

# E-SCALE

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## 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

## 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

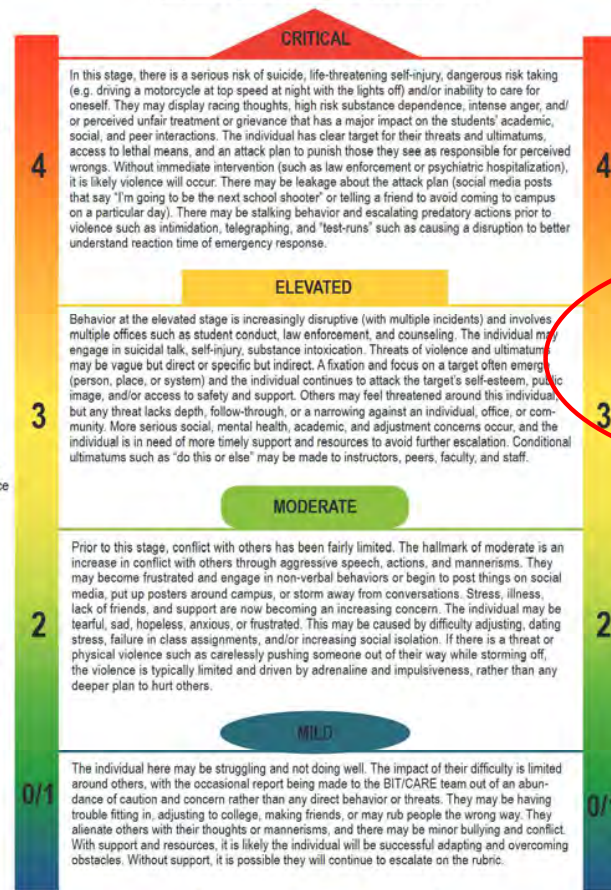
#### DISTRESSED

- 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.
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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
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↑ TRAJECTORY?

BASELINE

↑ TRAJECTORY?

# E-SCALE

3

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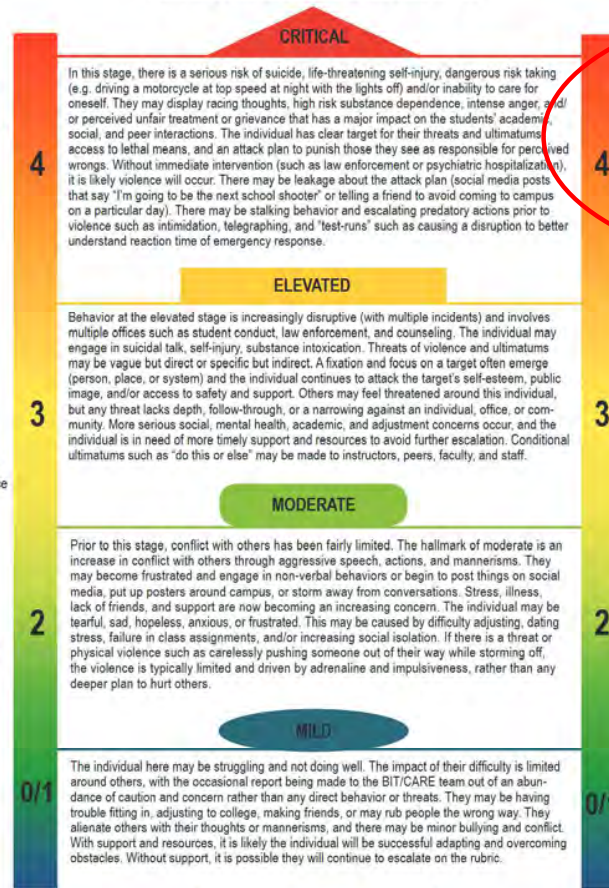
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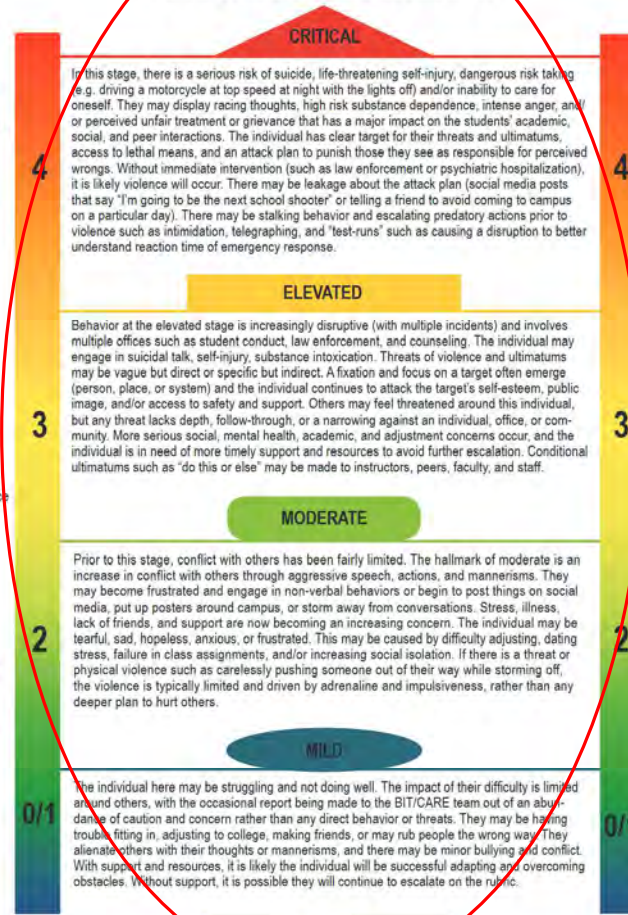
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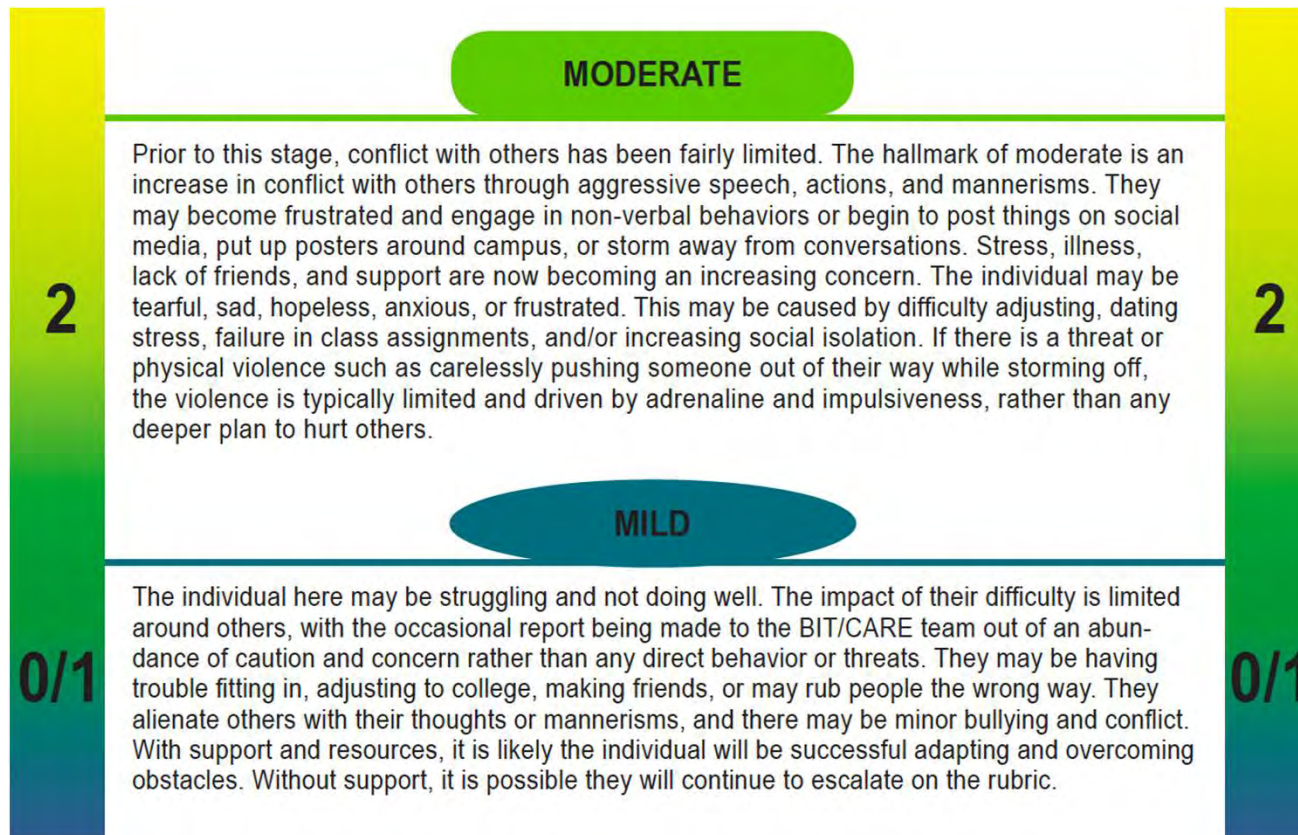
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# GENERAL SUMMARY



# 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 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 involved 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 involved at some point.

# 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 responded to a welfare check or other call for assistance for Amira.

