E-SCALE

ESCALATING BEHAVIORS

2

- 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

0/1

- 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 binging/purging
  ■ Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
  ■ Threats of affective, impulsive, poorly planned, and/or economically driven violence
  ■ Vague but direct threats or specific but indirect threat; explosive language
  ■ Stalking behaviors that do not cause physical harm, but are disruptive and concerning
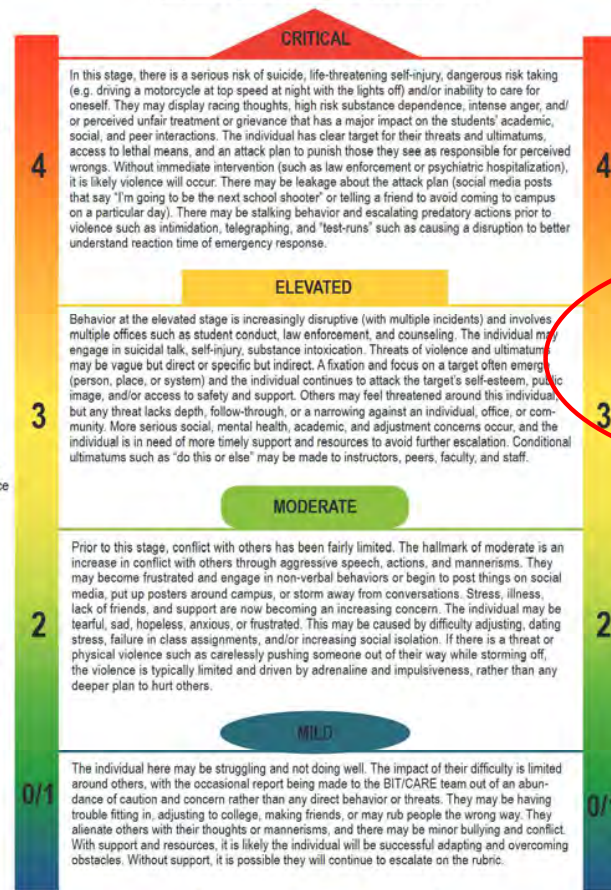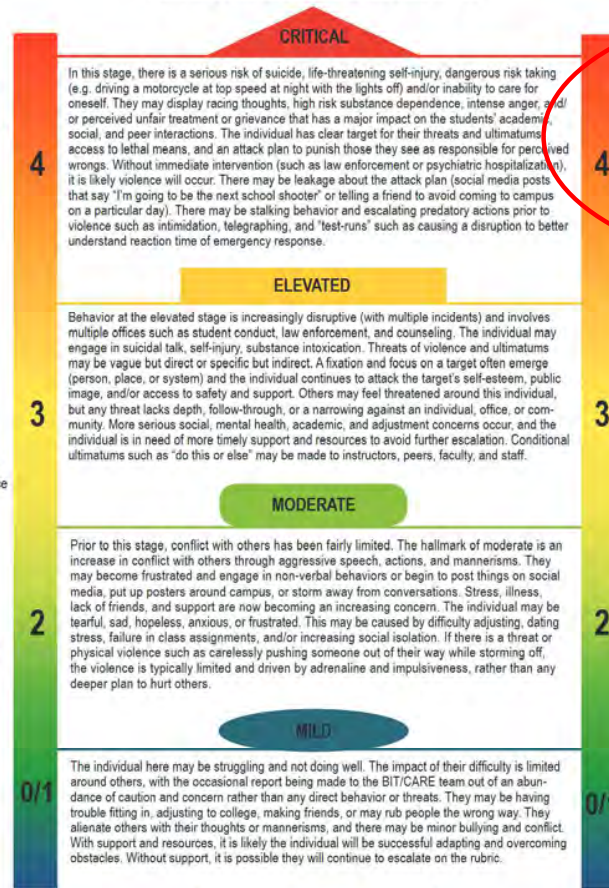
DISTRESSED

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

DEVELOPING

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

TRAJECTORY?

OVERALL SUMMARY

CRITICAL — 4

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.

ELEVATED — 3

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 emerges (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.

MODERATE — 2

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

MILD — 0/1

The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

BASELINE

E-SCALE
Hostility and Violence to Others

EMERGENCE OF VIOLENCE — 4

▲ 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 — 3

■ 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 — 2

● 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 — 0/1

◆ 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?

