote on his YouTube page:

"I'm going to be a professional school shooter."

**Sept. 2017**

**Nov. 1, 2017**

Katherine Blaine tells BSO her cousin, Nikolas' mother, died that day. She says Cruz has rifles, was supervising his 17-year-old brother, and requests BSO do a welfare check. A close family friend agrees to take possession of the weapons.

A caller from MA tells BSO that Cruz is collecting guns and knives and "could be a school shooter in the making."

**Nov. 30, 2017**

**Jan. 5, 2018**

A person close to Cruz contacts the FBI's tipline to report concerns about him, including his possession of guns.

# CASE STUDY: PARKLAND



 cruz\_nikolas • Segui

cruz\_nikolas Fuck youuuuuuuuuuuuuu alllllll 😞

military\_history\_various Hahaha, @cruz\_nikolas

cruz\_nikolas No one ever comments on pics so yea fuck people on Instagram homayoon.vakili

rswitl Edgy

victoria.Olvera Scandalous

cruz\_nikolas Lmao Victoria.Olvera

cruz\_nikolas 😂😂

cruz\_nikolas Oh so that's why scandalous means 😂😂 shit I know its mess up

cruz\_nikolas 😂

cruz\_nikolas Ikr 😂

natylie\_kautz ahlu alkbar

cruz\_nikolas @natylie\_kautz 😂😂😂😂

Piace a 16 persone

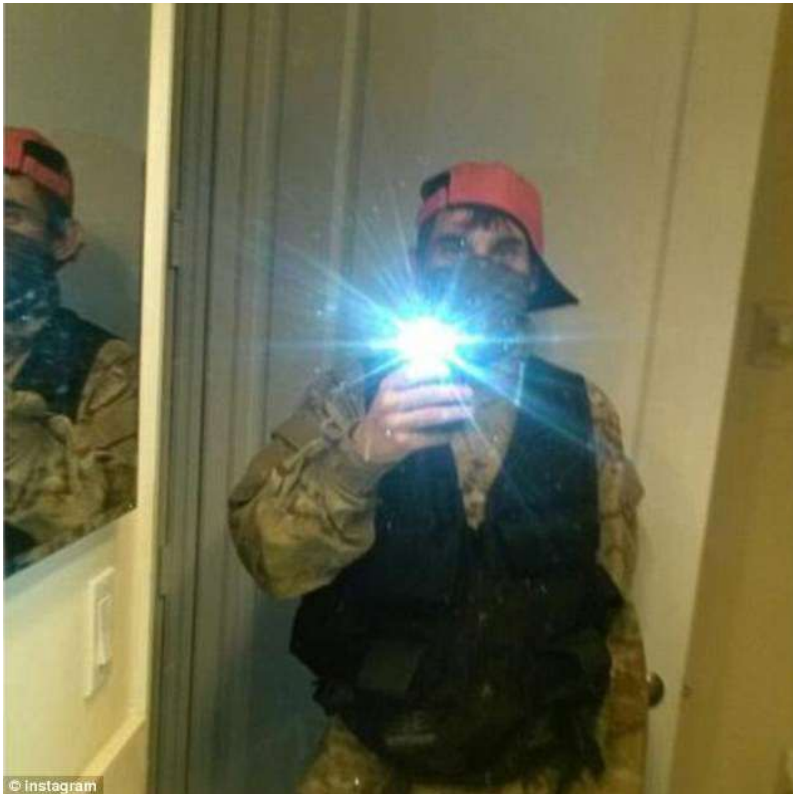
24 DICEMBRE 2015

Aggiungi un commento...

# CASE STUDY: PARKLAND

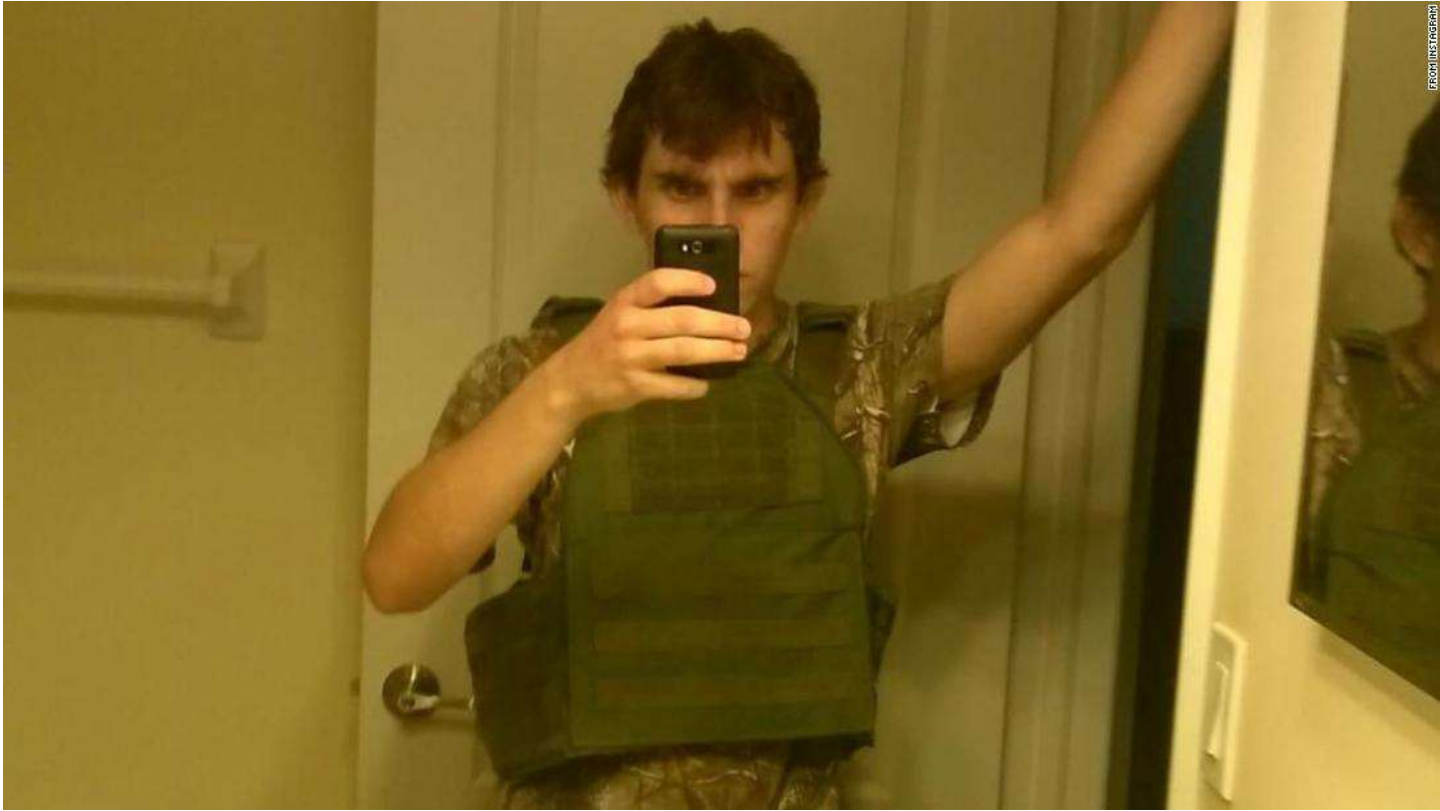


# CASE STUDY: PARKLAND





# CASE STUDY: PARKLAND




# CASE STUDY: PARKLAND



# CASE STUDY: PARKLAND



 cruz\_nikolas • Follow

cruz\_nikolas Thanks Christian for the new hat I owe you brother

liumly 🙌 @realzzzoeynice:

tony\_x\_dubois You look like your ready to worship Allah or something.

cruz\_nikolas I'm not

cruz\_nikolas I like covering myself that pretty much it nothing religious or anything

cruz\_nikolas @tony\_x\_dubois

tony\_x\_dubois @cruz\_nikolas I know I'm just joking that you look like an isis member.

cruz\_nikolas Well then lmao 🤔🤔🤔🤔

cruz\_nikolas @tony\_x\_dubois

jp\_interest @cruz\_nikolas do I have u as a contact on kik? I feel like I do for some odd



103 likes

JANUARY 7, 2016

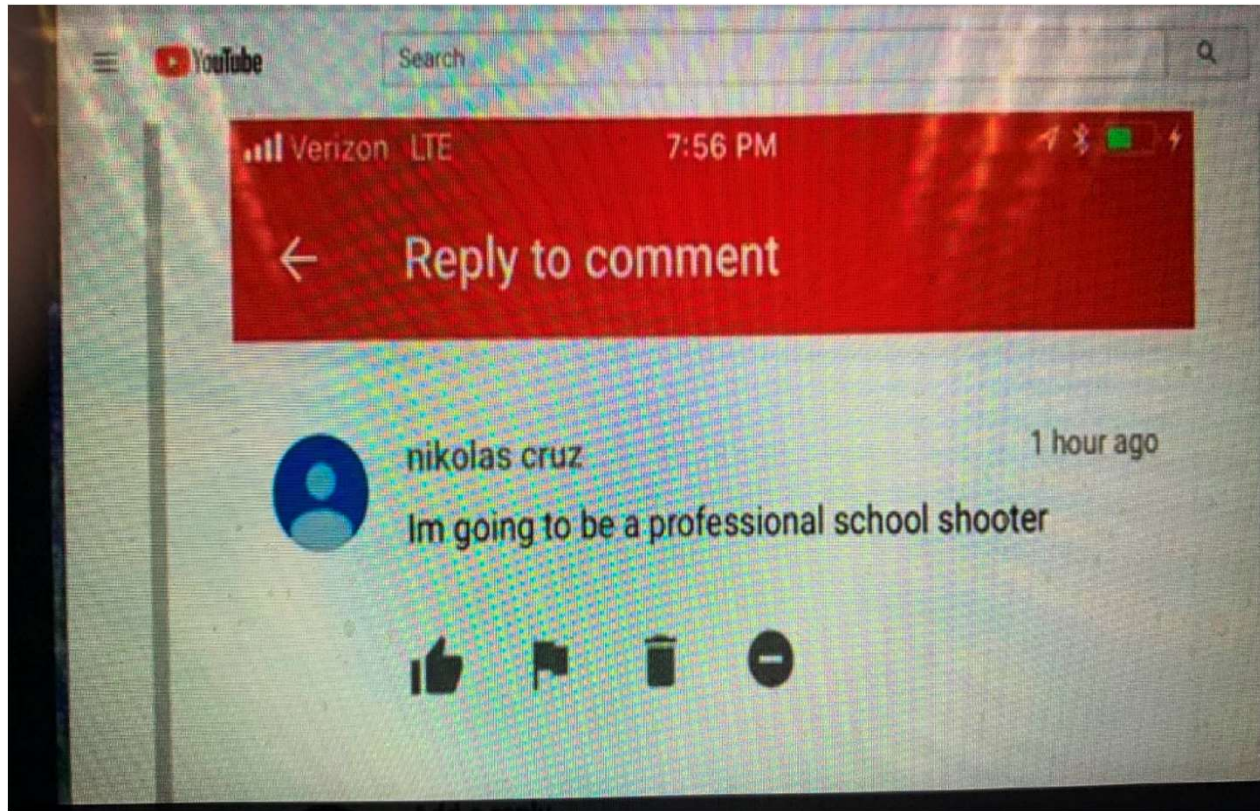
Add a comment...

INSTAGRAM

# CASE STUDY: PARKLAND



# CASE STUDY: PARKLAND

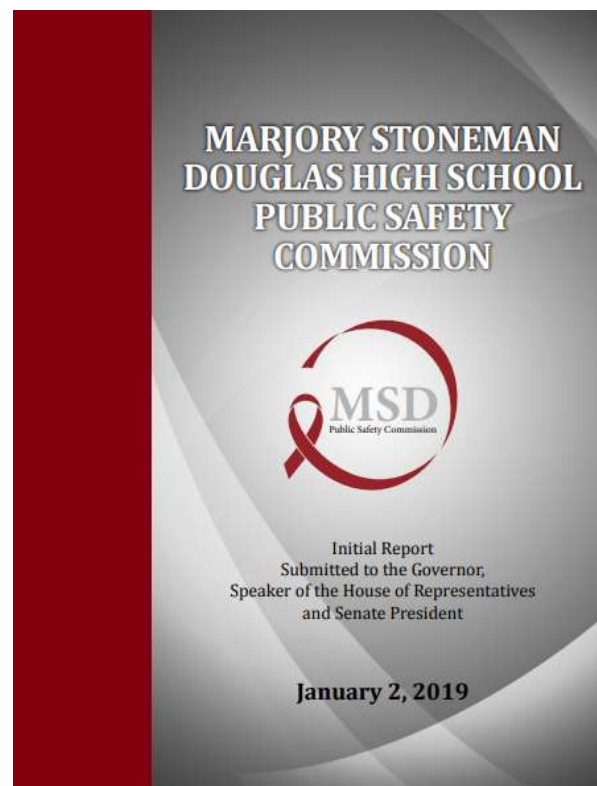


# CASE STUDY: PARKLAND



# CASE STUDY: PARKLAND

“At least 30 people had knowledge of Cruz’s troubling behavior before the shooting that they did not report or they had information that they reported but it was not acted on by people to whom they reported their concerns.”



# CASE STUDY: PARKLAND

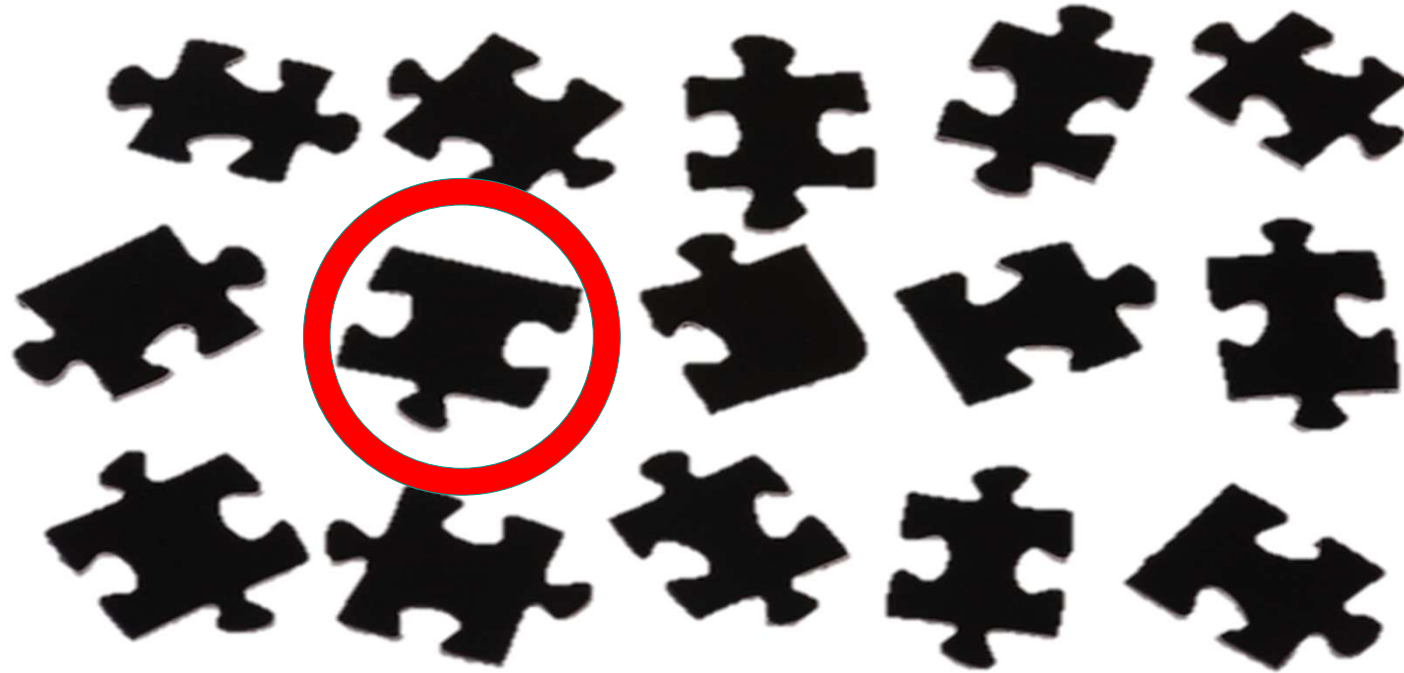
## Recommendations

- Establish behavioral threat assessment teams that identify concerning behavior, not just actual threats to initiate assessment and intervention.
- Teams should have specific, static members.
- Teams should be required to meet at least monthly, and be proactive, not reactive.
- Teams need to have consistent processes and be well trained.
- School personnel should be required to refer concerning behavior to the team.



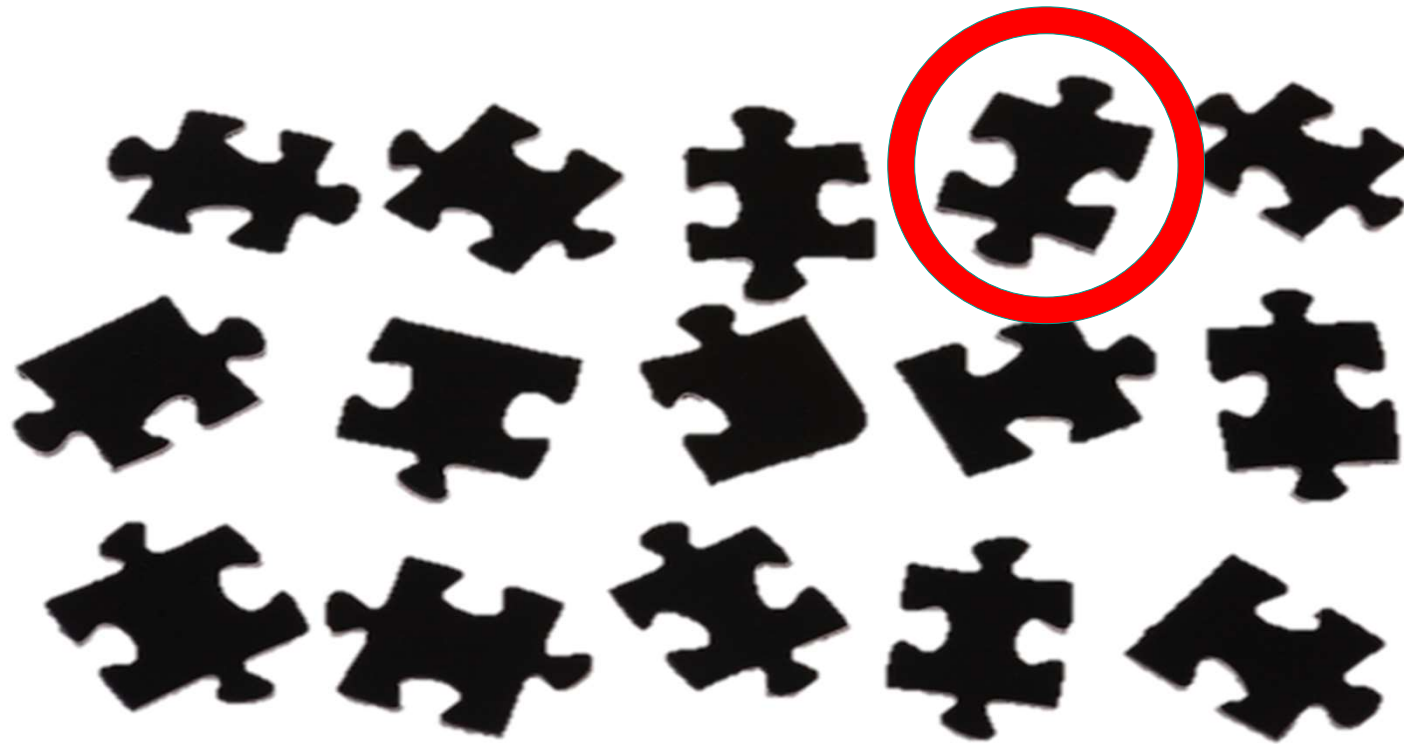
# EARLY IDENTIFICATION & THREAT

What is a BIT?



# EARLY IDENTIFICATION & THREAT

What is a BIT?



# EARLY IDENTIFICATION & THREAT

What is a BIT?



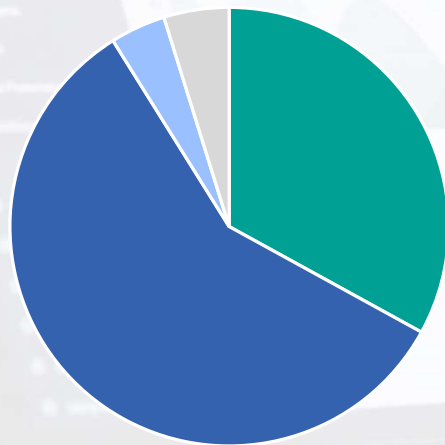
# STANDARD 1: DEFINE BIT

Behavioral Intervention Teams are **small groups** of school officials who **meet regularly** to **collect and review concerning information** about at-risk community members and **develop plans** to assist them.



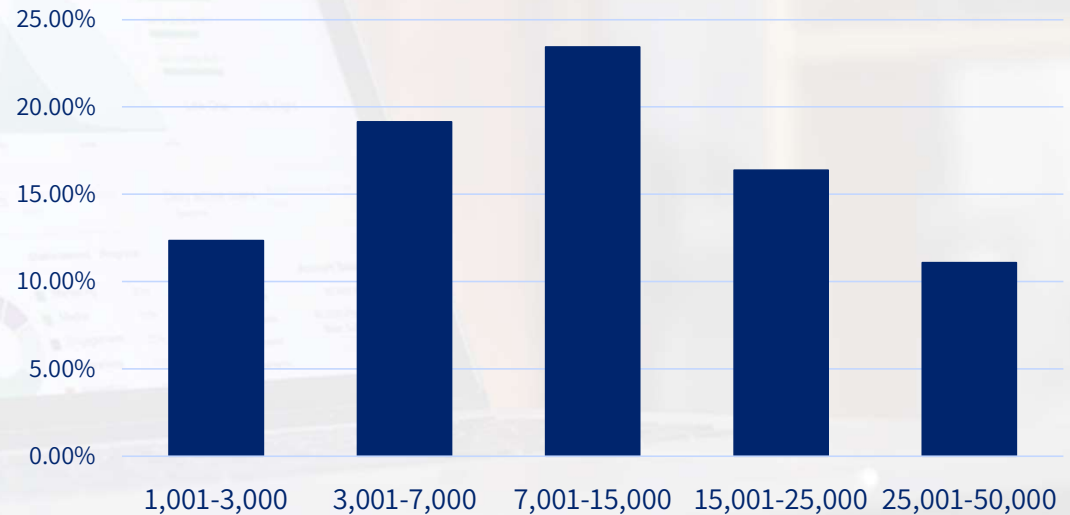
# Standard 1 & 2: Define BIT and Prevention vs Threat Assessment

Institution Type



■ 2 Year ■ 4+ Year ■ K-12 ■ Not a School

Student Enrollment



## Sample

We solicited responses from NABITA members, webinar participants, training and certification course attendees, social media, email campaigns, and other association listservs.



**398**

Participants



**76%**

Non-Residential



**64%**

Public



**21%**

Private

# Average Team Age



**58% of teams**

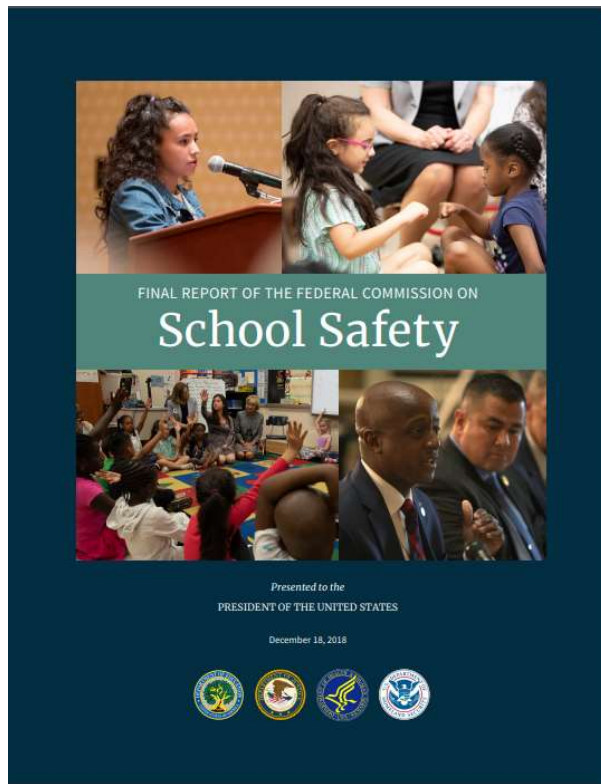
are integrated teams addressing behavior ranging from low level concerns to threats of harm to self or others



**43% of teams**

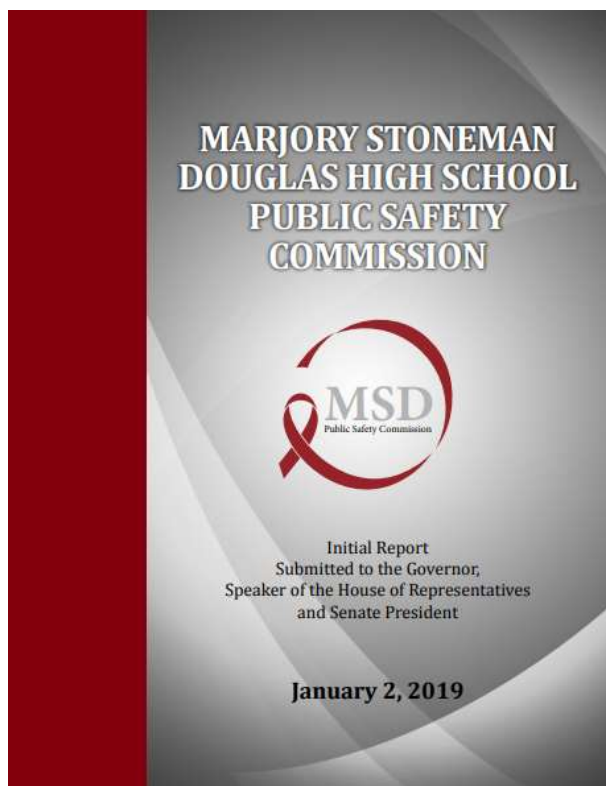
jointly monitor faculty/staff and student concerns

# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT



“What remains certain is that effective **programs addressing suspicious activity reporting and threat assessment** can significantly **reduce – or prevent – violence.**”

# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT



“Behavioral threat assessment teams are one of the most important opportunities to provide a safer school environment and head off concerning behavior before it manifests into actual harm.”



# STANDARD 2: PREVENTION VS THREAT ASSESSMENT

Schools have an **integrated team** that addresses **early intervention** cases as well as **threat assessment** cases.



# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT



“Traditional threat assessment models focused on specific threats of violence may miss critical opportunities for intervention.”

# Teams address cases across the spectrum of risk.



# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT

## Behavioral Intervention

- Seeks reporting of low-risk behaviors, including those that need to be referred to other offices (e.g., financial aid, academic advising, counseling, etc.).
- Includes threat assessment as a component of its overall work.
- Believes intervening for all levels of risk supports all students and works to prevent violence before it occurs.

## Threat Assessment

- Has a “threshold” for what the team addresses.
- Waits until the behavior is “threatening” or “risky” before seeking the data.
- Is a tool to determine whether and how the student/staff may remain part of the community.

# CHALLENGES WITH DIFFERENT MODELS

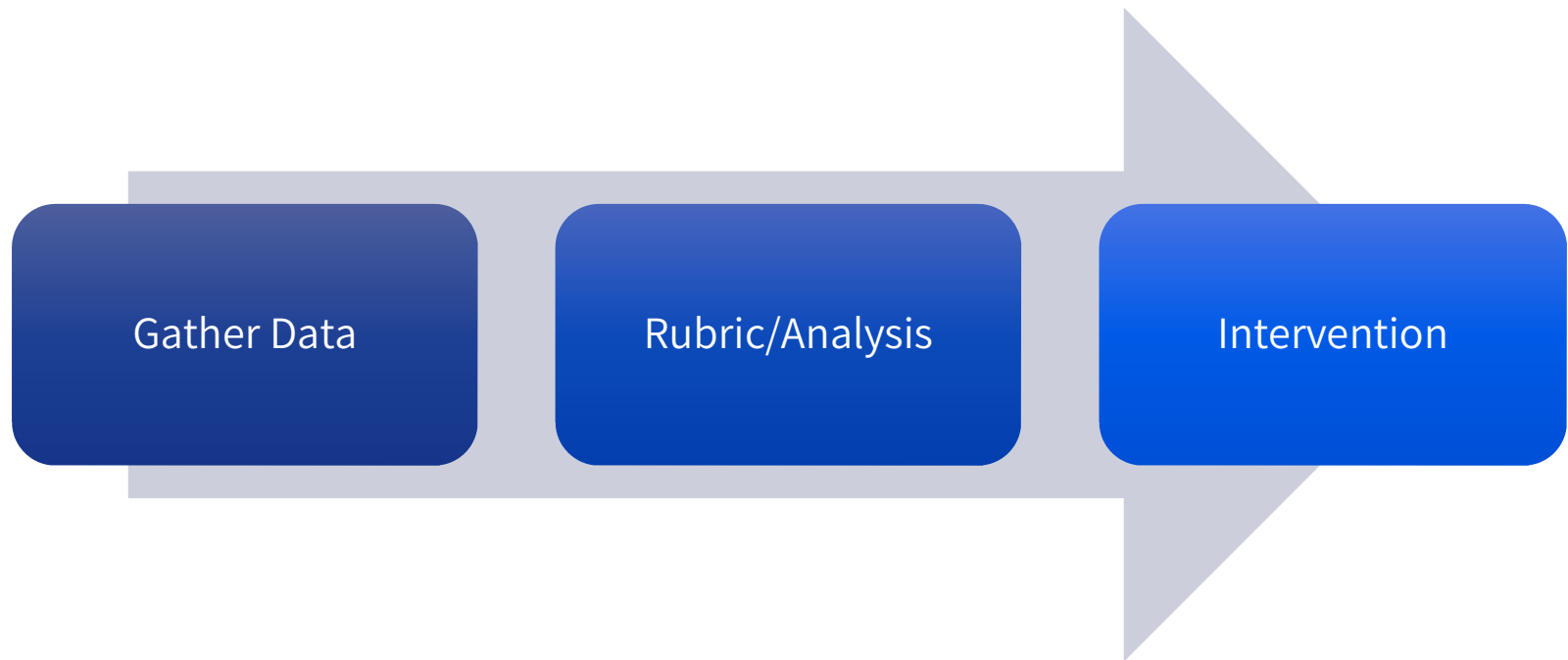
## Two Teams

- Silos information gathering and response processes
- Decentralized reporting/referral process
- Creation of two policy and procedure manuals
- Complicated/unclear process for when cases move between the two teams
- Documentation issues
- Lack of sufficient marketing/training/resources for two teams
- Team overlap creating duplicative work for staff

## Threat Assessment Team Only

- Misses opportunity for early intervention
- Silos information
- Places burden on employees to support students in isolation
- Has the risk of infrequent meetings and less practiced teams – likely responding to the riskiest situations

# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT



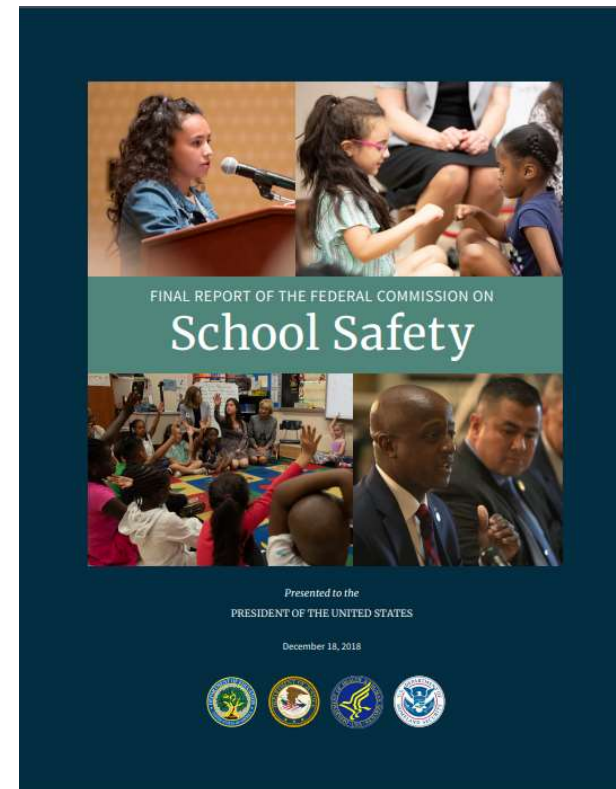
# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT

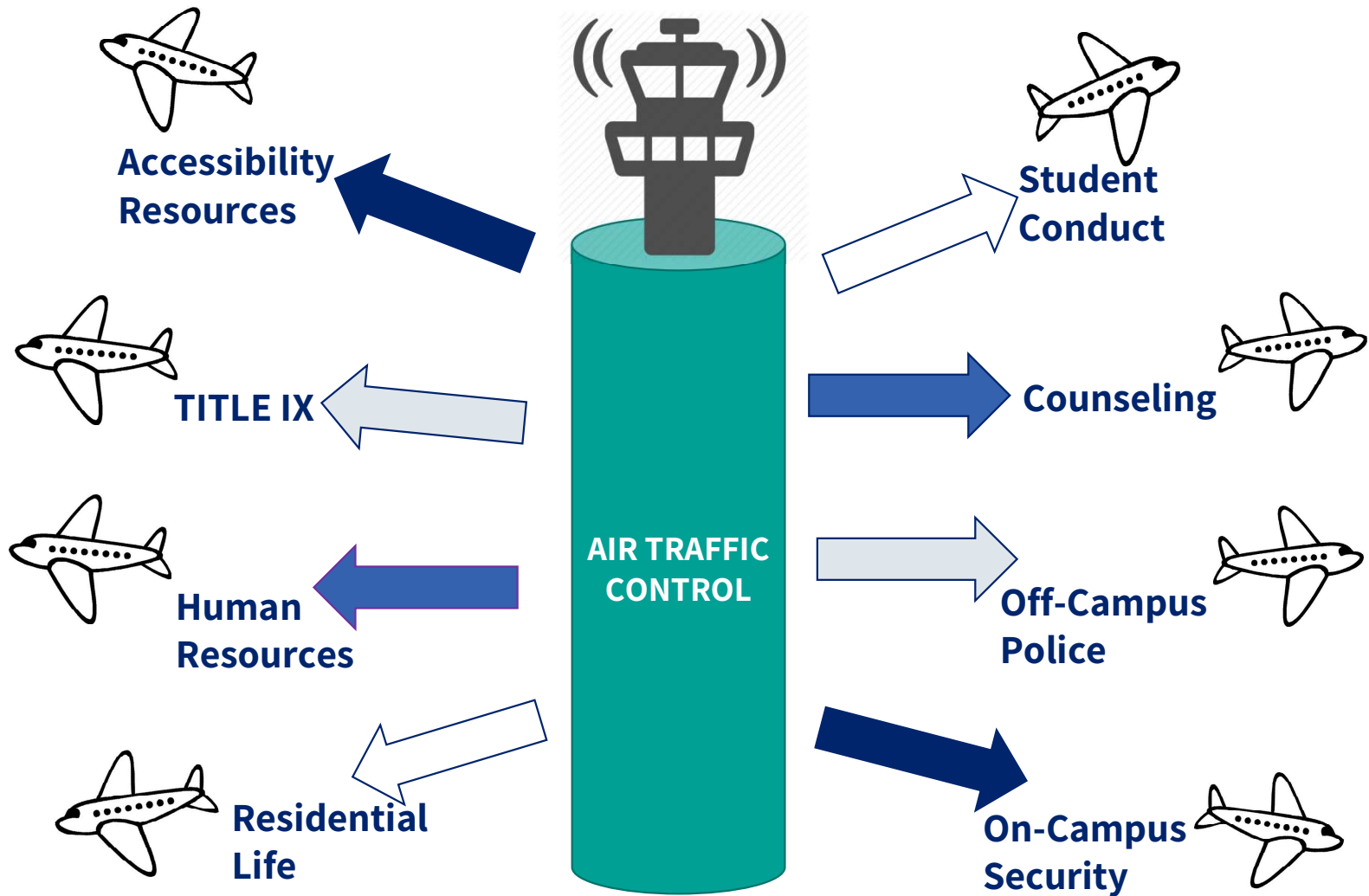
## Supports NABITA 3 Phase Model

- Identify Students of Concern
- Assess if they pose a risk
- Manage to mitigate the risk

## More than just “See Something, Say Something”

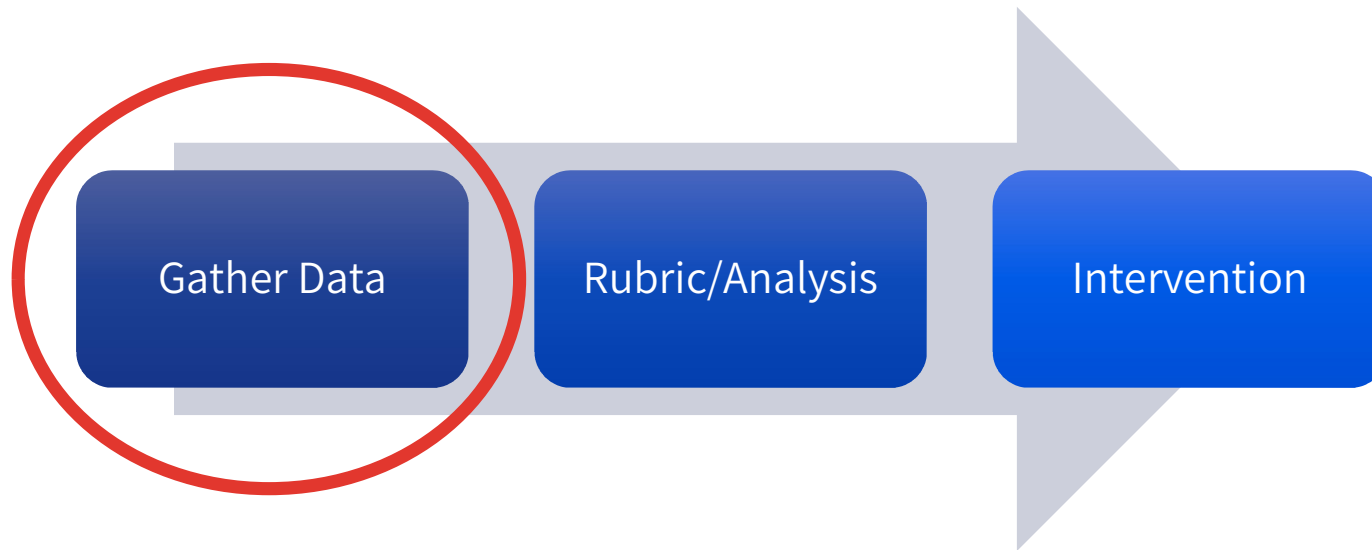
- Training individuals to report is a key first step but the school must then have the capacity to appropriately respond.







# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT



# DEFINE BIT: GATHER DATA



External referrals



BIT members  
during the meeting



During  
intervention phase

# Team Referrals



**97%**  
of teams

Receive referrals online



**84%**  
of teams

Receive referrals by email



**70%**  
of teams

Receive referrals by phone



**61%**  
of teams

Receive referrals directly to the team chair

**41% of members**

Read referrals in advance of meeting



# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT



Imagine a scale of behavior from 1-10, with  
1s representing **low level behavior** (sad mood) and  
10s representing **high level behavior** (police response)

# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT



We all understand the importance of reporting higher end behaviors...

# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT



It's the lower end behaviors that provides the team with puzzle pieces it needs to see the larger picture.

# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT

## Academic Indicators

- Argumentative, angry, disrespectful, or non-compliant
- Frequent and continued cross-talk and/or technology misuse
- Social isolation or odd behavior, and/or poor boundaries
- A sudden or unexpected change in classroom or research performance
- Decline in enthusiasm for class
- Poor focus or attention in class that is unusual for the student

# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT

## Academic Indicators

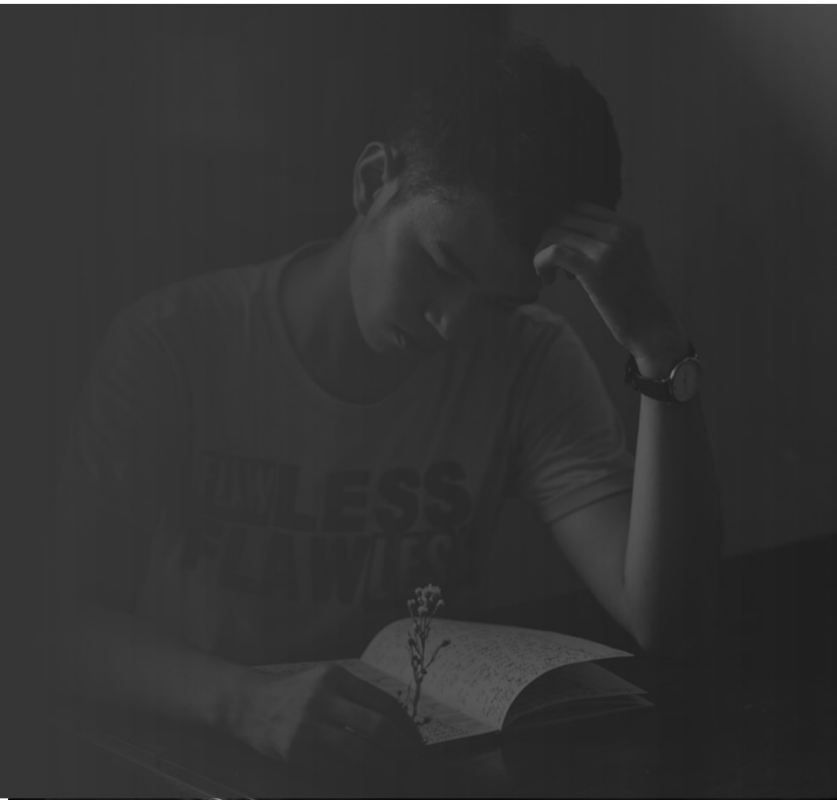
- Threatening (direct or indirect) behavior or speech
- Strange or bizarre writing (e.g., writing is off topic to prompt)
- Disruptive, hardened or unusual participation in class
- Fixation or focus on an individual, place, or system
- Hardened or inflexible thoughts or speech



# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT

## Emotional and Behavioral Indicators

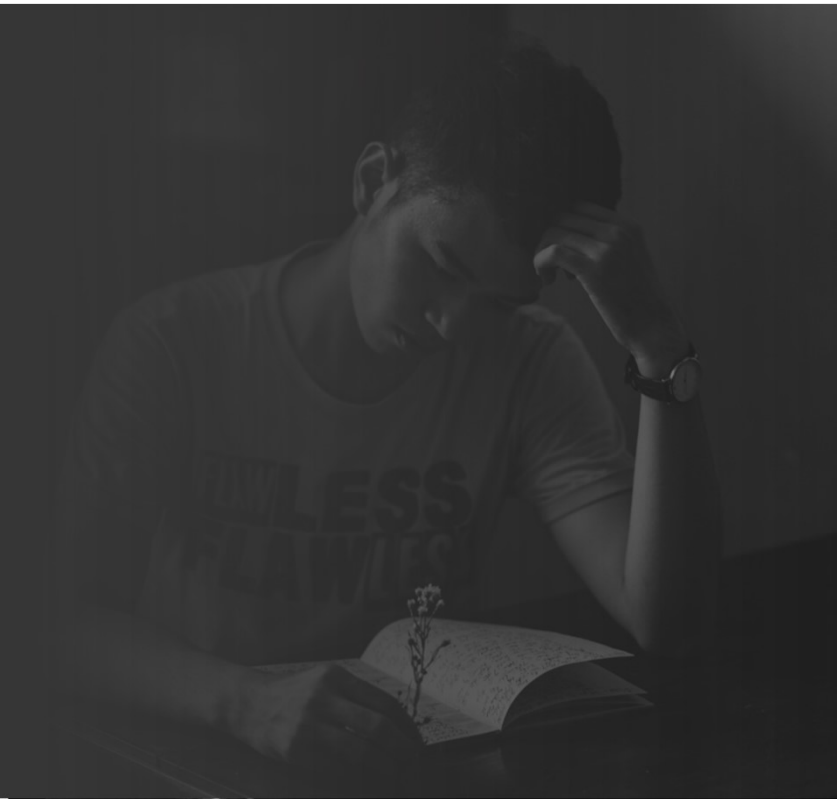
- Frequent arguments with others
- Excessive alcohol or drug use
- Sexually harassing or aggressive behavior
- Hardened or objectified language
- Argumentative with authority
- Explosive or impulsive behavior



# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT

## Emotional and Behavioral Indicators

- Emotions that are extreme for the situation
- Teasing or bullying (receiving or giving)
- Social withdrawal, isolation, loneliness, etc.
- Change in typical personality
- Repetitive or anxious behaviors
- Panic or worry over relatively common troubles



# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT

## Emotional and Behavioral Indicators

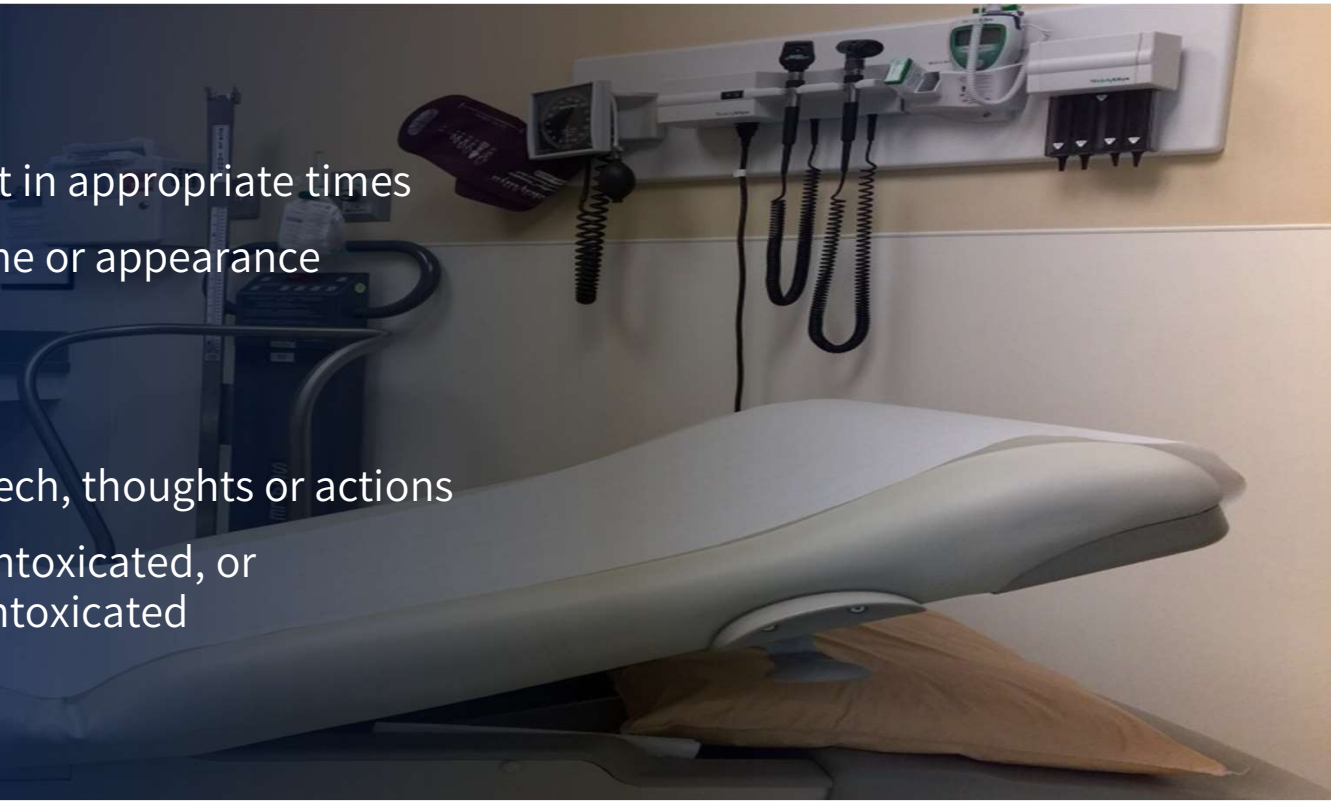
- Marked irritability, anger, hostility, etc.
- Talking to or seeing things that aren't there
- Delusional or paranoid speech or actions
- Difficulty connecting with others
- Expressions of hopelessness, worthlessness, etc.
- Direct or indirect threat of harm to self or others



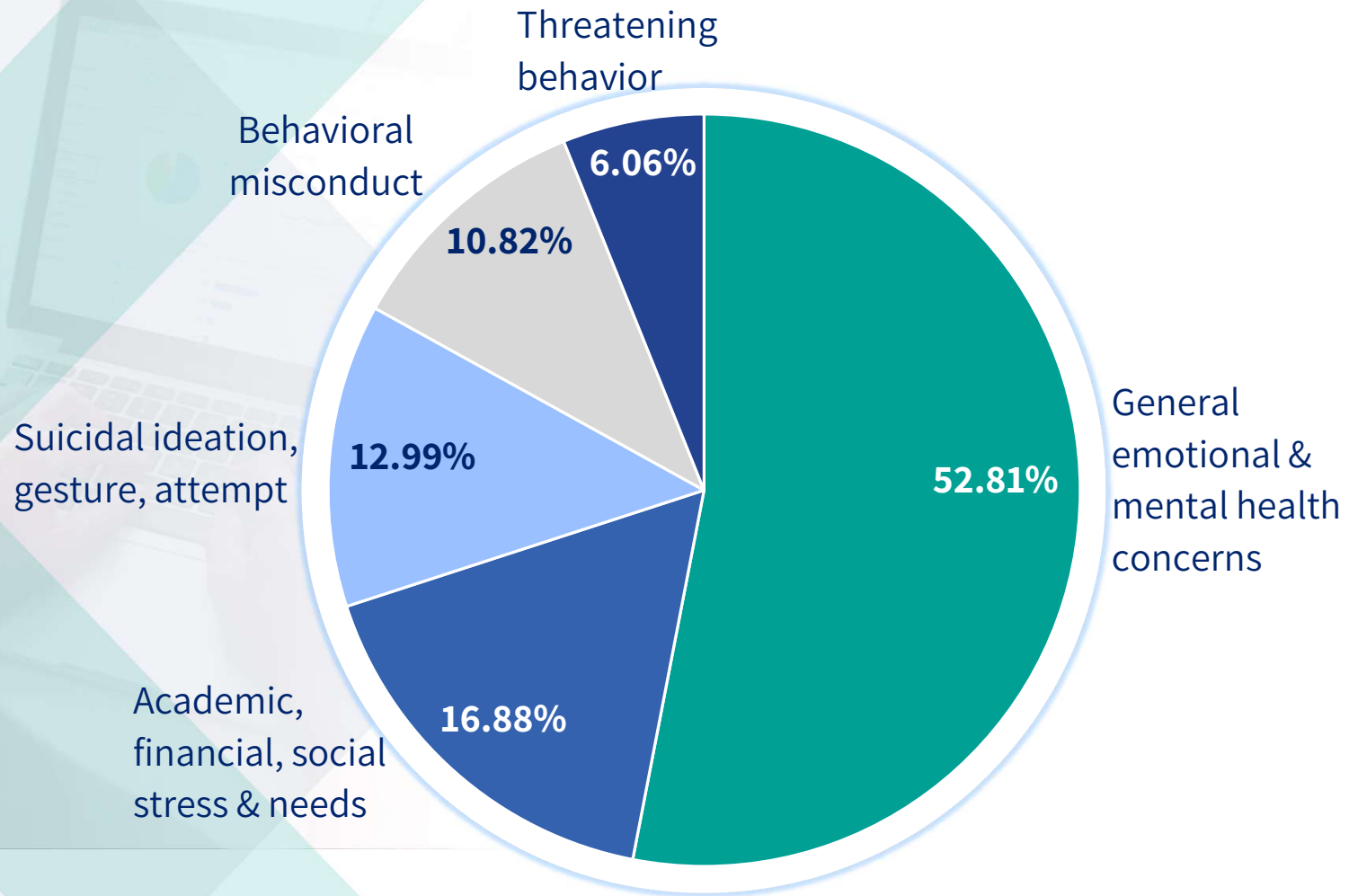
# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT

## Physical Indicators

- Chronic fatigue or falling asleep at in appropriate times
- Marked change in personal hygiene or appearance
- Noticeable change in energy level
- Dramatic weight loss or gain
- Confused, disjointed or rapid speech, thoughts or actions
- Attends class or work hungover, intoxicated, or frequently appears hungover or intoxicated
- Signs of self injury



# Most Common Referral Reasons



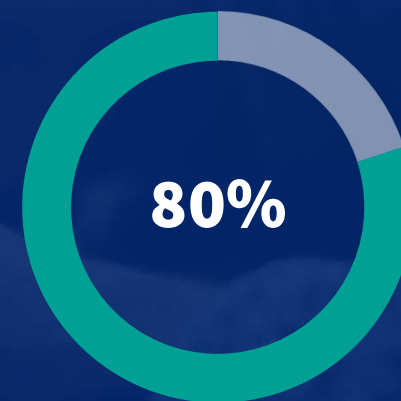
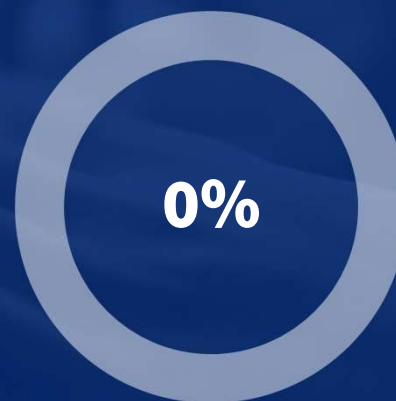
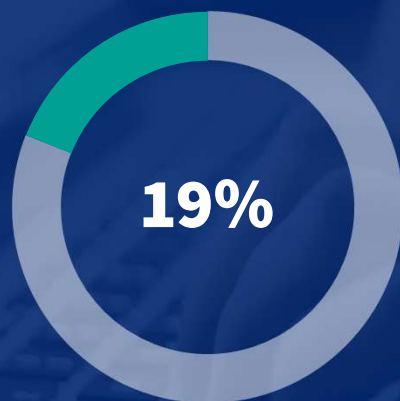
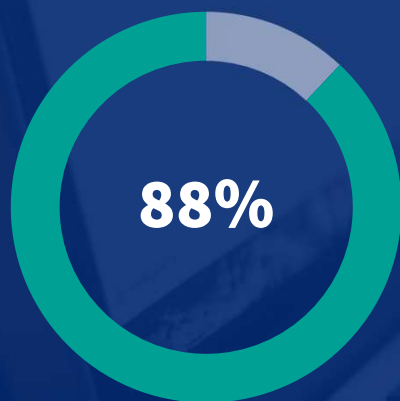
# Common Referral Risk Ratings

Mild or Moderate is the most common risk rating

Mild or Moderate is the least common risk rating

Critical is the most common risk rating

Critical is the least common risk rating



# NABITA STANDARD 3

Team Name

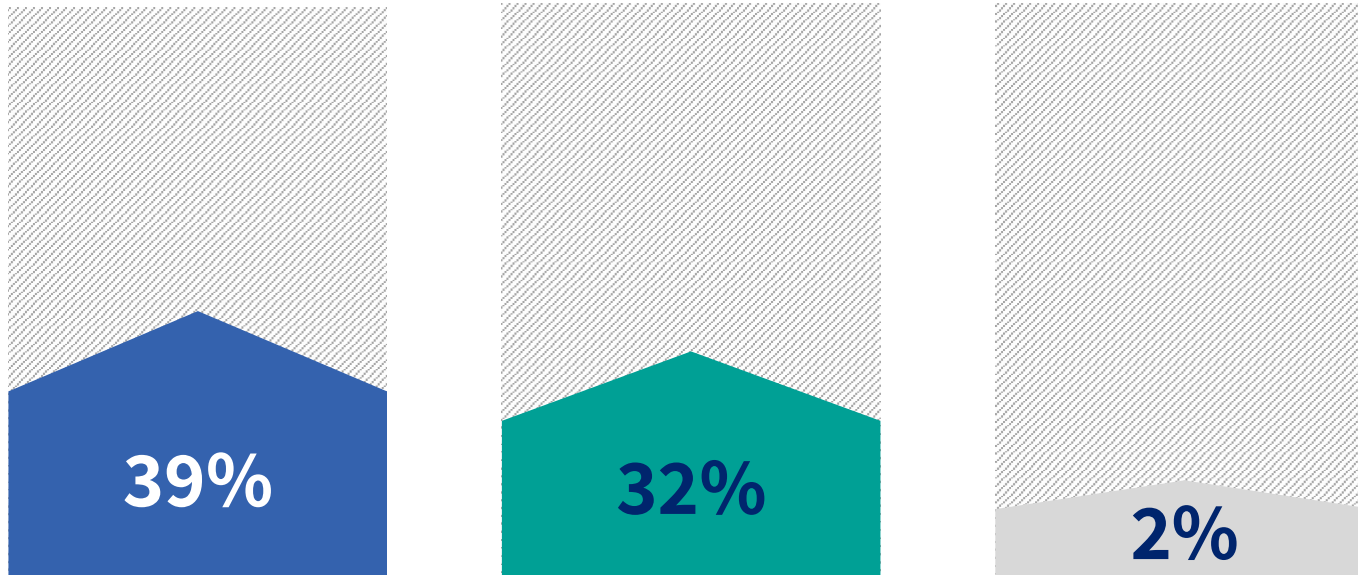
# STANDARD 3: TEAM NAME

Team names **communicate the role and function** in a way that **resonates** with the campus community.





# Team Name 2018

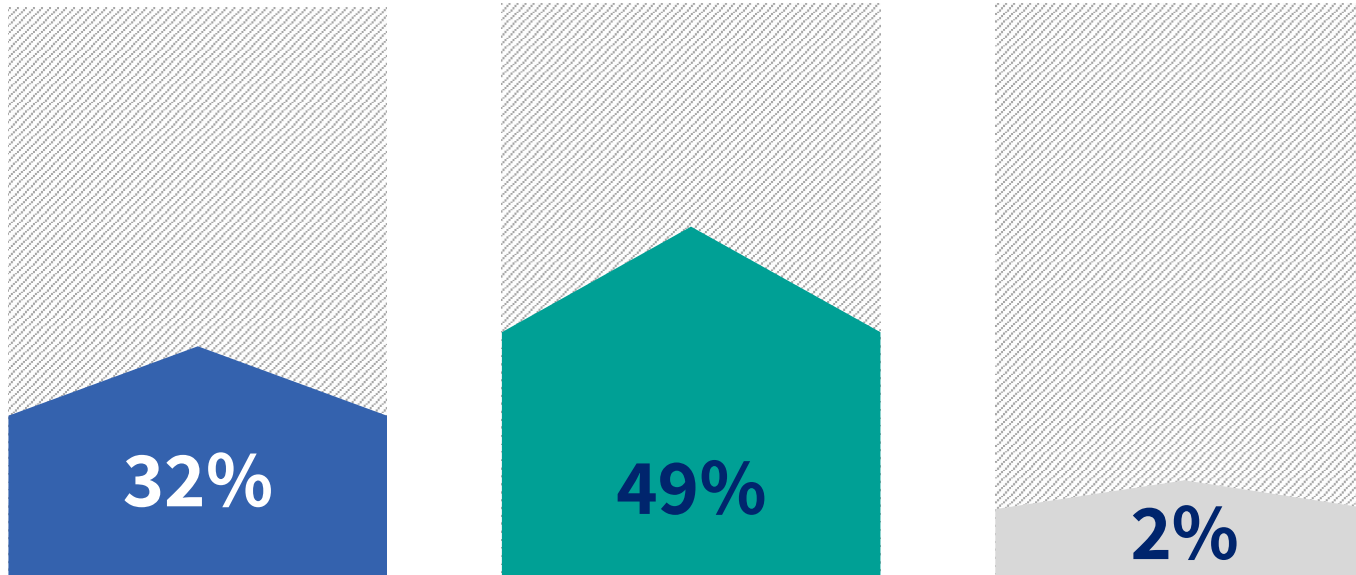


**BIT**

**CARE**

**SOC**

# Team Name 2020

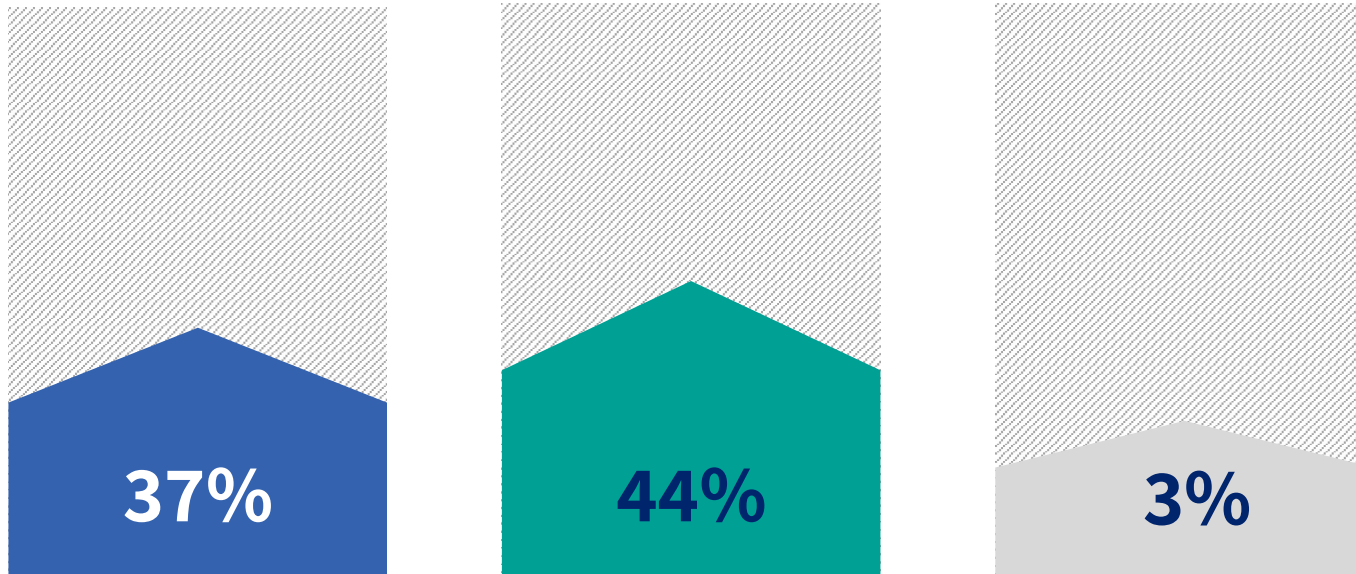


**BIT**

**CARE**

**SOC**

# Team Name 2022



**BIT**

**CARE**

**SOC**

# STANDARD 3: TEAM NAME

The team name is the first and most visible communication of the team's purpose.

Ideally, it should accurately capture the team's scope and purpose, avoid stigma, and avoid being inflammatory.

- **SUIT:** Student Update and Information Team
  - Doesn't tell you what the purpose of the team is.
- **TAT:** Threat Assessment Team
  - Creates a problem with reporting – implies that the team only takes high-level, threatening behavior.
- **BART:** Behavioral Assessment and Response Team.
- **RAT:** Risk Assessment Team
  - Cute acronyms but ominous
- **TABI CAT:** Threat Assessment Behavioral Intervention Care Action Team
  - Funny, but long and silly.

Dickerson, 2010; Jed Foundation, 2013

# **NABITA STANDARDS 4, 5 AND 6**

Team Leadership, Membership and Meeting Frequency

# STANDARD 4: TEAM LEADERSHIP

Team leaders serve to **bring the team together** and **keep discussion productive** and focused while **maintaining a long-term view** of team development and education.

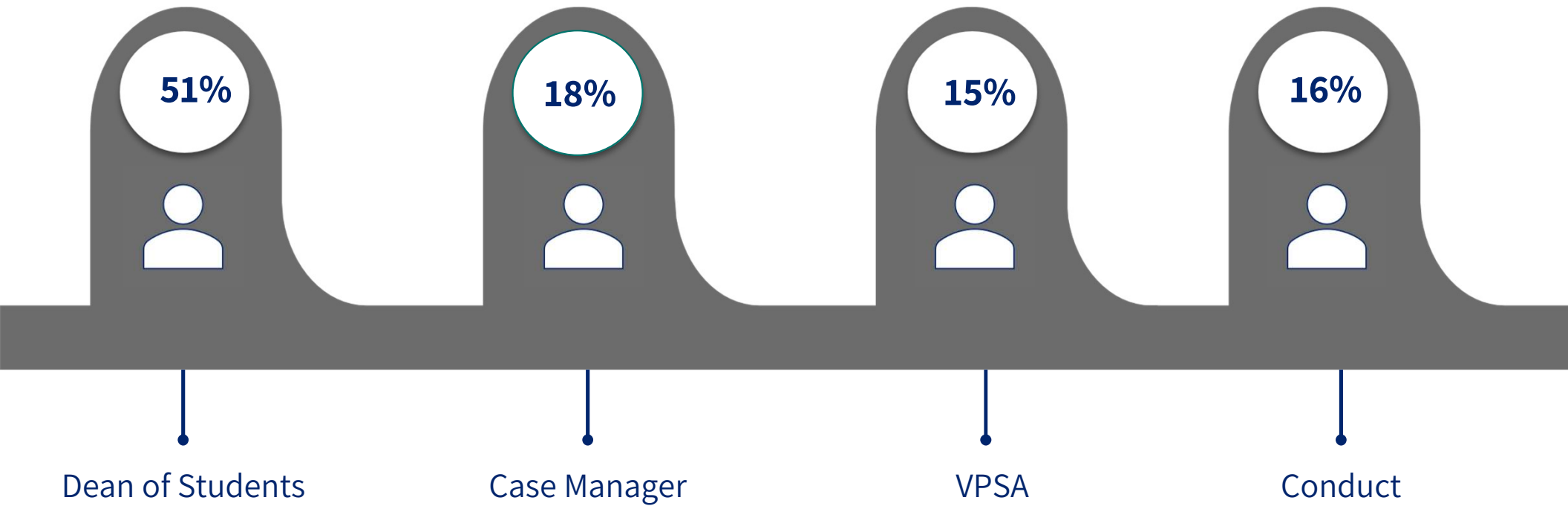


# STANDARD 4: LEADERSHIP



1. Permanent
2. Consistent and reliable
3. Collaborative management approach; establish trust
4. Inspires loyalty
5. Can build consensus
6. Conflict management skills
7. Focuses on on-going training and table-tops
8. Keeps P&P updated
9. Understands big picture
10. Ability to work with leadership, media and political issues

# Team Chair





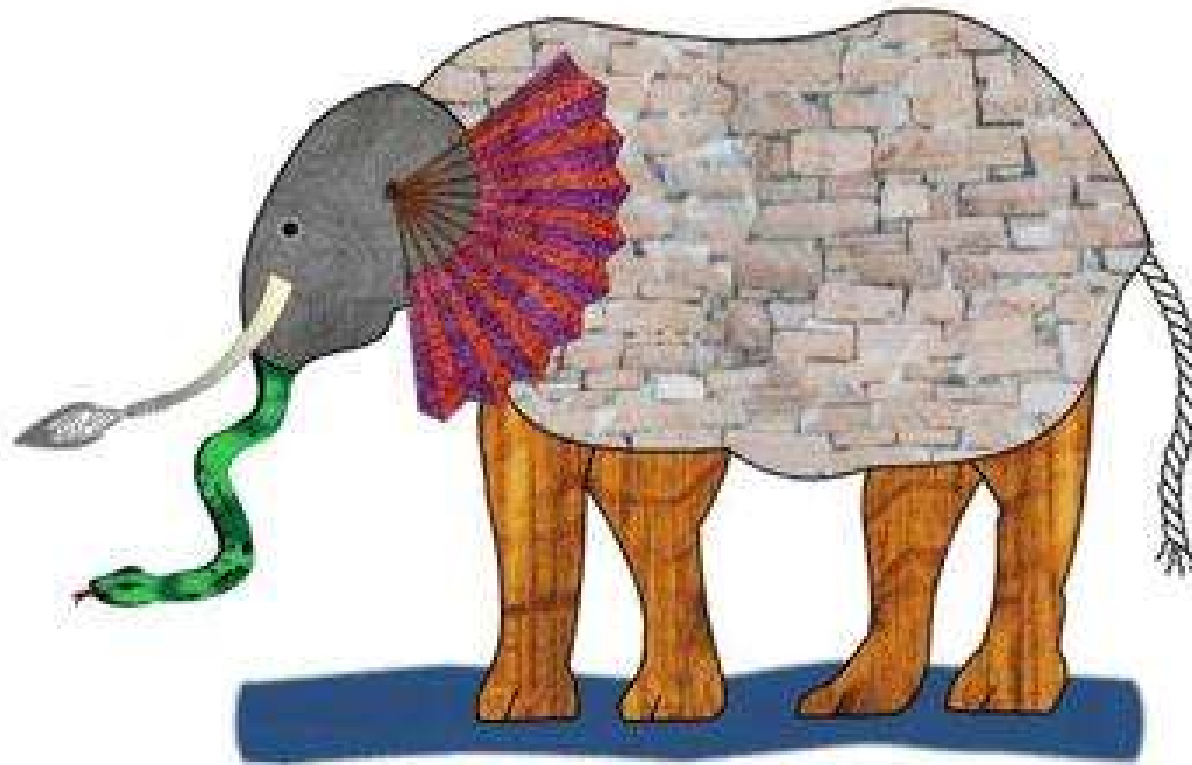
# STANDARD 5: TEAM MEMBERSHIP

Teams are comprised of at least 5, but not more than 10 members and should at a minimum include:

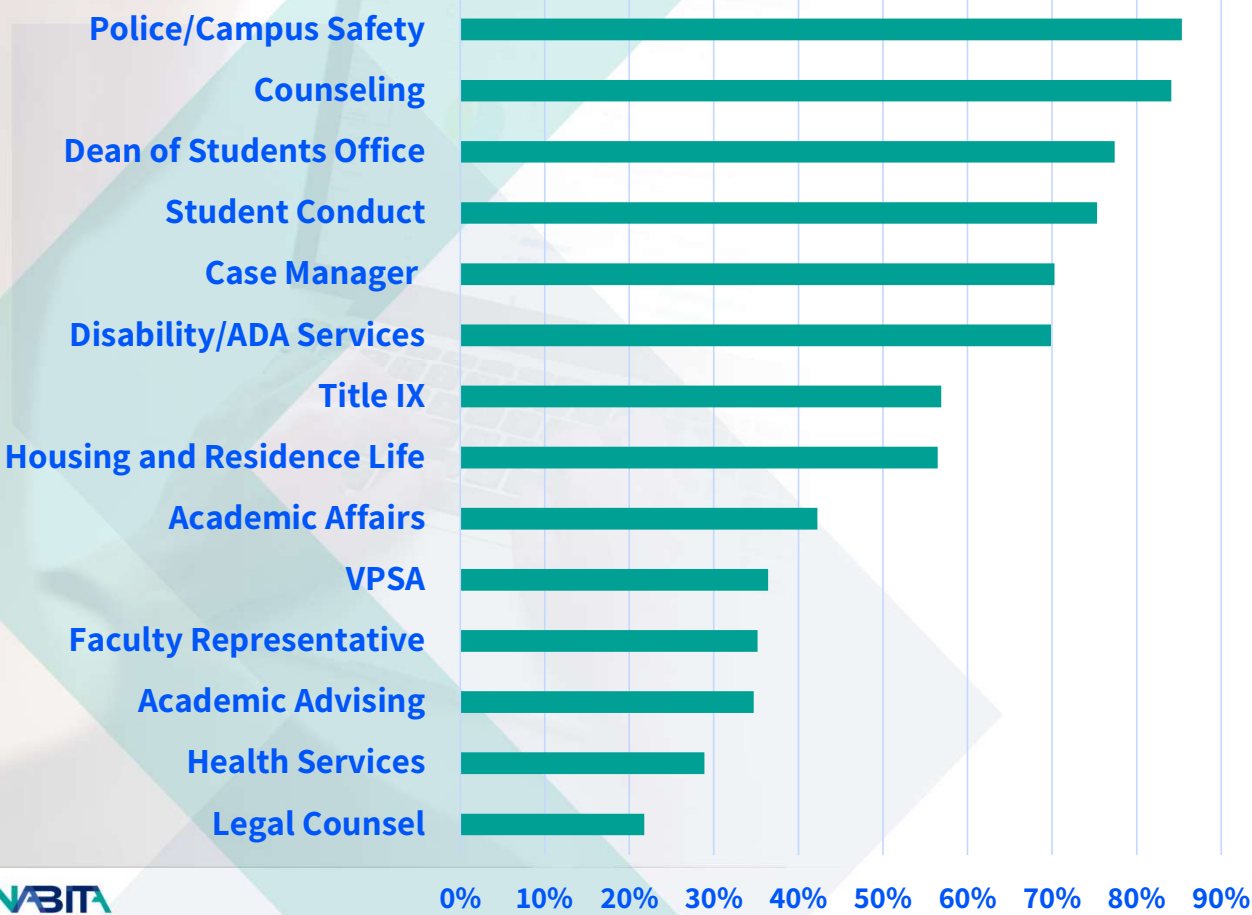
- Dean of students and/or VPSA
- Mental health care employee
- Student conduct staff member
- Police or law enforcement officer



# STANDARD 5: TEAM MEMBERSHIP



# Team Membership



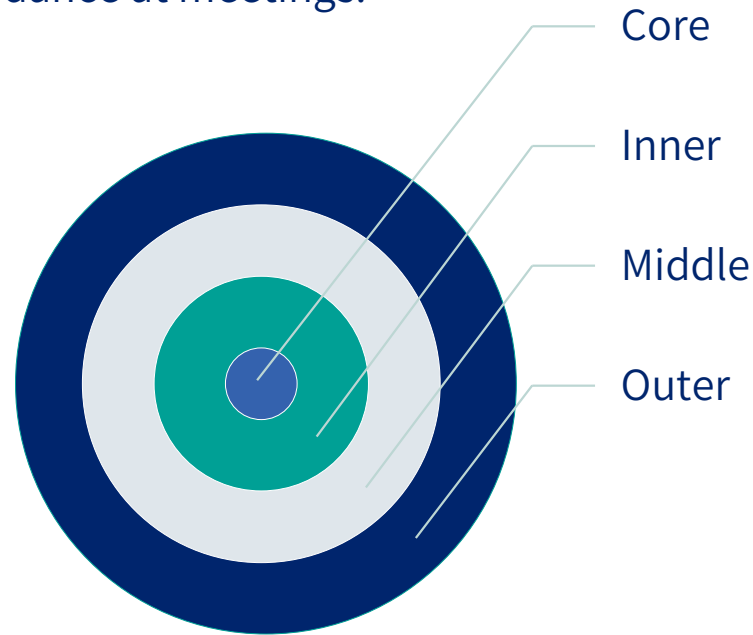
## Average Team Size



60% of teams classify their membership by categories

# STANDARD 5: TEAM MEMBERSHIP

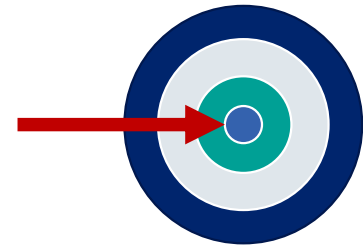
BITs are comprised of 4 types of members each of which varies in their level of communication, access to database, and attendance at meetings.