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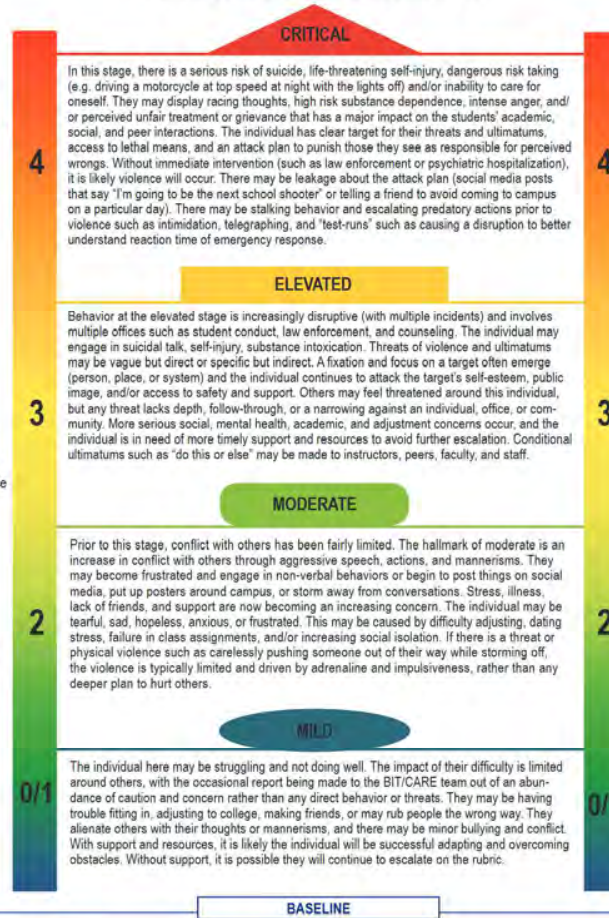
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TRAJECTORY?

# 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 discussion in class and often interrupts other students, becoming frustrated when he doesn't feel like people are listening to him. The professor explains that when he becomes particularly 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.

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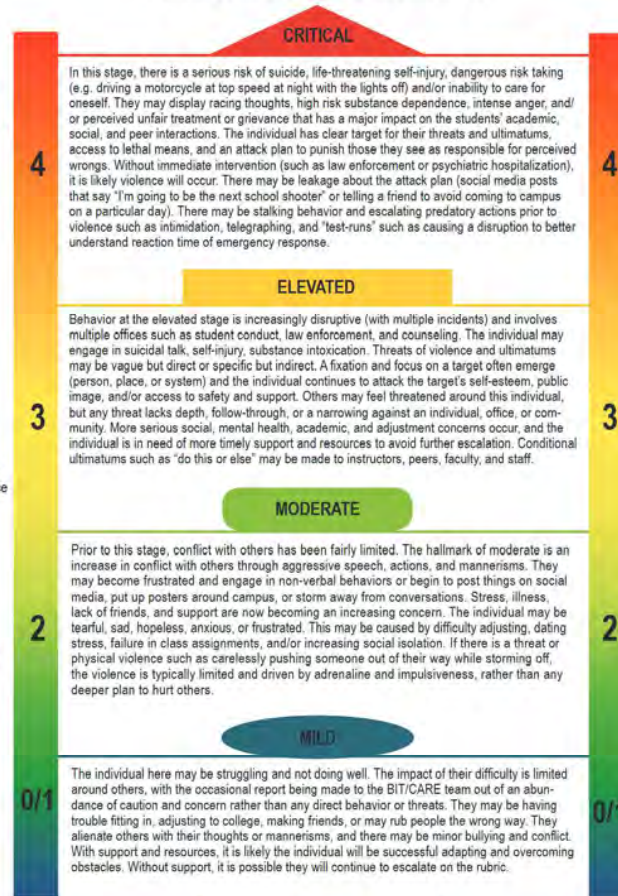
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- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing 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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# 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 explain 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

- ▲ 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

## 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



# 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

### 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

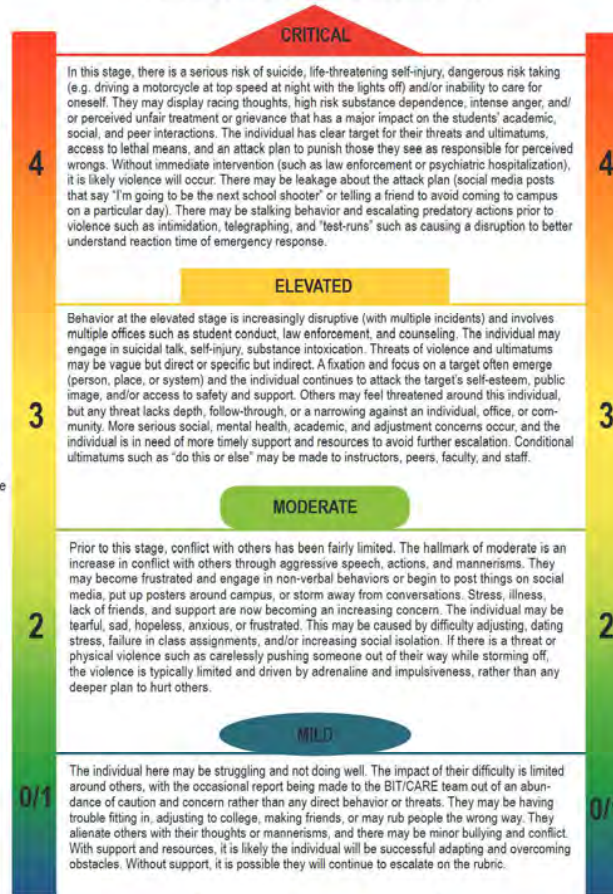
### DISTRESSED

- 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

## 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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# NABITA Risk Rubric



## D-SCALE

Life Stress and Emotional Health

## OVERALL SUMMARY

## E-SCALE

Hostility and Violence to Others

### DECOMPENSATING

- ▲ Behavior is severely disruptive. This may include life-threatening actions.
- ▲ Suicidal ideations or attempts.
- ▲ Extreme self-injury, life-threatening.
- ▲ Repeated acute alcohol or drug involvement, chronic substance use.
- ▲ Profoundly disturbed, delusional, death and/or inability to care for self.
- ▲ Actual affective, impulsive behaviors:
  - ▲ 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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- 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

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- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

### CRITICAL

# WHAT ABOUT LISA?

### EMERGENCE OF VIOLENCE

...ence, sense of hopelessness, all or nothing mentality, acquisition of costume for attack; feels justified in actions; may be shared, may be hidden; spying counter-surveillance of imminence to the plan; friends and others to avoid

### ELABORATION OF THREAT

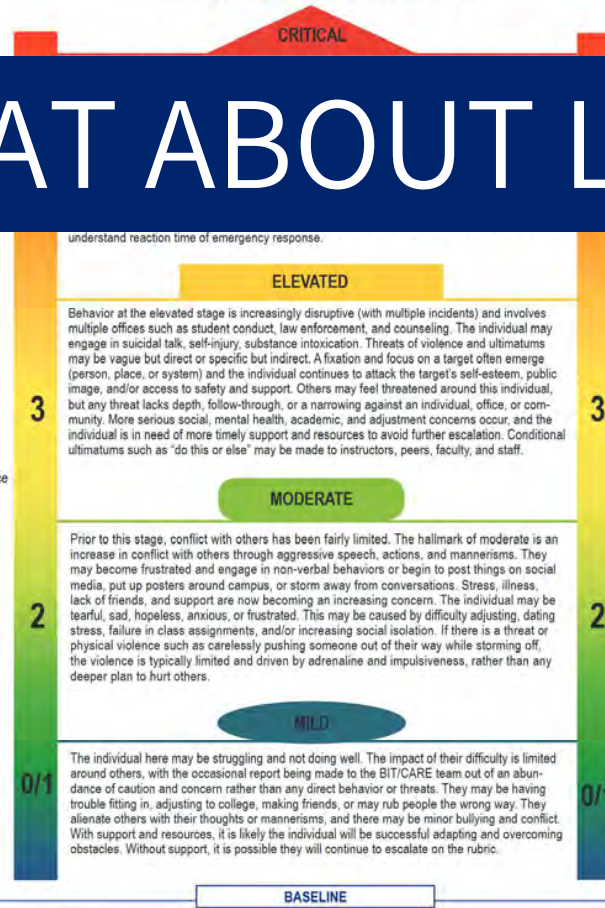
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### ESCALATING BEHAVIORS

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TRAJECTORY?

BASELINE

TRAJECTORY?

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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
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### 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.
- ◆ 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
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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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### 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

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- ◆ 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?

# 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
  - ▲ 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
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### 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



BASELINE

↑ TRAJECTORY?

## 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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### ESCALATING BEHAVIORS

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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

# 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

- ▲ 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
- ◆ 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?