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E-SCALE

ELABORATION OF THREAT

3

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

DETERIORATING

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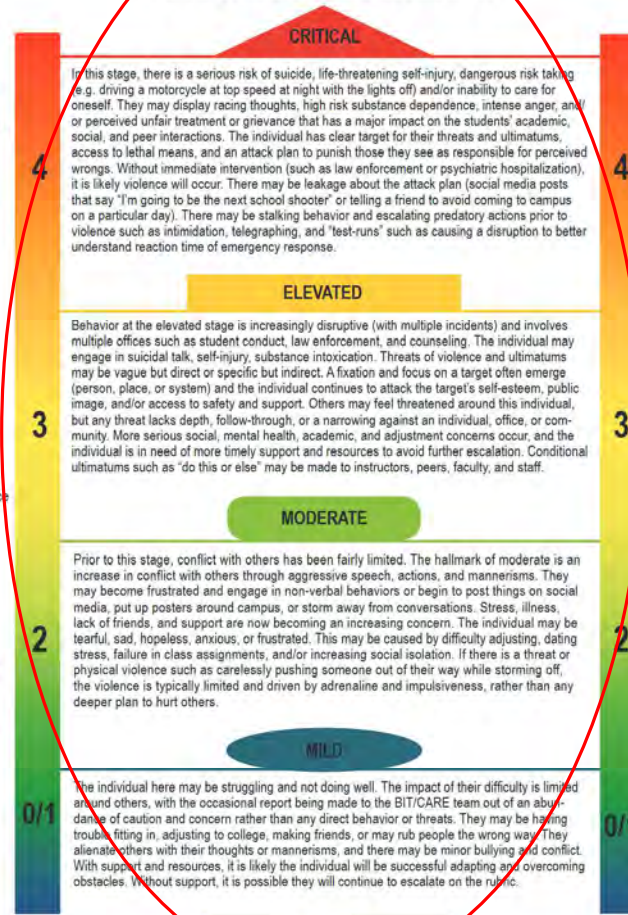
DISTRESSED

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

DEVELOPING

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

TRAJECTORY?

OVERALL SUMMARY

CRITICAL

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.

4

ELEVATED

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3

MODERATE

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

2

MILD

The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

0/1

BASELINE

E-SCALE
Hostility and Violence to Others

EMERGENCE OF VIOLENCE

▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
▲ 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
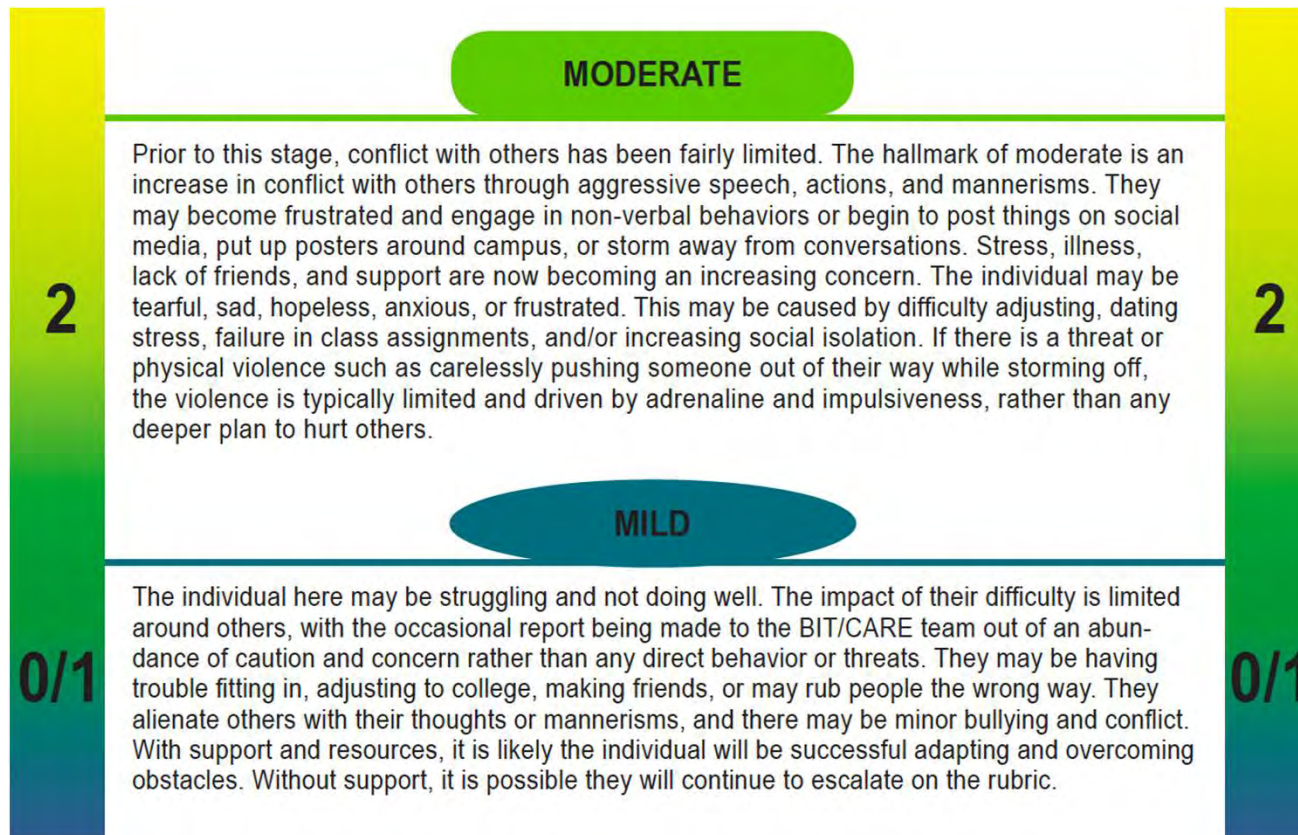
ESCALATING BEHAVIORS

● 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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TRAJECTORY?