# STANDARD 5: TEAM MEMBERSHIP

## Characteristics of Core Members:

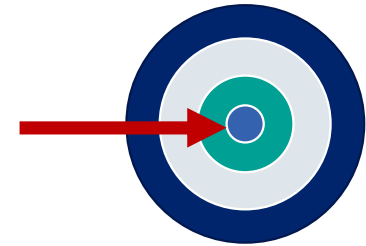
- They NEVER miss a meeting.
  - They are always represented because they have a backup, often one that attends the meetings regularly.
- They have a mechanism for quickly reaching the other core members.
- They have full database access.



# STANDARD 5: TEAM MEMBERSHIP

## Characteristics of Inner Circle Members:

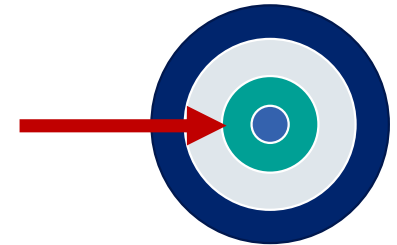
- They are generally at every meeting.
- They represent a constituency that is critical to the team
  - e.g., when a large percentage of the student population is from a specific group like Greek life, or athletics.
- They are needed to help represent a group that is critical to reporting. Some teams add faculty for this reason.
- They have a proxy, but not a formal backup.
- They have access to the database, and likely full access.



# STANDARD 5: TEAM MEMBERSHIP

## Characteristics of Middle Circle Members:

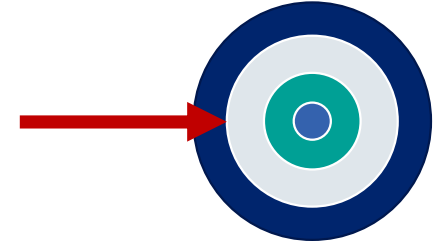
- They are invited when they may have insight into a constituent group that is not a large percentage of the overall population.
- They may have insight or perspective into a specific student (or staff/faculty member) who is the subject of the report or who made the report.
- They help represent an important reporting group.
- They have limited, if any, access to the database (unless their job requires it).



# STANDARD 5: TEAM MEMBERSHIP

## Characteristics of Outer Circle Members:

- They do not attend meetings, but core or inner circle members may reach out to them as needed.
- They are needed to help provide outreach to the student of concern or some related party.
- They have NO access to the database unless some other part of their job requires it.





# FERPA



**BITs share and document information in accordance with the Family Educational Rights and Privacy Act (FERPA).**

- Education Records are defined as records that are:
  - Directly related to a student
  - Maintained by an educational agency or by a party acting for the agency or institution
- This applies to:
  - Referrals into case management
  - Case Notes
  - BIT Notes

# INFORMATION SHARING

## Internal Disclosures



When you share information within the institution:

- Faculty
- Staff
- Contractors, consultants
- Any designated school officials

## External Disclosures



When you share information with an individual outside the institution:

- Parents/Guardians
- Students
- Off-campus employers
- And lots more...

# INTERNAL INFORMATION SHARING



**FERPA permits the disclosure of information contained in education records, without the student's consent, to school officials who have a legitimate educational interest.**

# FERPA GUIDANCE

## School Officials

- FERPA permits the disclosure of information contained in education records to school officials who have a legitimate educational interest
- School officials include anyone who works for the school: faculty, staff, student affairs administrators, residence life, campus safety, etc.

## Designated School Officials

- Under certain conditions, it can also apply to outside agencies such as
  - Law enforcement
  - Mental Health Official
  - Other community experts

# FERPA GUIDANCE: DESIGNATED SCHOOL OFFICIAL

Outside entities can be considered school officials, and therefore exempt to the requirement of written consent, if they...

- 1 Perform a function for which the school would otherwise use employees
- 2 Are under the direct control of the school regarding the use of education records
- 3 Are subject to FERPA's use and redisclosure requirements
- 4 Are published as designated school officials with legitimate educational interest in the annual notification of FERPA rights

This means that if schools utilize off campus mental health professionals or other experts as members of their BIT in lieu of having school employees provide these functions, they can be considered school officials.

# INTERNAL INFORMATION SHARING



**School Official**



**Legitimate Educational Interest**



**No consent required**

# EXTERNAL INFORMATION SHARING



**Schools cannot release information contained in education records outside the institution unless specific exceptions apply.**

# APPLICABLE EXCEPTION PROVISIONS



**Consent or permission  
from the student**



**Dependent for  
tax-related purposes**



**Health and safety  
emergency**

**NOTE:** This is a list of provisions most relevant to BITs, not a comprehensive review of FERPA exception provisions



# CONSENT

- Requires explicit written permission
- Note what is to be shared, with whom, and for what purpose
- Include expiration date
- Save a copy in electronic record keeping system



# DEPENDENCY

- Dependency for tax-related purposes
- Information *MAY* be shared
- Dependency status must be verified prior to disclosure



# HEALTH AND SAFETY

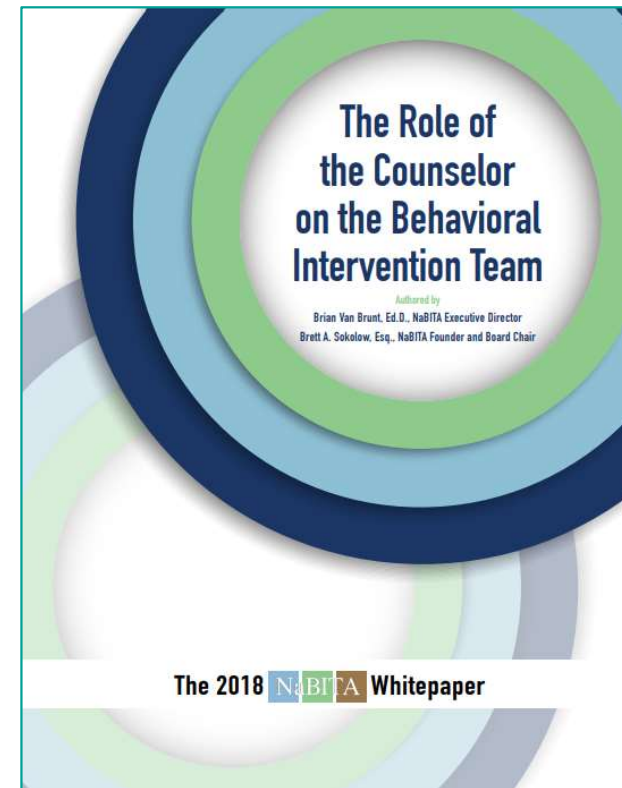


- Determination is made on a case-by-case basis, but the determination should be based on specific, articulable, and significant risk.
- The NABITA Risk Rubric provides a tool for determining when a health and safety emergency exists and the language for articulating the specific risk.
- Information can be released to appropriate parties who need the information in order to protect the health and safety of the student or community.
- The exception is limited to the period of time consisting of an emergency, and relevant information for addressing the emergency.

# INFORMATION SHARING

## Role of the Counselor on the BIT

- 1 Disconnected and Silent
- 2 Consulting Counselor
- 3 Sharing Helper
- 4 Out on the Limb
- 5 Unconditionally Open



# INFORMATION SHARING

1

## “Disconnected and Silent”:

- Will not attend the BIT meeting, consult on cases or be involved in any way. As a result of the limits of confidentiality, the counselor is not allowed to offer any information and therefore does not need to attend. They prefer to work in the confidential counseling center and view BIT work as outside their scope or role as a school employee.
- OR attends the BIT meeting but refuses to participate actively.

# INFORMATION SHARING

## 2 “Consulting Counselor”:

- Attends the meeting and speaks only in hypotheticals.
- They consult on cases and share information about general mental health topics (e.g., the risk of a suicidal student after an inpatient hospitalization, the best treatment approaches for eating disorders or how Autism Spectrum Disorder responds to medication).
- They do not talk specifically about active or past clients with the BIT or make diagnoses of students being evaluated by the BIT.

# INFORMATION SHARING

3

## “Sharing Helper”:

- Use of an Expanded Informed Consent (EIC) that students can choose to sign allowing counselors to have a wider latitude to share information with the BIT when the counselor determines it would be in the best interests of the client.
- The counselor will inform the client of the decision to share before doing so.
- Shares information when in best interest of the client and/or community safety.

# INFORMATION SHARING

4

## “Out on the Limb”:

- May or may not use the EIC, knowing that they may risk censure but probably not loss of licensure.
- If they use the EIC, they use it more expansively and share information with the team that is not just in the best interest of the client, but also for protection of the community.
- This professional speaks in hypotheticals that are obviously not hypothetical, uses the “cannot confirm or deny” code, backchannels information, and is often willing to share information about whether someone is known to the counseling center and is attentive to their treatment program.

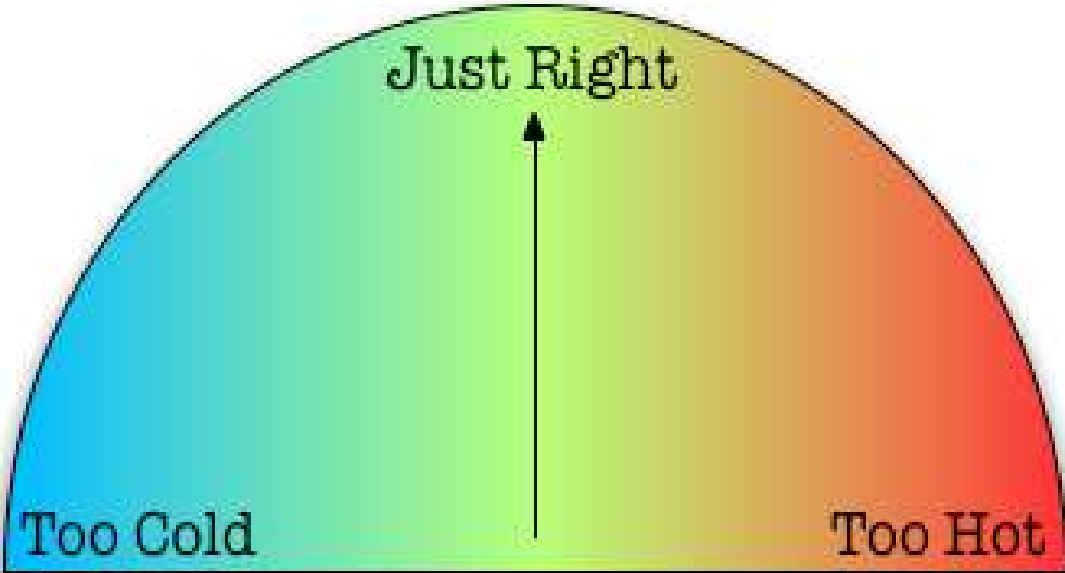


# INFORMATION SHARING

## 5 “Unconditionally Open”:

- Some counselors may not give their client a choice about an EIC, or they don’t use an EIC or ROI to facilitate information sharing
- Shares everything they know about a client with the BIT, usually without the knowledge of their client, without any deference to their license or state laws.
- They see job security as paramount and comply with whatever is required by the BIT, or they imaginatively view the BIT as a “treatment team” within the bounds of their confidentiality.

# INFORMATION SHARING



Porridge Temperature Monitor

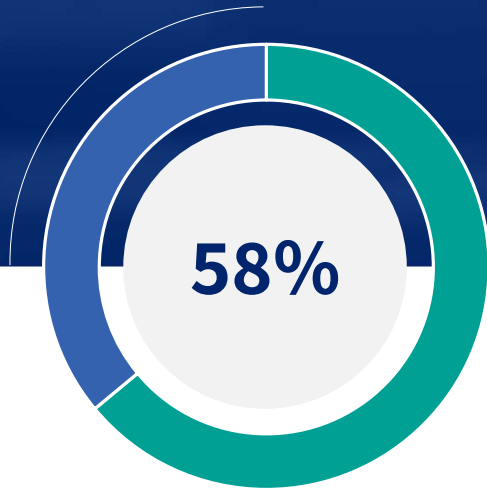
# STANDARD 6: MEETING FREQUENCY

Teams have **regularly scheduled meetings at least twice a month** with the capacity to hold **emergency meetings** immediately when needed.

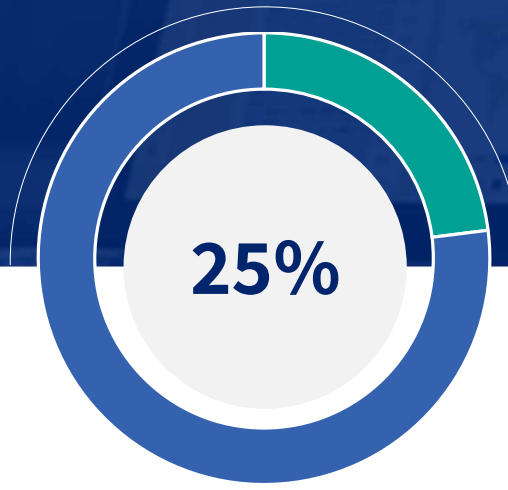


# Meeting Frequency

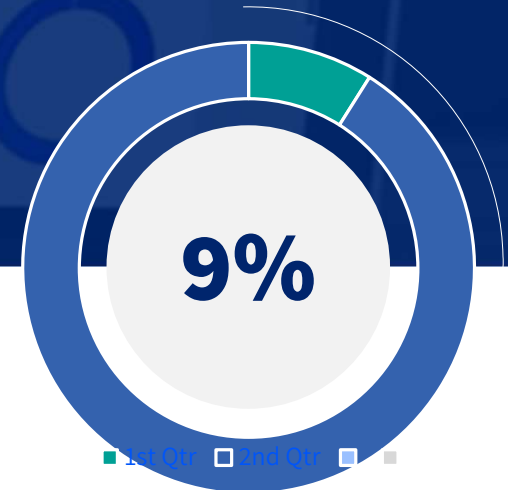
Teams are meeting more often than they have in the past with an **increasing number of teams meeting weekly**. On average, teams report **cancelling 4 meetings** per year



Weekly



Twice per Month



Monthly

■ 1st Qtr ■ 2nd Qtr ■

# Team Agenda



**70%**  
Name of individual

**50%**  
Presenting concern

**19%**  
On/off campus

**33%**  
Name of referral source

**21%**  
Year in school

**4%**  
Risk Level

# **NABITA STANDARDS 7 AND 8**

Team Mission and Scope

## STANDARD 7: TEAM MISSION

Teams have a **clear mission statement** which **identifies the scope** of the team, balances the **needs of the individual and the community**, defines **threat assessment as well as early intervention efforts**, and is **connected to the academic mission**.



## STANDARD 8: TEAM SCOPE

Teams address concerning behavior among **students, faculty/staff, affiliated members** (parents, alumni, visitors, etc.) and should work in conjunction with appropriate law enforcement and human resource agencies when needed.

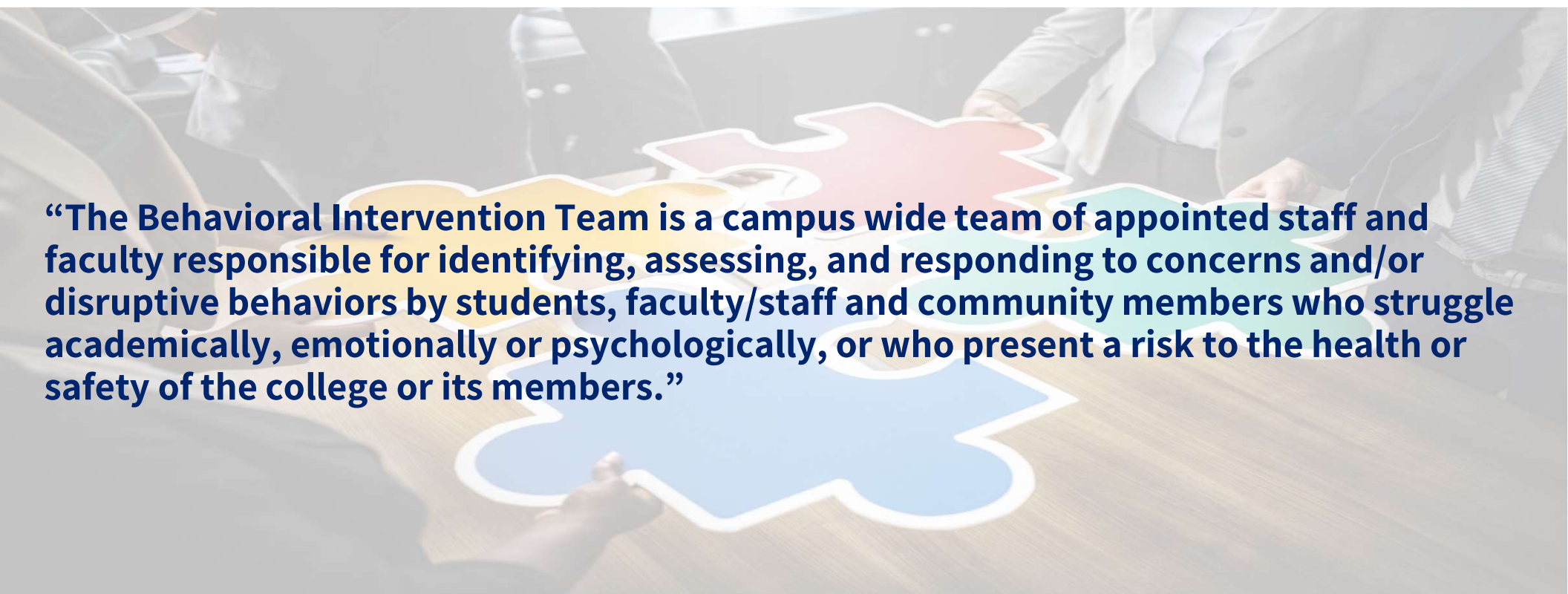




# STANDARD 7 & 8: TEAM MISSION & TEAM SCOPE

- Mission, vision, and purpose statements give teams a sense of direction and guidance.
- They define the scope of the team's work including what types of referrals they address and which populations they serve.
- They provide the community with a description of what the team sets out to accomplish.
- They give team members a starting place to continue to develop and define the team's actions.
- They offer risk mitigation following crises.

## STANDARD 7: TEAM MISSION



**“The Behavioral Intervention Team is a campus wide team of appointed staff and faculty responsible for identifying, assessing, and responding to concerns and/or disruptive behaviors by students, faculty/staff and community members who struggle academically, emotionally or psychologically, or who present a risk to the health or safety of the college or its members.”**

## STANDARD 7: TEAM MISSION



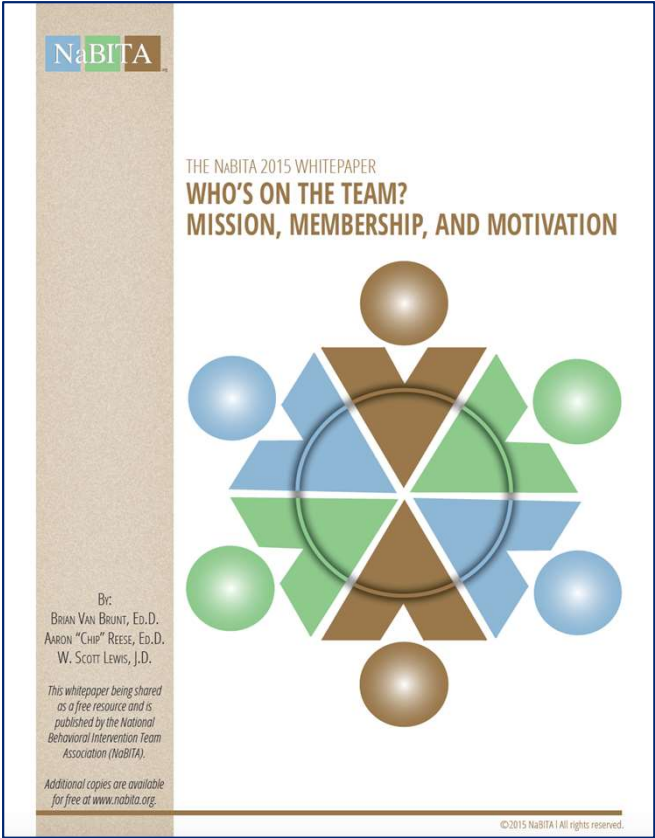
**“The BIT is committed to promoting safety via a proactive, multidisciplinary , coordinated, and objective approach to the prevention, identification, assessment, intervention, and management of situations that pose, or may pose a threat to the safety and wellbeing of our campus community (i.e., students, faculty, staff, and visitors).”**

## STANDARD 7: TEAM MISSION



**“The BIT engages in proactive and collaborative approaches to identify, assess, and mitigate risks associated with students exhibiting concerning behaviors. By partnering with members of the community, the team strives to promote individual student wellbeing and success while prioritizing community safety.”**

# ADDITIONAL RESOURCE



# **NABITA STANDARD 9**

Policy and Procedural Manual

# STANDARD 9: POLICY AND PROCEDURAL MANUAL

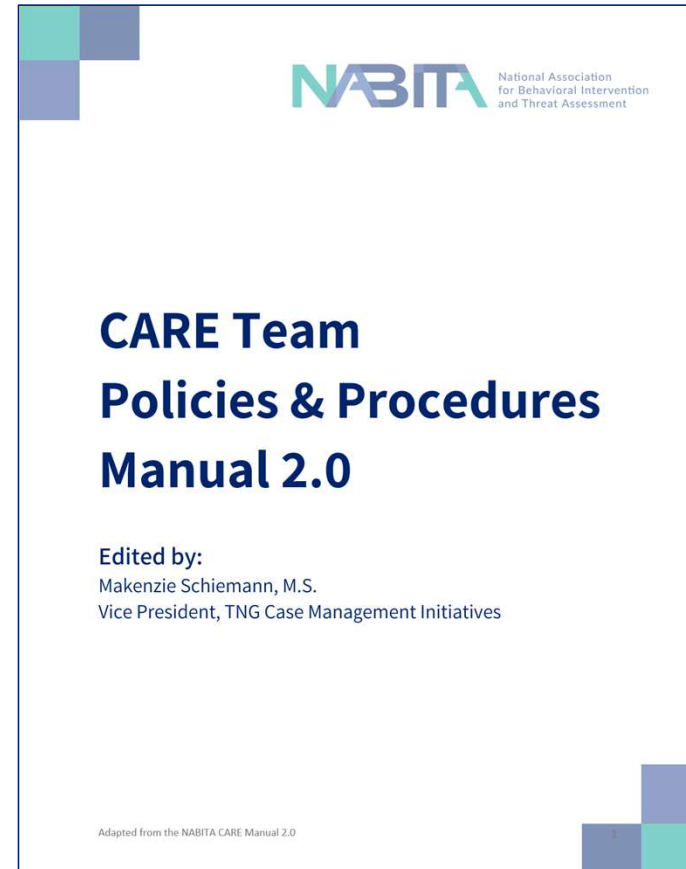
Teams have a **policy and procedural manual** that is **updated each year** to reflect changes in policy and procedures the team puts into place.



# STANDARD 9: POLICY AND PROCEDURAL MANUAL

## Manual Contents

- Team mission and scope
- Meeting frequency
- Communication/FERPA
- Risk rubric and interventions
- Record keeping
- Marketing and advertising
- Team training





# **NABITA STANDARD 10**

Team Budget

# STANDARD 10: TEAM BUDGET

Teams have an **established budget** in order to meet the ongoing needs of the team and the community it serves.





## STANDARD 10: BUDGET

---

- Survey data shows budgets from zero to \$20,000.
- Teams report their biggest challenges to be lack of training and access to resources due to limited budget.
- Strategies for building budget:
  - Create a dedicated budget line for the team through Student Affairs
  - Created a pool of funds through smaller budget lines from individual departments

# **PART TWO: PROCESS ELEMENTS**

NABITA Behavioral Intervention Team Standards 11- 17

# **NABITA STANDARD 11 AND 17**

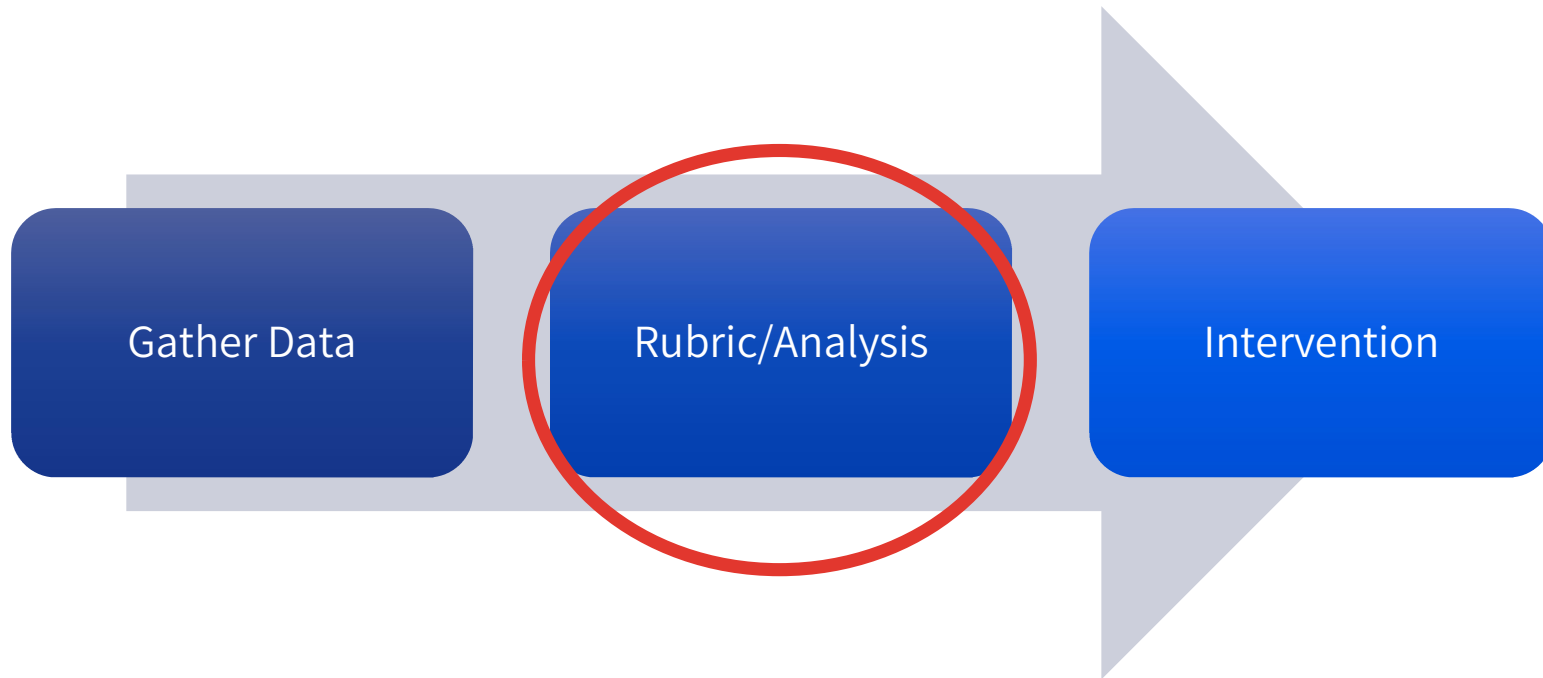
Objective Risk Rubric and Psychological, Threat,  
and Violence Risk Assessments

# STANDARD 11: OBJECTIVE RISK RUBRIC

Teams have an **evidence-based, objective** risk rubric that is used for **each case** that comes to the attention of the team.



# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT



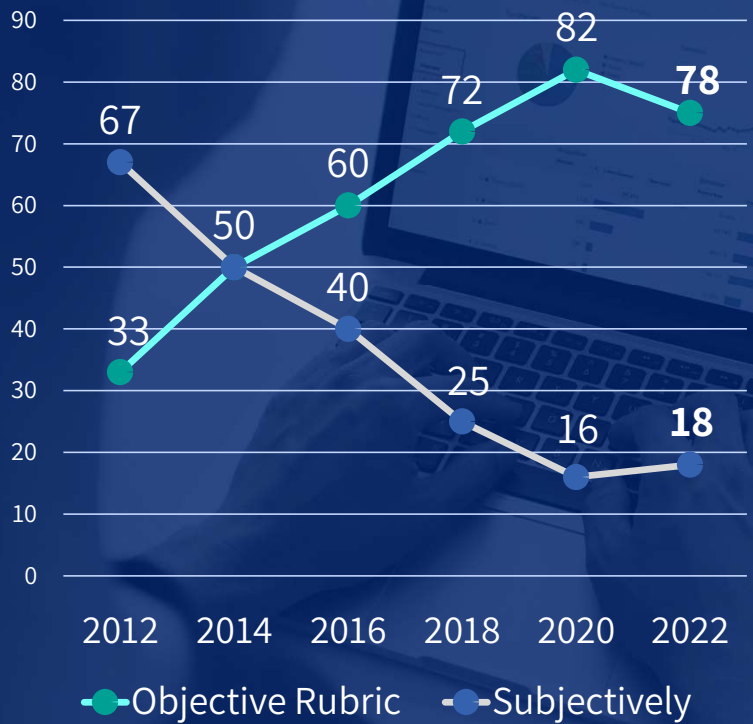
# STANDARD 11: OBJECTIVE RISK RUBRIC



- **10x** NABITA Risk Rubric
- **25x** Violence Risk Assessment of the Written Word (VRAWW)
- **50x** Structured Interview for Violence Risk Assessment (SIVRA-35) and Non-Clinical Assessment of Suicide (NAS)



# Risk Assessment



**75%** of teams  
Use an objective risk rubric on  
every case referred to the team



**136%** increase  
in consistent use of a risk rubric  
since 2012

# OBJECTIVE RISK TOOLS

**RISK  
RUBRIC**  
NABITA Assessment Tool 



- **10x** NABITA Risk Rubric
- **25x** Violence Risk Assessment of the Written Word (VRAWW)
- **50x** Structured Interview for Violence Risk Assessment (SIVRA-35) and Non-Clinical Assessment of Suicide (NAS)

# NABITA Risk Rubric

## D-SCALE

Life Stress and Emotional Health

### DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
- ▲ Actual affective, impulsive violence or serious threats of violence such as:
  - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
  - ▲ Making threats that are concrete, consistent, and plausible
  - ▲ Impulsive stalking behaviors that present a physical danger

### DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
  - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
- Threats of affective, impulsive, poorly planned, and/or economically driven violence
- Vague but direct threats or specific but indirect threat; explosive language
- Stalking behaviors that do not cause physical harm, but are disruptive and concerning

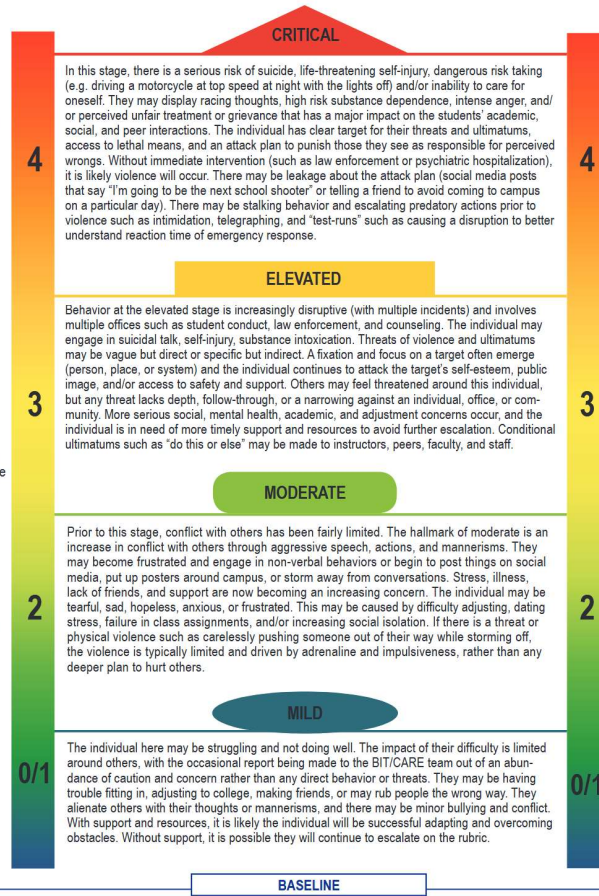
### DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
  - Situational stressors that cause disruption in mood, social, or academic areas
  - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

### DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

## OVERALL SUMMARY



## E-SCALE

Hostility and Violence to Others

### EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

### ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

### ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

### EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence

↑ TRAJECTORY?

↑ TRAJECTORY?

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# STANDARD 11: OBJECTIVE RISK RUBRIC



# STANDARD 11: OBJECTIVE RISK RUBRIC

The NABITA Risk Rubric relies on a multi-disciplinary rubric to assess threat and risk on two scales.