# 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

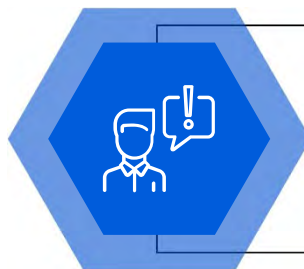
- Longer-term (about 5+ meetings)
- Must be conducted by a licensed provider
- Used to address diagnosis and matters related to a mental health condition
- Engagement is voluntary in nature (unless court ordered)
- Information/progress are privileged in nature

**Reminder: BITs can mandate assessments!**

# TYPES OF ASSESSMENTS



General Risk  
Assessment



Threat Assessment



Psychological  
Assessment



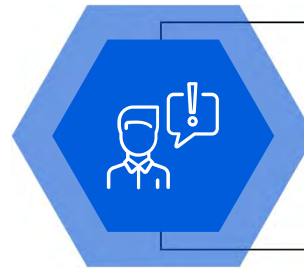
Violence Risk  
Assessment

# TYPES OF ASSESSMENTS



## General Risk Assessment

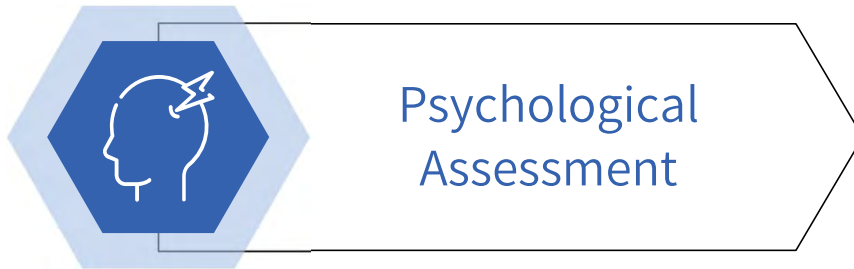
- Broadly utilized for a variety of situations and concerning behaviors
- Focuses on proactive approach, with interventions to lower risk and ease distress



## 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



# CASE STUDY: FREEMAN HIGH SCHOOL



# CASE STUDY: FREEMAN HIGH SCHOOL



# 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

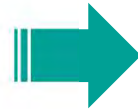
Consider factors that increase AND reduce risk – how do they balance out

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



- **10x** NABITA Risk Rubric
- **25x** Violence Risk Assessment of the Written Word (VRAWW)
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# VRAWW

## 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.

# VRAWW

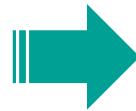
## Mitigating Elements

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
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# SIVRA-35

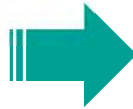
## NABITA Assessment Tool

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

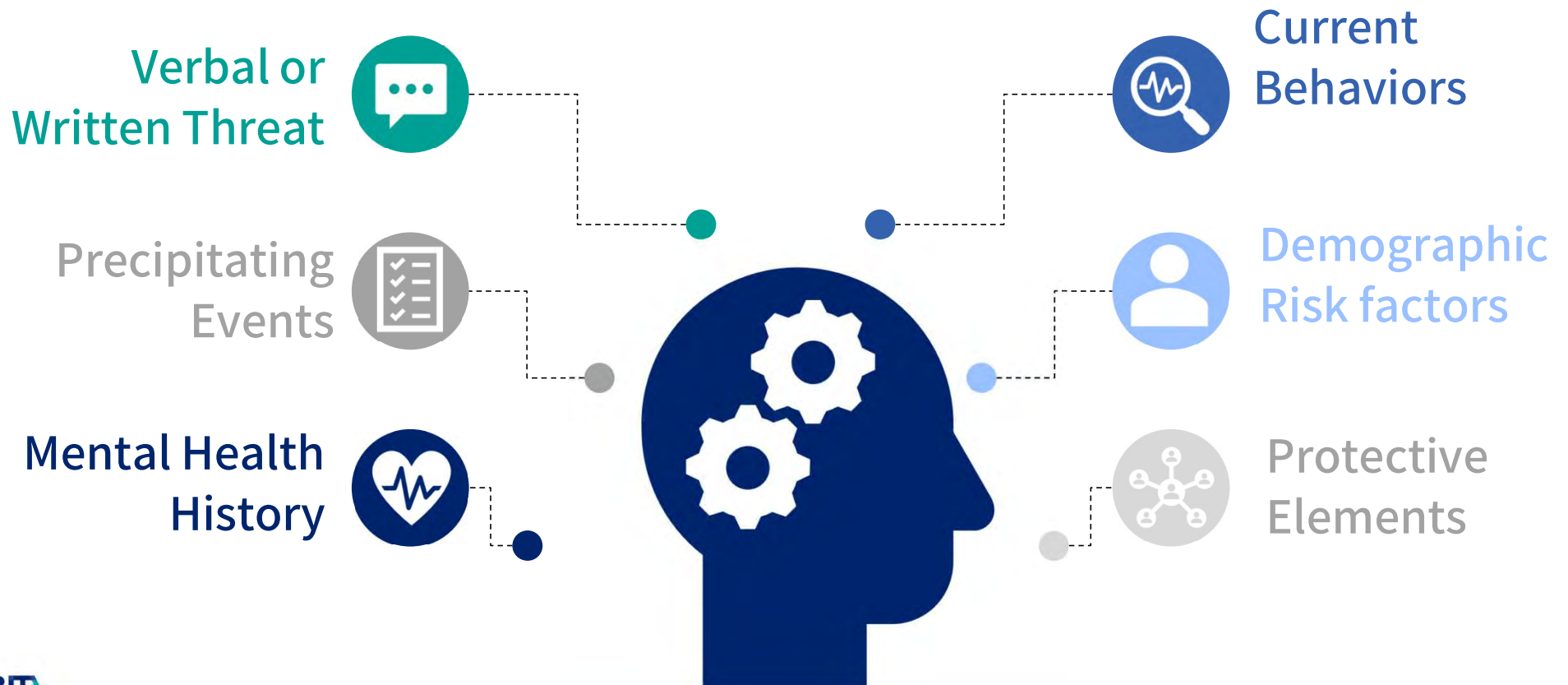
NABITA Assessment Tool 



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# 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

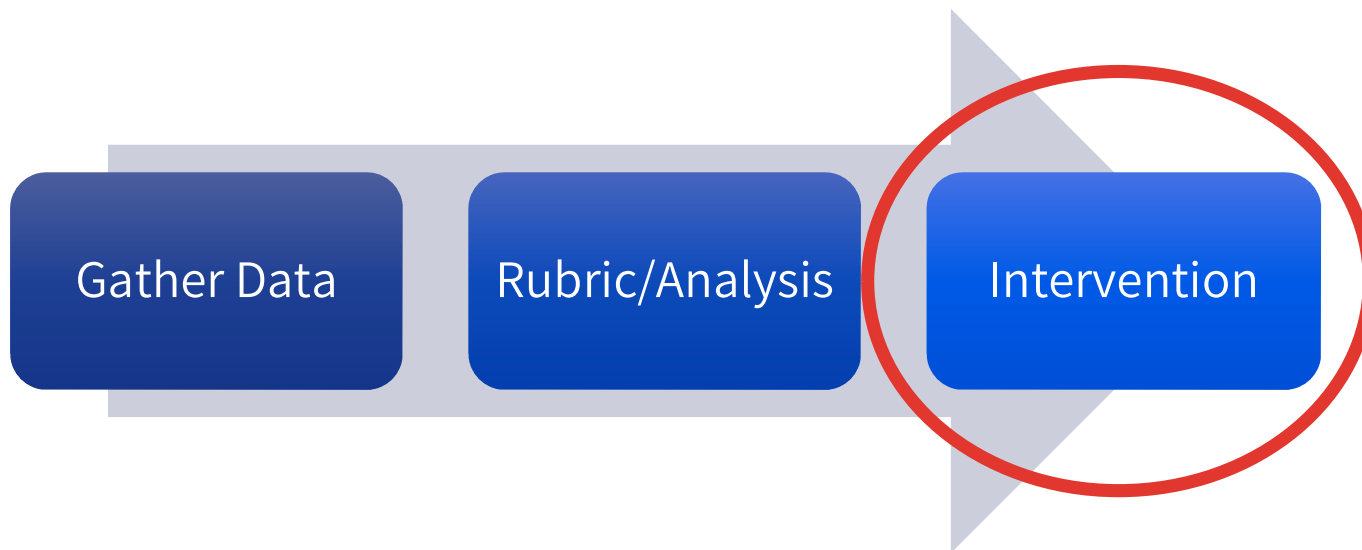
# STANDARD 12: INTERVENTIONS

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.

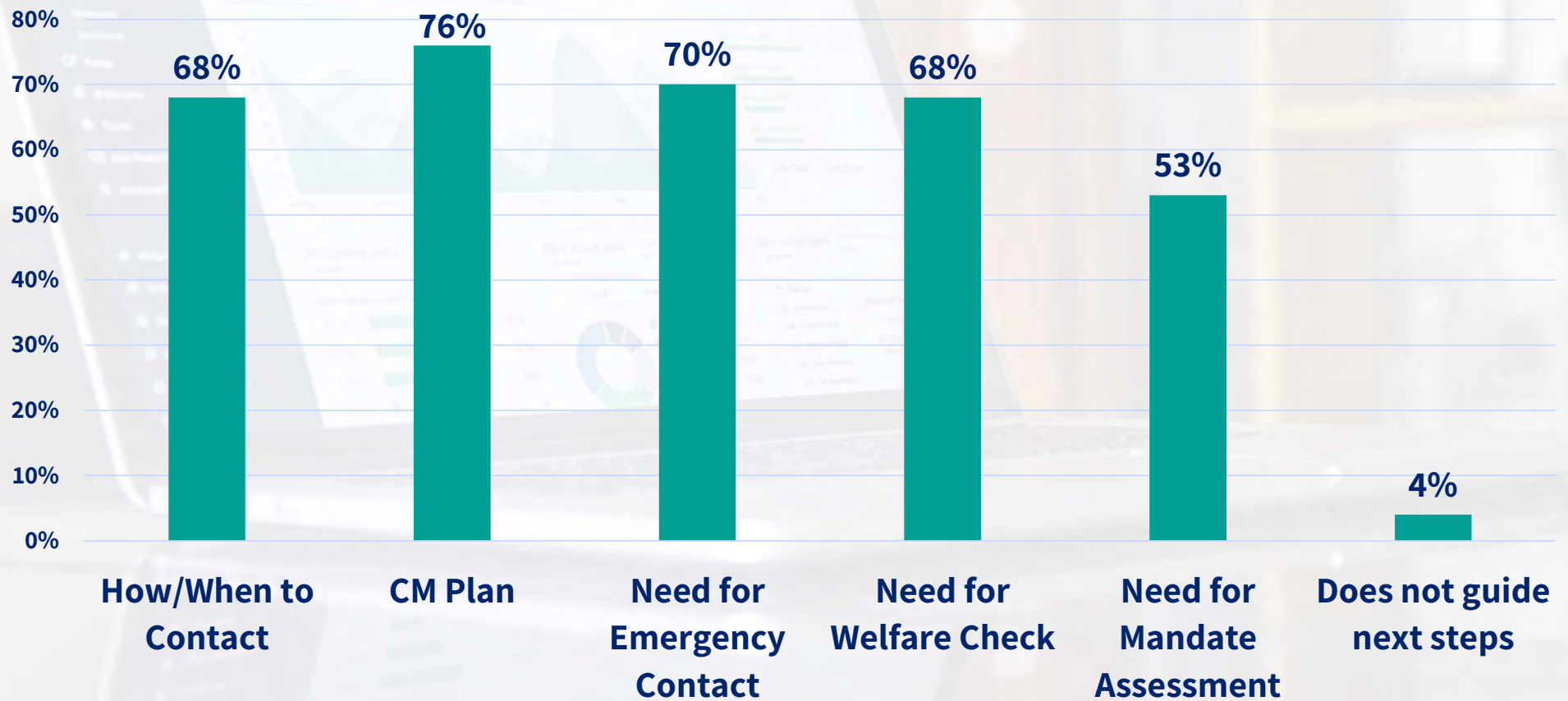
## Range of Options

- 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 to referral source
- 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
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# STANDARD 12: INTERVENTIONS