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E-SCALE

EMERGENCE OF VIOLENCE

4

▲ 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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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:
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  - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
  - ▲ Making threats that are concrete, consistent, and plausible
  - ▲ Impulsive stalking behaviors that present a physical danger

DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
- Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
- Threats of affective, impulsive, poorly planned, and/or economically driven violence
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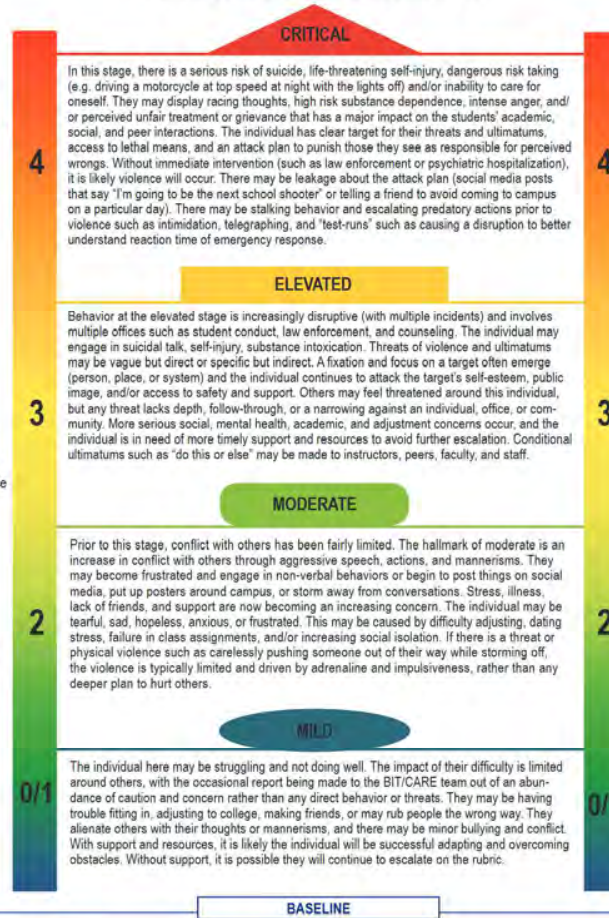
DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
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  - 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

CRITICAL (4)

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.

ELEVATED (3)

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.

MODERATE (2)

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

MILD (0/1)

The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

BASELINE

NABITA

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

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

GENERAL SUMMARY

MODERATE

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

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STANDARD 11: OBJECTIVE RISK RUBRIC

CRITICAL

4

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.

4

ELEVATED

3

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.

3

all 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 acces services on their own or with a slight nudge from BIT.
Mild (+)	Minor concerns, but likely the situation will worsen with out added support and intervention.
oderate (-)	Minor conflict exists, but is sporadic and lacks consiste cy. Stress and emotional disruption may exist.
Moderate	Individual in need of further outreach. Struggling with interpersonal relationships, grades, academics, etc.
oderate (+)	Likely involvement from multiple departments (cour ing, conduct, disability). Escalation likely.
levated (-)	Multiple conflicts, inconsistent emotional state, s thoughts, disruptive conduct behavior inconsiste popping up, interpersonal conflict sporadic.
Elevated	Fairly consistent disruptive behavior, emotior cerns, suicidal thoughts, and/or substance sonal conflict frequent.
evated (+)	High level of concern over current beha likelihood of escalation to an attack or response and law enforcement likely point.
Critical (-)	Actively planning violence to s of considering action. Crisis ment definitively involved
Critcal	Attack or suicide oc sponse and law e 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.

NABITA Risk Rubric

D-SCALE
Life Stress and Emotional Health

DECOMPENSATING

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

DETERIORATING

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

DISTRESSED

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

DEVELOPING

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

TRAJECTORY?

OVERALL SUMMARY

CRITICAL

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.

4

ELEVATED

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.

3

MODERATE

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

2

MILD

The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

0/1

BASELINE

E-SCALE
Hostility and Violence to Others

EMERGENCE OF VIOLENCE

▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
▲ 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?

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.