## D-SCALE

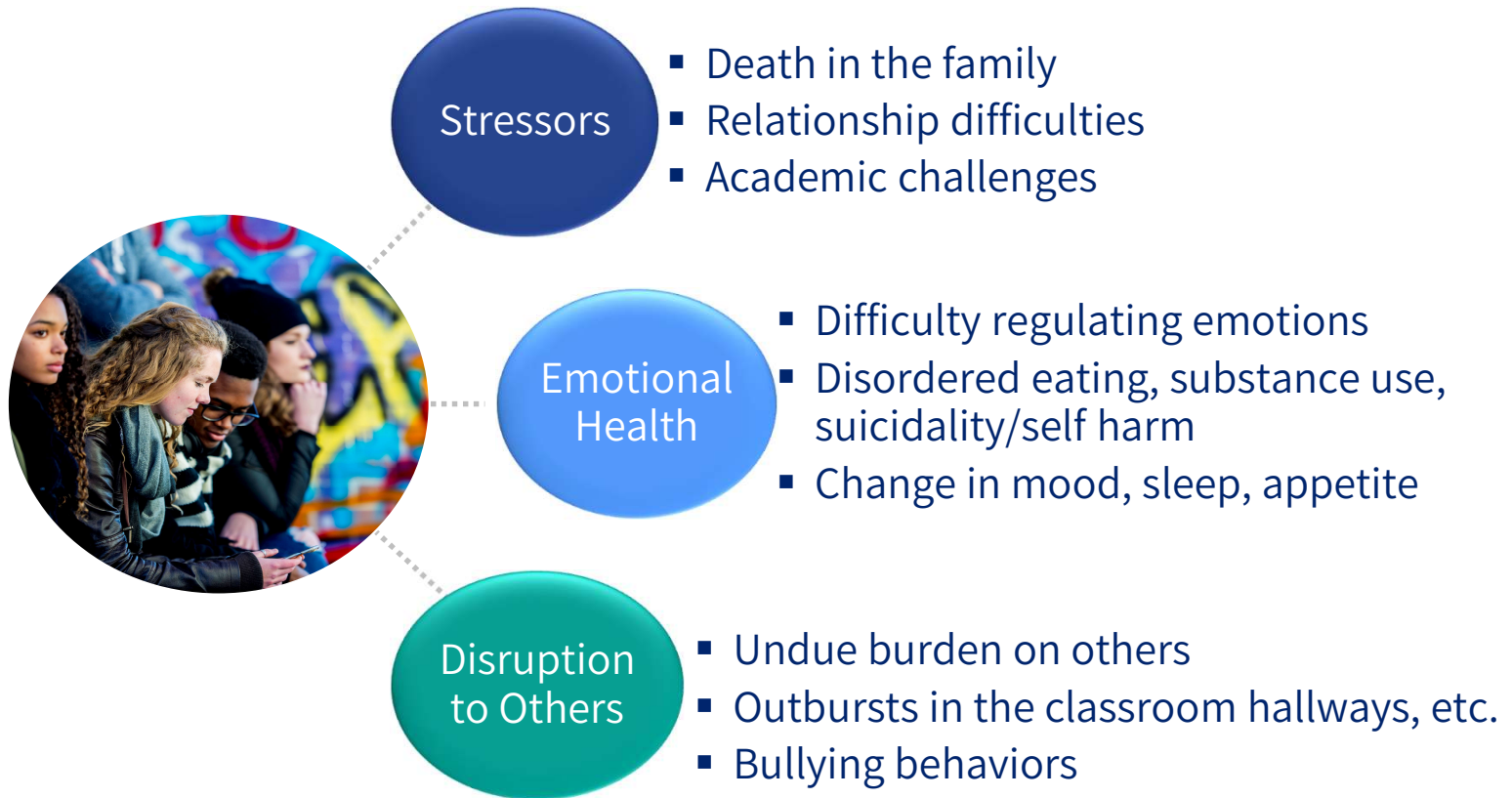
Life Stress and Emotional Health



## E-SCALE

Hostility and Violence to Others

# LIFE STRESS AND EMOTIONAL HEALTH



# AFFECTIVE VIOLENCE



# AFFECTIVE VIOLENCE





# D-SCALE

Life Stress and Emotional Health

## DECOMPENSATING

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  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
  - ▲ Actual affective, impulsive violence or serious threats of violence such as:
    - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
    - ▲ Making threats that are concrete, consistent, and plausible
    - ▲ Impulsive stalking behaviors that present a physical danger

## DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
  - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
- Threats of affective, impulsive, poorly planned, and/or economically driven violence
  - Vague but direct threats or specific but indirect threat; explosive language
  - Stalking behaviors that do not harm, but are disruptive and concerning

## DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible present stressors such as:
  - Managing chronic mental illness, mild substance abuse/misuse, etc.
  - Situational stressors that cause disruption in mood, social, etc.
  - Difficulty coping/adapting to stressors/trauma; behavior may improve once stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible

## DEVELOPING

- ◆ Experiencing situational stressors but demonstrating coping skills
- ◆ Often first contact or referral to the BIT

4

# D-SCALE

# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

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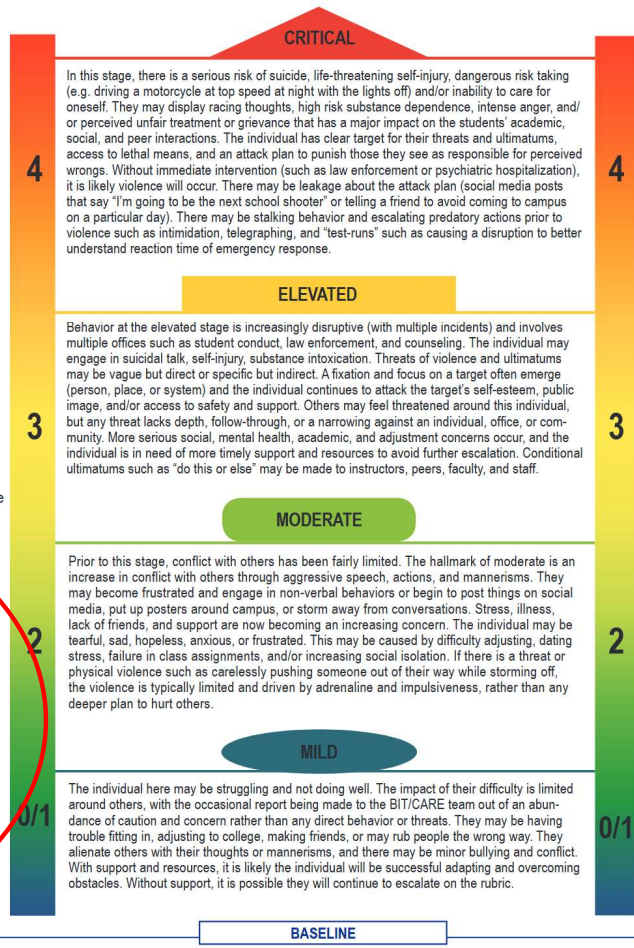
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### DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
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## OVERALL SUMMARY



## E-SCALE

Hostility and Violence to Others

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TRAJECTORY?

BASELINE

TRAJECTORY?

# D-SCALE

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2

0/1

# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

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  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
  - ▲ Actual affective, impulsive violence or serious threats of violence such as:
    - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
    - ▲ Making threats that are concrete, consistent, and plausible
    - ▲ Impulsive stalking behaviors that present a physical danger

### DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous bingeing/purging
  - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
  - Threats of affective, impulsive, poorly planned, and/or economically driven violence
  - Vague but direct threats or specific but indirect threat; explosive language
  - Stalking behaviors that do not cause physical harm, but are disruptive and concerning

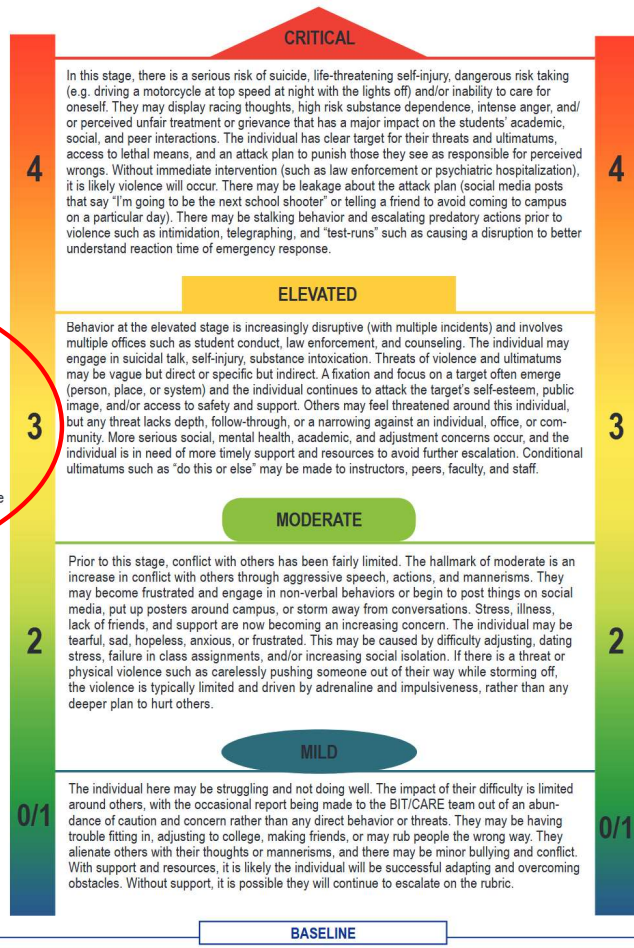
### DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
  - Situational stressors that cause disruption in mood, social, or academic areas
  - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

### DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

## OVERALL SUMMARY



## E-SCALE

Hostility and Violence to Others

### EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
  - ▲ Increasing use of military and tactical language; acquisition of costume for attack
  - ▲ Clear fixation and focus on an individual target or group; feels justified in actions
  - ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
  - ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
  - ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

### ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

### ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

### EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence

↑ TRAJECTORY?

BASELINE

↑ TRAJECTORY?

# D-SCALE

## DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
  - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
- Threats of affective, impulsive, poorly planned, and/or economically driven violence
  - Vague but direct threats or specific but indirect threat; explosive language
  - Stalking behaviors that do not harm, but are disruptive and concerning

3

# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

### DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
- ▲ Actual affective, impulsive violence or serious threats of violence such as:
  - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
  - ▲ Making threats that are concrete, consistent, and plausible
  - ▲ Impulsive stalking behaviors that present a physical danger

### DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
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- Vague but direct threats or specific but indirect threat; explosive language
- Stalking behaviors that do not cause physical harm, but are disruptive and concerning

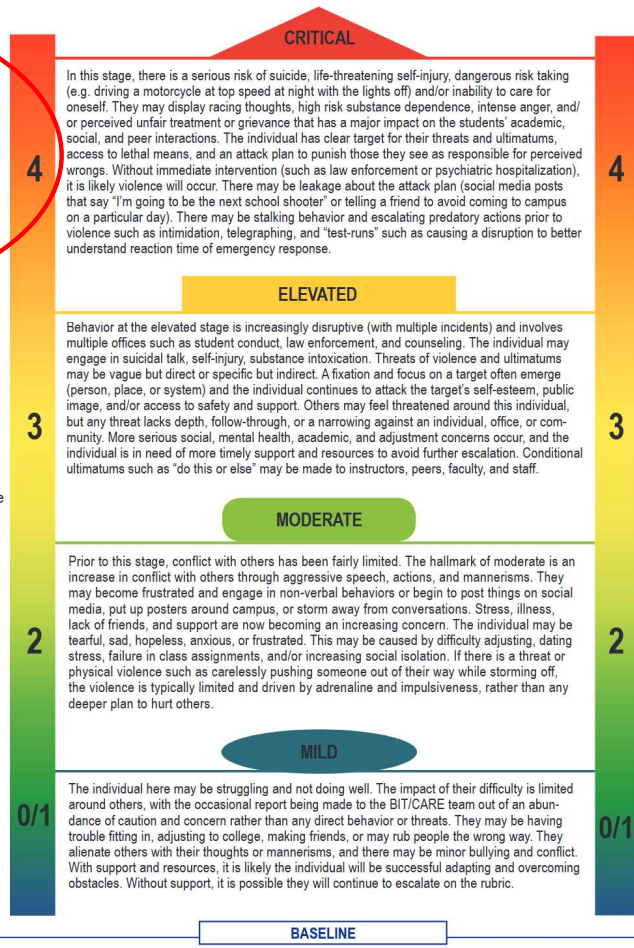
### DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
  - Situational stressors that cause disruption in mood, social, or academic areas
  - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

### DEVELOPING

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- ◆ Often first contact or referral to the BIT/CARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
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## OVERALL SUMMARY



## E-SCALE

Hostility and Violence to Others

### EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

### ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

### ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

### EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence

↑ TRAJECTORY?

BASELINE

↑ TRAJECTORY?

# D-SCALE

## DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
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    - ▲ Making threats that are concrete, consistent, and plausible
    - ▲ Impulsive stalking behaviors that present a physical danger

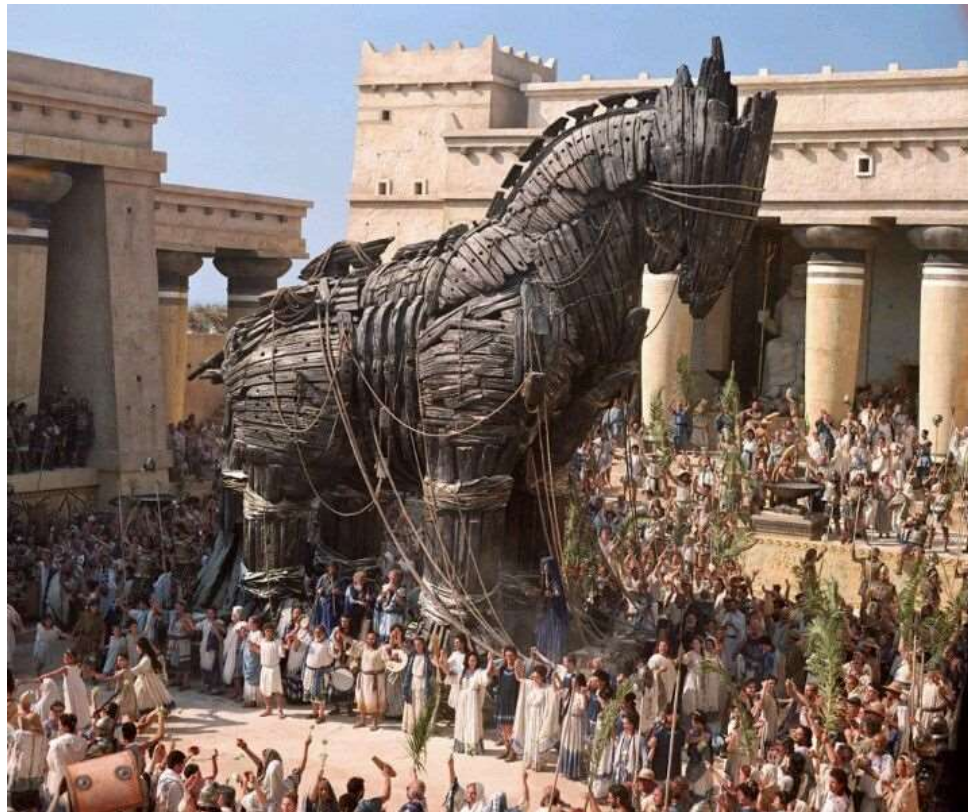
4

# TARGETED/ INSTRUMENTAL VIOLENCE





# TARGETED/ INSTRUMENTAL VIOLENCE



**CASE STUDY:**

**Freedom High School**

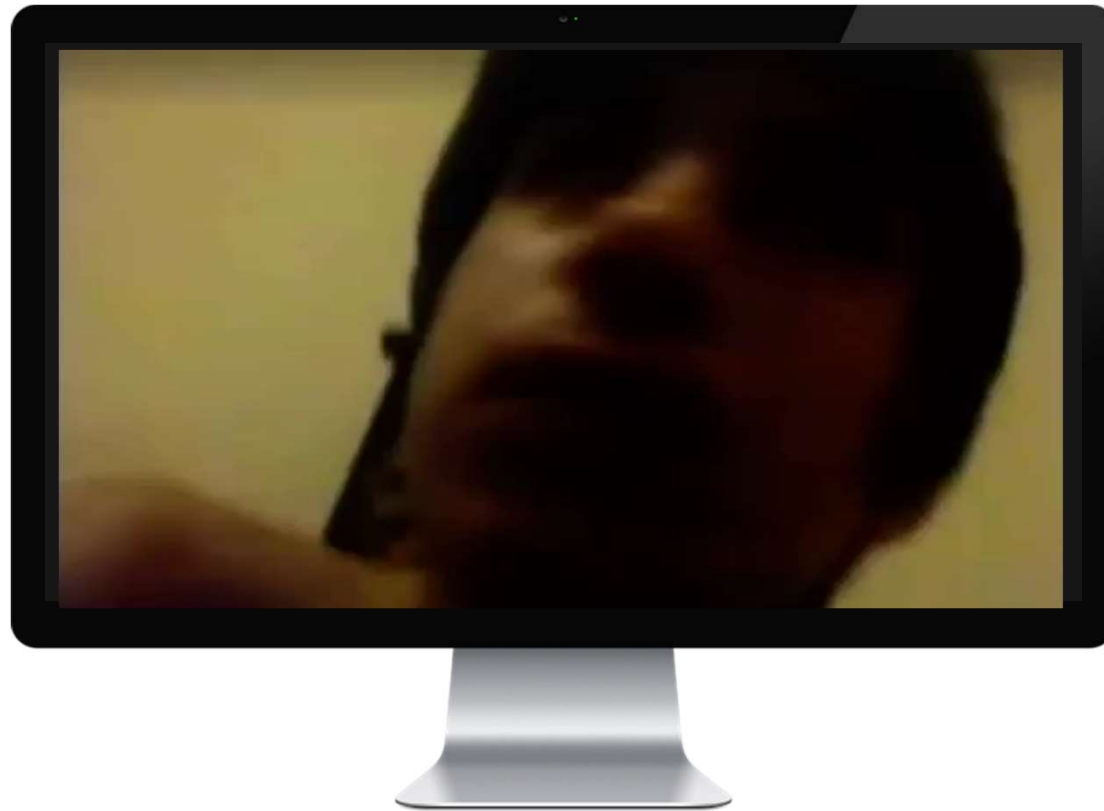
# CASE STUDY: FREEDOM HIGH SCHOOL



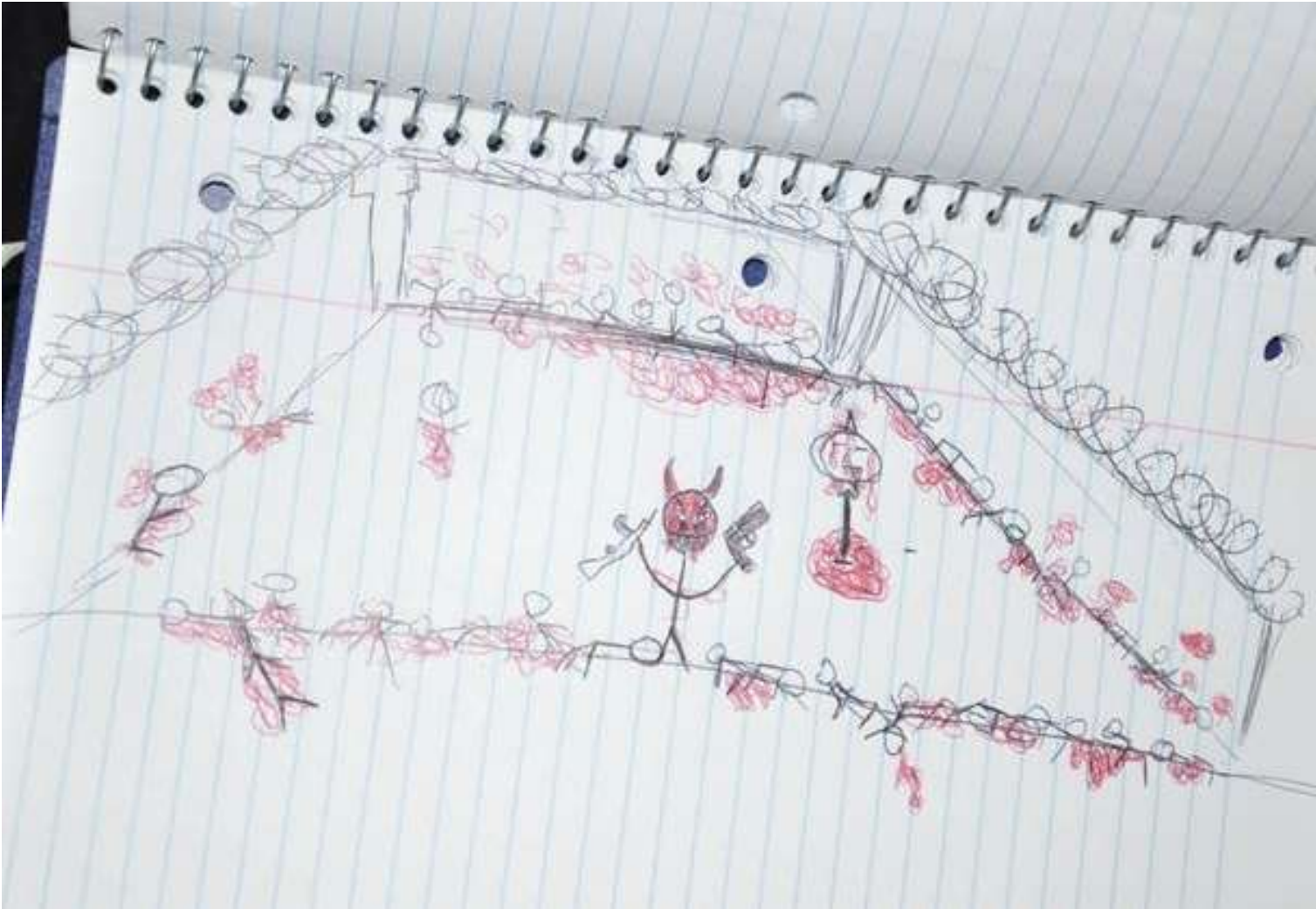
- Jared Cano, 17, Freedom High School, 8/17/2011
- Cano was expelled from school in 2010 after being arrested for burglary.
- Cano was arrested in August of 2011 after police received an anonymous tip. Police found fuel, shrapnel, plastic tubing, timing and fusing devices for making pipe bombs along with marijuana and marijuana cultivation equipment.

They also found a detailed journal with statements about killing specific administrators and students.

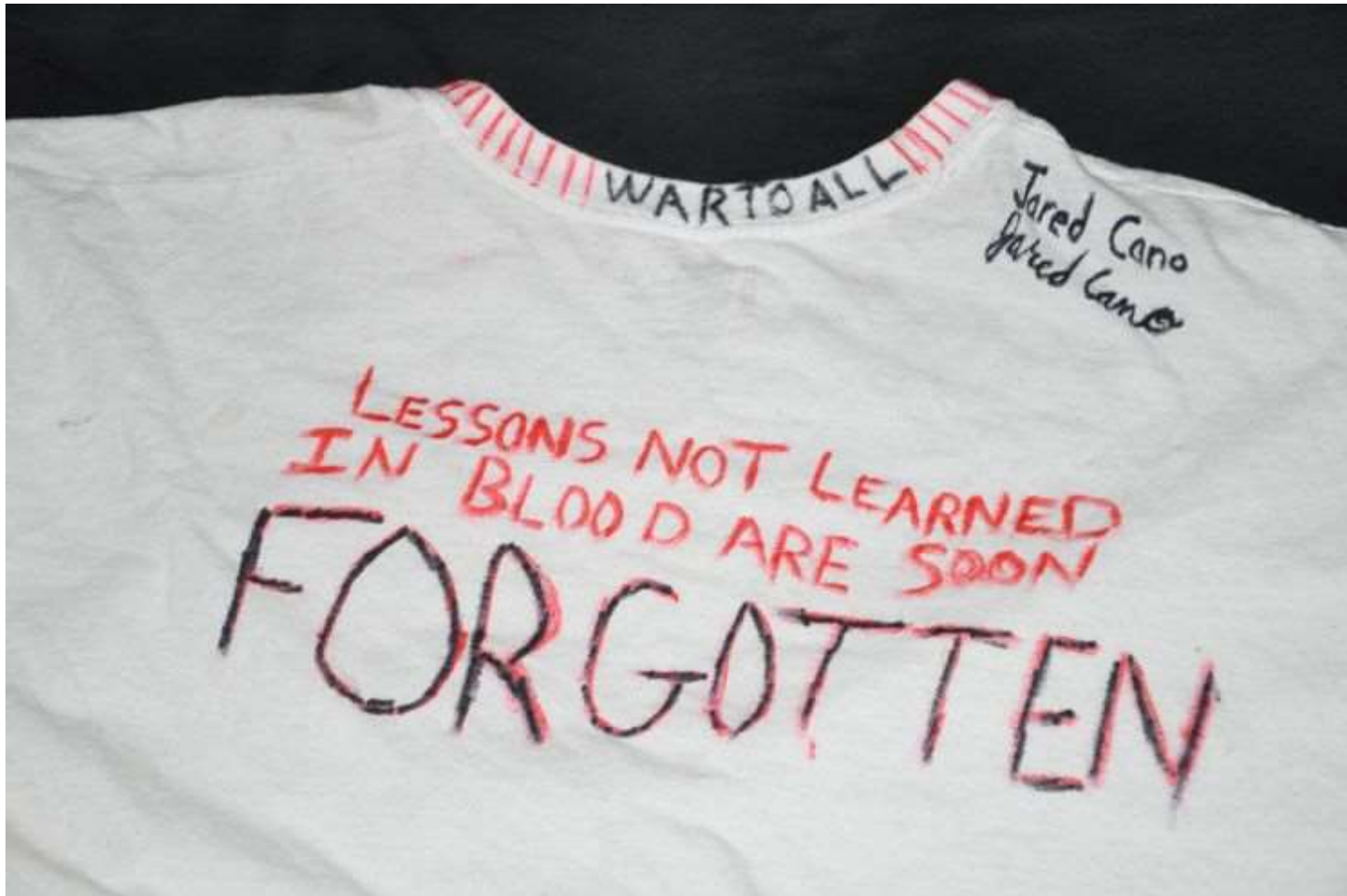
# TARGETED/INSTRUMENTAL VIOLENCE









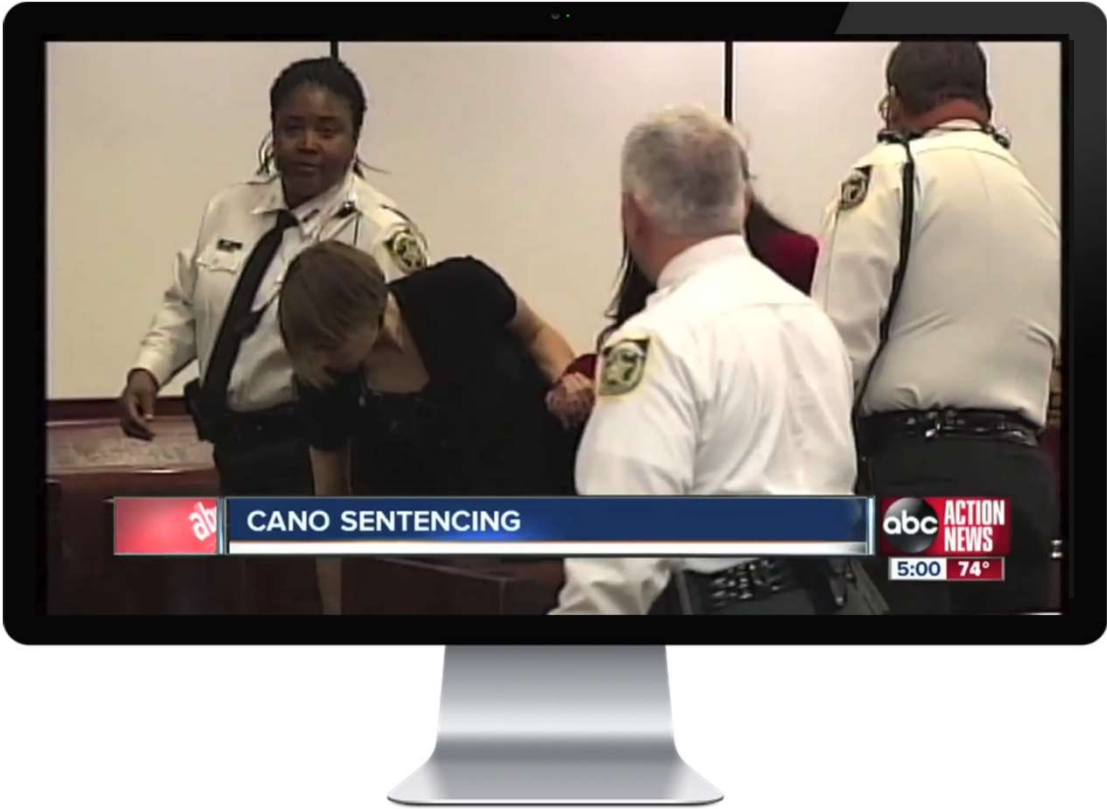




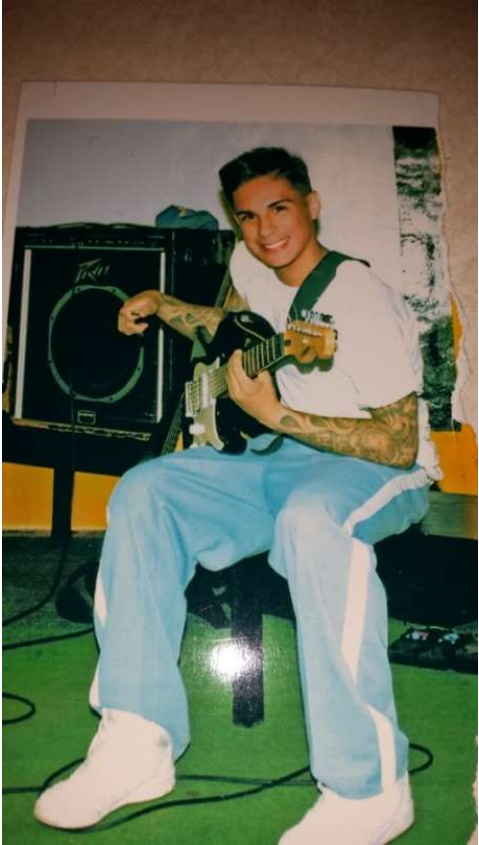
# CASE STUDY: FREEDOM HIGH SCHOOL



# CASE STUDY: FREEDOM HIGH SCHOOL



# CASE STUDY: FREEDOM HIGH SCHOOL



# E-SCALE

Hostility and Violence to Others

## EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

## ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardline viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the danger and lethality in the threats; they are more specific, targeted, and repeated

## ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or threats
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and hostile, similar to affective violence, but driven here by a hardened perspective, mental health and/or environmental stress

## EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to status, money/power, social justice, or religion
- ◆ Rejection of alternative perspectives
- ◆ Narrowing on consumption of information

# E-SCALE

4

3

2

1

# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

### DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUs
  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
  - ▲ Actual affective, impulsive violence or serious threats of violence such as:
    - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
    - ▲ Making threats that are concrete, consistent, and plausible
    - ▲ Impulsive stalking behaviors that present a physical danger

### DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous bingeing/purging
  - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
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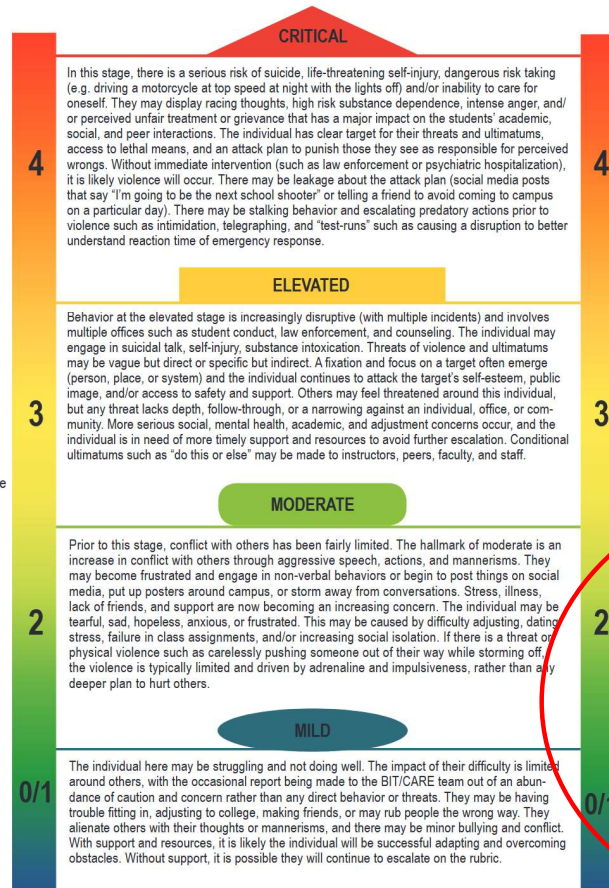
### DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
  - Situational stressors that cause disruption in mood, social, or academic areas
  - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
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### DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
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## OVERALL SUMMARY



## E-SCALE

Hostility and Violence to Others

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### EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence

↑ TRAJECTORY?

BASELINE

↑ TRAJECTORY?

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# E-SCALE

2

0/1

## ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
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## NABITA Risk Rubric

### D-SCALE

Life Stress and Emotional Health

#### DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
  - ▲ Actual affective, impulsive violence or serious threats of violence such as:
    - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
    - ▲ Making threats that are concrete, consistent, and plausible
    - ▲ Impulsive stalking behaviors that present a physical danger

#### DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous bingeing/purging
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  - Vague but direct threats or specific but indirect threat, explosive language
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#### DISTRESSED

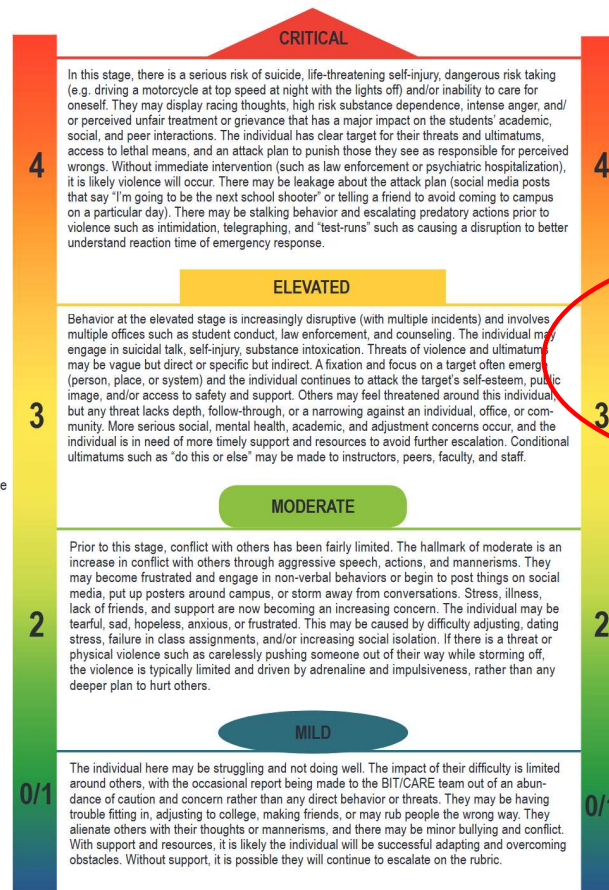
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#### DEVELOPING

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↑ TRAJECTORY?

## OVERALL SUMMARY



BASELINE



### E-SCALE

Hostility and Violence to Others

#### EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
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- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

#### ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
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#### EMPOWERING THOUGHTS

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↑ TRAJECTORY?