## Seven Common Missteps

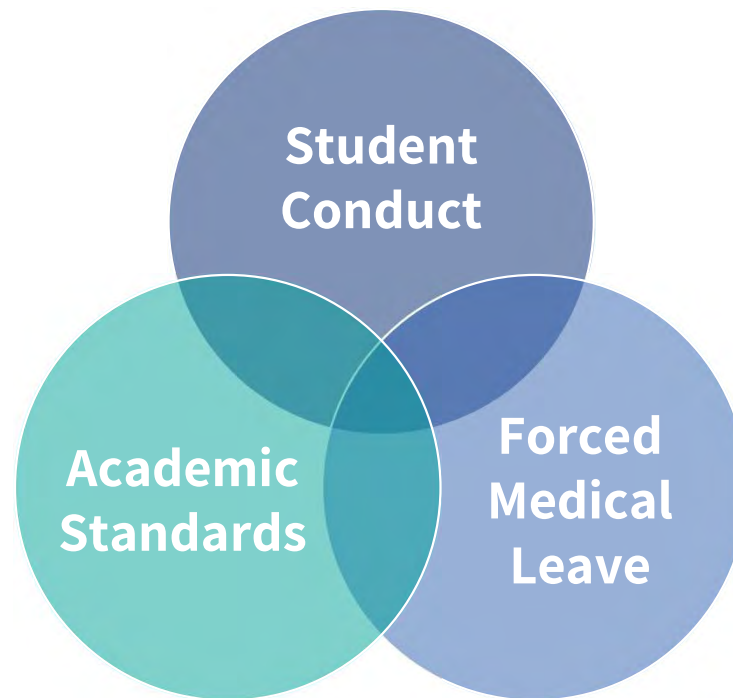
- Rush to intervention and advice and skip pre/contemplation stages of change.
- Focus on talking and providing answers, rather than listening and exploring.
- Failure to explore other areas to address and over-focus on initial referral reason.
- Choose the wrong person to intervene either due to inexperience 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.



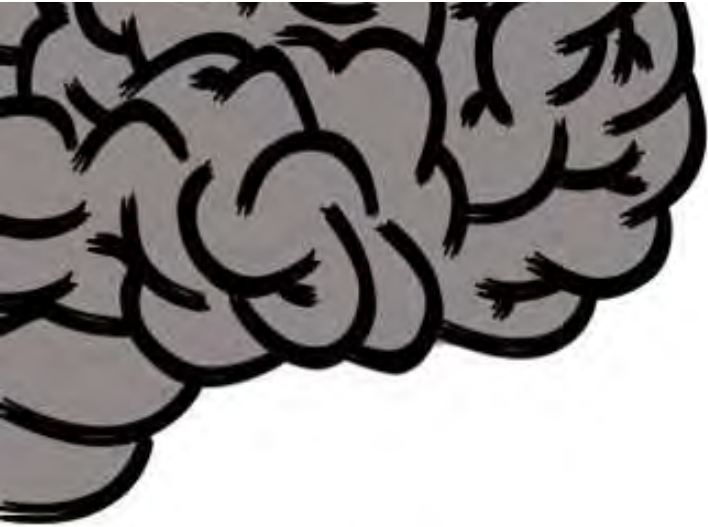


MENTAL  
HEALTH

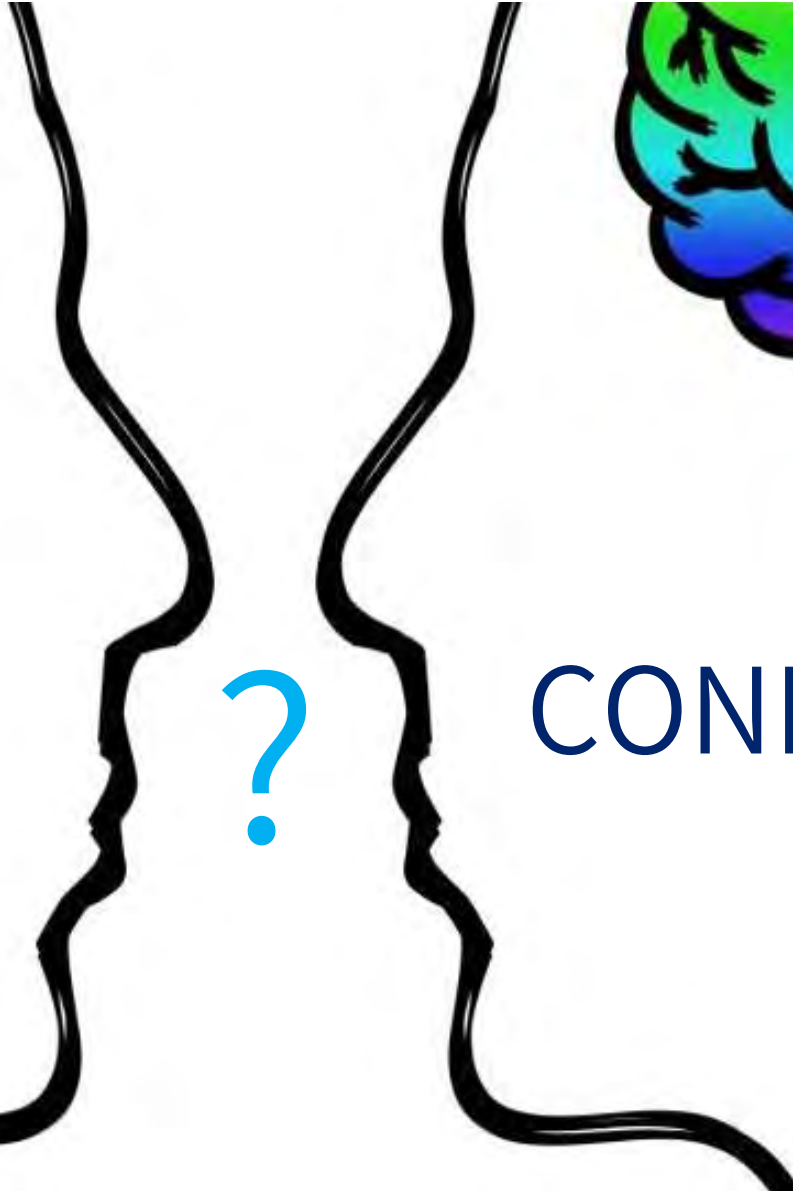
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BEHAVIOR