NABITA Risk Rubric

D-SCALE
Life Stress and Emotional Health

DECOMPENSATING

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

DETERIORATING

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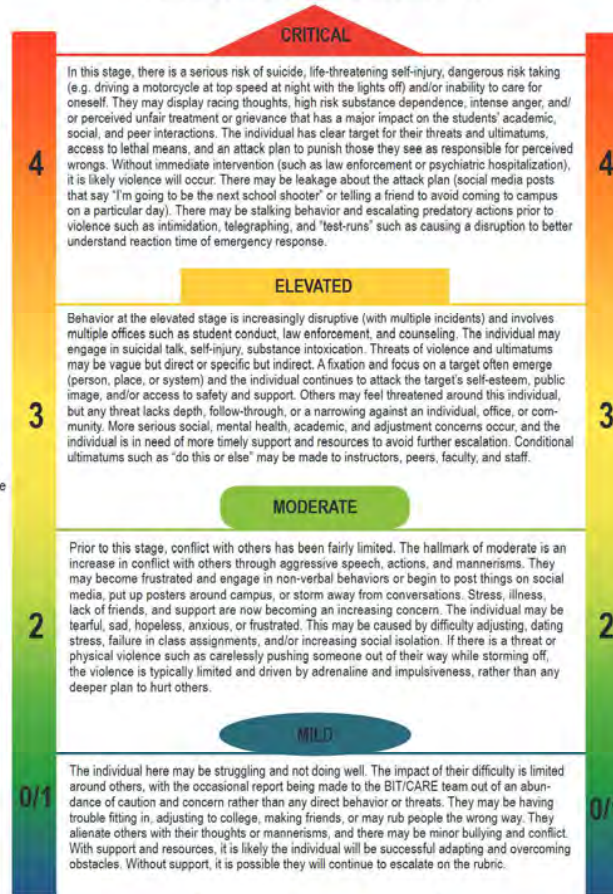
DISTRESSED

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

DEVELOPING

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

TRAJECTORY?

OVERALL SUMMARY

CRITICAL

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.

4

ELEVATED

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MODERATE

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2

MILD

The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

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BASELINE

E-SCALE
Hostility and Violence to Others

EMERGENCE OF VIOLENCE

▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
▲ 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
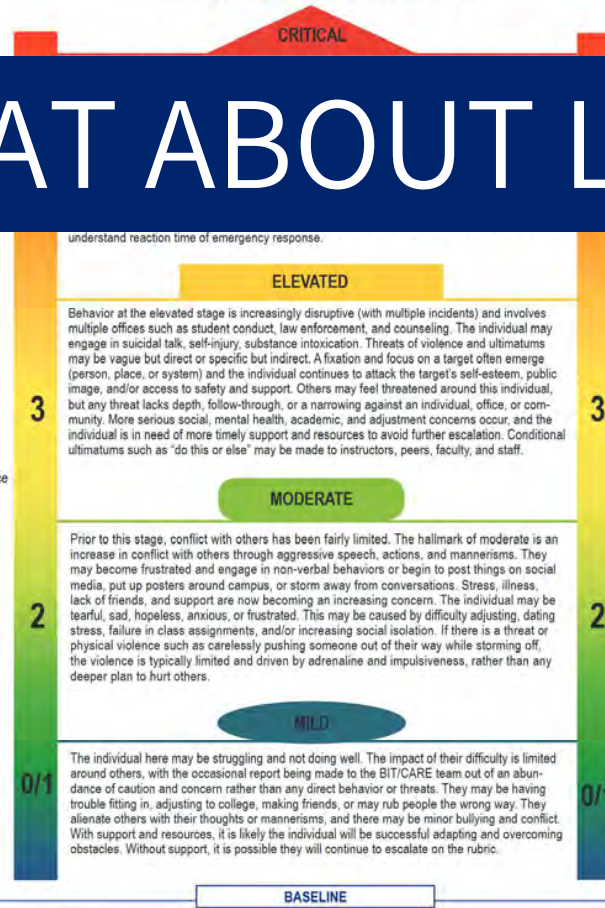
ELABORATION OF THREAT

■ 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

4

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TRAJECTORY?

CASE #3

Initial BIT Referral

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

- UPD 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 binging/purging
  ■ Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
  ■ Threats of affective, impulsive, poorly planned, and/or economically driven violence
  ■ Vague but indirect 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

CRITICAL

4 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.

ELEVATED

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MODERATE

2 Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

MILD

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BASELINE

E-SCALE
Hostility and Violence to Others

EMERGENCE OF VIOLENCE

▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
▲ 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?

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 binging/purging
  ■ Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
  ■ Threats of affective, impulsive, poorly planned, and/or economically driven violence
  ■ Vague but indirect 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

CRITICAL

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.

ELEVATED

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.

MODERATE

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

MILD

The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

BASELINE

E-SCALE
Hostility and Violence to Others

EMERGENCE OF VIOLENCE

▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
▲ 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?

CASE #5

Initial BIT Referral

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

- The BIT received a referral regarding the post from a fellow student who saw the post and was scared. The BIT called an emergency meeting with campus police, the counseling center, the DOS, and conduct. Campus police explained that local police were responding and were already at Eric's apartment conducting an interview and a welfare check. Local police will keep campus police updated as anything progresses. Conduct plans to wait on determining the need for an interim suspension based on the police interview and search, but explain that conduct charges are on the table given the potential impact this has on students who see the post and other students who work at best buy.

CASE #5

Information Gathered During BIT Meeting

- Campus police provided an update from local law enforcement. Local law enforcement explained that they interviewed Eric and searched his house. Eric stated during the interview that he hates his boss at best buy and that yesterday was "the last straw" as his boss caught him smoking on site (behavior prohibited by best buy) and wrote him up. Eric denied any intent to burn the building down and the police did not discover any materials for carrying out the act of arson in his home. The police report that the DA is reviewing a terroristic threat charge .

- Conduct reports no prior history for Eric.