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# E-SCALE

3

## ELABORATION OF THREAT

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# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

### DECOMPENSATING

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  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
  - ▲ Actual affective, impulsive violence or serious threats of violence such as:
    - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
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### DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
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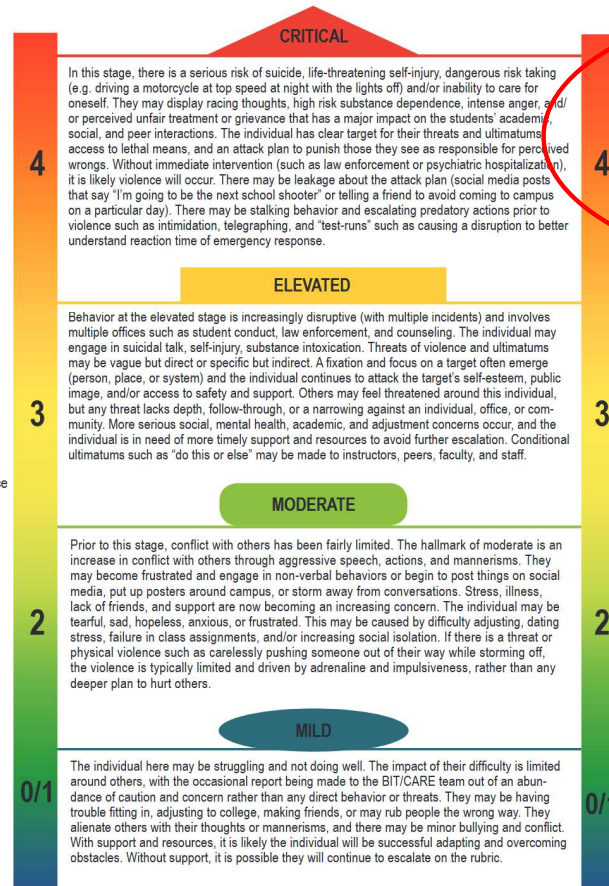
### DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
  - Situational stressors that cause disruption in mood, social, or academic areas
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## OVERALL SUMMARY



## E-SCALE

Hostility and Violence to Others

### EMERGENCE OF VIOLENCE

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- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

### ELABORATION OF THREAT

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- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

### ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

### EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence

↑ TRAJECTORY?

BASELINE

↑ TRAJECTORY?

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# E-SCALE

4

## EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

### DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
  - ▲ Actual affective, impulsive violence or serious threats of violence such as:
    - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
    - ▲ Making threats that are concrete, consistent, and plausible
    - ▲ Impulsive stalking behaviors that present a physical danger

### DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous bingeing/purging
  - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
- Threats of affective, impulsive, poorly planned, and/or economically driven violence
  - Vague but direct threats or specific but indirect threat; explosive language
  - Stalking behaviors that do not cause physical harm, but are disruptive and concerning

### DISTRESSED

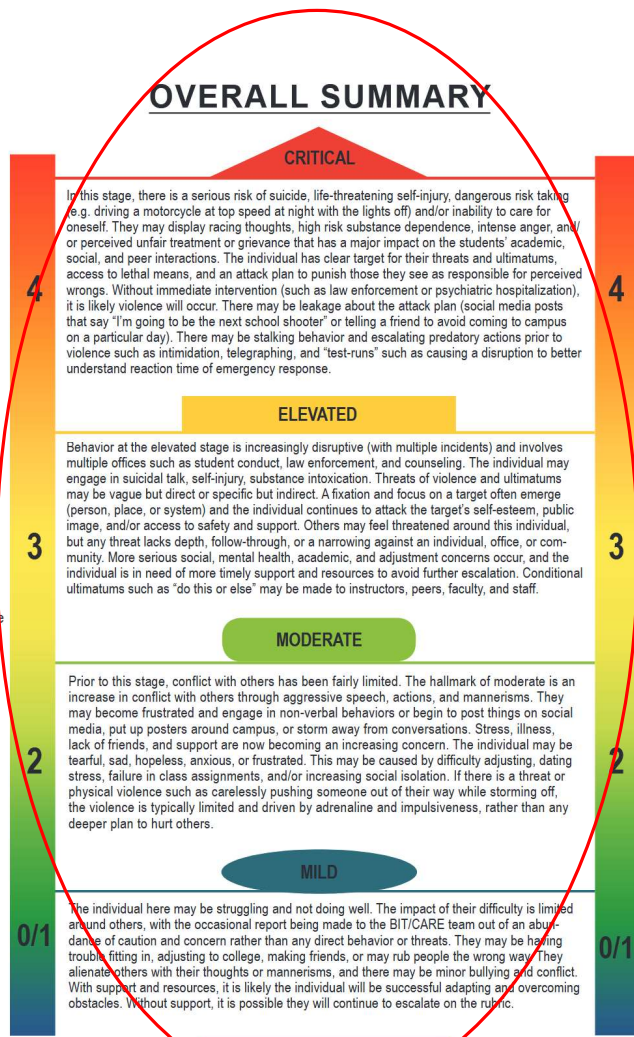
- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
  - Situational stressors that cause disruption in mood, social, or academic areas
  - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

### DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

↑ TRAJECTORY?

## OVERALL SUMMARY



## E-SCALE

Hostility and Violence to Others

### EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

### ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

### ESCALATING BEHAVIORS

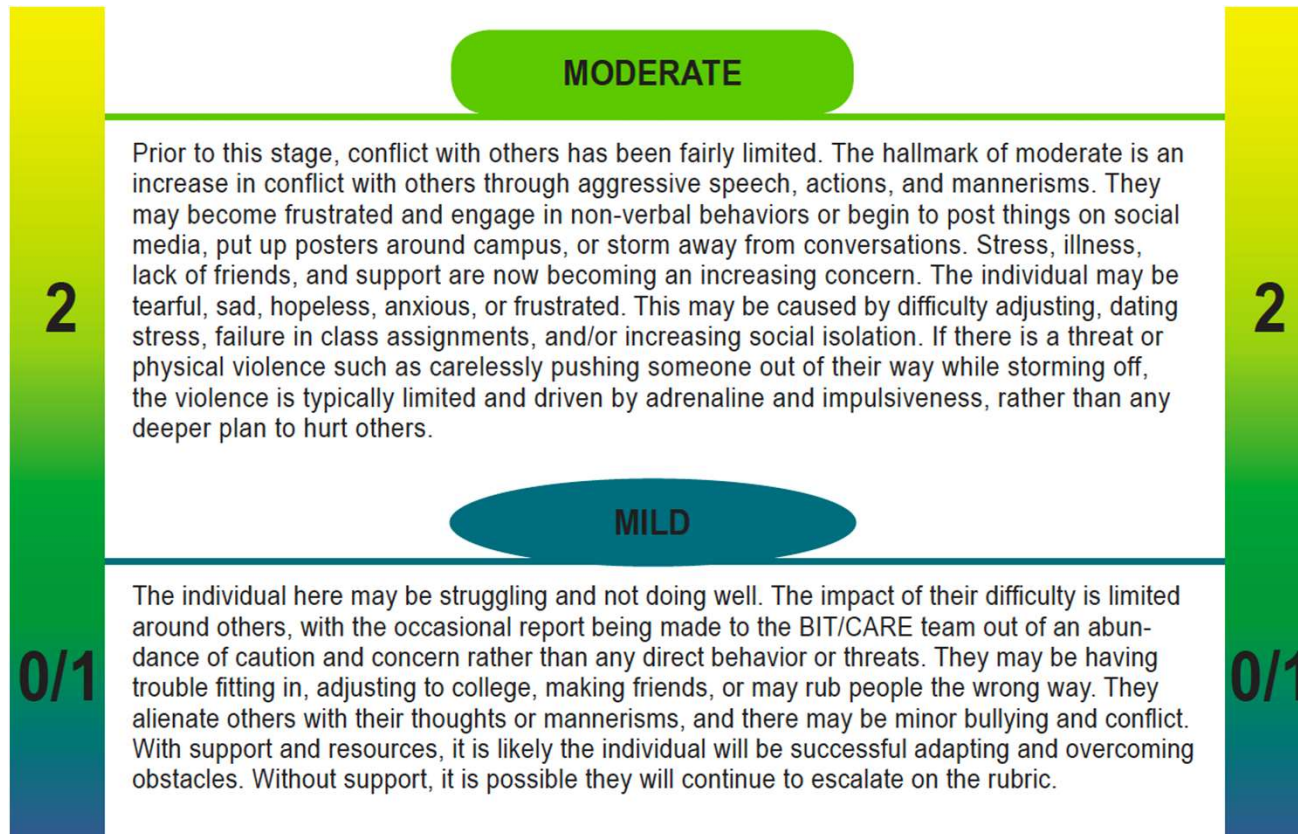
- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

### EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
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- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
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↑ TRAJECTORY?

# GENERAL SUMMARY



# STANDARD 11: OBJECTIVE RISK RUBRIC

| CRITICAL |  |   |
|----------|--|---|
| 4        | <p>In this stage, there is a serious risk of suicide, life-threatening self-injury, dangerous risk taking (e.g. driving a motorcycle at top speed at night with the lights off) and/or inability to care for oneself. They may display racing thoughts, high risk substance dependence, intense anger, and/or perceived unfair treatment or grievance that has a major impact on the students' academic, social, and peer interactions. The individual has clear target for their threats and ultimatums, access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as law enforcement or psychiatric hospitalization), it is likely violence will occur. There may be leakage about the attack plan (social media posts that say "I'm going to be the next school shooter" or telling a friend to avoid coming to campus on a particular day). There may be stalking behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response.</p> | 4 |
| ELEVATED |  |   |
| 3        | <p>Behavior at the elevated stage is increasingly disruptive (with multiple incidents) and involves multiple offices such as student conduct, law enforcement, and counseling. The individual may engage in suicidal talk, self-injury, substance intoxication. Threats of violence and ultimatums may be vague but direct or specific but indirect. A fixation and focus on a target often emerge (person, place, or system) and the individual continues to attack the target's self-esteem, public image, and/or access to safety and support. Others may feel threatened around this individual, but any threat lacks depth, follow-through, or a narrowing against an individual, office, or community. More serious social, mental health, academic, and adjustment concerns occur, and the individual is in need of more timely support and resources to avoid further escalation. Conditional ultimatums such as "do this or else" may be made to instructors, peers, faculty, and staff.</p>  | 3 |

| Overall Summary Category | Descriptions   |
|--------------------------|--|
| Mild (-)                 | Questionable if even needed to be shared with the BIT; report often made out of an abundance of caution.   |
| Mild                     | Some minor concerns, typically the individual will access services on their own or with a slight nudge from BIT.   |
| Mild (+)                 | Minor concerns, but likely the situation will worsen without added support and intervention.   |
| Moderate (-)             | Minor conflict exists, but is sporadic and lacks consistency. Stress and emotional disruption may exist.   |
| Moderate                 | Individual in need of further outreach. Struggling with interpersonal relationships, grades, academics, etc.   |
| Moderate (+)             | Likely involvement from multiple departments (counseling, conduct, disability). Escalation likely.   |
| Elevated (-)             | Multiple conflicts, inconsistent emotional state, suicidal thoughts, disruptive conduct behavior inconsistent with popping up, interpersonal conflict sporadic.      |
| Elevated                 | Fairly consistent disruptive behavior, emotional concerns, suicidal thoughts, and/or substance use. Interpersonal conflict frequent.                                 |
| Elevated (+)             | High level of concern over current behavior. High likelihood of escalation to an attack or suicide. Crisis response and law enforcement likely needed at some point. |
| Critical (-)             | Actively planning violence to self or others. High likelihood of considering action. Crisis response and law enforcement definitively involved.                      |
| Critical                 | Attack or suicide occurred. Crisis response and law enforcement needed immediately.  |

# TRAJECTORY

## +/-

# CASE #1

## Initial BIT Referral

- Amira’s friends refer her to the BIT as they have been concerned that she might kill herself. Amira’s friends explain that she has been “suicidal as long as [they’ve] known her” and that even her mom doesn’t know what to do anymore. The friends explain that Amira always seems depressed and makes comments like she should “just kill herself and get it over with.”

Amira has talked about maybe overdosing on her medication, maybe cutting herself, or maybe finding a gun to shoot herself. Her friends explain whenever they talk to her about it she brushes it off and says that they are being too sensitive.

The friends are making the referral to the BIT as they tried to get her to go counseling, but she only went once and didn’t go back. The friends say they aren’t sure how to help her.

# CASE #1

## Information Gathered During BIT Meeting

- The academic rep reached out to the department chair in Amira's college who explains that several faculty members have expressed similar concerns about Amira – she says she is thinking of ending it all but when the faculty mention the counseling center, she denies needing help. The academic rep reminded the departmental chair that she or the faculty should make a BIT referral for these incidents.
- Amira lives off campus and has no conduct history.
- The counseling center recommends that Amira could benefit from individual and group therapy.
- Campus police report that they have never conducted a welfare check or received a call for assistance for Amira.



# NABITA Risk Rubric

## D-SCALE

Life Stress and Emotional Health

### DECOMPENSATING

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### DETERIORATING

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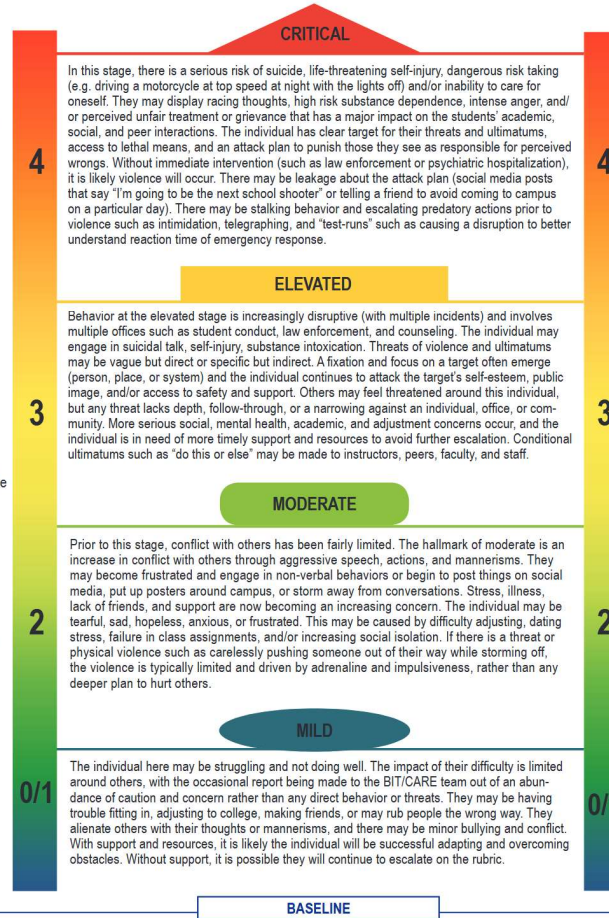
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↑ TRAJECTORY?

## OVERALL SUMMARY



## E-SCALE

Hostility and Violence to Others

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↑ TRAJECTORY?

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# CASE #2

## Initial BIT Referral

- Todd's professor makes a referral in the second week of class. She explains that Todd has a difficult time engaging in class discussions and often interrupts other students, becoming frustrated when he doesn't feel like people are listening to him.

She states that when he becomes frustrated, he begins banging his forehead down on the desk. The professor notes that he does not cause injury to himself, and she is usually able to ask him to step outside to calm down.

# CASE #2

## Information Gathered During BIT Meeting

- Disability Support Services notes that Todd has a developmental disorder that creates challenges for him in the classroom. In high school Todd had an IEP but he has not activated any accommodations since enrolling at school.
- Conduct has not received any referrals for academic disruption.
- The academic rep explains that the professor who made the referral teaches Philosophical Debate. The rep checked with Todd's other professors who report that he is doing well overall. The only incident of note was his introductory math course TA mentioned that Todd seemed really frustrated the day a pop quiz was given and that he slammed his head down on the desk and didn't complete the quiz.
- Todd lives off campus with his parents.

# NABITA Risk Rubric

## D-SCALE

Life Stress and Emotional Health

### DECOMPENSATING

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### DETERIORATING

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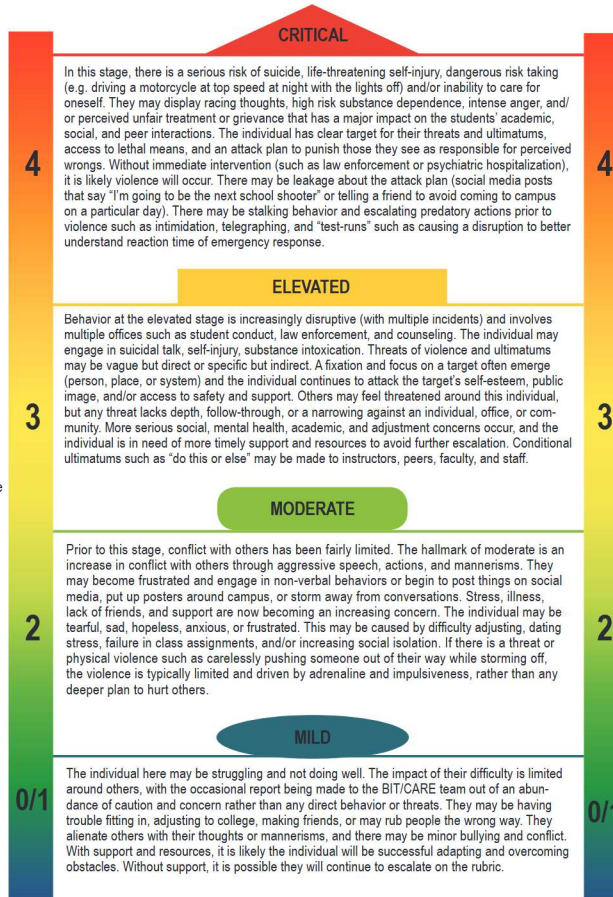
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### DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
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TRAJECTORY?

## OVERALL SUMMARY



BASELINE



## E-SCALE

Hostility and Violence to Others

### EMERGENCE OF VIOLENCE

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### ESCALATING BEHAVIORS

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- ◆ No threats of violence

TRAJECTORY?

# CASE #3

## Initial BIT Referral

- University Police made a referral to BIT for Cori after responding to an incident in the parking lot. A passerby called for assistance when they noticed that Cori was sitting leaned against a tree at the edge of the parking lot. The passerby noted that he seemed asleep and wasn't wearing a shirt or shoes.
- UPD explained that they responded to Cori and found him sleeping against the tree.

UPD was successful in waking Cori up and performed the “Standardized Field Sobriety Test” as he smelled of alcohol and seemed disoriented upon waking up. Cori passed the test and was able to appropriately respond to questions.

The officer determined he was not in need of transport, did not meet criteria for public intoxication and was safe to return to his room.

# CASE #3

## Information Gathered During BIT Meeting

- UPD provided an update that upon searching Cori's criminal history, they discovered a DUI charge from last year. UPD explain that Cori was found during the recent incident in the parking lot where his car was parked with his keys in his hand but seems to have fallen asleep before getting to his car.
- Conduct reports that Cori had an AOD violation from his freshmen year (he is now a junior and 21) after a transport to the hospital. Because his friend called for help, he was granted amnesty but had to attend an assessment at the counseling center. He complied.
- Residence life provided an update that the RA often suspects that Cori is intoxicated – during the week and on the weekends but has not had enough to write him up.

# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

### DECOMPENSATING

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### DETERIORATING

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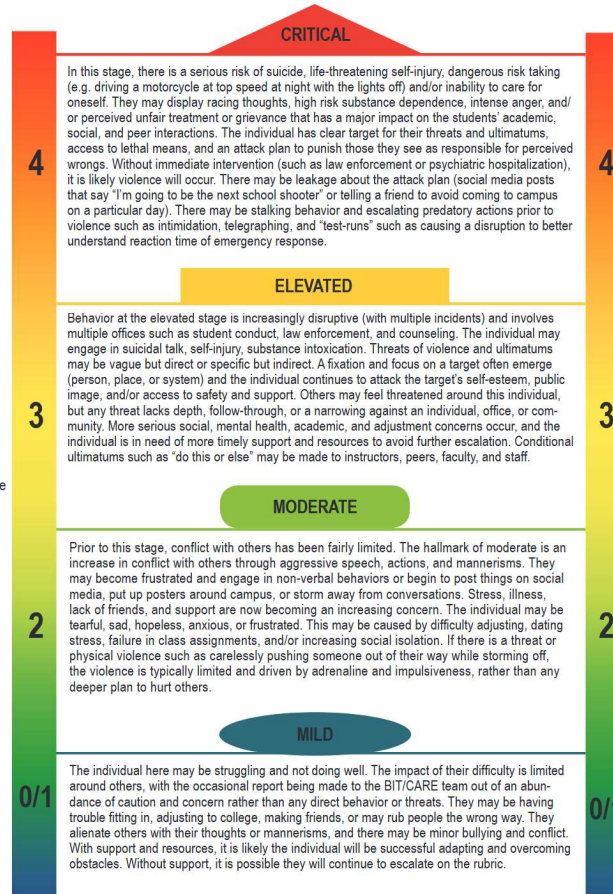
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## OVERALL SUMMARY



## E-SCALE

Hostility and Violence to Others

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↑ TRAJECTORY?

BASELINE

↑ TRAJECTORY?

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# CASE #4

## Initial BIT Referral

- The Title IX Coordinator made a referral to BIT as she has been dealing with a case between two students. Lisa and Devon dated for approximately 2 months when Lisa broke up with Devon. She expected that he would take the breakup badly and asked that he leave her alone and not contact her afterward.
- Devon continued to text Lisa, talk to her friends about wanting them to convince her to take him back, and on multiple occasions waiting for her outside of her class and by her car on campus asking that she give him another chance.
- The Title IX Coordinator explains that she has issued a no-contact order as an interim measure and is starting to review the case to determine Title IX's jurisdiction related to the alleged stalking behavior. Devon has already violated the no-contact order by texting Lisa saying sorry and again asking for "just a chance to talk."



# CASE #4

## Information Gathered During the BIT Meeting

- Conduct reports that they are moving forward with charges for violating the no-contact order and are likely looking at conduct probation with requirements to meet with a case manager to discuss boundary setting.
- The Title IX Coordinator explains that Lisa is doing well, all things considered, but that several of her friends who Devon is contacting have reached out feeling frustrated and as though they want Devon to stop contacting them as well. The Title IX Coordinator recommends that conduct consider no-contact orders between Devon and the other students as well.
- Disability Support Services provides an update that Devon has Autism Spectrum Disorder and is well connected to their office.

# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

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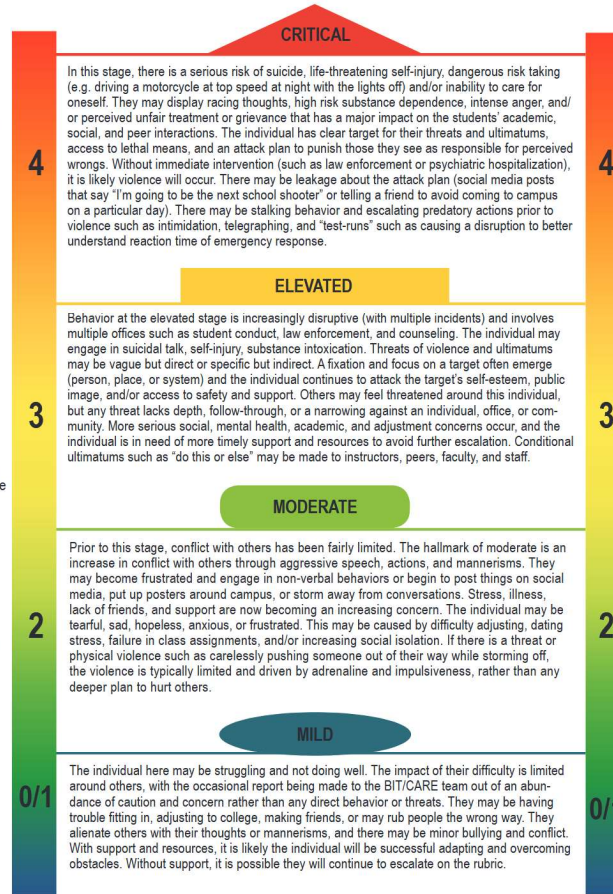
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- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
  - Situational stressors that cause disruption in mood, social, or academic areas
  - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

### DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

## OVERALL SUMMARY



## E-SCALE

Hostility and Violence to Others

### EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

### ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

### ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

### EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence

↑ TRAJECTORY?

BASELINE

↑ TRAJECTORY?

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# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

## OVERALL SUMMARY

## E-SCALE

Hostility and Violence to Others

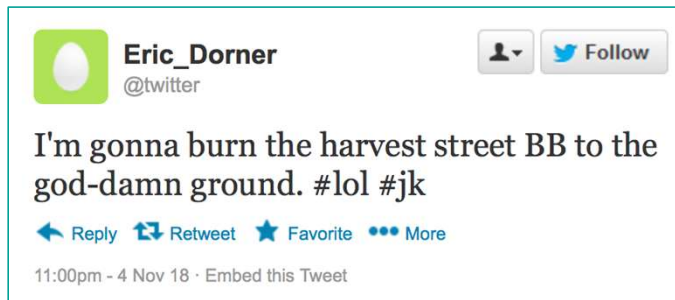


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# CASE #5

## Initial BIT Referral

- Eric is a student and works at an off campus best buy. Today, he made the following post on his twitter:



- The BIT received a referral regarding the post from a fellow student who saw the post and was scared. The BIT called an emergency meeting with campus police, the counseling center, the DOS, and conduct.

Campus police explained that local police were responding and were already at Eric's apartment conducting an interview and a welfare check. Local police will keep campus police updated as anything progresses.

Conduct plans to wait on determining the need for an interim suspension based on the police interview and search, but explain that conduct charges are on the table given the potential impact this has on students who see the post and other students who work at best buy.

# CASE #5

## Information Gathered During BIT Meeting

- Campus police provided an update from local law enforcement. Local law enforcement explained that they interviewed Eric and searched his house. Eric stated during the interview that he hates his boss at best buy and that yesterday was “the last straw” as his boss caught him smoking on site (behavior prohibited by best buy) and wrote him up. Eric denied any intent to burn the building down and the police did not discover any materials for carrying out the act of arson in his home.
- The police report that the DA is reviewing a terroristic threat charge .
- Conduct reports no prior history for Eric.
- Eric is an average student and has no reports of difficulty from his current professors.

# NABITA Risk Rubric

## D-SCALE

Life Stress and Emotional Health

### DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
- ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
- ▲ Actual affective, impulsive violence or serious threats of violence such as:
  - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
  - ▲ Making threats that are concrete, consistent, and plausible
  - ▲ Impulsive stalking behaviors that present a physical danger

### DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
  - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
- Threats of affective, impulsive, poorly planned, and/or economically driven violence
- Vague but direct threats or specific but indirect threat; explosive language
- Stalking behaviors that do not cause physical harm, but are disruptive and concerning

### DISTRESSED

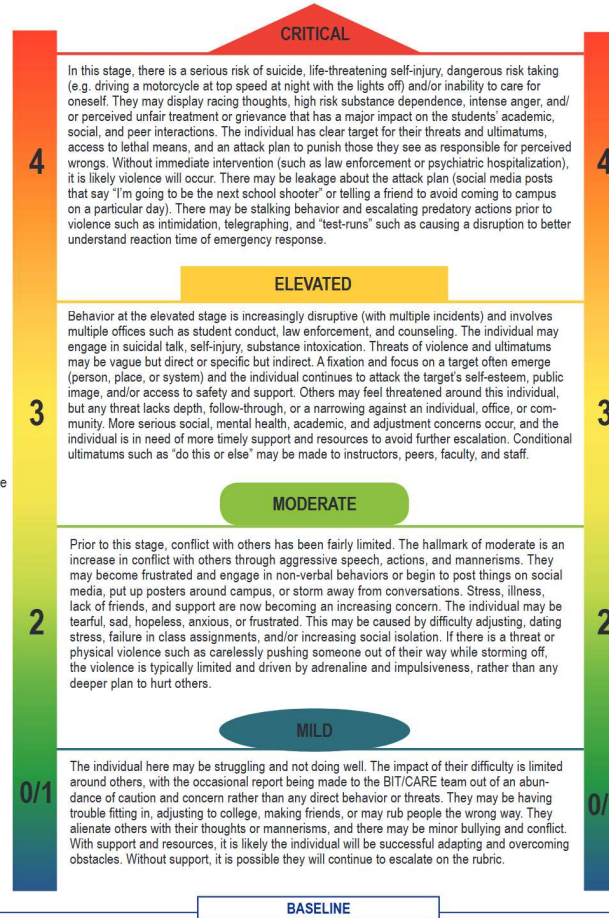
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### DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
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↑ TRAJECTORY?

## OVERALL SUMMARY



## E-SCALE

Hostility and Violence to Others

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↑ TRAJECTORY?

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# CASE #6

## Initial BIT Referral

- The BIT received a referral for first-year student, Tosha, from her academic advisor. The advisor says Tosha was “nearly hysterical” in her office.
- Tosha came to the academic advisor after the first week of classes as she was feeling overwhelmed. She said to the academic advisor, “I can’t figure out what to do first! Every single professor wants something from me, and I just sit down and stare at my desk for hours without doing anything. I don’t know what to do first!!!”
- The advisor explained that Tosha broke down into tears when she tried to calm her down or offer suggestions to help.
- After a few minutes of crying and not being able to talk, the advisor walked Tosha to the counseling center then made the referral to the BIT.

# CASE #6

## Information Gathered During the BIT Meeting

- The Counseling Center Director provided an update that the clinician had the student sign a release to the BIT. During the appointment, the clinician was able to calm Tosha down and learned that Tosha has high performance related anxiety resulting in feeling as though she is going to underperform. Tosha notes several panic attacks in the first week of classes, lack of sleep, and poor appetite.
- The counselor made a referral to psychiatry and plans to keep seeing her for therapy but could use assistance navigating a disability support referral and communicating with faculty.
- Tosha lives on campus and is reportedly doing okay in the residence hall, although the RA notes that she hasn't seemed to have made many friends or been to many events yet.



# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

### DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
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### DETERIORATING

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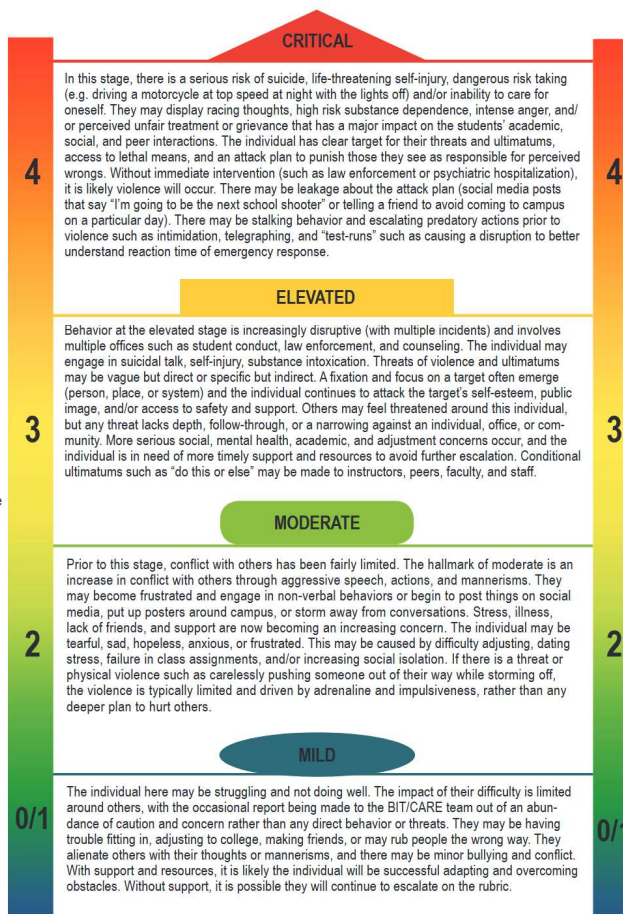
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↑ TRAJECTORY?

## OVERALL SUMMARY



BASELINE

## E-SCALE

Hostility and Violence to Others

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↑ TRAJECTORY?

# CASE #7

## **Initial Referrals: Your BIT Received 3 referrals over the course of 1 week.**

**First Referral: Asst. Dean of Admissions** Sarah emailed the Assistant Dean of Admissions, Mary Brown. Sarah chastised Dean Brown for being a liar. Sarah reported that Dean Brown had told her the law school was a friendly place filled with wonderful people. Sarah said this couldn't be further from the truth from her experience. She told Dean Brown that she and her entire staff were liars and frauds, and they should be ashamed of themselves. Sarah said she planned to do everything in her power to make sure that people understand that the admissions office shouldn't be trusted.

- Mary notes in her referral that she has never met Sarah, but they did speak once on the phone after Sarah was accepted. During that conversation, which Mary notes lasted less than 10 minutes, Mary congratulated Sarah on her acceptance and mentioned that she will really enjoy the law school as everyone there is very friendly. Mary explained that she replied to Sarah's email apologizing that Sarah is not enjoying her experience and encouraging her to speak with the Dean of the Law School if she wanted to address her concerns.

# CASE #7

## Second Referral: Dean of the Law School

- Sarah emailed the law school dean, Dale Frankel. Sarah reported that the law school was “nothing but a toilet bowl filled with pompous, dumb faculty and staff.” She said she was wasting her money attending such a low ranked law school and that she was ashamed that she fell for the admission department’s bold-faced lies. Sarah said she is making sure other prospective students don’t make the same mistake and will be posting any response she receives from Dean Frankel or Dean Brown onto her Twitter stream.
- The law school dean notes that Sarah is doing about average in her classes – not a stellar student, but not at risk of failing out either. He isn’t sure how to respond to Sarah and is hoping to get guidance from the BIT.

# CASE #7

## Third Referral: Asst. Dean of Admissions

- Sarah replied to Mary's email and demonstrated increasing anger. Mary explains that the email was written in all caps and started with "DON'T BOTHER APOLOGIZING....ITS JUST ANOTHER FUCKING LIE" Sarah went on in the email berating Mary's intelligence and her ability to do her job. Mary replied stating that she would no longer be responding to Sarah's emails if they remained argumentative or attacking. Sarah replied stating "I pay your salary you fat cow. You will respond to my emails if you know what is good for you." Mary did not reply to this email and forwarded the email exchange as her referral to the BIT.

# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

### DECOMPENSATING

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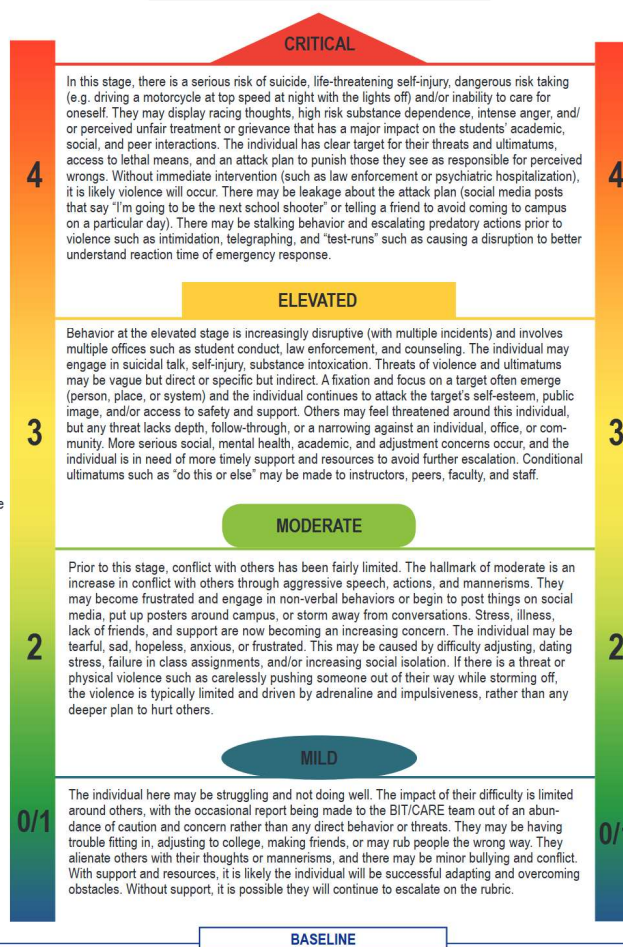
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↑ TRAJECTORY?

# STANDARD 17: PSYCH, THREAT AND VIOLENCE RISK ASSESSMENTS

BITs **conduct threat and violence risk assessment** as part of their overall approach to prevention and intervention.