HELP



CONDUCT

Both  
          
And



Code of Conduct



Due Process/Fundamentally  
Fair Process

**APPLIES TO ALL STUDENTS**



# MENTAL HEALTH AND BEHAVIOR



Behavioral  
Agreements

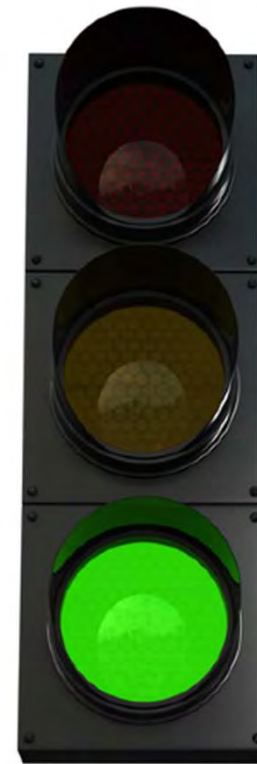


Conduct Process &  
Progressive  
Sanctions

# 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 actually 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



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

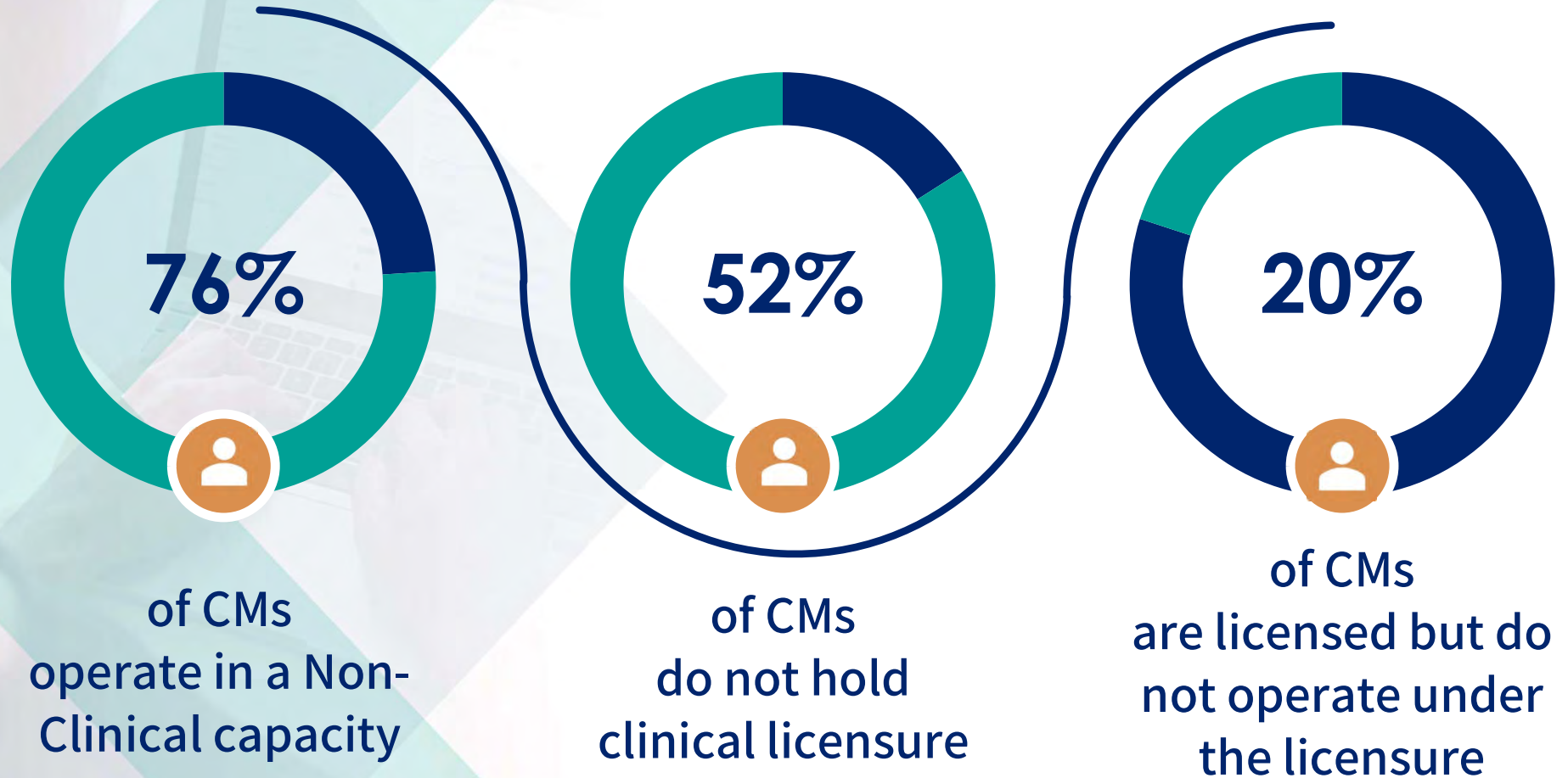
Quality  
Assurance  
&  
Assessment  
Elements

## Clinical Case Manager

## Non-Clinical Case Manager



# CLINICAL VS. NON-CLINICAL CASE MANAGEMENT



Source: Dugo, M, Falter, B., Molnar, J. (2017). 2017 HECMA membership survey & analysis report. Higher Education Case Manager's Association



# 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**

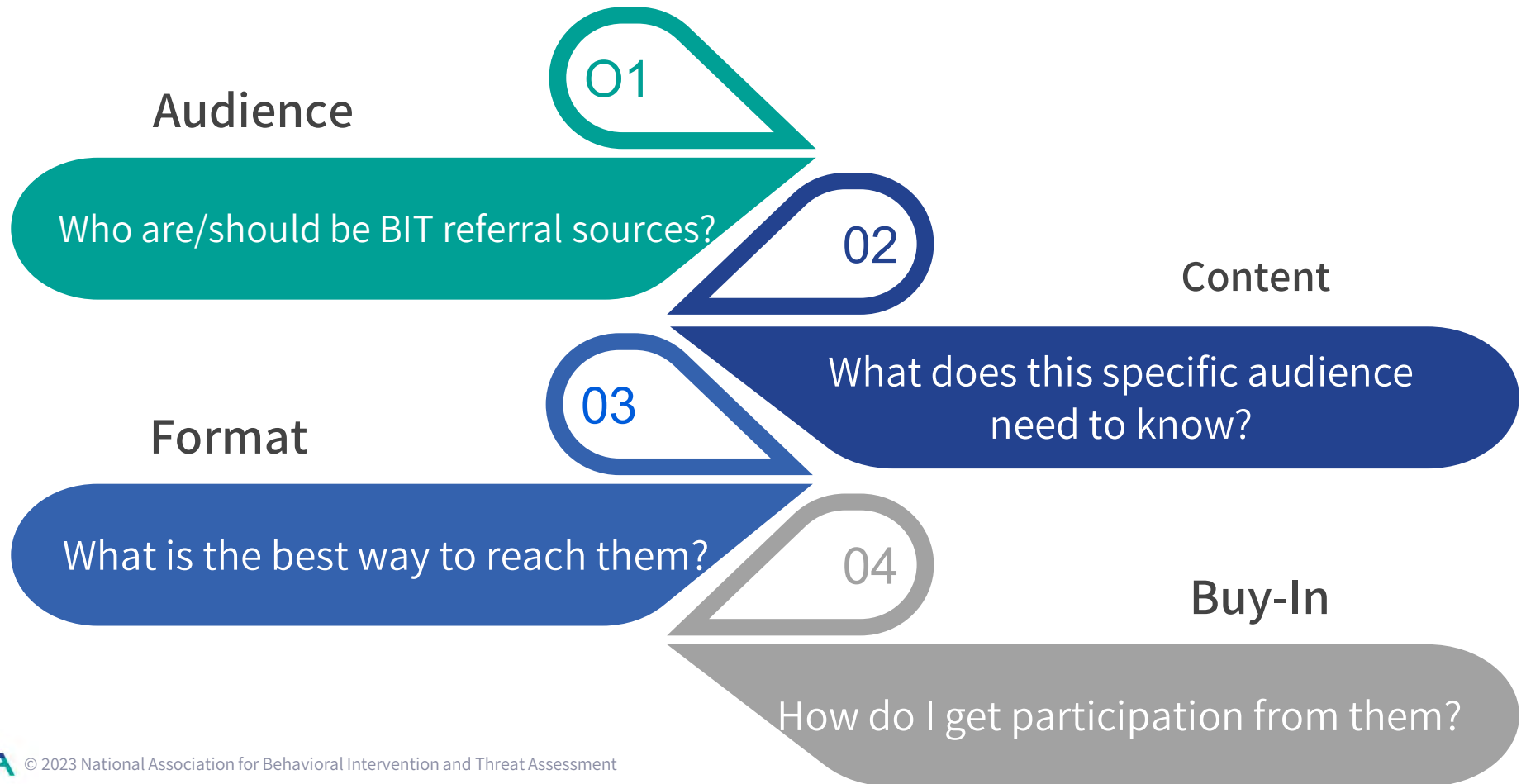
Advertising and Marketing

# 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

Website

Provides info on what BIT is, who can benefit from it, how to refer, and resources in the community

Trainings

In-person trainings to faculty, advisors, res life, students, athletics, FSL, etc.

Flyers

Posters, signs, flyers, handouts, etc. around campus explaining services

Videos

Short educational videos for social media, email campaigns, campus tvs, etc.

Events

Hosting wellness events, partnering with other departments for events, or tabling at larger events