- Eric is an average student and has no reports of difficulty from his current professors.

NABITA Risk Rubric

D-SCALE
Life Stress and Emotional Health

DECOMPENSATING

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

DETERIORATING

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

DISTRESSED

● 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

CRITICAL

4 — 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.

ELEVATED

3 — 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.

MODERATE

2 — Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

MILD

0/1 — The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

BASELINE

↑ TRAJECTORY? (left)   TRAJECTORY? ↑ (right)

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

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CASE #6

Initial BIT Referral

- The BIT received a referral for first-year student, Tosha, from her academic advisor. The advisor says Tosha was "nearly hysterical" in her office.

- Tosha came to the academic advisor after the first week of classes as she was feeling overwhelmed. She said to the academic advisor, "I can't figure out what to do first! Every single professor wants something from me, and I just sit down and stare at my desk for hours without doing anything. I don't know what to do first!!!"

- The advisor explained that Tosha broke down into tears when she tried to calm her down or offer suggestions to help.

- After a few minutes of crying and not being able to talk, the advisor walked Tosha to the counseling center then made the referral to the BIT.

CASE #6

Information Gathered During the BIT Meeting

- The Counseling Center Director provided an update that the clinician had the student sign a release to the BIT. During the appointment, the clinician was able to calm Tosha down and learned that Tosha has high performance related anxiety resulting in feeling as though she is going to underperform. Tosha notes several panic attacks in the first week of classes, lack of sleep, and poor appetite. The counselor made a referral to psychiatry and plans to keep seeing her for therapy but could use assistance navigating a disability support referral and communicating with faculty.

- Tosha lives on campus and is reportedly doing okay in the residence hall, although the RA notes that she hasn't seemed to have made many friends or been to many events yet.

NABITA Risk Rubric

D-SCALE
Life Stress and Emotional Health

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

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

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

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

TRAJECTORY?

OVERALL SUMMARY

CRITICAL — 4
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.

ELEVATED — 3
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.

MODERATE — 2
Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

MILD — 0/1
The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

BASELINE

E-SCALE
Hostility and Violence to Others

EMERGENCE OF VIOLENCE
- Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- 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?

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

OVERALL SUMMARY

E-SCALE
Hostility and Violence to Others

CRITICAL

4

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.

ELEVATED

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MODERATE

2

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

MILD

0/1

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BASELINE

D-SCALE (Life Stress and Emotional Health)

DECOMPENSATING

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

DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
  - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
- Threats of affective, impulsive, poorly planned, and/or economically driven violence
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DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
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  - 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?

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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- ▲ 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
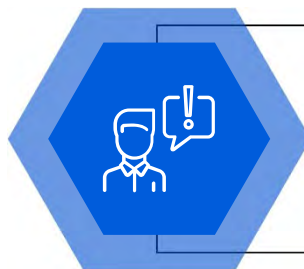
Threat Assessment

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
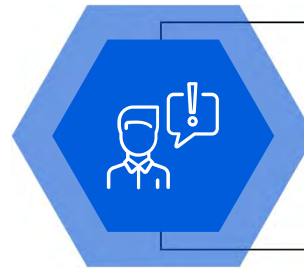
Threat Assessment

- 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

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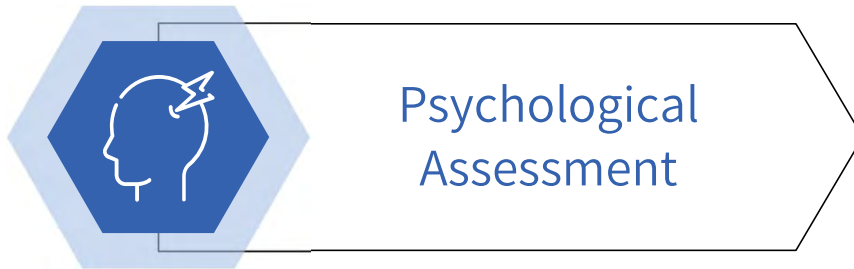
- Conducted by a trained, licensed clinician
- Focuses on determining diagnosis and treatment plan such as therapeutic intervention, medication, hospitalization, etc.

Violence Risk Assessment

- 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

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CASE STUDY: FREEMAN HIGH SCHOOL

- The day a Freeman High School student shot four students, killing one of them, was his <u>first day back</u> 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."

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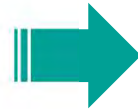
- **10x** NABITA Risk Rubric
- **25x** Violence Risk Assessment of the Written Word (VRAWW)
- **50x** Structured Interview for Violence Risk Assessment (SIVRA-35) and Non-Clinical Assessment of Suicide (NAS)