# ASSESSMENT VS. TREATMENT

## Assessment

- Short-term (1 – 2 meetings)
- May be conducted by a non-clinical or clinical provider
- Used to determine risk and protective factors
- Engagement may be voluntary or mandated
- Information/results are shared with referral source

## Treatment

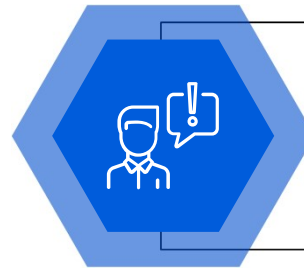
- Longer-term (about 5+ meetings)
- Must be conducted by a licensed provider
- Used to address diagnosis and matters related to a mental health condition
- Engagement is voluntary in nature (unless court ordered)
- Information/progress are privileged in nature

**Reminder: BITs can mandate assessments!**

# TYPES OF ASSESSMENTS



General Risk  
Assessment



Threat Assessment



Psychological  
Assessment



Violence Risk  
Assessment

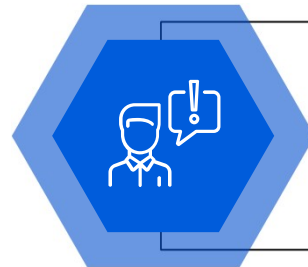


# TYPES OF ASSESSMENTS



## General Risk Assessment

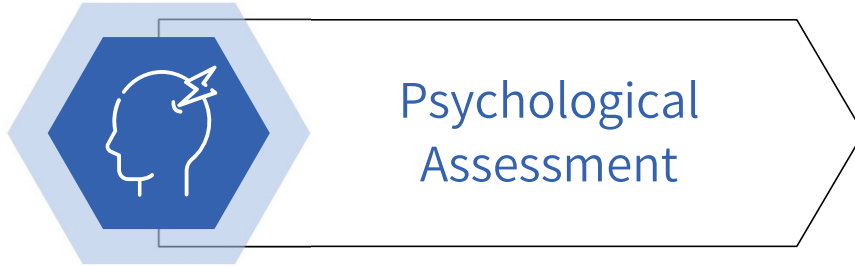
- Broadly utilized for a variety of situations and concerning behaviors
- Focuses on proactive approach, with interventions to lower risk and ease distress



## Threat Assessment

- Completed in response to explicit or veiled threat
- Focuses on details of threat, actionability and crisis response
- Often limited to determining likelihood of violence as related to specific threat

# TYPES OF ASSESSMENTS



- Conducted by a trained, licensed clinician
- Focuses on determining diagnosis and treatment plan such as therapeutic intervention, medication, hospitalization, etc.



- Focuses on determining potential violence or dangerousness toward a person, group or system
- Explores various risk factors and protective elements in comprehensive manner
- Not predictive, but rather an estimate of the factors that make it more or less likely the individual will engage in violence

**CASE STUDY:**

**Freeman High School**

# CASE STUDY: FREEMAN HIGH SCHOOL

## Caleb Sharpe, 15 years old

- On September 13th 2017, Caleb flipped a coin that came up heads and he entered his school with an AR-15 and a handgun in a duffel-bag.
- The AR-15 jammed and he used the handgun to shoot a fellow student, who was trying to stop the shooting. Caleb continued to shoot down the hall and then surrendered to a custodian.
- He told detectives he wanted to “teach everyone a lesson about what happens when you bully others.”



# CASE STUDY: FREEMAN HIGH SCHOOL

- Around the time classes started at the high school, Caleb gave notes to several friends indicating plans to do “something stupid” that might leave him dead or in jail. One of those notes was reportedly passed on to a school counselor.
- He also bragged to several friends when he figured out the combination to his father’s gun safe, and again when he learned to make bombs out of household materials.
- He acted out violent scenarios on his YouTube channel and spoke openly about his fascination with school shootings and notorious killers like Ted Bundy.
- He messaged a friend over Facebook asking if the friend could get him gasoline, tinfoil, and fuses. Harper replied “I said, ‘No’, and asked him why. He said, ‘For a science experiment.’ I said ‘Why are you doing a science experiment?’ and he said ‘nevermind.’”

<http://www.spokesman.com/stories/2017/sep/16/freeman-high-school-suspended-shooter-after-note-d/>

# CASE STUDY: FREEMAN HIGH SCHOOL

when the whole gang gets together !!



# CASE STUDY: FREEMAN HIGH SCHOOL



# CASE STUDY: FREEMAN HIGH SCHOOL





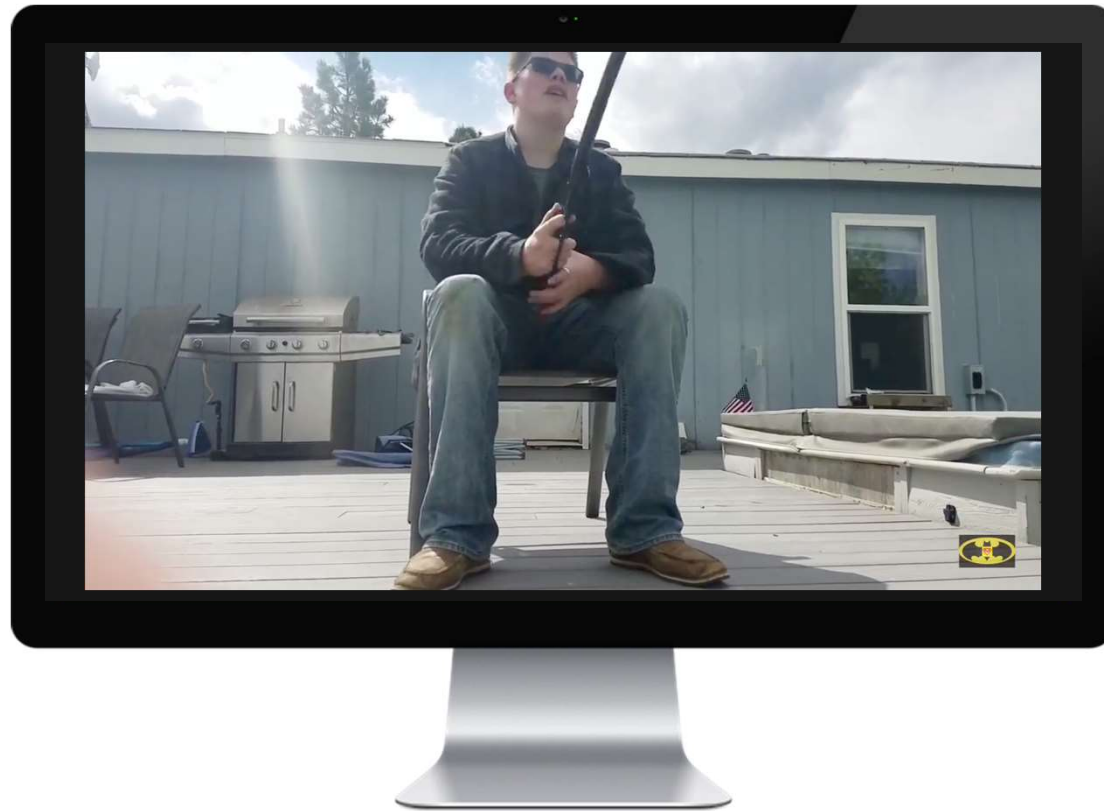
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# CASE STUDY: FREEMAN HIGH SCHOOL



# CASE STUDY: FREEMAN HIGH SCHOOL

- The day a Freeman High School student shot four students, killing one of them, was his first day back to school after he was suspended for writing notes that appeared to warn he might commit violence.
- Freeman Superintendent Randy Russell confirmed in an interview that the district knew of the warning notes passed out by the shooter and that the school responded by suspending him.
- When asked if the counselor called the parents, whether the school suspended the student and sent him for a **mental health evaluation**, Russel replied “That’s what our protocol looks like and we followed it to a T.”

<http://www.spokesman.com/stories/2017/sep/16/freeman-high-school-suspended-shooter-after-note-d/>

# CASE STUDY: FREEMAN HIGH SCHOOL

## Takeaways:

- Avoid zero-tolerance policies
- Rely on violence risk assessments
- Establish a process for getting information to and receiving report from assessor
- Avoid a “one-and-done” approach – utilizing case management strategies to build connection and support

# DEVELOPING A VIOLENCE RISK ESTIMATE



Holistically gather background information, exploring all aspects of the person

Use an objective tool in a 1:1 interview to mitigate bias and ensure consistency

Consider factors that increase AND reduce risk – how do they balance out

Evaluate the context in which the dangerous or threatening behavior occurred

# VRA TOOLS

## RISK RUBRIC

NABITA Assessment Tool

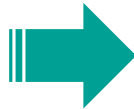


- **10x** NABITA Risk Rubric
- **25x** Violence Risk Assessment of the Written Word (VRAWW)
- **50x** Structured Interview for Violence Risk Assessment (SIVRA-35) and Non-Clinical Assessment of Suicide (NAS)

# VRA TOOLS

## VIOLENCE RISK ASSESSMENT OF THE WRITTEN WORD (VRAWW)

NABITA Assessment Tool



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**LOOKING GLASS**

## Escalating Elements

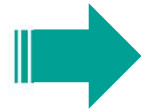
|                          | Element                                 | Description  |
|--------------------------|---|--|
| <b>Author Qualities</b>  |   |  |
| 1.                       | <b>Suicidal Content</b>                 | Details indicate direct or indirect suicidal ideations.  |
| 2.                       | <b>Isolation and Hopelessness</b>       | Elements of isolation, loneliness, marginalization from societal group.  |
| 3.                       | <b>Fame/Meaning Seeking</b>             | A tone of seeking larger status as an all-powerful figure, a martyr, or someone who is more knowledgeable than the rest of the population.   |
| 4.                       | <b>Injustice/Grievance Collecting</b>   | Righting a wrong, striving for power; the writer gives evidence of being wronged by others.  |
| <b>Tone Qualities</b>    |   |  |
| 5.                       | <b>Hardened, Black/White Thinking</b>   | A hardened quality to the writing that reflects an either/or way of thinking; rejects other's ideas or ideological positions in an emotional manner.                                     |
| 6.                       | <b>Graphic and Violent Descriptions</b> | Graphic and shocking language describes a potential attack or the traits of their targets; could include vivid adjectives, threatening tones, torture or descriptions of blood and gore. |
| <b>Content Qualities</b> |   |  |
| 7.                       | <b>Target Detail</b>                    | Narrowing fixation and focus to a specific individual or group target; often an overall negative tone in references to the target (e.g. intelligence, appearance, gender, religion).     |
| 8.                       | <b>Weapon Detail</b>                    | Includes details of brandishing of weapons on social media and/or a specific discussion of what weapons might be used in an attack.  |
| 9.                       | <b>Threat Plan Detail</b>               | Includes a threat plan with the time/ date of the attack, lists of items to acquire (such as bulletproof vests and high capacity mags), or schematics.                                   |
| 10.                      | <b>Previous Attack Detail</b>           | Includes references to previous attacks; could also include comments about certain dates (i.e., Hitler's birthday) or references to studying past attacks.                               |

## Mitigating Elements

| Element                                      | Description  |
|--|--|
| <b>Author Qualities</b>                      |  |
| 1. <b>Trolling</b>                           | The purpose is to cause distress and to troll others to react.   |
| 2. <b>Developmental Delay</b>                | The author is developmentally or mentally young, may have a processing/expressive disorder or was transitioning to a new school or location; has a juvenile, poorly thought out quality. |
| 3. <b>Tangential, Rambling or Incoherent</b> | Influenced by a serious mental illness that disturbs thought, logic, organization.   |
| 4. <b>International, Non-Native Language</b> | The author does not have a mastery of the English language and may have made comments that, when taken out of context, sound more substantive in terms of threats.                       |
| 5. <b>Creative Author</b>                    | Expresses a desire to be an author, artist or musician; when taken out of an artistic process, has a more concerning tone and quality.   |
| <b>Content Qualities</b>                     |  |
| 6. <b>Writing for Class</b>                  | Part of a class or group assignment; when the content is seen from this context, it may still be disturbing, but lessens the level of concern.   |
| 7. <b>Therapeutic Journal</b>                | Part of a larger therapeutic process (either with a professional or alone); its purpose is to help better handle frustration, impulse control and concerning thoughts.                   |
| 8. <b>Political or Opinion</b>               | Designed, in a non-violent way, to bring about change through debate and rhetoric; may be satire or the speech common on radio talk shows.   |
| 9. <b>Retaliatory Expression</b>             | Designed to create a reaction from the person receiving it; does not contain ultimatums; written for the author to save face or regain lost reputation.                                  |
| 10. <b>Affective/Reactive</b>                | Occurs in reaction to an emotional frustration or event; if there are threats in the sample, they are vague, disorganized and transient in nature.                                       |

# VRA TOOLS

**SIVRA-35**  
NABITA Assessment Tool 



- **10x** NABITA Risk Rubric
- **25x** Violence Risk Assessment of the Written Word (VRAWW)
- **50x** Structured Interview for Violence Risk Assessment (SIVRA-35) and Non-Clinical Assessment of Suicide (NAS)

# SIVRA-35

## NABITA Assessment Tool

1. Direct threat to person/place/system.
2. Has tools, plans, weapons, schematics.
3. Fantasy rehearsal.
4. Action plan or timeframe to attack.
5. Fixated/focused on target.
6. Grudges/injustice collector.
7. Pattern of negative writing/art.
8. Leakage/warning of potential attack.
9. Suicidal thoughts with plan.
10. Persecution/victim mindset.
11. Last act behaviors.
12. Confused thoughts/hallucinations.
13. Hardened point of view.
14. No options/hopeless/desperate.
15. Drawn or pulled to action.
16. Recent break-up or stalking.
17. Defensive/overly casual interview.
18. Little remorse or bravado.
19. Weapons access or training.
20. Glorifies/studies violence.
21. Disingenuous/externalize blame.
22. Acts superior/lacks empathy.
23. History of impulsive risk-taking.
24. History of conflict (authority/work).
25. Extreme poor frustration tolerance.
26. Trouble connecting/lacks trust.
27. Substance abuse/acting out.
28. Serious mental health Issues.
29. If serious MH issue, not in care.
30. Objectification of others.
31. Sense of being owed.
32. Oppositional thoughts/behaviors.
33. Evaporating social inhibitors.
34. Overwhelmed from loss (e.g., job or class).
35. Drastic behavior change.

# VRA TOOLS

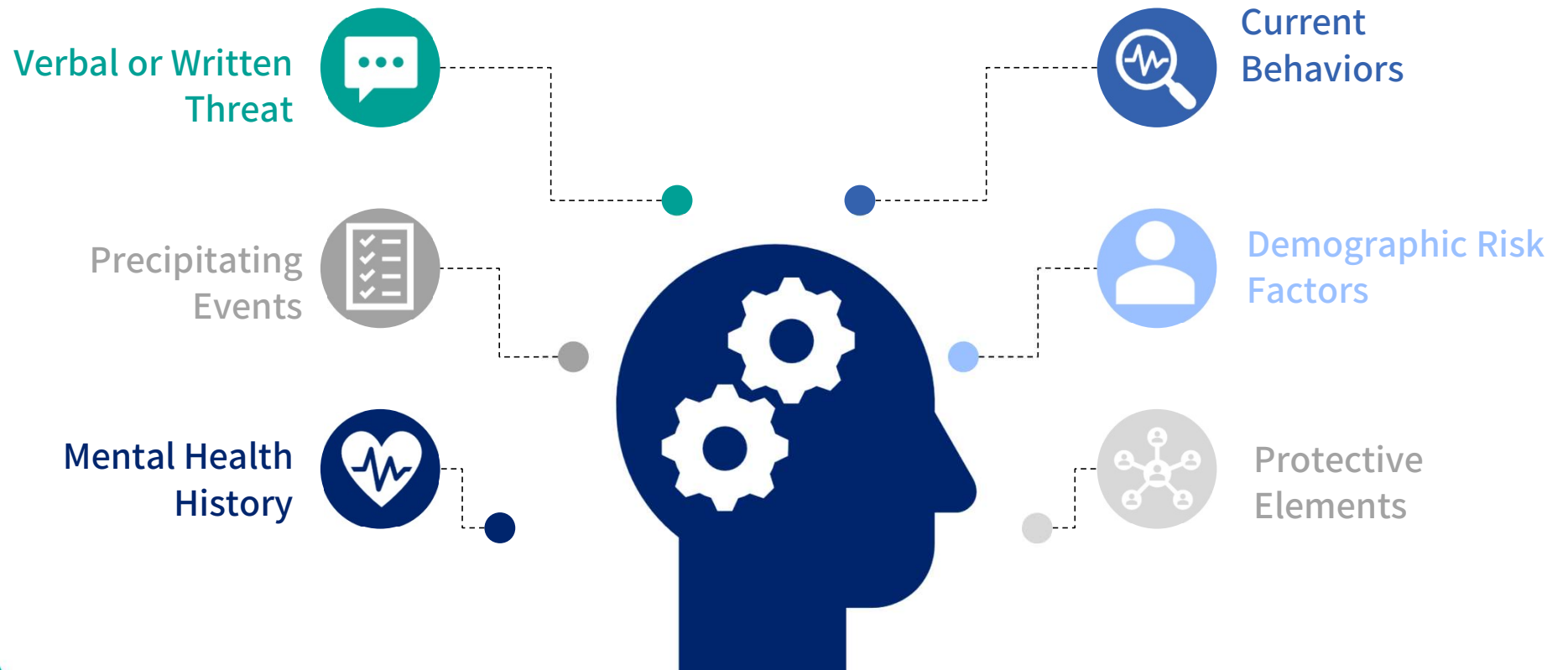
# NAS

NABITA Assessment Tool



- **10x** NABITA Risk Rubric
- **25x** Violence Risk Assessment of the Written Word (VRAWW)
- **50x** Structured Interview for Violence Risk Assessment (SIVRA-35) and Non-Clinical Assessment of Suicide (NAS)

# NAS



# CONDUCTING A VIOLENCE RISK ASSESSMENT



## WHEN

- When the individual has crossed the elevated threshold on the rubric.
- When you need more information related to the individual's likelihood of engaging in violence.
- After a clear understanding of the nature of the assessment has been established and any dual roles clarified.



## WHO

- Anyone on the BIT with adequate training and knowledge.
- Someone with the ability to gather information and build rapport.
- Case managers, clinicians, conduct, etc., tend to be good at it.

# WHO SHOULD CONDUCT A VRA

- No specific educational degree required
- Required training and expertise in using an objective risk assessment tool
- Competency in:
  - Conducting a VRA
  - Gathering information
  - Building rapport
  - Cultural issues



# TRAINED INTERNAL PROFESSIONAL



## PROS



-  Thorough information sharing
-  Timeliness
-  Assurance of VRA scope

## CONS



-  Possible perception of bias
-  Conflicts of interest with trained staff

# EXTERNAL ASSESSMENT

## PROS



Mitigate perception of bias



Option for schools with fewer resources

## CONS



May not be appropriate type



Issues with information sharing



Costly

# MANDATING AN ASSESSMENT



## BIT/CARE

Team assessment reaches threshold for mandated assessment.



## Engagement

If student does not engage, referral to conduct for failure to comply.



## Conduct

Student is sanctioned to engage in assessment.



## Conduct

Student required to attend assessment after conduct violation.

# **NABITA STANDARDS 12 AND 13**

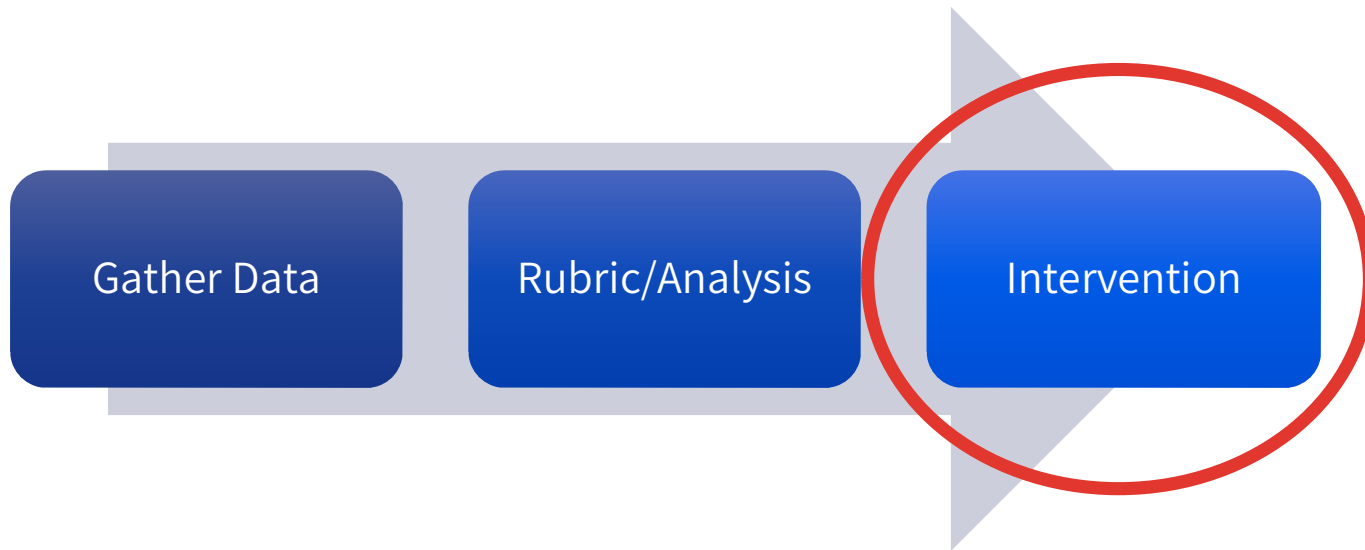
Interventions and Case Management

# STANDARD 12: INTERVENTIONS

Teams clearly defines its actions and **interventions for each risk level** associated with objective risk rubric they have in place for their team.



# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT



# STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT



## Assessment Based

- The intervention should be the product of a quality analysis and accurately fit the nature of the risk. It should be tailored to the severity of the risk.

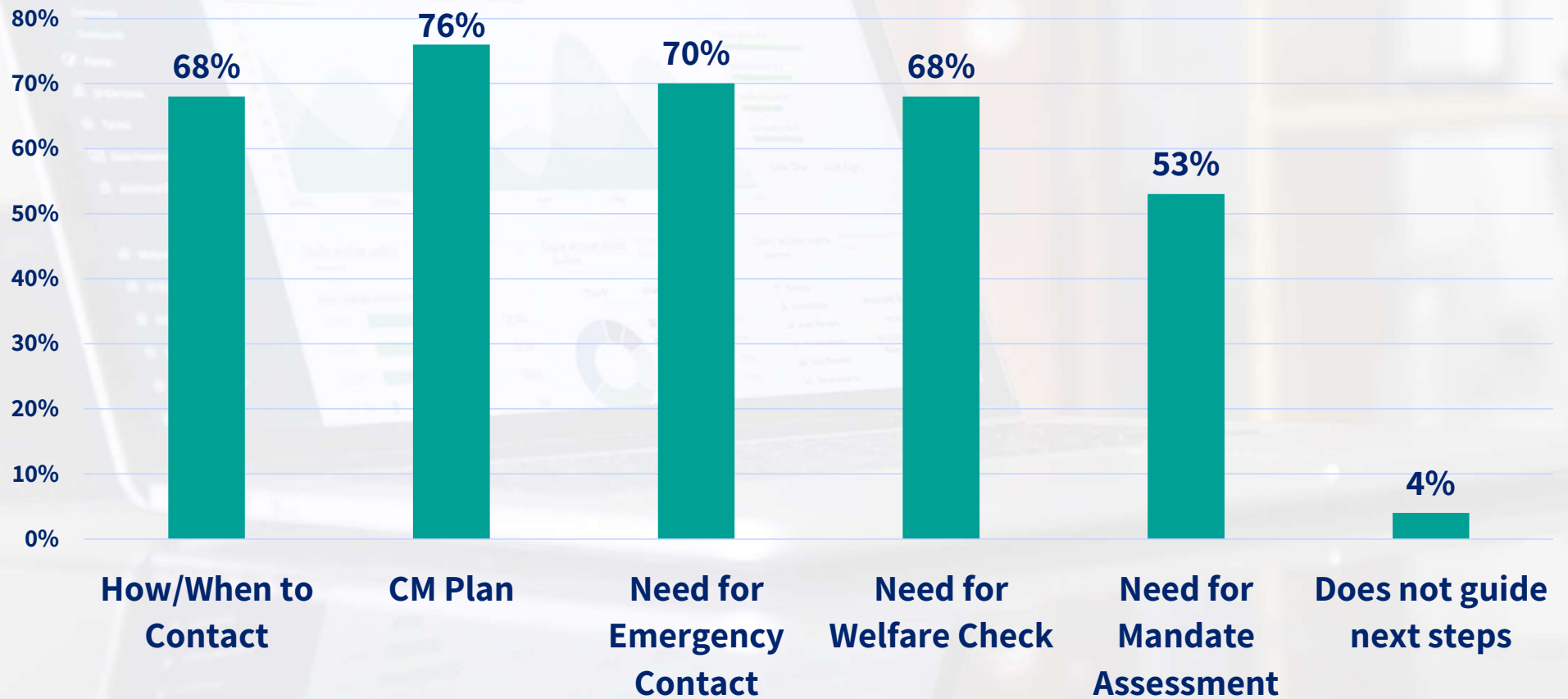
## Range of Options

- Check-ins
- Case Management
- Parental Contact
- Mandated Assessment

## Ongoing

- Not just one and done
- More than just giving individual list of resources
- Includes follow-up and ongoing connections

# Risk Assessment Guides...





# OBJECTIVE RISK TOOLS

## RISK RUBRIC

NABITA Assessment Tool 



- **10x** NABITA Risk Rubric
- **25x** Violence Risk Assessment of the Written Word (VRAWW)
- **50x** Structured Interview for Violence Risk Assessment (SIVRA-35) and Non-Clinical Assessment of Suicide (NAS)

**Slide 217**

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**TC0**

Updated to remove ERIS.

Tim Cason, 2023-01-09T16:17:19.063

- Coordinate with necessary parties (student conduct, police, etc.) to create plan for safety, suspension, or other interim measures
- Obligatory parental/guardian/emergency contact notification unless contraindicated
- Evaluate need for emergency notification to community
- Issue mandated assessment once all involved are safe
- Evaluate the need for involuntary/voluntary withdrawal
- Coordinate with university police and/or local law enforcement
- Provide guidance, support, and safety plan to referral source/stakeholders

### ELEVATED (3)

- Consider a welfare/safety check
- Provide guidance, support, and safety plan to referral source/stakeholders
- Deliver follow up and ongoing case management or support services
- Required assessment such as the SIVRA-35, ERIS, HCR-20, WAVR-20 or similar, assess social media posts
- Evaluate parental/guardian/emergency contact notification
- Coordinate referrals to appropriate resources and provide follow-up
- Likely referral to student conduct or disability support services
- Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk

### MODERATE (2)

- Provide guidance and education to referral source
- Reach out to student to encourage a meeting
- Develop and implement case management plan or support services
- Connect with offices, support resources, faculty, etc. who inquire about student to enlist as support or to gather more information
- Possible referral to student conduct or disability support services
- Offer referrals to appropriate support resources
- Assess social media and other sources to gather more information
- Consider VRAW<sup>2</sup> for cases that have written elements
- Skill building in social interactions, emotional regulation, and reinforcement of protective factors (social support, positive involvement)

### MILD (0)

- No formal intervention; document
- Provide guidance and education
- Reach out to student to

# INTERVENTIONS

# INTERVENTIONS

## MODERATE (2)

- Provide guidance and education to referral source
- Reach out to student to encourage a meeting
- Develop and implement case management plan or support services
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information
- Possible referral to student conduct or disability support services
- Offer referrals to appropriate support resources
- Assess social media and other sources to gather more information
- Consider VRAW<sup>2</sup> for cases that have written elements
- Skill building in social interactions, emotional balance, and empathy; reinforcement of protective factors (social support, opportunities for positive involvement)

## MILD (0/1)

- No formal intervention; document and monitor over time
- Provide guidance and education to referral source
- Reach out to student to offer a meeting or resources, if needed
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information

# INTERVENTIONS

## CRITICAL (4)

- Initiate wellness check/evaluation for involuntary hold or police response for arrest
- Coordinate with necessary parties (student conduct, police, etc.) to create plan for safety, suspension, or other interim measures
- Obligatory parental/guardian/emergency contact notification unless contraindicated
- Evaluate need for emergency notification to community
- Issue mandated assessment once all involved are safe
- Evaluate the need for involuntary/voluntary withdrawal
- Coordinate with university police and/or local law enforcement
- Provide guidance, support, and safety plan to referral source/stakeholders

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# STANDARD 12: INTERVENTIONS

## Seven Common Missteps

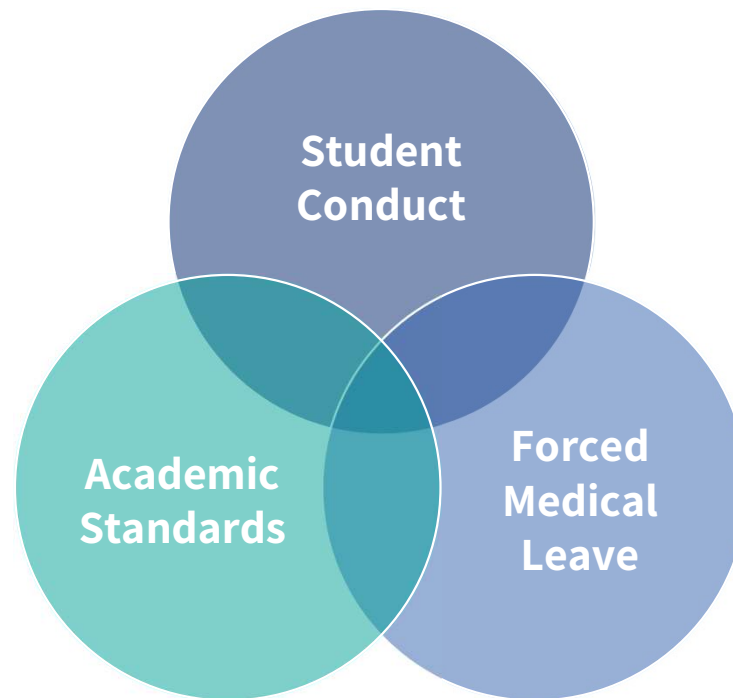
- Rush to intervention and advice and skip pre/contemplation stages of change.
- Focus on talking and providing answers, rather than listening and exploring.
- Failure to explore other areas to address and over-focus on initial referral reason.
- Choose the wrong person to intervene either due to inexperience or personality conflict.
- Lack of follow-up/ongoing connection. One and done.
- Failure to solidify connection to additional resources.
- Lack of positive, solution-focused attitude.

# RANGE OF INTERVENTIONS



# STANDARD 12: INTERVENTIONS

## Conduct, Leaves, and Withdrawals



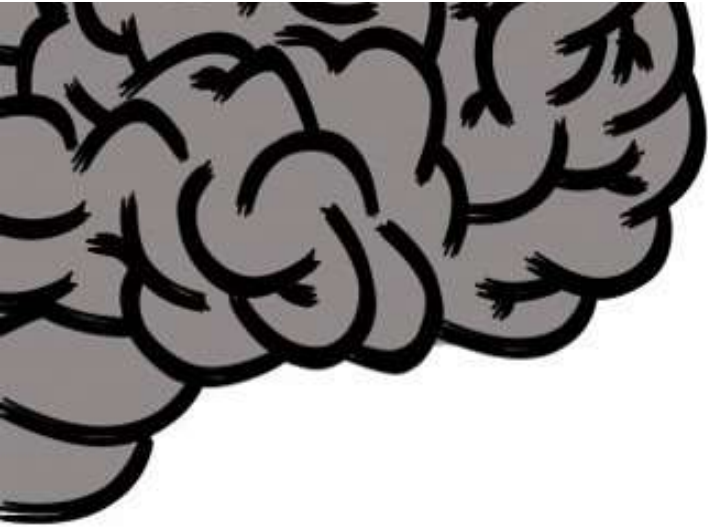


# STANDARD 12: INTERVENTIONS

## Student Conduct

- Hold students accountable to the conduct code, regardless of mental health issues (e.g. classroom disruption, threatening behaviors, failure to comply, etc.).
- Early conduct meetings for low level violations help students see road signs on their way to driving off the cliff.
- Use formal meetings, due process, and documentation.
- Adjust sanctions to match the situation – don't just skip the process.
- This helps with bias mitigation, create a fair process for all, and helps with accountability and behavior change.



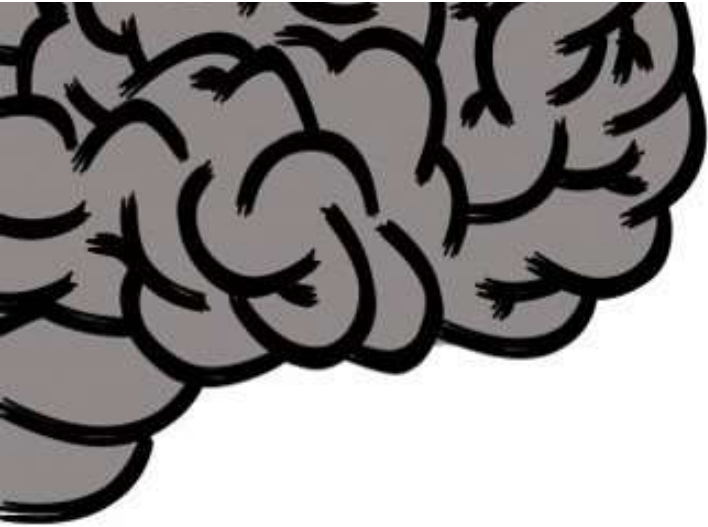


MENTAL HEALTH

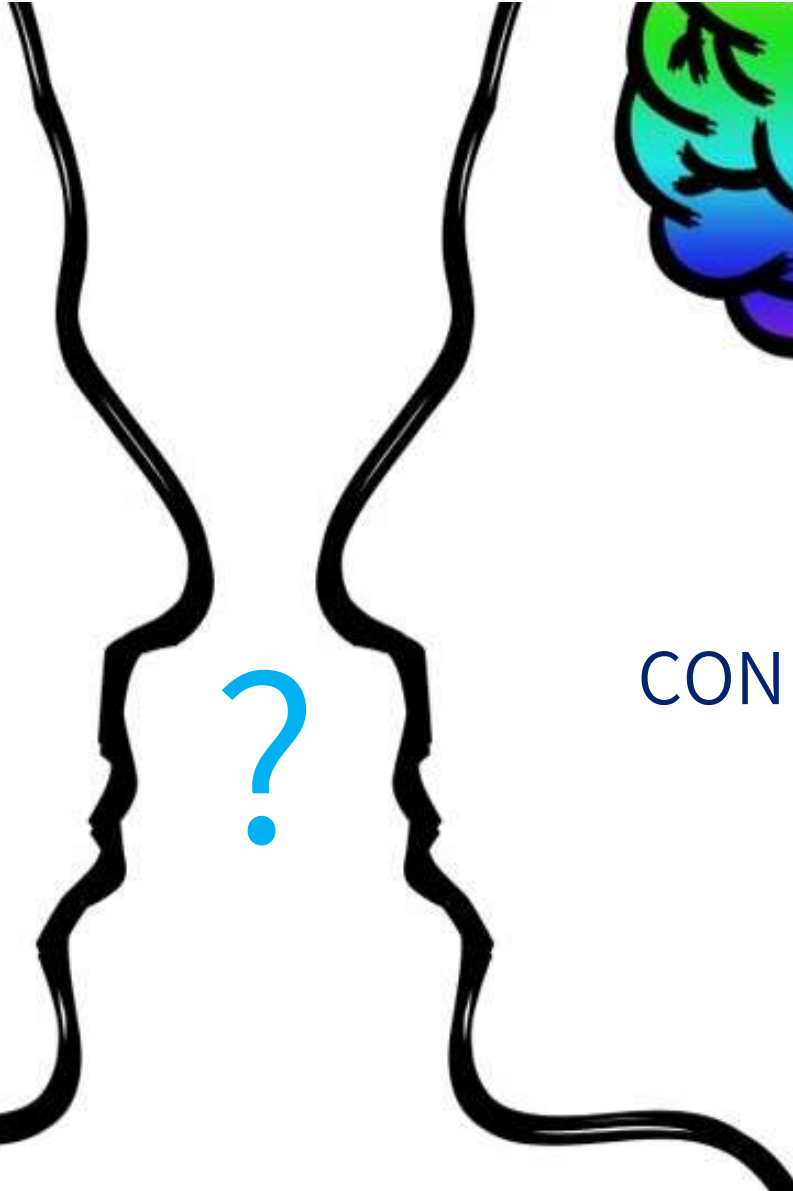


BEHAVIOR





HELP



CONDUCT

Both  
          
And



Code of Conduct



Due Process/  
Fundamentally Fair Process

**APPLIES TO ALL STUDENTS**

# MENTAL HEALTH AND BEHAVIOR



Behavioral Agreements



Conduct Process & Progressive Sanctions

# STANDARD 12: INTERVENTIONS

## Academic Standards

- Have clear, operationalized standards for academic programs (e.g. nursing, education, health science).
- Make all students aware of standards prior to admission to the program.
- Don't use mental illness diagnosis or language in standards.
- Use behavior descriptions and hold all students to these defined standards.