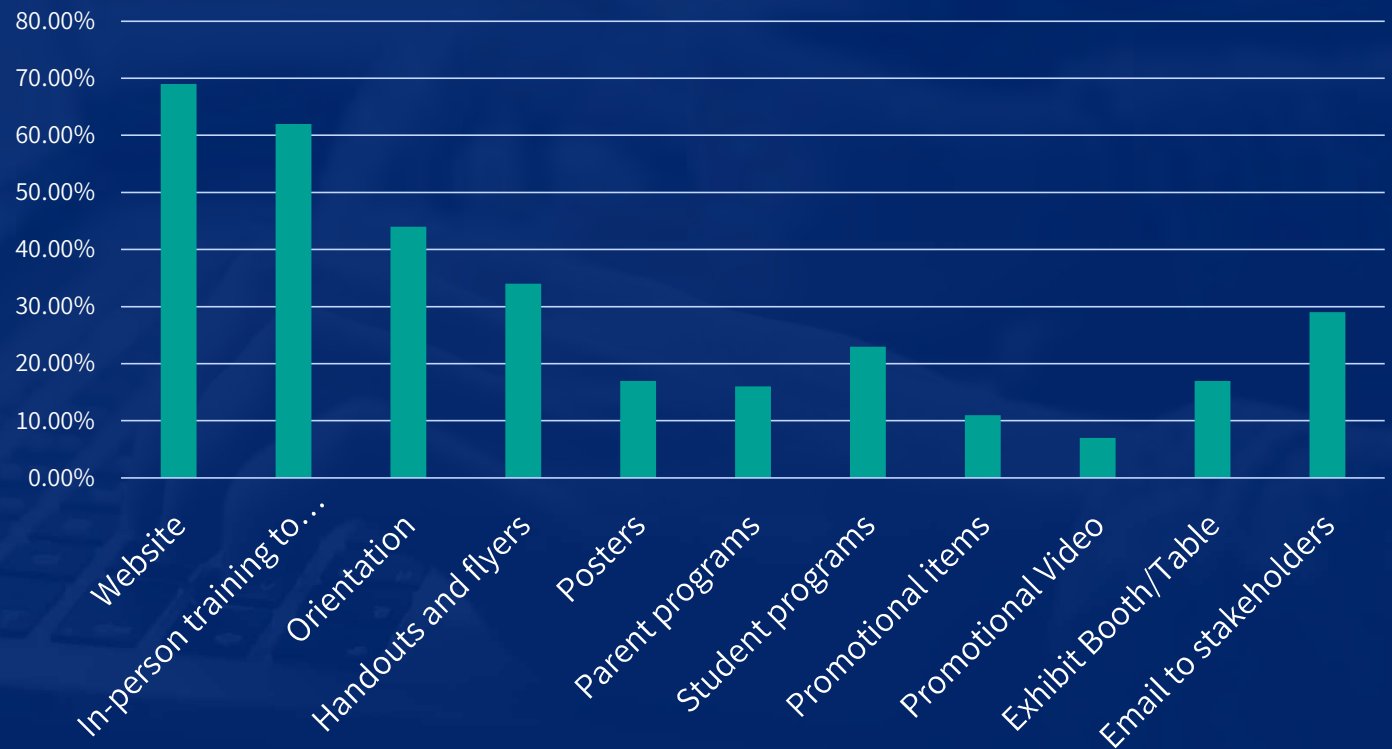


# Advertising and Education

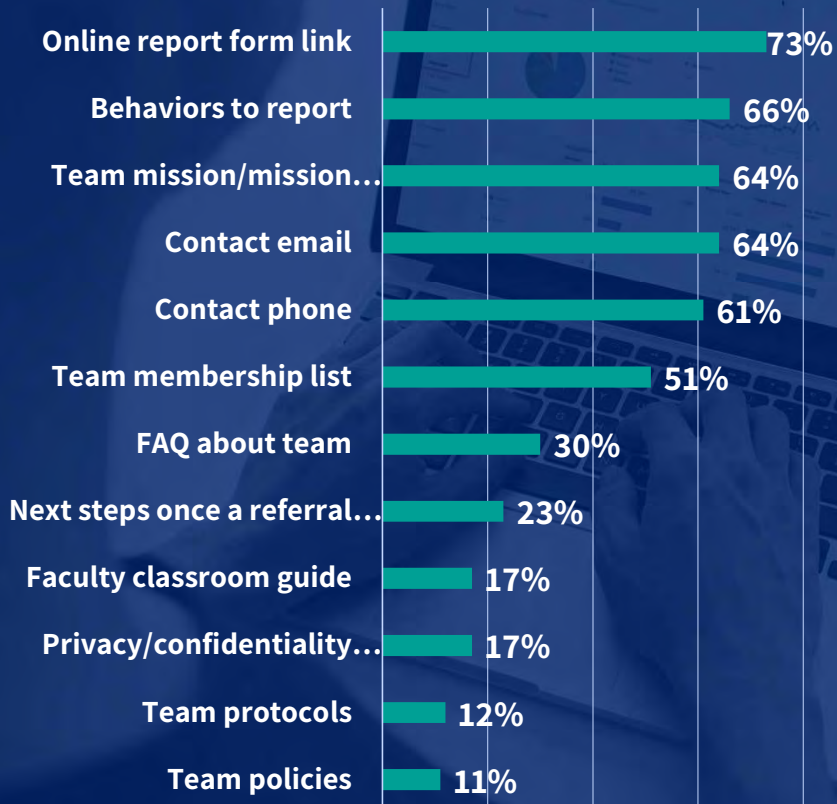


**82%**  
of teams

**Make efforts to educate their community and make them aware of the team's efforts**



# Website Content



**68%** of teams  
Have a website

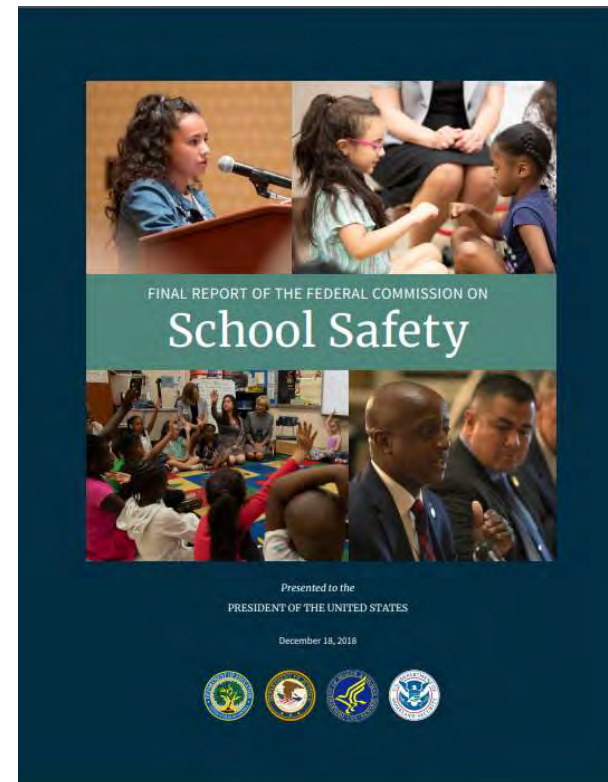


**21%** of teams  
Have a logo

# STANDARD 14: ADVERTISING AND MARKETING

## Federal Commission on School Safety:

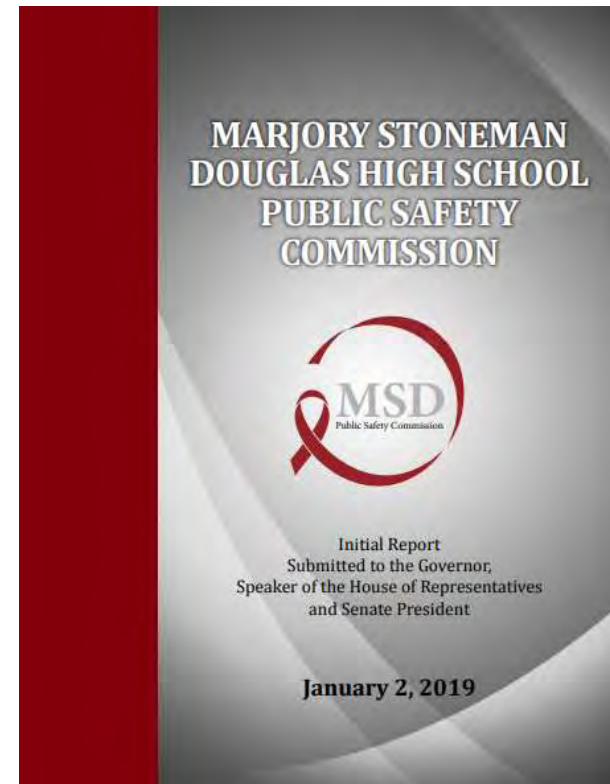
- “Schools should establish and provide training on a central suspicious activity reporting system”
- “Schools should establish comprehensive targeted violence prevention programs supported by multidisciplinary teams”
- Implement a “peer competition challenge for students to create school safety campaigns.



# 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



The screenshot shows the website for the University of Oklahoma's Behavior Intervention Team (BIT). The header features the OU logo and the text "Behavior Intervention Team" and "The UNIVERSITY of OKLAHOMA". A navigation menu on the left includes links for "BIT Home", "When To Make a Report", "How to Make a Report", and "Who is on the Team". The main content area is titled "What is the Behavior Intervention Team?" and contains two paragraphs of text. Below the text is a red and white graphic that reads "MAKE CARING A HA(BIT) OU.EDU/NORMANBIT". To the right of the graphic is a grey box with the text "REPORT ONLINE [HERE]. If a person is an immediate threat to themselves or someone else or is incapable of caring for themselves, CALL 911."

**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

**MORGAN COMMUNITY COLLEGE**

Apply Now Register Directory Library Bookstore Giving to MCC

About Academics Admissions Students **MYMCC**

Paying for College: [Financial Aid](#) Search:  Go

## Behavioral Intervention Team (BIT)

▼ Page Options...

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

BOISE STATE UNIVERSITY

MY.BOISESTATE A-Z INDEX DIRECTORIES MAPS NEWS EVENTS Search...

ABOUT ADMISSIONS ACADEMICS RESEARCH ADMINISTRATION GIVING ALUMNI

CARE

NOTIFY CARE OF A CONCERN

FREQUENTLY ASKED QUESTIONS

HOW TO HELP

CAMPUS RESOURCES

PRINT | SHARE

**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 disruption	Bully	Difficult	Safety concern	
Threat Assessment 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)



COMMUNITY COLLEGE of AURORA

# 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

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.

**CARE Team**  
Conflict Assistance through Resources and Empowerment



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

 **COMMUNITY COLLEGE of AURORA**

# STANDARD 14: ADVERTISING AND MARKETING

**CARE Referral**  
Conflict Assistance through Resources and Empowerment

See something?  
Sense something?  
Say something.  
Do something.