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
	Author Qualities	
1.	**Suicidal Content**	Details indicate direct or indirect suicidal ideations.
2.	**Isolation and Hopelessness**	Elements of isolation, loneliness, marginalization from societal group.
3.	**Fame/Meaning Seeking**	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.	**Injustice/Grievance Collecting**	Righting a wrong, striving for power; the writer gives evidence of being wronged by others.
	Tone Qualities	
5.	**Hardened, Black/White Thinking**	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.	**Graphic and Violent Descriptions**	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.
	Content Qualities	
7.	**Target Detail**	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.	**Weapon Detail**	Includes details of brandishing of weapons on social media and/or a specific discussion of what weapons might be used in an attack.
9.	**Threat Plan Detail**	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.	**Previous Attack Detail**	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
	Author Qualities	
1.	**Trolling**	The purpose is to cause distress and to troll others to react.
2.	**Developmental Delay**	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.	**Tangential, Rambling or Incoherent**	Influenced by a serious mental illness that disturbs thought, logic, organization.
4.	**International, Non-Native Language**	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.	**Creative Author**	Expresses a desire to be an author, artist or musician; when taken out of an artistic process, has a more concerning tone and quality.
	Content Qualities	
6.	**Writing for Class**	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.	**Therapeutic Journal**	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.	**Political or Opinion**	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.	**Retaliatory Expression**	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.	**Affective/Reactive**	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
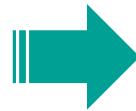
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SIVRA-35

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
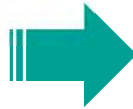
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NAS

Verbal or Written Threat

Precipitating Events

Mental Health History

Current Behaviors

Demographic Risk factors

Protective Elements
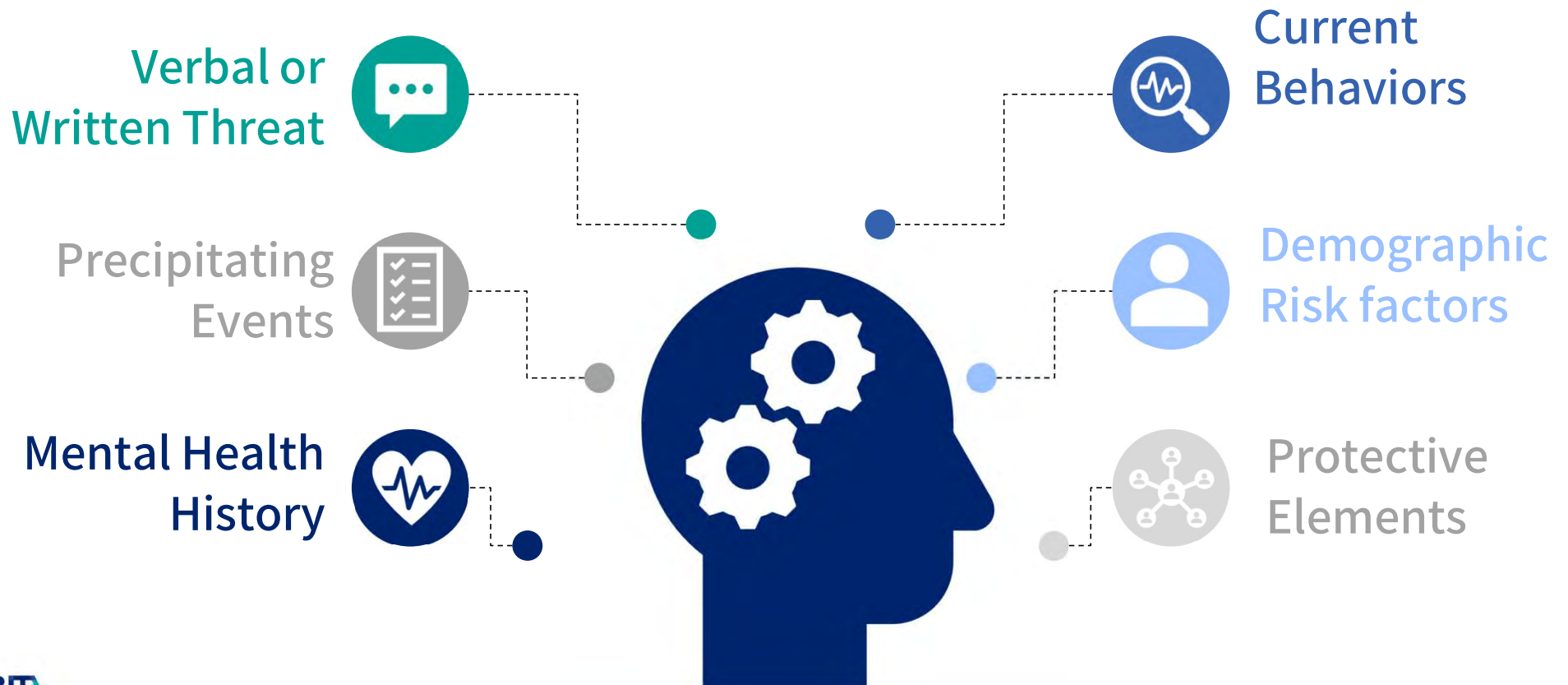
CONDUCTING A VIOLENCE RISK ASSESSMENT

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.