# STANDARD 12: INTERVENTIONS



## Forced Medical Leave/Involuntary Withdrawal

- Not an ideal approach given students OCR/ADA rights.
- Other methods better cover the process.
- In that 1/100 case where a forced medical leave is deployed, the school must meet the four part direct threat test for removal.
- This is a difficult standard to reach...



# FOUR PART DIRECT THREAT TEST

1. Individualized and objective assessment of the student's ability to safely participate in the college's program;
2. To rise to the level of a direct threat, there must be a **high probability** of substantial harm and not just a slightly increased, speculative, or remote risk;
3. This assessment must be based on a reasonable medical judgment relying on the most current medical knowledge or the best available objective (non-medical) evidence;
4. The assessment must determine:
  - The nature, duration, and severity of the risk;
  - The probability that the potentially threatening injury will occur; and
  - Whether **reasonable modifications** of policies, practices, or procedures (accommodations) would sufficiently mitigate the risk.



# **NORTHERN MICHIGAN UNIVERSITY**

# NORTHERN MICHIGAN UNIVERSITY CASE FACTS

- Katerina Klawes was a student at Northern Michigan University when she shared with a friend that she had Major Depressive Disorder and her doctor was concerned about her being suicidal.
- When her friend reported it, the Dean of Students attempted to contact her unsuccessfully, and then had campus and local police locate her. Local police determined she was not a threat to herself.
- NMU required her to sign a behavioral agreement, requiring her to not speak to others about her suicidal thoughts and to attend a psychological assessment, with the threat of disenrollment.

# DECISION

- Klawes filed a complaint with DOJ for violation of Title II of the ADA.
  - Four other students who were required to sign behavioral agreements joined the complaint.
- DOJ required NMU to update its “Policy relating to student self-destructive behavior, its ADA and reasonable accommodations policies, and its withdrawal policies, practices, and procedures.
- DOJ required NMU to create a process for individualized assessments and train faculty, counseling, DOS and staff.
- NMU settled for \$173,500.



# TAKEAWAYS

- NMU overreacted to the risk presented and acted based on speculation and assumption.
- Threatening a student with separation or conduct code action for suicidal thoughts is problematic.
- Retire the use of gag orders.
- Teams should take a position of genuine interest in identifying a success plan rather than threatening them with disenrollment.
- If institutions use behavioral agreements, they should be designed to reinforce Codes of Conduct - not add additional standards and sanctions.




# STANDARD 13: CASE MANAGEMENT

Teams **invest in case management as a process**, and often a position, that provides **flexible, need-based support** for students to overcome challenges.



# STANDARD 13: CASE MANAGEMENT



“Case managers in the higher education setting provide **goal-oriented** and **strengths-based assessment, intervention, and coordination of services** to students experiencing **academic, personal, or medical difficulties** in order to assist them in **removing barriers to success** and **increasing their holistic well-being**”

- Schiemann and Molnar, 2019

# DEFINING CASE MANAGEMENT

A red life preserver with white straps is floating in the water. The text is overlaid on this image.

**At its very core, case management is about helping students to overcome the obstacles in their lives.**

Case management supports the work of the BIT by providing flexible and creative support to at-risk students, ensuring proper access to care.

Case management is central to the educational mission of institutions, seeking to retain students and providing them an environment conducive to academic success.

Case management can serve as a keystone mechanism through which colleges and universities support and keep students safe.



# CM PARTICIPATION ON THE BIT

## CM as Chair

Chairing the BIT is part of their primary job responsibilities in addition to serving as case manager or overseeing a case management program.

## CM Attached to BIT

Serves as a dedicated case manager on the BIT. Manages a caseload of students, often a mix of non-BIT and BIT students.

## CM as a Process

Teams that do not have a designated case manager position need to engage in case management as a process by which they assign the BIT cases to team members for intervention.



# Standards for Case Management

NABITA Standards for Case Management written for those operating in a **non-clinical case management position**.

These Standards can be used by those in a **case management position** or those engaging in **case management as a process**.

# CASE MANAGEMENT STANDARDS

Structural  
Elements

Process  
Elements

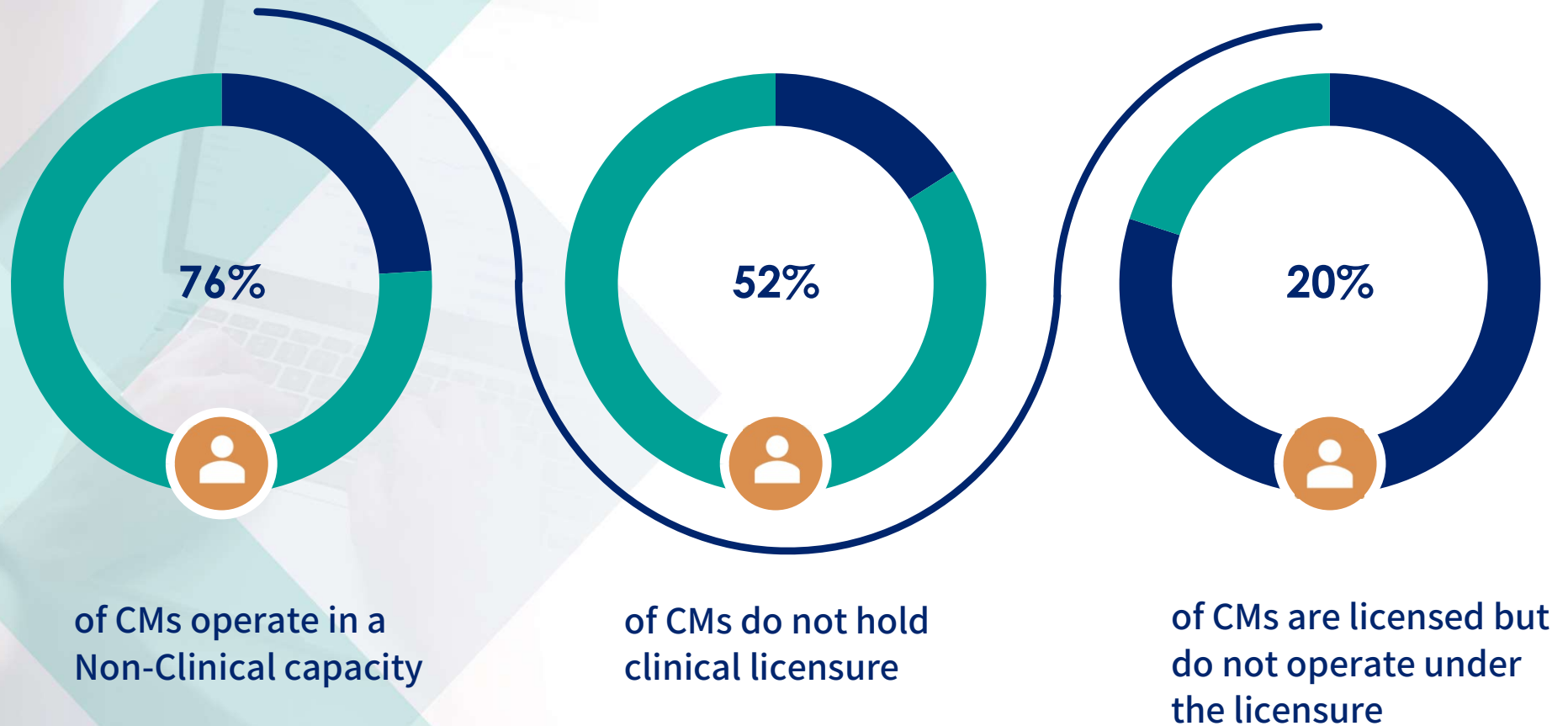
Quality Assurance  
&  
Assessment  
Elements

## Clinical Case Manager

## Non-Clinical Case Manager



# CLINICAL VS. NON-CLINICAL CASE MANAGEMENT



# Case Management as a Process

Leverages existing team members

Operationalizes the intervention phase of the BIT



Provides direct services to the individuals referred to BIT

Facilitates a connection to resources

# CASE MANAGEMENT AS A POSITION



Provides a full-time staff member for supporting students



Increases the opportunity to connect to resources, reduce risk, and change student behavior through direct services



Allows for a well-trained expert to provide services



Strengthens the team's ability to deploy interventions

# WHAT DOES A CASE MANAGER DO?



Assessment



Coordination  
of Services



Advocacy

---

## Case Management Functions

---



System  
Negotiation



Follow up  
Services



Documentation



# **STANDARD 14**

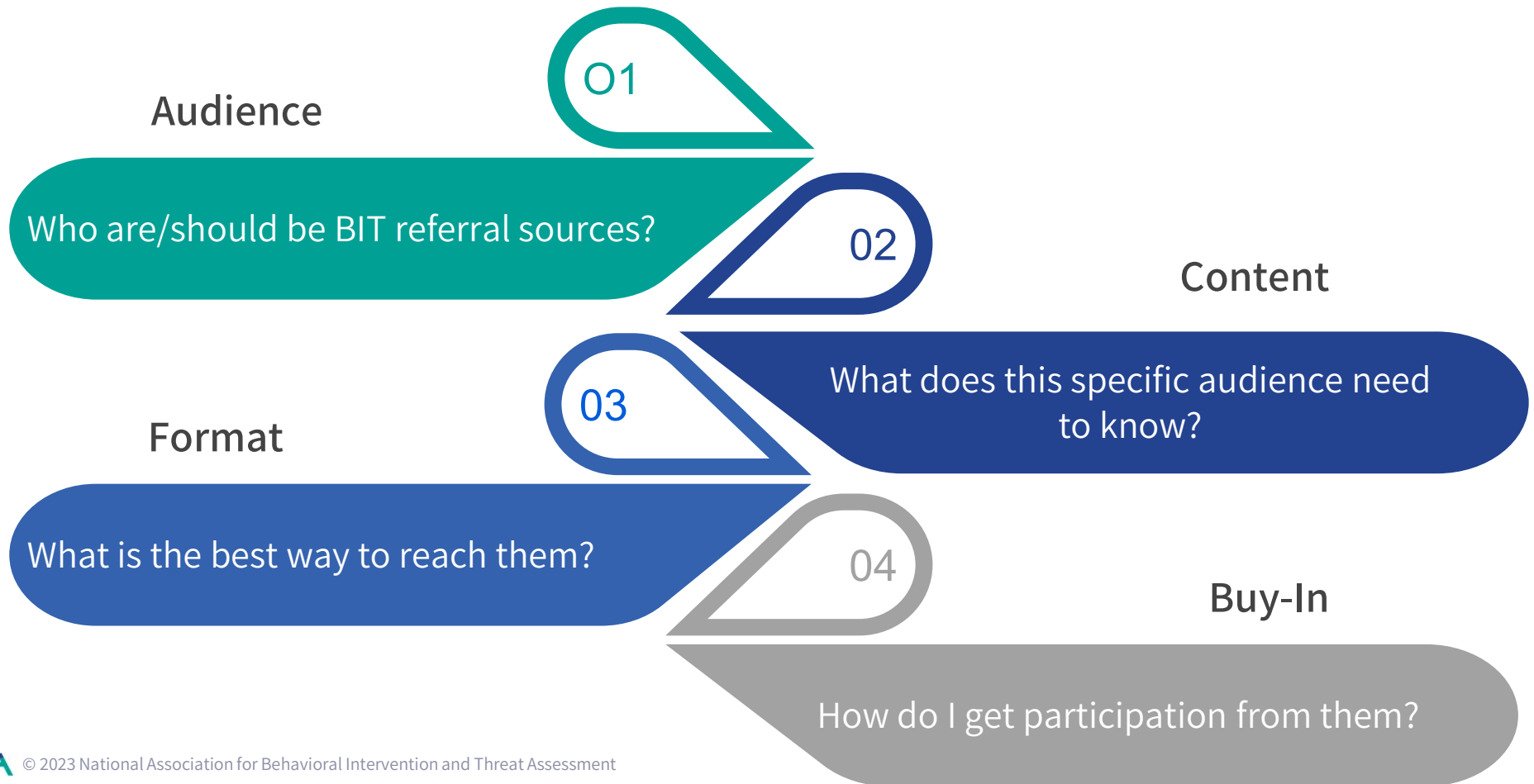
Advertising and Marketing

# STANDARD 14: ADVERTISING AND MARKETING

Teams **market their services**, as well as **educate and train** their communities about what and how to report to the BIT, through marketing **campaigns, websites, logos, and educational sessions.**



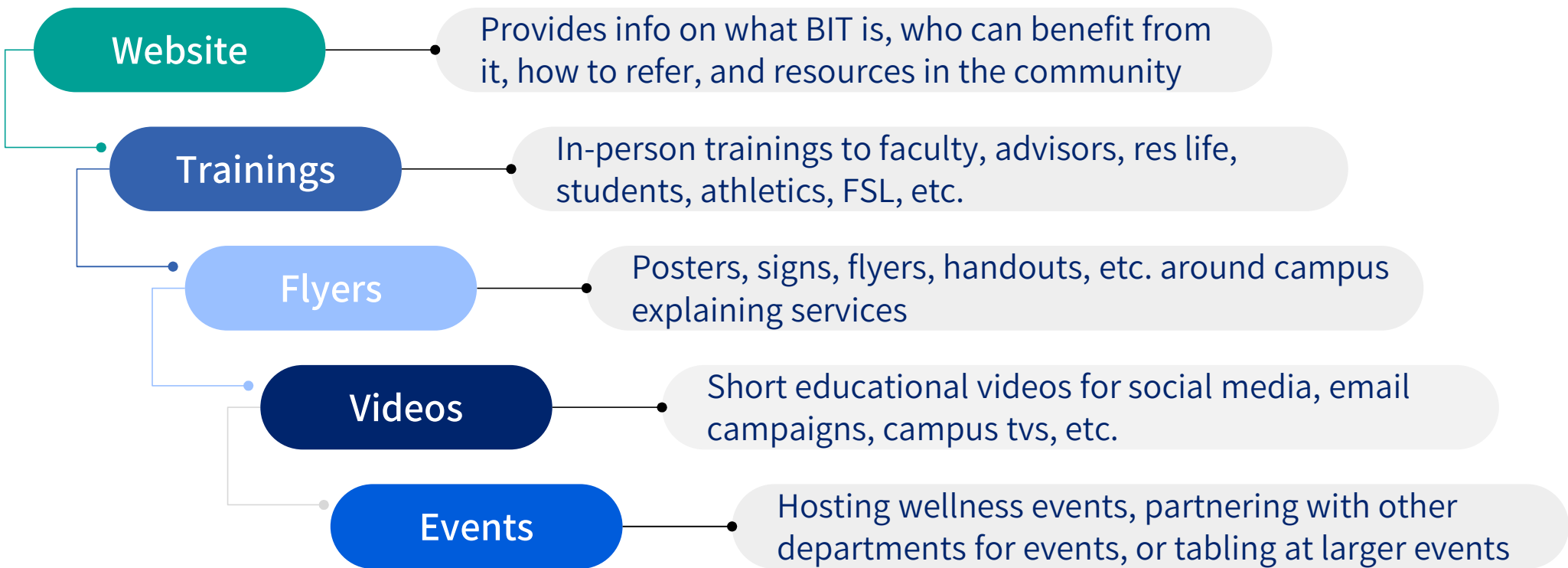
# STANDARD 14: ADVERTISING AND MARKETING



# STANDARD 14: ADVERTISING AND MARKETING

Advertising and Marketing efforts should be a mix of  
**PASSIVE** and **ACTIVE** campaign strategies

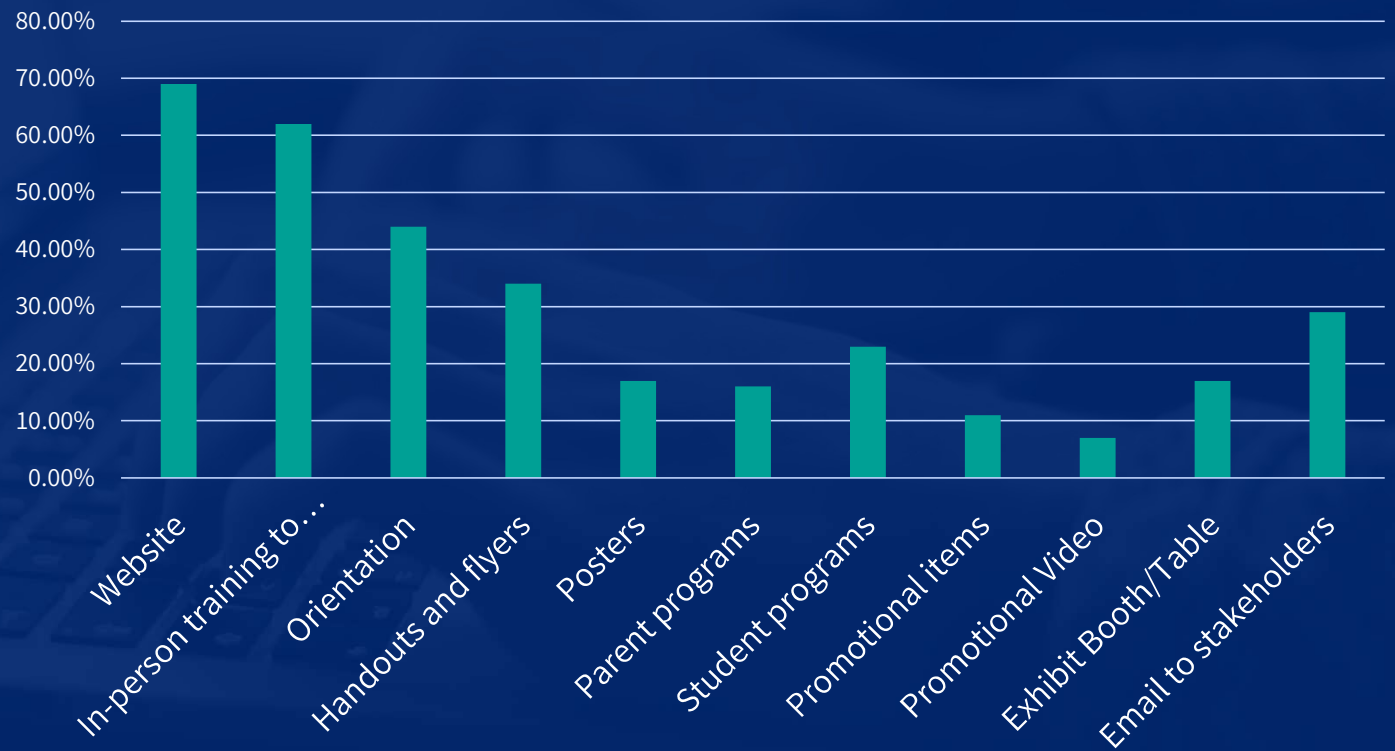
# COMMON APPROACHES



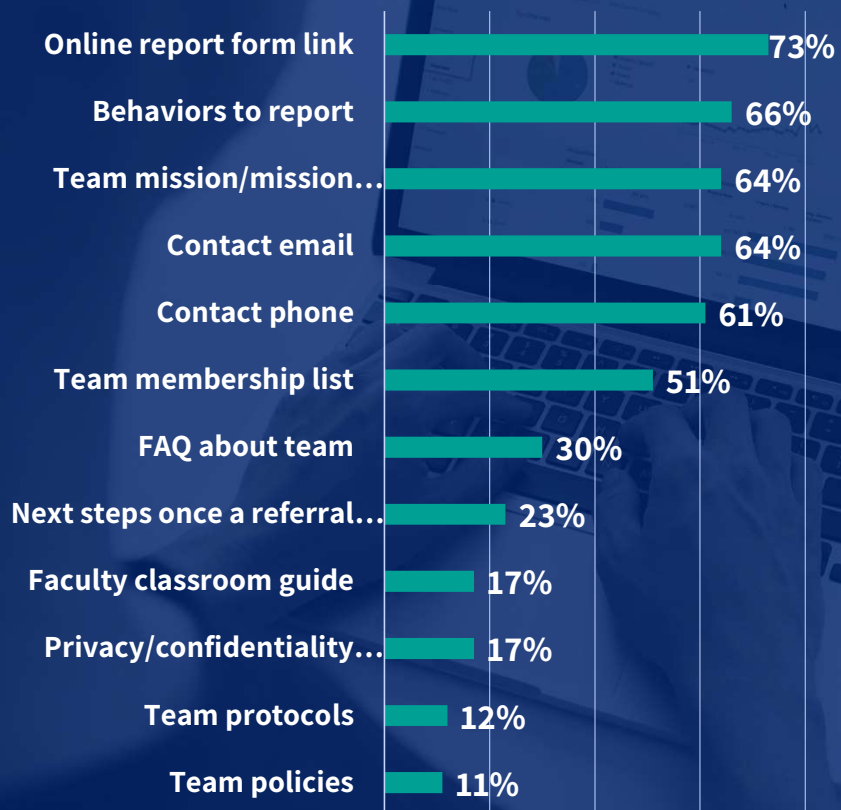
# Advertising and Education



**82%**  
of teams  
make efforts to  
educate their  
community and  
make them aware of  
the team's efforts



# Website Content



**68%** of teams

**Have a website**



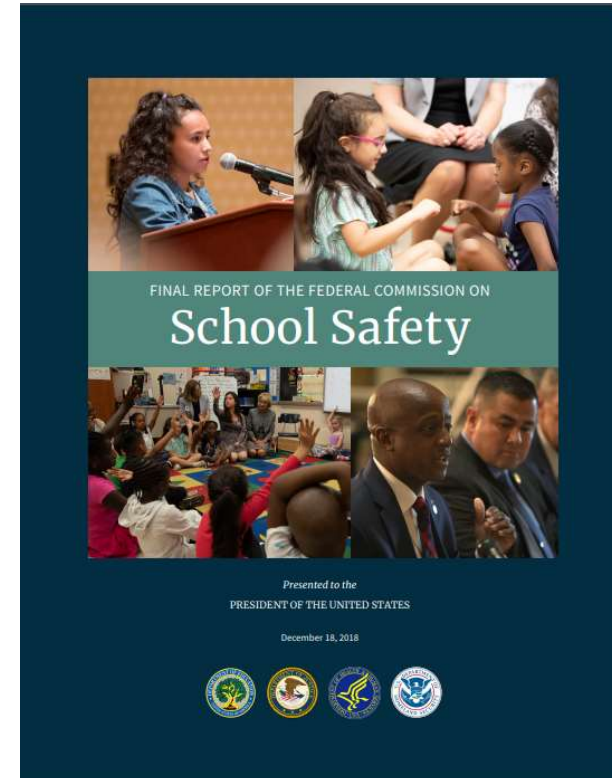
**21%** of teams

**Have a logo**

# STANDARD 14: ADVERTISING AND MARKETING

## Federal Commission on School Safety:

- “Schools should establish and provide training on a central suspicious activity reporting system”
- “Schools should establish comprehensive targeted violence prevention programs supported by multidisciplinary teams”
- Implement a “peer competition challenge for students to create school safety campaigns.

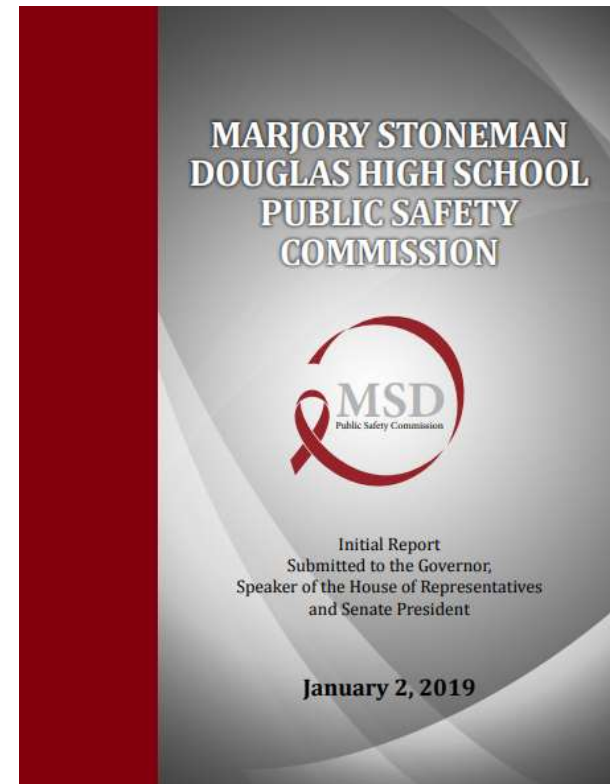




# STANDARD 14: ADVERTISING AND MARKETING

## MSD Commission:

- “All school personnel should receive training on behavioral indicators that should be referred to the team and this reporting should be mandatory”



# STANDARD 14: ADVERTISING AND MARKETING

## Fostering a Comprehensive Reporting Culture

- A **willingness to report** concerning behaviors exists on all college campuses, with some members of the community, in certain situations, and to certain individuals.
- However, a **reporting culture** exists on a macro level, transcending severity, proactivity, and personal relationships.
- A **reporting culture** gets the right information to the right people in real time most of the time. At its best, the reporting occurs early enough that it allows the BIT to get out ahead of violence to self or others.

# STANDARD 14: ADVERTISING AND MARKETING

**Behavior Intervention Team**  
The UNIVERSITY of OKLAHOMA

[BIT Home](#)

[When To Make a Report](#)

[How to Make a Report](#)

[Who is on the Team](#)

### What is the Behavior Intervention Team?

The mission of the University of Oklahoma's Behavior Intervention Team (BIT) is to promote student, faculty and staff success and campus safety by identifying individuals who demonstrate behaviors that may be early warning signs of possible disruptive or violent behavior and intervene at the earliest possible point..

The focus of OU's Behavior Intervention Team is care and concern for students, faculty members or staff members who may be in distress. Team members coordinate resources and implement a coordinated response with the goal of providing assistance to the individual while mitigating risk in an effort to keep the OU community healthy and safe.

**MAKE CARING A HA(BIT)**  
**OU.EDU/NORMANBIT**

**REPORT ONLINE [[HERE](#)].**

If a person is an immediate threat to themselves or someone else or is incapable of caring for themselves, **CALL 911**.

# STANDARD 14: ADVERTISING AND MARKETING

**Behavioral Intervention Team (BIT)**

[About MCC](#) - Behavioral Intervention Team (BIT)

Morgan Community College cares about the safety, health, and well-being of its students, faculty, staff, and community. The Morgan Community College Behavioral Intervention Team (BIT) was established to promote and maintain the safety and well-being of the campus community through positive, proactive, and practical risk assessment and intervention. I encourage you to read all of the information provided on this website to know when and how to submit an incident report.

**Reasons for Reporting an Incident**

You should refer individuals who are exhibiting behaviors that pose a threat to safety or that cause a significant disruption to the MCC community. Signs to look for include:

- Self-injurious behavior
- Suicide ideation or attempt
- Danger or threat to others (violence, threats, or implied threats of violence and intimidation)
- Possession of a weapon
- Inability of an individual to take care of themselves (serious mental health concerns or substance abuse).
- Erratic behavior that is disruptive to the normal proceedings of the college community.

If you believe your referral requires more immediate attention, please call Kent Bauer, Vice President of Student Success, at (970) 542-3111 or Melissa Richerson, HR Director, at (970) 542-3129.

**NOTE: In cases where an individual's behavior poses an imminent threat to you or another, contact 911 immediately!**

In an emergency, your first call should be to 911.

**Report Incident**

To report concerns that may not pose immediate threats, use the link above.

# STANDARD 14: ADVERTISING AND MARKETING

MY.BOISESTATE A-Z INDEX DIRECTORIES MAPS NEWS EVENTS Search...  
ALL BOISE STATE THIS SECTION


BOISE STATE UNIVERSITY ABOUT ADMISSIONS ACADEMICS RESEARCH ADMINISTRATION GIVING ALUMNI


CARE

NOTIFY CARE OF A CONCERN  
FREQUENTLY ASKED QUESTIONS  
HOW TO HELP +  
CAMPUS RESOURCES

PRINT | SHARE

## CARE

 **CARE**

 **IF THIS IS AN EMERGENCY and/or there is a potential threat to you or someone else dial 9-1-1 or call Campus Security at (208) 426-6911**

### ACADEMIC ALERT PROGRAM

If this is an academic concern regarding a student, faculty should report through the [Academic Alert Program](#).

**C.A.R.E.** stands for **C**ampus **A**ssessment **R**esource and **E**ducation

Living, learning, and working at Boise State can be stressful and sometimes the reason behind someone who is disruptive, threatening or irrational. The **CARE Team** provides assistance to the university community to help assess and find solutions for managing **distressing, disturbing, disruptive, and dangerous** behaviors.

# STANDARD 14: ADVERTISING AND MARKETING

## Keywords for Website Search

|                           |         |               |                |               |
|---------------------------|---------|---------------|----------------|---------------|
| Student of concern        | SOC     | Disruptive    | Dangerous      | Disrespectful |
| Report behavior           | NABITA  | Mental health | Suicide        | Suicidal      |
| Behavioral concern        | ASD     | Aspergers     | Depression     | Self injury   |
| Cutting                   | Fear    | Fearful       | Concerned      | Hopeless      |
| Unusual                   | Bullied | Safety        | Threat         | Threatening   |
| Threat assessment         | TAT     | BIT           | CARE           | CARE team     |
| Schizophrenia             | Angry   | Rude          | Rage           | Bipolar       |
| Classroom behavior        | Odd     | Bizarre       | Obsessive      | Inappropriate |
| Classroom<br>disruption   | Bully   | Difficult     | Safety concern |               |
| Threat Assessment<br>Team |         |               |                |               |

# STANDARD 14: ADVERTISING AND MARKETING

1. Community College of Denver



5. University of La Verne



Embry-Riddle Aeronautical  
2. University



6. Rochester Institute of Technology

**Concerned  
about a  
student?**  
[CLICK HERE »](#)



8. Gateway Technical College



3. Foothill College



4. Housatonic Community College



7. University of South Florida



9. University of Rochester



10. The University of Oklahoma



# STANDARD 14: ADVERTISING AND MARKETING





# STANDARD 14: ADVERTISING AND MARKETING



# STANDARD 14: ADVERTISING AND MARKETING

## CARE Team

Conflict, Assistance, Resources & Empowerment

### What do I do if.....

- Student tells me they are depressed
- Student shares they are thinking about or attempted suicide
- Student expresses they have anxiety
- Student threatens to harm others or themselves

### Brown Bag discussion

#### CentreTech, A108, 12-1 p.m.

- Wednesday, February 22nd
- Tuesday, March 7th
- Monday, April 3rd

#### Lowry, West Quad, 112, 12-1 p.m.

- Friday, March 3rd

For more information visit: [www.CCAurora.edu/CARE](http://www.CCAurora.edu/CARE)



# STANDARD 14: ADVERTISING AND MARKETING



### Frequently Asked Questions

**What type of behavior warrants a referral?**  
Any self-injurious behaviors, suicidal ideation, threats to self or others, erratic behavior that disrupts or threatens to disrupt the daily operations of the college, classes and activities, or behaviors that might compromise safety, should be referred. When in doubt, make the referral.

**What do I do if I know an individual who may need to be referred to the CARE Team?**  
If you feel there is an immediate threat, call or text 303-916-5275 (CTC Security Office), 303-419-5557 (Lowry Security Office), or 911. If you are making a referral online, go to the college's website under "Campus Life" and click on CARE referral form. You will be asked for basic information about the individual, how we can contact you, and for a description of the incident or behaviors that prompted the referral.

**How do I know if it is a CARE Team issue or if it is more appropriately handled by another campus resource?**  
You do not have to make this determination. If another campus resource is more appropriate, the CARE Team will refer the student and handle the transfer of information.

**Who can make a CARE Team referral?**  
Anyone who feels an individual associated with CCA is a threat to themselves and/or the college community can make a referral.

**What happens after I make a referral?**  
Once an incident is reported to the CARE Team, the team determines the appropriate steps to address the situation. This process is based on the severity of the concern, the ability of the person in question to engage in the resolution, and the situation.



### Counseling

Free Counseling Services are available for CCA students. Call 303-360-4949 to schedule a confidential appointment.  
If you are experiencing a mental health emergency and need immediate assistance, contact the Colorado Crisis Line at: 844-493-TALK (8255).



### Contact

Report a concern at:  
[www.ccaurora.edu/care-report](http://www.ccaurora.edu/care-report)  
or call (303) 340-7524



## CARE Team

Conflict Assistance through Resources and Empowerment



**We want CCA to be a safe and welcoming environment for everyone.**



COMMUNITY COLLEGE of AURORA

The Community College of Aurora prohibits all forms of discrimination and harassment including those that violate federal and state law, or the State Board for Community Colleges and Occupational Education Board Policies 3-120 and 4-120. The College does not discriminate on the basis of sex/gender, race, color, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, genetic information, gender identity, or sexual orientation in its employment practices or educational programs and activities. The Community College of Aurora will take appropriate steps to ensure that the lack of English language skills will not be a barrier to admission and participation in vocational education programs.

# STANDARD 14: ADVERTISING AND MARKETING

## CARE Referral

Conflict Assistance through Resources and Empowerment



For more information or to submit a report:  
**303-340-7524**  
[www.ccaurora.edu/care](http://www.ccaurora.edu/care)



The CCA CARE Team is a cross-functional, multidisciplinary point of contact for members of the college community who have encountered student behavior which is causing concern. The team will act promptly to follow-up with the individual initiating the report, determine if there have been any additional warning signs or reasons for concern (such as student code of conduct violations or classroom incidents), and meet with the student to develop a plan. Our intent is to be caring and preventive. The Dean of Students coordinates the CARE Team.

### Typical Types of Behavior to Report to the CARE Team:

#### Academic Signs of Concern

- Deterioration in quality/quantity of work.
- A negative change in performance (drop in grades).
- Missed assignments or exams.
- Repeated absences from class.
- Disorganized or erratic performance.
- Decline in enthusiasm in class (no longer choosing a seat at the front of the room).
- Student sends frequent, lengthy "ranting" or threatening types of emails to instructor.
- Continual seeking of special provisions (e.g. late papers, extensions, postponed exams, and projects).

#### Emotional Signs of Concern

- Inappropriate emotional outbursts (unprovoked anger or hostility, sobbing).
- Exaggerated personality traits; more withdrawn or more animated than usual.
- Expressions of hopelessness, fear or worthlessness
- Themes of suicide, death and dying in papers/projects.
- Direct statements indicating distress, family problems, or other difficulties.
- Peer concern about a fellow student (in class, lab or organization).

*Referrals to the CARE Team are important, even if an incident may seem minor.*

*Reporters are encouraged to report behavioral observations, facts, and use student quotes.*

To submit a report:  
[www.ccaurora.edu/care-report](http://www.ccaurora.edu/care-report)  
 For additional information: 303-340-7524

#### Dangerous Behaviors

- Racist or otherwise fixated thoughts.
- Bullying behaviors focused on a student in the classroom.
- Direct communicated threat to instructor, staff or towards another student.
- Prolonged non-verbal passive aggressive behaviors (sitting with arms crossed, glaring or staring at individual, refusal to speak or respond to questions or directives).
- Self-injurious behavior (cutting or burning self during class, or exposing previously unexposed self-injuries).
- Physical assault (pushing, shoving or punching, throwing objects or slamming doors).
- Storming out of the classroom when upset.
- Conversations that are designed to upset other students (description of weapons, killing or death).
- Psychotic, delusional or rambling speech.
- Arrogant or rude talk to instructor, staff or other students; objectifying language that depersonalizes the instructor, staff or other students.

#### Physical Signs of Concern

- Falling asleep in class or other inopportune times.
- A dramatic change in energy level (either direction).
- Worrisome changes in hygiene or personal appearance; significant changes in weight.
- Showing drug and alcohol intoxication (bleary-eyed, hung-over, smelling of alcohol or marijuana).
- Noticeable cuts, bruises or burns.