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

COMMUNITY COLLEGE of AURORA

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:**

<p><b>Academic Signs of Concern</b></p> <ul style="list-style-type: none"> <li>• Deterioration in quality/quantity of work.</li> <li>• A negative change in performance (drop in grades).</li> <li>• Missed assignments or exams.</li> <li>• Repeated absences from class.</li> <li>• Disorganized or erratic performance.</li> <li>• Decline in enthusiasm in class (no longer choosing a seat at the front of the room).</li> <li>• Student sends frequent, lengthy "ranting" or threatening types of emails to instructor.</li> <li>• Continual seeking of special provisions (e.g. late papers, extensions, postponed exams, and projects).</li> </ul>	<p><b>Dangerous Behaviors</b></p> <ul style="list-style-type: none"> <li>• Racist or otherwise fixated thoughts.</li> <li>• Bullying behaviors focused on a student in the classroom.</li> <li>• Direct communicated threat to instructor, staff or towards another student.</li> <li>• Prolonged non-verbal passive aggressive behaviors (sitting with arms crossed, glaring or staring at individual, refusal to speak or respond to questions or directives).</li> <li>• Self-injurious behavior (cutting or burning self during class, or exposing previously unexposed self-injuries).</li> <li>• Physical assault (pushing, shoving or punching, throwing objects or slamming doors).</li> <li>• Storming out of the classroom when upset.</li> <li>• Conversations that are designed to upset other students (description of weapons, killing or death).</li> <li>• Psychotic, delusional or rambling speech.</li> <li>• Arrogant or rude talk to instructor, staff or other students; objectifying language that depersonalizes the instructor, staff or other students.</li> </ul>
<p><b>Emotional Signs of Concern</b></p> <ul style="list-style-type: none"> <li>• Inappropriate emotional outbursts (unprovoked anger or hostility, sobbing).</li> <li>• Exaggerated personality traits; more withdrawn or more animated than usual.</li> <li>• Expressions of hopelessness, fear or worthlessness</li> <li>• Themes of suicide, death and dying in papers/projects.</li> <li>• Direct statements indicating distress, family problems, or other difficulties.</li> <li>• Peer concern about a fellow student (in class, lab or organization).</li> </ul>	<p><b>Physical Signs of Concern</b></p> <ul style="list-style-type: none"> <li>• Falling asleep in class or other inopportune times.</li> <li>• A dramatic change in energy level (either direction).</li> <li>• Worrisome changes in hygiene or personal appearance; significant changes in weight.</li> <li>• Showing drug and alcohol intoxication (bleary-eyed, hung-over, smelling of alcohol) or marijuana).</li> <li>• Noticeable cuts, bruises or burns.</li> </ul>

*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

# 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)**  
CALL: 405.325.7700 / [NormanBIT@ou.edu](mailto:NormanBIT@ou.edu) / FAX: 405.325.7195

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THE UNIVERSITY OF OKLAHOMA IS AN EQUAL OPPORTUNITY INSTITUTION



# STANDARD 14: ADVERTISING AND MARKETING

A word cloud poster for Contact BIT. The words are arranged in a vertical, somewhat circular pattern. The words include: pressure, anxiety, frustrated, alcohol, depression, TALK, angry, lost, HOPE, LISTEN, SpeakOut, problems, and **Contact BIT** in large red letters.

**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

UNIVERSITY of ALASKA ANCHORAGE

sense something?

say something.

do something.

**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 EEO/AAE employer 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> Campus Security   425.754.0154	<b>Sexual Harassment</b> Title IX Coordinator   425.640.1562	<b>Child Abuse and Neglect</b> Human Resources   425.640.1400
<b>Student Conduct</b> Dean for Student Success   425.640.1375	<b>Threats of Violence/Harassment</b> Campus Security   425.754.0154	<b>Suicide</b> Counseling Center   425.640.1358 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. 3/11/2011

**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

**FACTORY**  
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



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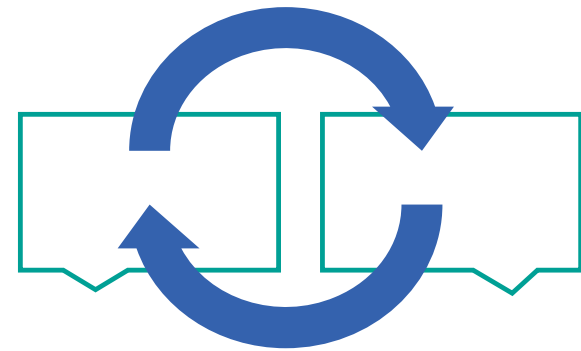
# STANDARD 14: ADVERTISING AND MARKETING



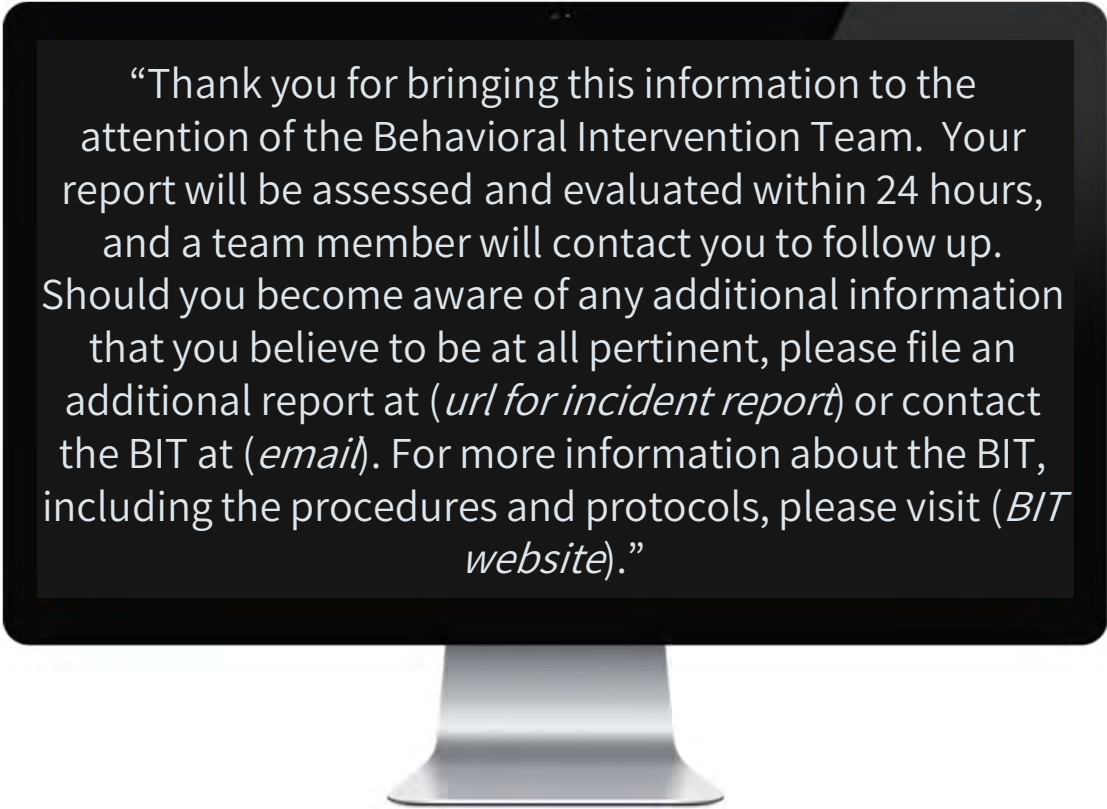
# STANDARD 14: ADVERTISING AND MARKETING

## 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

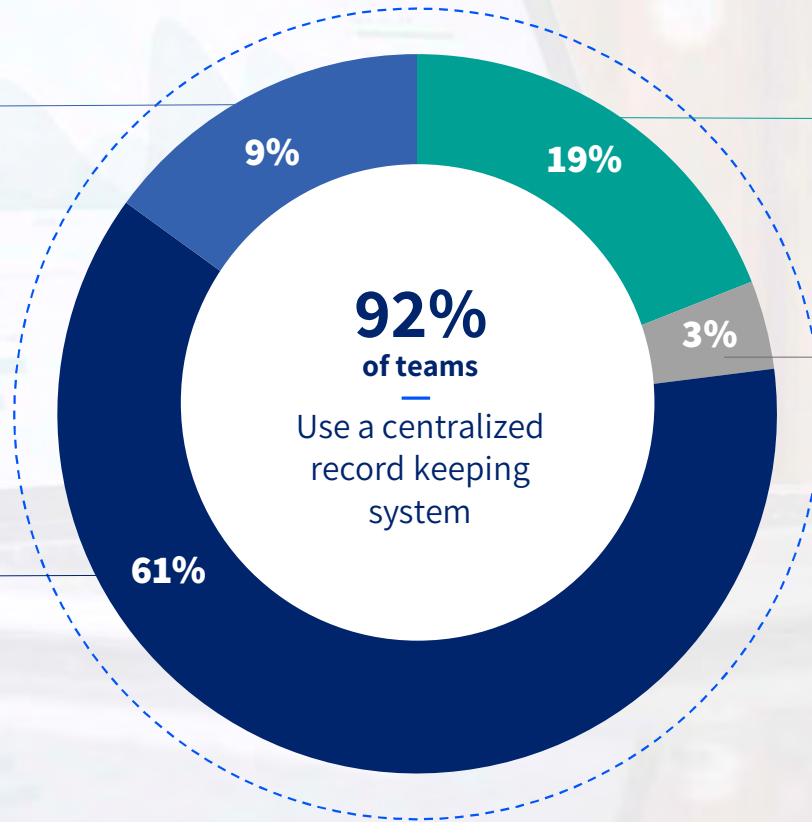
Teams use an *electronic data management system* to keep records of all referrals and cases.




# Record Keeping System

**Other**   
Some teams have in-house systems while others use systems like Pave, Access, Excel, or Banner.

**Maxient**   
Maxient use continues to rise with only 14% reporting use of the system in 2012 and has been the most common choice of teams since 2014.