NABITA
STANDARDS
for Behavioral
Intervention Teams

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

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

Gather Data

Rubric/Analysis
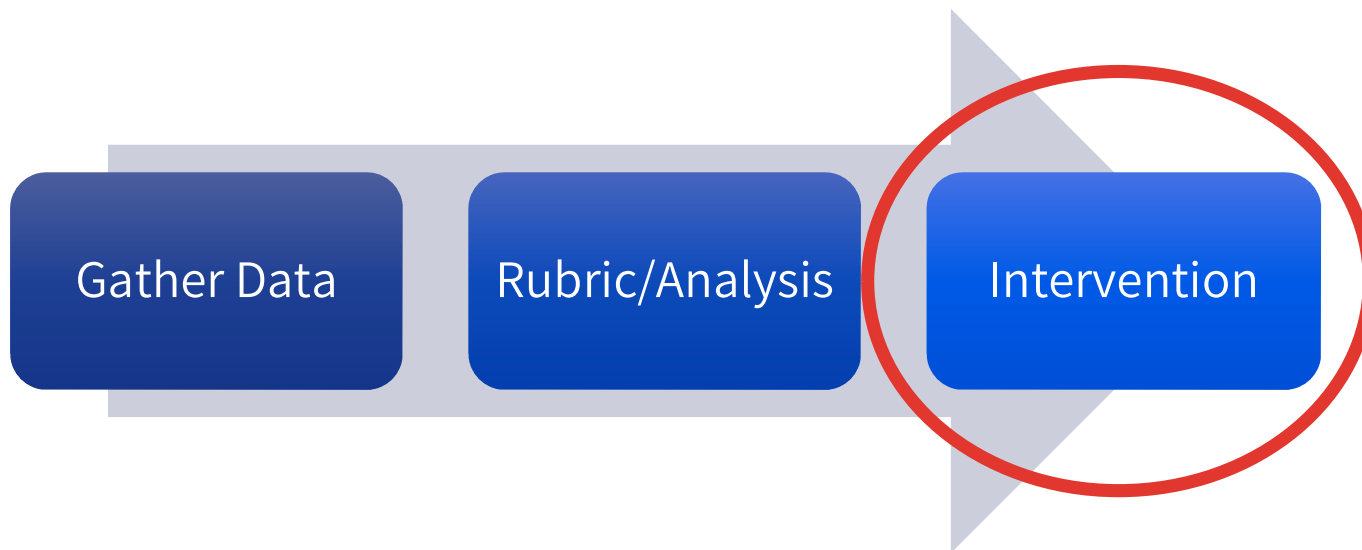
Intervention

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
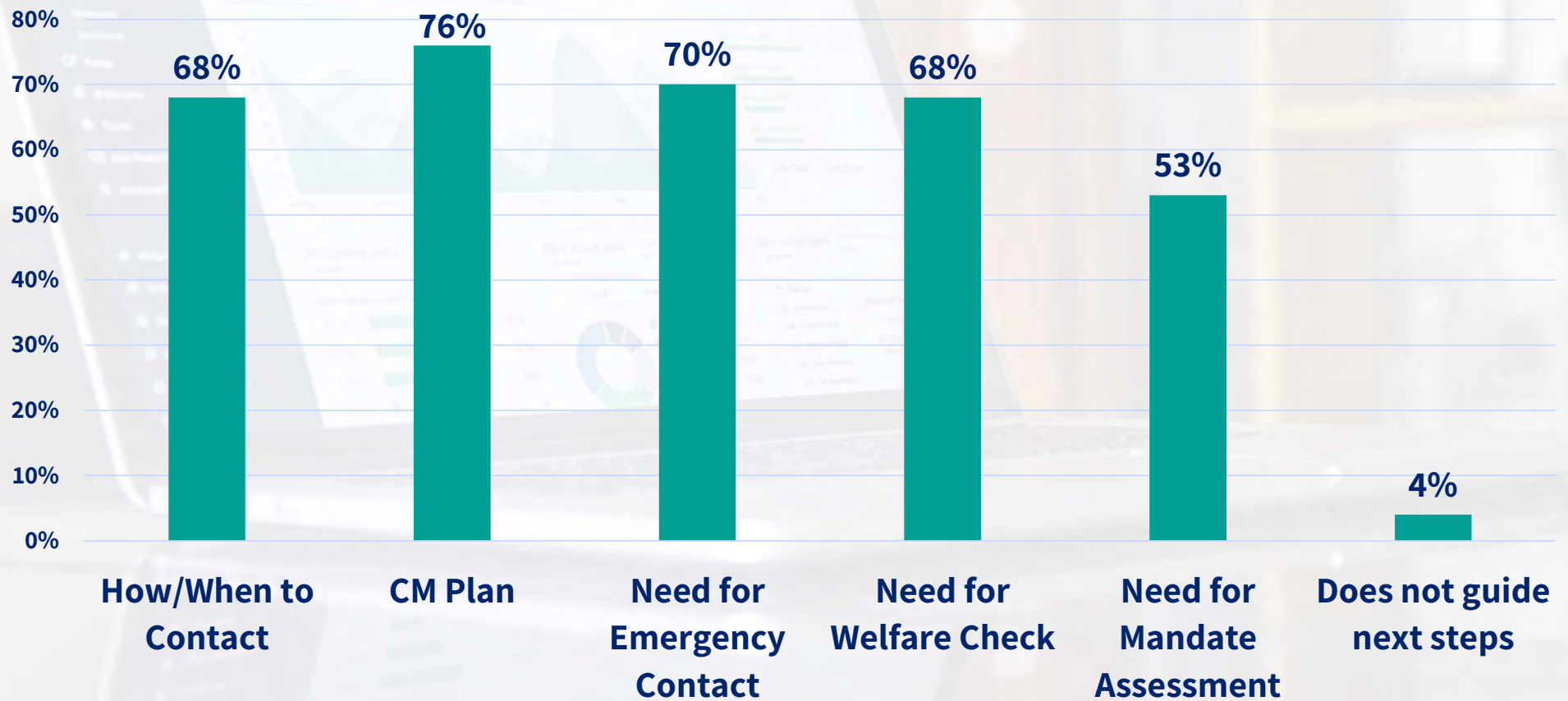
OBJECTIVE RISK TOOLS