# STANDARD 14: ADVERTISING AND MARKETING



**Is someone you know  
sad,  
angry,  
frustrated,  
depressed?**

There are many resources available at OU to help.  
**Your confidential report to BIT can make a difference.**


**Be aware. Show you care.**

**ContactBIT**  
OU's Behavior Intervention Team

**Report Online: [ou.edu/normanbit](https://ou.edu/normanbit)**  
CALL: 405.325.7700 / [NormanBIT@ou.edu](mailto:NormanBIT@ou.edu) / FAX: 405.325.7195

*If a person is an immediate threat to themselves or someone else  
or is incapable of caring for themselves, CALL 911.*

THE UNIVERSITY OF OKLAHOMA IS AN EQUAL OPPORTUNITY INSTITUTION



**Is someone you know...**

- experiencing a decline in work or academic performance?
- demonstrating disruptive or disturbing behavior?
- showing dramatic changes in appearance, behavior or weight?
- having problems at home, with classes or work?
- making disturbing comments in conversation, email or social media postings or papers?
- sad, anxious or experiencing dramatic mood shifts?
- abusing alcohol or drugs?
- isolating themselves socially?
- acting paranoid or suspicious?
- frequently angry or easily frustrated?
- struggling with health problems?

These behaviors, especially when more than one are present, may be signs that a person is in distress. There are many resources available at OU to help.

**Your confidential report to BIT can make a difference.**

**Be aware. Show you care.**

**ContactBIT**  
OU's Behavior Intervention Team

**Report Online: [ou.edu/normanbit](https://ou.edu/normanbit)**  
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# STANDARD 14: ADVERTISING AND MARKETING

A word cloud poster for Contact BIT. The words are arranged in a vertical, somewhat circular shape. The words include: pressure, anxiety, frustrated, Contact BIT (in red), SpeakOut, LISTEN, depression, alcohol, TALK, angry, HOPE, lost, and problems. The text is in various colors and orientations.

**Know someone in distress?**

There are many resources available at OU to help.  
Your confidential report to BIT can make a difference.

**Be aware. Show you care.**

**ContactBIT**  
OU's Behavior Intervention Team

Report Online: [ou.edu/normanbit](http://ou.edu/normanbit)  
CALL: 405.325.7700 / [NormanBIT@ou.edu](mailto:NormanBIT@ou.edu) / FAX: 405.325.7195

*If a person is an immediate threat to themselves or someone else or is incapable of caring for themselves, CALL 911.*

THE UNIVERSITY OF OKLAHOMA IS AN EQUAL OPPORTUNITY INSTITUTION

A poster for the UAA Care Team. The background is green. At the top, it says 'UAA UNIVERSITY of ALASKA ANCHORAGE'. Below that, three speech bubbles contain the phrases: 'sense something?' (in blue), 'say something.' (in purple), and 'do something.' (in orange). The word 'care' is written in large white letters. Below 'care' is the 'careteam' logo, which consists of the word 'careteam' in white on a green background, followed by three stylized human figures. At the bottom, there is a QR code and the text: 'For more information or to submit a report: [www.uaa.alaska.edu/CareTeam](http://www.uaa.alaska.edu/CareTeam) • 786-6065'. Below that, it says 'The Care Team is coordinated by the Dean of Students Office' and 'UAA is an ECCOE member and educational institution.'

**care**

**careteam**

The UAA Care Team is a behavior intervention team. The team reviews reports that are received about student behavior and determines the best course of action to support the student and intervene before the behavior escalates. If you sense something that does not seem right, the team asks that you say something to the Care Team Coordinator (907-786-6065), or do something by submitting a report online. Every member of the UAA community helps to keep our campus healthy and safe.

For more information or to submit a report:  
[www.uaa.alaska.edu/CareTeam](http://www.uaa.alaska.edu/CareTeam) • 786-6065

The Care Team is coordinated by the Dean of Students Office  
UAA is an ECCOE member and educational institution.

# STANDARD 14: ADVERTISING AND MARKETING

If you **SEE** something  
**SAY** something

**Be Aware**      **Listen**

**Reach Out**      **Report**

**Connect to Campus Safety and Community Support**  
Edmonds Community College | [www.edcc.edu](http://www.edcc.edu)

**Get the Right Help**

|   |   |   |
|---|---|---|
| <b>Situation of Concern</b><br>Campus Security   425.754.0154     | <b>Sexual Harassment</b><br>Title IX Coordinator   425.640.1562         | <b>Child Abuse and Neglect</b><br>Human Resources   425.640.1400                            |
| <b>Student Conduct</b><br>Dean for Student Success   425.640.1375 | <b>Threats of Violence/Harassment</b><br>Campus Security   425.754.0154 | <b>Suicide</b><br>Counseling Center   425.640.1358<br>Crisis Line (24 hours)   800.584.3578 |

**In case of emergency, call 911**

Edmonds Community College does not discriminate on the basis of race, color, religion, national origin, sex, disability, sexual orientation, age, citizenship, marital, or veteran status, or genetic information in its programs and activities. 3/14/2015

**SEE**  
SOMETHING  
**SAY**  
SOMETHING

**STANCARES**

The Stan Cares Team serves the campus community by evaluating and responding to disruptive, troubling, or threatening behaviors brought to the attention of the team.

**FOR MORE INFORMATION OR TO SUBMIT A REPORT:**

[www.csustan.edu/StanCares](http://www.csustan.edu/StanCares)  
209.664.6700  
[stancares@csustan.edu](mailto:stancares@csustan.edu)

If you SENSE something does not seem right, SAY something by contacting the StanCares Team.

The StanCares team is coordinated by the offices of the Vice President for Enrollment and Student Affairs and the Vice President for Faculty Affairs and Human Resources

California State University | Stanislaus

## STANDARD 14: ADVERTISING AND MARKETING

YOU ARE **NOT** ALONE

---

If you or someone you know is struggling, feeling overwhelmed, or contemplating suicide we can help.



MOTT  
CARE  
TEAM



# STANDARD 14: ADVERTISING AND MARKETING

**FACULTY**  
At the beginning of the semester, Alex (who is in the honors program) performed well in class and participated regularly. He seemed eager to learn the material and was trying hard. Over the last few weeks, however, Alex has started to miss class. When Alex does show up, he is late and looks disheveled and tired. Yesterday, he left in the middle of an exam appearing tearful. On the last question of the exam he wrote, "I'm sorry, I just can't do this. I need time to myself."

**ADVISOR**  
Alex was a strong student in high school and came to the school as an honors student. He is hoping to major in biology or chemistry with the dream of going to med school. In the fall, he seemed to struggle to adjust to college life. He earned low grades in his classes and was placed on academic probation. Midterm grades were issued for spring semester and you see that Alex has low grades again.

**ALEX**

**RES LIFE**  
One of the RAs that you supervise came to you as they are concerned for Alex. Alex hasn't left his room much in the last few weeks and the RA has heard him crying at night. The RA notes that the few times he has seen Alex out of the room, he is withdrawn and quiet which is unusual for him. Alex has also seemed drunk often, even on the weekdays. The RA knows Alex's girlfriend recently broke up with him and she seemed to be his closest friend at school.

**EMPLOYER**  
You hired Alex after a glowing recommendation from his honors program advisor. He was a great employee for you until the last few weeks. A few weeks ago, you remember Alex getting a phone call that seemed to upset him. He appeared agitated during the call and left work right away. Since then, he has been calling off work, or not showing up at all. A few times, when he did come to work, he appeared hungover.



## WHAT HAPPENS AFTER A REFERRAL

**Gather Data**

Once *INSERT TEAM NAME* receives the referral, we will begin collecting any additional information to put together the pieces of the puzzle.

**Assess Concern**

In order to determine how to best intervene and support the student, *INSERT TEAM NAME* reviews the data collected to assess the level of concern, risk, or threat.

**Deploy Interventions**

Based on the level of concern, risk or threat, *INSERT TEAM NAME* will deploy interventions such as *a meeting with the individual, case management services, police/campus safety response, tailor list to your campus.*

Training Template Provided by NaBITA 19

## WHO TO REFER: EMOTIONAL INDICATORS

|   |  |
|---|--|
| 1 Explosive or impulsive behavior   | 8 Marked irritability, anger, hostility, etc.                |
| 2 Emotions that are extreme for the situation                                     | 9 Talking to or seeing things that aren't there              |
| 3 Teasing or bullying (receiving or giving)                                       | 10 Delusional or paranoid speech or actions                  |
| 4 Social withdrawal, isolation, loneliness, etc.                                  | 11 Difficulty connecting to others                           |
| 5 Change in typical personality (more outgoing or more withdrawn than usual)      | 12 Expressions of hopelessness, worthlessness, etc.          |
| 6 Difficulty dealing with an event (e.g. death of loved one)                      | 13 Talks about themes of suicide, loss of will to live, etc. |
| 7 Mentions dealing with depression, anxiety, substance use, eating disorder, etc. | 14 Directly mentions self-harm, suicide, or harm to others   |

Training Template Provided by NaBITA 11

# STANDARD 14: ADVERTISING AND MARKETING

## North Central's Behavioral Intervention Team


- North Central College's Behavioral Intervention Team works toward creating and maintaining a safe and secure community for all faculty, staff and students by providing systematic response for individuals who may be exhibiting concerning behavior that could result in harm to self or others.



Training Template Provided by NABITA

## Arkansas Tech University: Jerry Cares


- The CARE Team
- The primary work of the CARE Team (Campus Assessment, Response, and Evaluation Team) is to collect and assess all reports of threats or other alarming behaviors by any student or employee as well as others who might impact the safety or well-being of the university community.
- Mission Statement:
  - The CARE Team is a multidisciplinary proactive campus threat assessment and behavioral intervention team dedicated to improving campus safety through a coordinated, objective approach to prevention, identification, assessment, intervention, and management of situations that may pose a threat to the safety and well-being of individuals and the university community.



Training Template Provided by NABITA

## CARE Network


- The CARE Network enables members of the University community to express their concern about a person, incident, or issue by submitting a referral to the CARE Network team.
- The CARE Network strives to connect students to appropriate resources to support their overall wellness and success at the University of Rochester.
- CARE Network Staff: (1) Associate Director, (2) Assistant Directors, (1) Graduate Assistant
- CARE Team/Representatives from: CARE Network, Disability Resources, International Student Engagement, Advisement Services, Public Safety, University Counseling Center, Student Conduct, Residential Life, Office of Minority Student Affairs



Training Template Provided by NABITA

## Student Behavioral Consultation Team (SBCT)

- The Student Behavior Consultation Team (SBCT) coordinates the resources of RIT to review and address inappropriate, disruptive, and/or harmful student behavior in order to recommend collaborative and purposeful (non-punitive) interventions aimed at helping students achieve success. In addition, the SBCT assists faculty and staff in addressing instances of student behavior which may be inappropriate, harmful, or disruptive for the RIT living and learning community.
- Team Representatives from: Student Affairs leadership, National Technical Institute for the Deaf, Case Management, Student Conduct/Conflict Resolution, Residence Life, University Advising, Public Safety, Counseling & Psychological Services, Student Health Center



Training Template Provided by NABITA

# STANDARD 14: ADVERTISING AND MARKETING



## **STANDARD 14: ADVERTISING AND MARKETING**



# STANDARD 14: ADVERTISING AND MARKETING



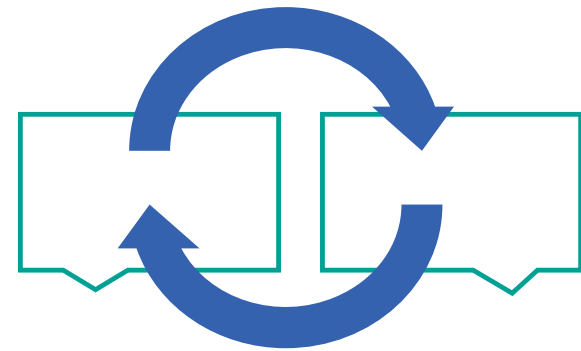
# STANDARD 14: ADVERTISING AND MARKETING



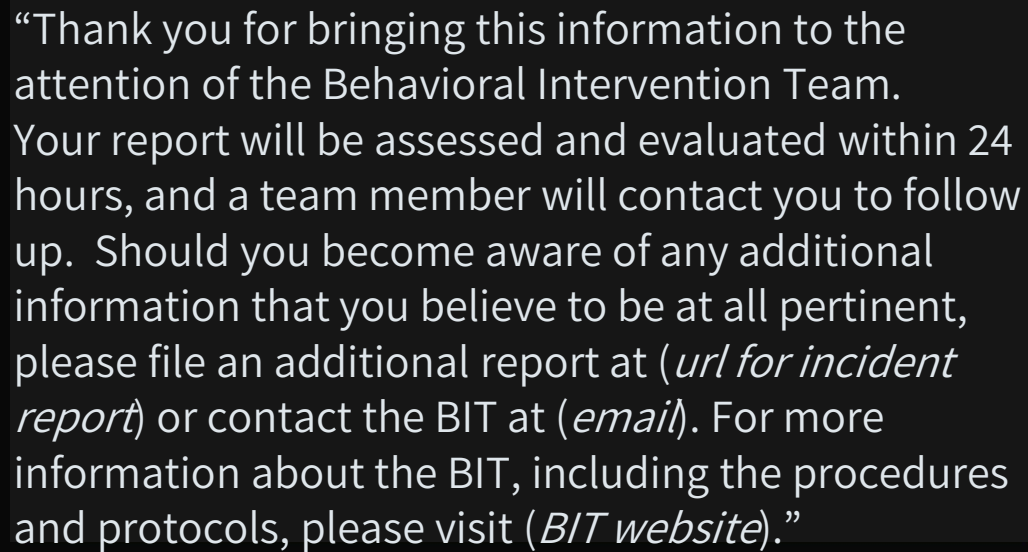
# STANDARD 14: ADVERTISING AND MARKETING

## Create and Maintain Feedback Loops

- Reassure referral sources the BIT is taking prompt, appropriate, and competent action.
- Assign a member of the BIT to follow up with reports, let the referral source(s) know when the BIT has engaged/concluded its action, even by form email.
- After a report has been made, each individual making a report should receive a simple (even automated) message from the BIT.



## STANDARD 14: ADVERTISING AND MARKETING



“Thank you for bringing this information to the attention of the Behavioral Intervention Team. Your report will be assessed and evaluated within 24 hours, and a team member will contact you to follow up. Should you become aware of any additional information that you believe to be at all pertinent, please file an additional report at (*url for incident report*) or contact the BIT at (*email*). For more information about the BIT, including the procedures and protocols, please visit (*BIT website*).”



# STANDARD 14: ADVERTISING AND MARKETING

## Empower Anonymous Reporting

- Many members of campus communities want to share with a BIT what they know. But not if it means becoming personally involved.
- Empower those individuals to share what they know while preserving their privacy.
- Discuss problem with closed reporting systems and phantom fears about anonymous reporting.

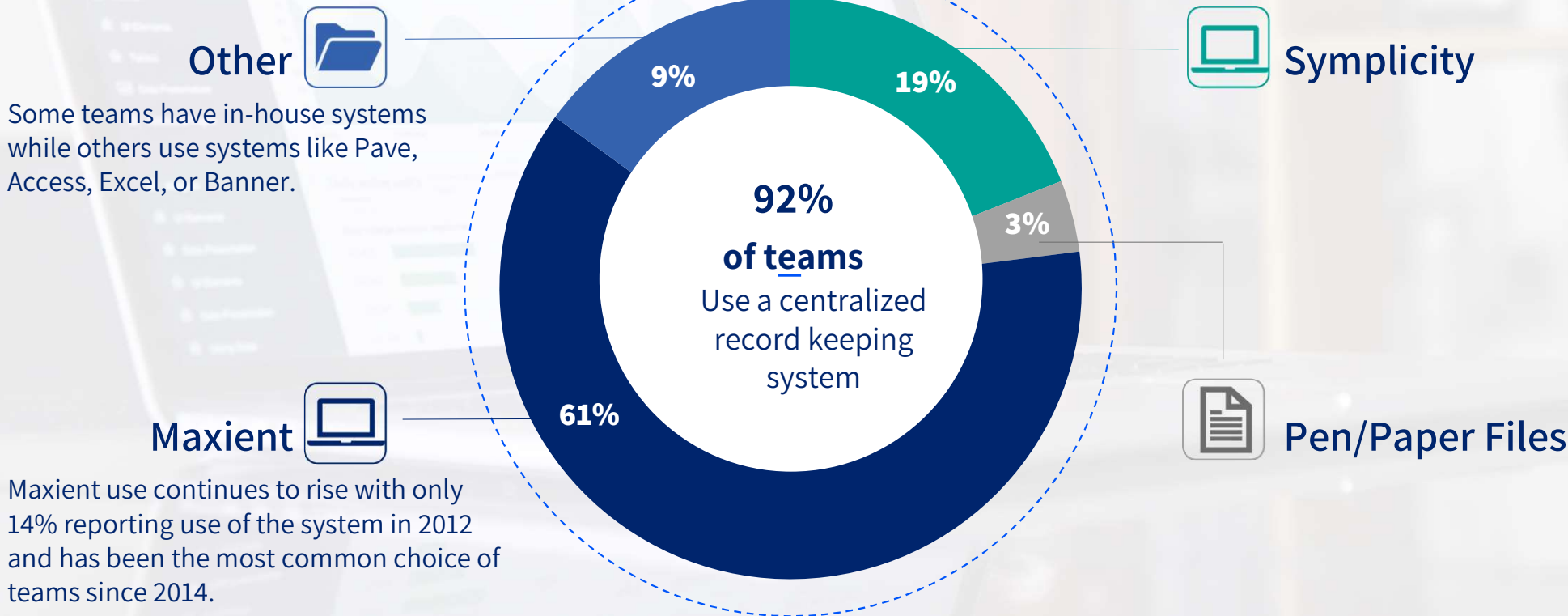


# STANDARD 15: RECORD KEEPING

Teams use an **electronic data management system** to keep records of all referrals and cases.



# Record Keeping System



# Record Content

Demographics  
**81%**

Risk Rating  
**69%**

Case Notes  
**77%**



Summary of  
Incident/Concerns  
**91%**

Intervention Plan  
**75%**

# HOW TO DOCUMENT



## DONT'S

1. Use diagnostic language
2. Use subjective, informal, or judgmental language
3. Wait too long to create the note
4. Leave loose ends



## DO'S

1. Be objective & descriptive
2. Use direct quotes or phrases like *student explained*
3. Include what was said/observed and what you did
4. Have continuity & close loose ends

# STANDARD 16: TEAM TRAINING

Teams engage in **regular, ongoing training** on issues related to **BIT functions, risk assessment, team processes, and topical knowledge** related to common presenting concerns.

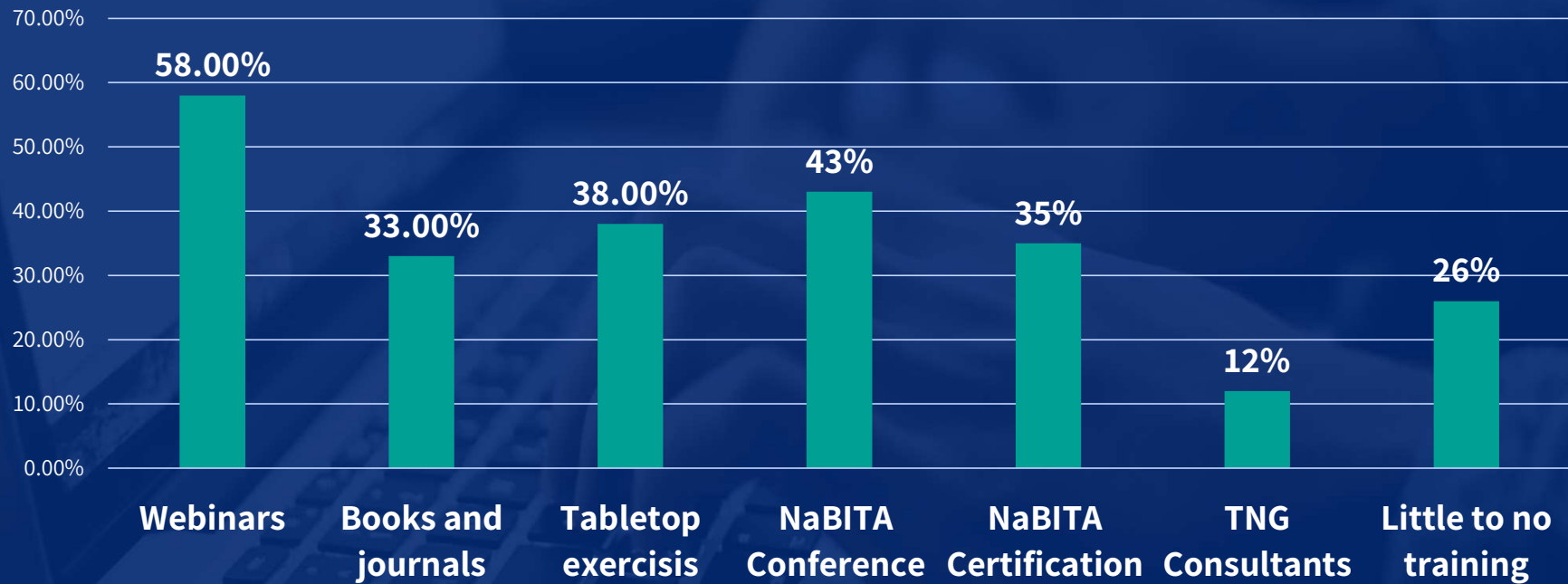


# Team Training

Lack of budget and time for training was commonly reported as a weakness for teams.



Training  
Methods



# STANDARD 16: TEAM TRAINING

| Sample Training Schedule A              |  |
|---|--|
| JANUARY:<br>Standard 13                 | <ul style="list-style-type: none"> <li>Read: Van Brunt, B., Woodley, E., Gunn, J., Raleigh, M.J., Reinach Wolf, C. &amp; Sokolow, B.A. (2012). <a href="#">Case Management in Higher Education</a>. NaBITA &amp; American College Counseling Association.</li> <li>Watch: <a href="#">Case Management Training Videos</a></li> </ul>                     |
| FEBRUARY:<br>Standard 14                | <ul style="list-style-type: none"> <li>Read: Halligan-Avery, E. &amp; Katz, J. (2017). "From Blah to Brilliant: Taking your BIT to the Next Level." <i>Journal of Campus Behavioral Intervention</i>, 5, 17-26.</li> <li>Use the <a href="#">BIT Roadshow</a> and information from the article to develop a marketing and education strategy.</li> </ul> |
| MARCH:<br>Standard 15                   | <ul style="list-style-type: none"> <li>Watch: 2014 Webinar: <a href="#">BIT and Case Management Notes 101</a>.</li> </ul>  |
| APRIL:<br>Standard 16                   | <ul style="list-style-type: none"> <li>Watch: 2015 Webinar: <a href="#">Addressing Microaggression and Cultural Issues on the BIT</a>.</li> </ul>  |
| MAY:<br>Standard 17                     | <ul style="list-style-type: none"> <li>Watch: Audio Essentials with Brian Van Brunt: <a href="#">Violence Risk Assessment and Threat Assessment</a>.</li> <li>Read: Van Brunt, B. (2016). "Assessing Threat in Written Communications, Social Media, and Creative Writing." <i>Violence and Gender</i>, 3(2), 71-88.</li> </ul>                          |
| JUNE:<br>Standards 18, 19, & 20         | <ul style="list-style-type: none"> <li>Hold an annual retreat.</li> <li>Have the team watch <a href="#">Window Into BIT 2 and the Aftermath Videos</a>.</li> </ul>   |
| JULY:<br>Standards 1 & 2                | <ul style="list-style-type: none"> <li>Read: Schlemann, M. &amp; Van Brunt, B. (2018). "Summary and Analysis of 2018 NaBITA Survey Data." <i>Journal of Campus Behavioral Intervention</i>, 6, 42-59.</li> </ul>   |
| AUGUST:<br>Standards 3, 4, 5, 6, 7, & 8 | <ul style="list-style-type: none"> <li>Read: Van Brunt, B., Reese, A. &amp; Lewis, W.S. (2015). "Who's on the Team? Mission, Membership, and Motivation." Berwyn, PA: NaBITA.</li> <li>Watch: <a href="#">BIT Orientation Videos</a>.</li> </ul>   |
| SEPTEMBER:<br>Standards 9 & 10          | <ul style="list-style-type: none"> <li>Read over the <a href="#">CARE Team Manual</a>. Write or edit your policy and procedural manual.</li> </ul>   |
| OCTOBER:<br>Standard 11                 | <ul style="list-style-type: none"> <li>Read: 2019 <a href="#">Risk Rubric Whitepaper</a></li> <li>Watch: Audio Essentials with Brian Van Brunt: <a href="#">Risk Rubrics and Little Dogs</a>.</li> </ul>   |
| NOVEMBER:<br>Broad Training             | <ul style="list-style-type: none"> <li>Attend the <a href="#">NaBITA Annual Conference</a>.</li> <li>Debrief as a team what you learned from the conference. Identify action items and goals for the team in response to what you learned at the conference.</li> </ul>  |
| DECEMBER:<br>Standard 12                | <ul style="list-style-type: none"> <li>Read: <a href="#">NaBITA Position Statement on Involuntary Withdrawal and Behavioral Agreements</a>.</li> <li>Review Involuntary Withdrawal policy.</li> </ul>  |

## Create a training calendar

- The time to develop a training schedule is not after a crisis.
- Write down the months of the year and then create training topics for each month.
- Use the NaBITA training schedule to find a host of resources for your training.
- Use tabletops, Brief Bits, Best Bits and new audio recordings.



# STANDARD 18: SUPERVISION

The BIT chair **regularly meets** with members individually to **assess their functional capacity and workload** to offer guidance and additional resources to **improve team membership performance**



# STANDARD 19: END OF SEMESTER AND YEAR REPORTS

Teams **collect and share data** on referrals and cases to identify **trends and patterns** and adjust resources and training.





## Information

The analysis of the data into understandable information and trends



## Knowledge

What this data means for your program and how you can use it to improve your services



## Wisdom

You make decisions about how to apply the knowledge and make changes that are best for your program

# Data Collection

- Year in School
- Gender
- Major
- Residential Status
- Affiliations
- Risk Rating
- Presenting Issue
- Referral Source department/relation to student



Referral  
Demographics

- Risk Changes
- Presenting Issues
- Interventions Deployed
- Mandated Assessments

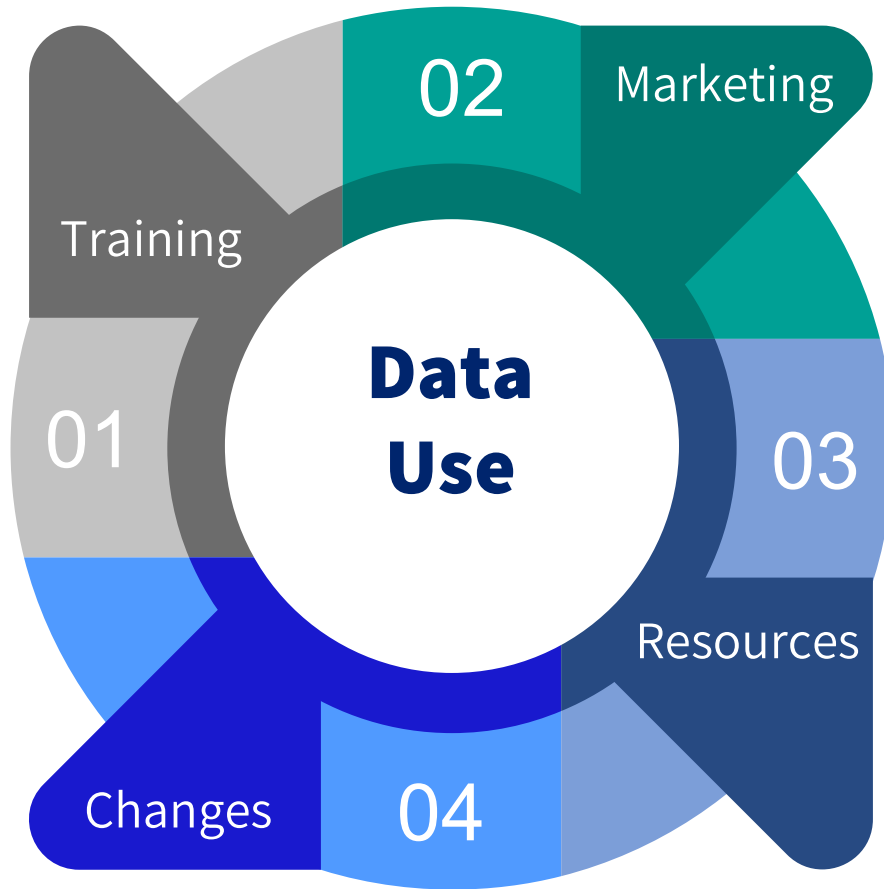


Case  
Information

- Quality Satisfaction Surveys:
  - Referral Sources
  - Students



Service  
Satisfaction



**“You can have data without information,  
but you cannot have information  
without data.”**

— Daniel Keys Moran

## STANDARD 20: TEAM AUDIT

Teams **assess the BIT structure and processes** and ensure it is functioning well and aligning with best practices



# STANDARD 20 : TEAM AUDIT

## STANDARDS SELF-ASSESSMENT TOOL NABITA STANDARDS FOR BEHAVIORAL INTERVENTION TEAMS

The Standards Self-Assessment Tool (SSAT) is provided as a tool to complement the 2018 NaBITA Standards for Behavioral Intervention Teams. BITs can assess their performance on each of the 20 standards in order to identify areas of best practice and opportunities for improvement. The SSAT includes descriptions of teams performing along each of the 4 performance levels as well as suggested team documents to review in order to gather evidence for your assessment.

| STANDARDS   | DEFICIENT<br>(0 Points)  | NEEDS IMPROVEMENT<br>(.50 Points)   | PROFICIENT<br>(.75 Points)  | EXEMPLARY<br>(1 Point)   |
|---|--|---|---|--|
| <b>PART 1: STRUCTURAL ELEMENTS</b>  |  |   |   |  |
| <p><b>STANDARD #1: DEFINE BIT</b></p> <p>BITs are small groups of school officials who meet regularly to collect and review concerning information about at-risk community members and develop intervention plans to assist them.</p> <p>Evidence: Team Mission, BIT Operations Manual, marketing, meeting agendas</p> <p>Level: _____<br/>Score: _____</p> | <p>The activities of the BIT are not defined and do not include the main functions:<br/>1) gathering data,<br/>2) objective analysis of data, and<br/>3) intervention and follow-up.</p> <p>The BIT does not assessment process.</p> | <p>The activities of the BIT are somewhat defined and include one or two of the main functions:<br/>1) gathering data,<br/>2) objective analysis of data, and<br/>3) intervention and follow-up.</p> <p>The BIT uses some assessment processes.</p> | <p>The activities of the BIT are defined and mostly include the three main functions:<br/>1) gathering data,<br/>2) objective analysis of data, and<br/>3) intervention and follow-up.</p> <p>The BIT utilizes regular assessment processes.</p>  | <p>The activities of the BIT are clear, well-defined, and include the three main functions:<br/>1) gathering data,<br/>2) objective analysis of data, and<br/>3) intervention and follow-up.</p> <p>The BIT utilizes ongoing and circular assessment processes.</p>  |
| <p><b>STANDARD #2: PREVENTION VS. THREAT ASSESSMENT</b></p> <p>Schools have an integrated team that addresses early intervention cases, as well as threat assessment cases.</p> <p>Evidence: Team Mission, BIT Operations Manual, marketing, reporting and data analysis</p> <p>Level: _____<br/>Score: _____</p>   | <p>The BIT does not incorporate both early intervention/prevention activities and threat assessment in its work.</p> <p>Other teams exist at the school with these roles, and silos of communication exist between the teams.</p>    | <p>The BIT incorporates some elements of early intervention/prevention activities and threat assessment in its work.</p> <p>Other teams exist at the school with overlapping roles, and silos of communication exist between the teams.</p>         | <p>The BIT is designed to identify early indicators of escalating and concerning behaviors in order to identify and intervene before threats are formalized.</p> <p>Threat assessment is one component of the BIT's activities into prevention work.</p> <p>There is another team at the school with some overlap of roles, but communication, marketing, and reporting is coordinated to reduce silos.</p> | <p>The BIT is designed to identify early indicators of escalating and concerning behaviors in order to identify and intervene before threats are formalized.</p> <p>Threat assessment is one component of the BIT's activities in addition to prevention work.</p> <p>There is little to no overlap of roles with separate teams in the school, and silos are minimized.</p> |

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Thank you to Dr. Amy Murphy for authorship of this rubric.

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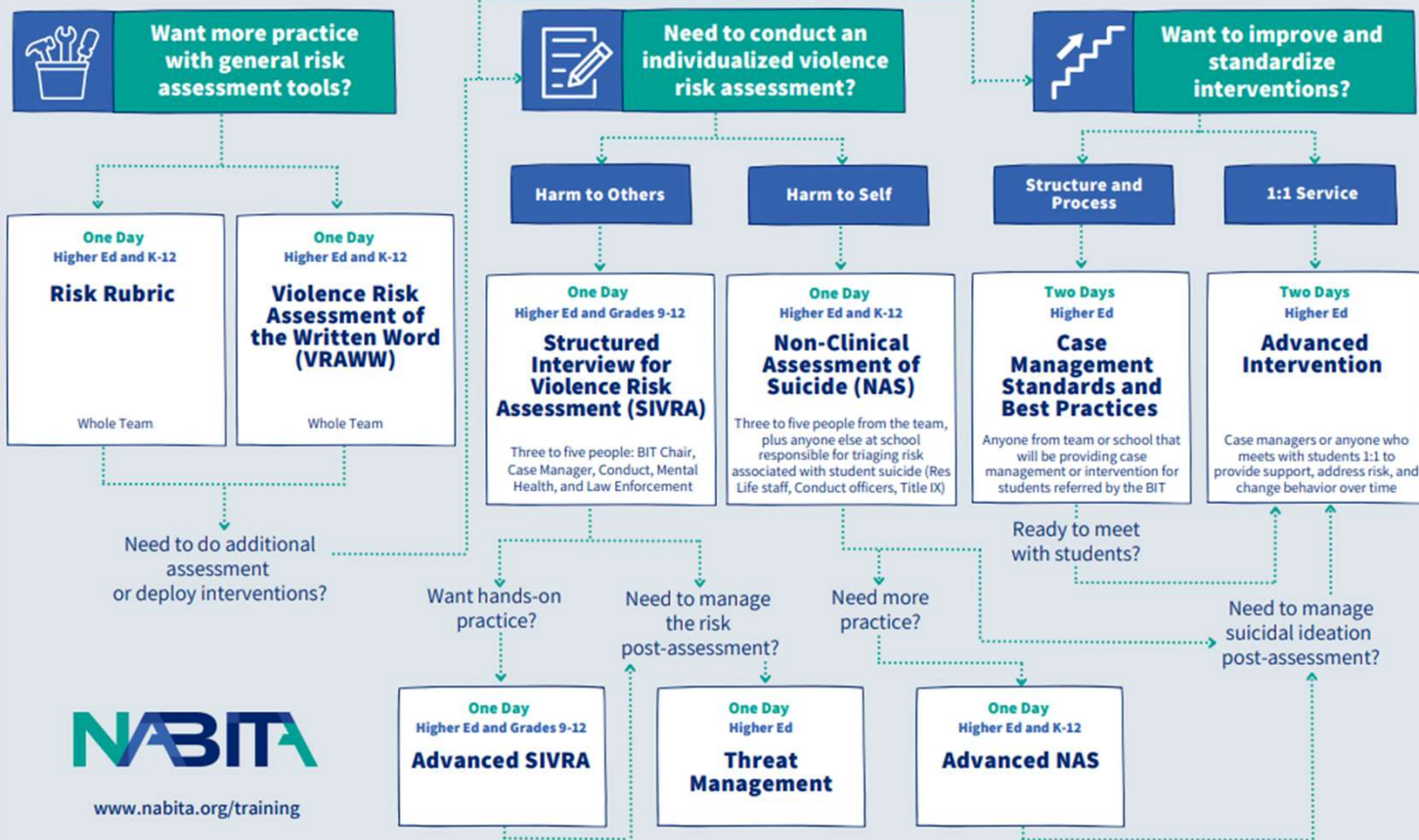
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