 **Symplicity**

 **Pen/Paper Files**

# 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



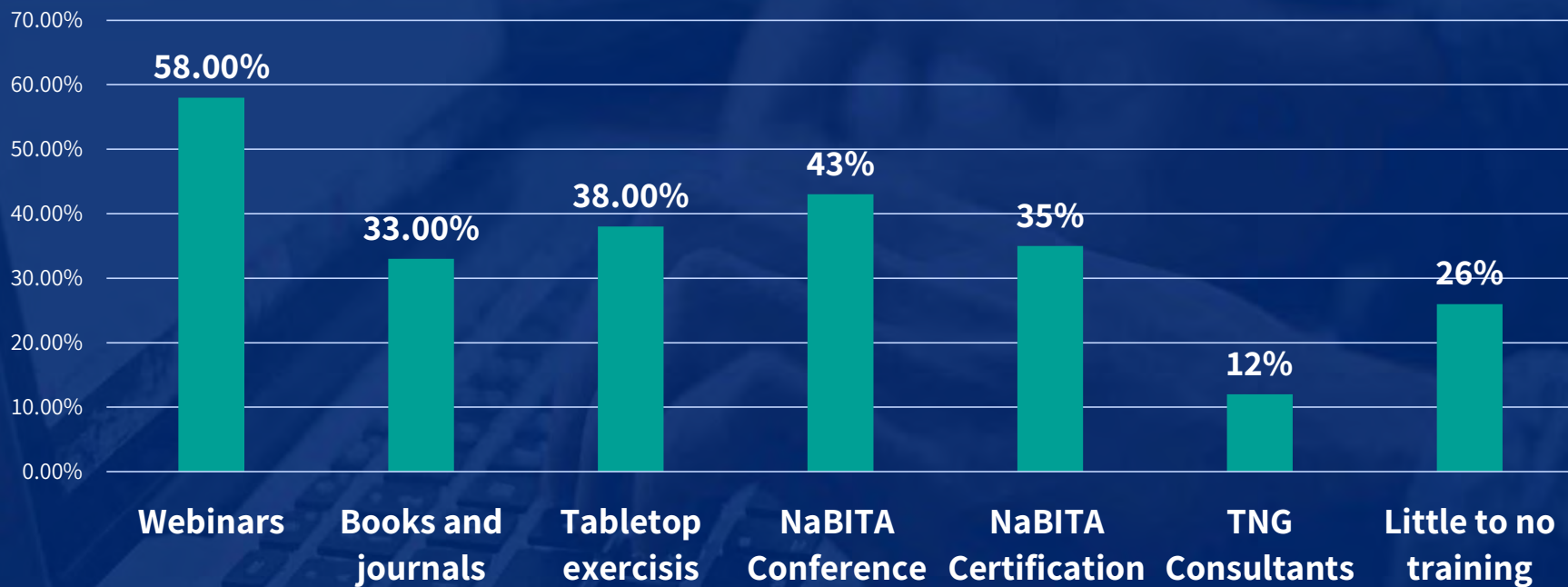
# STANDARD 16: TEAM TRAINING

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.



# STANDARD 16: TEAM TRAINING

Sample Training Schedule A	
JANUARY: 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: Standard 14	<ul style="list-style-type: none"> <li>Read: Halligan-Avery, E. &amp; Katz, J. (2017). "From Bah 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: Standard 15	<ul style="list-style-type: none"> <li>Watch: 2014 Webinar: <a href="#">BIT and Case Management Notes 101</a>.</li> </ul>
APRIL: 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: 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: 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: 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: 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: 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: 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: 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: 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

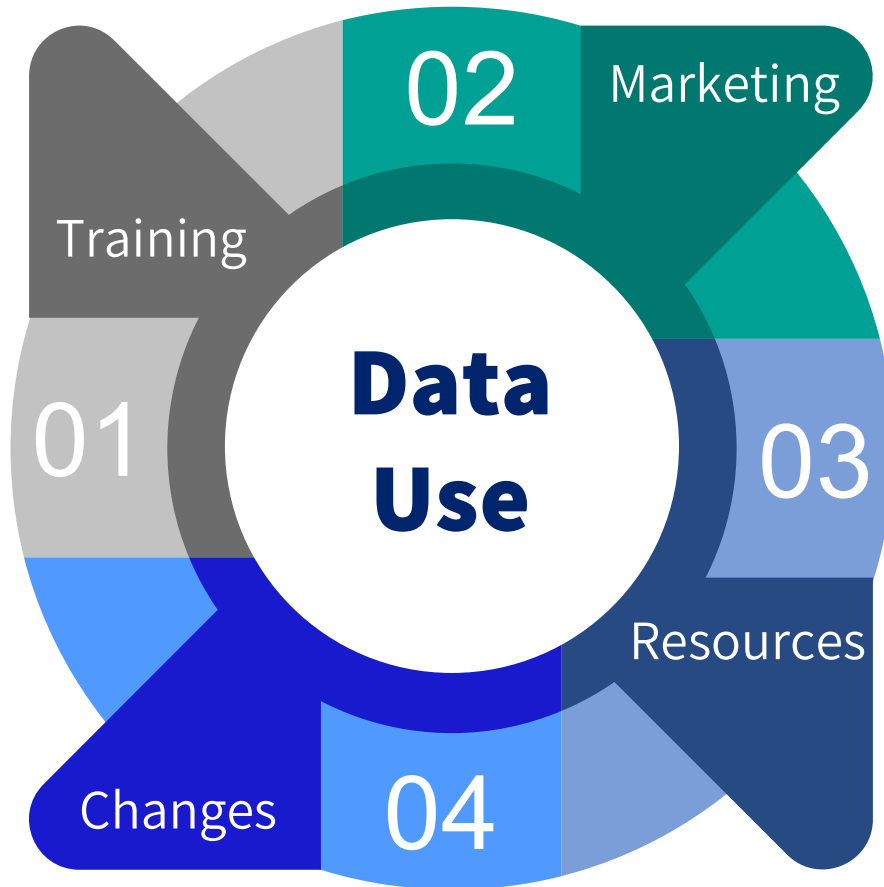


Case  
Information

- 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 (0 Points)	NEEDS IMPROVEMENT (.50 Points)	PROFICIENT (.75 Points)	EXEMPLARY (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: _____ Score: _____</p>	<p>The activities of the BIT are not defined and do not include the main functions: 1) gathering data, 2) objective analysis of data, and 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: 1) gathering data, 2) objective analysis of data, and 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: 1) gathering data, 2) objective analysis of data, and 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: 1) gathering data, 2) objective analysis of data, and 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: _____ 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.

# CURRICULUM PATH FOR Certification Courses

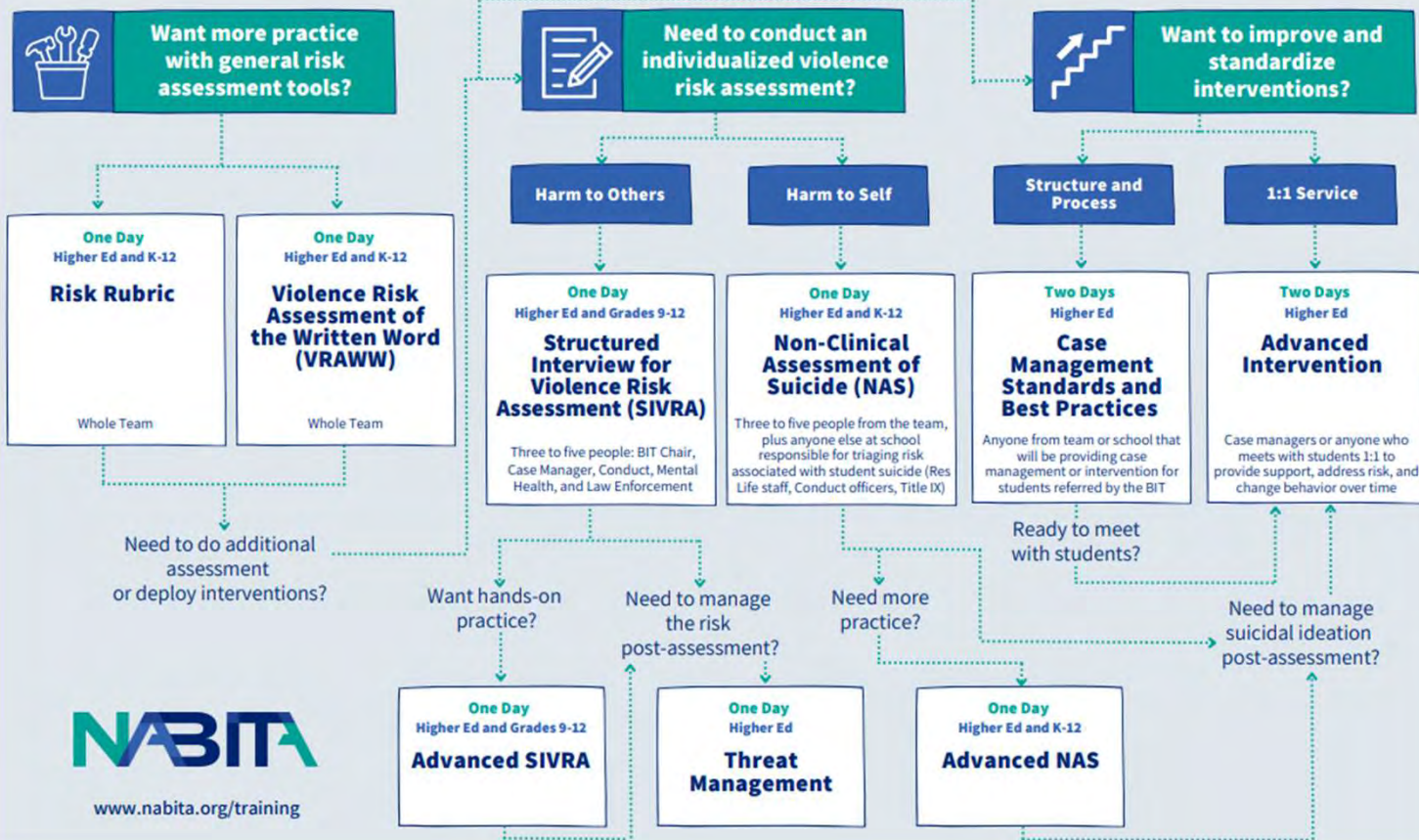
Each completed course awards a certificate.

## IT ALL STARTS WITH...

Two Days  
Higher Ed and K-12

### BIT Standards and Best Practices

This is the essential course for all BIT members and related practitioners.



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**Thanks for joining us today.**

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National Association  
for Behavioral Intervention  
and Threat Assessment

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