RISK RUBRIC
NABITA Assessment Tool

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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 s
- Connect with offices, support resources, faculty, etc. who in student to enlist as support or to gather more information
- Possible referral to student conduct or disability support
- Offer referrals to appropriate support resources
- Assess social media and other sources to gather m
- Consider VRAW² for cases that have written elem
- Skill building in social interactions, emotional b reinforcement of protective factors (social su positive involvement)

MILD (0

- No formal intervention; docume
- Provide guidance and educ
- 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^2 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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- Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk

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

Case Management

Progressive Conduct

Separation

STANDARD 12: INTERVENTIONS

Conduct, Leaves, and Withdrawals
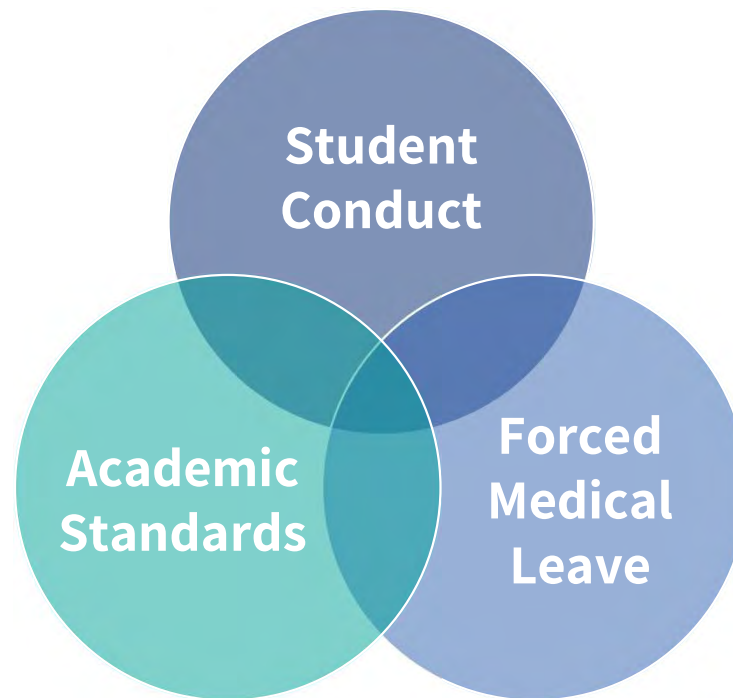
STANDARD 12: INTERVENTIONS

Student Conduct

- Hold students accountable to the conduct code, regardless of mental health issues (e.g. classroom disruption, threatening behaviors, failure to comply, etc.).

- Early conduct meetings for low level violations help students see road signs on their way to driving off the cliff.

- Use formal meetings, due process, and documentation.

- Adjust sanctions to match the situation – don't just skip the process.

- This helps with bias mitigation, create a fair process for all, and helps with accountability and behavior change.

MENTAL HEALTH ? BEHAVIOR
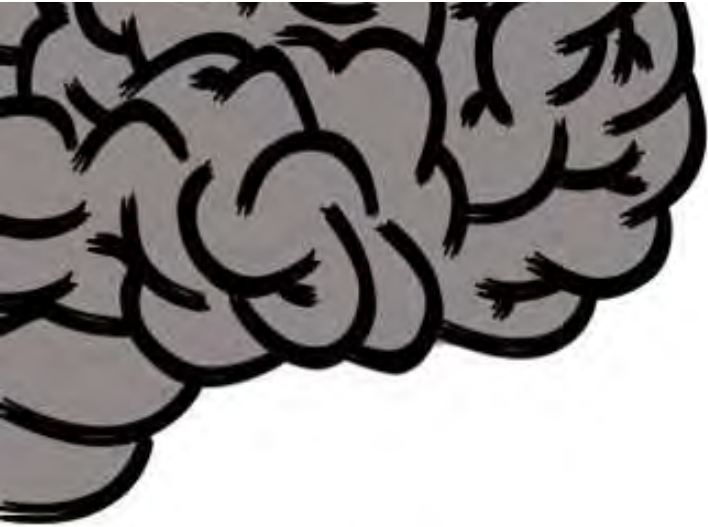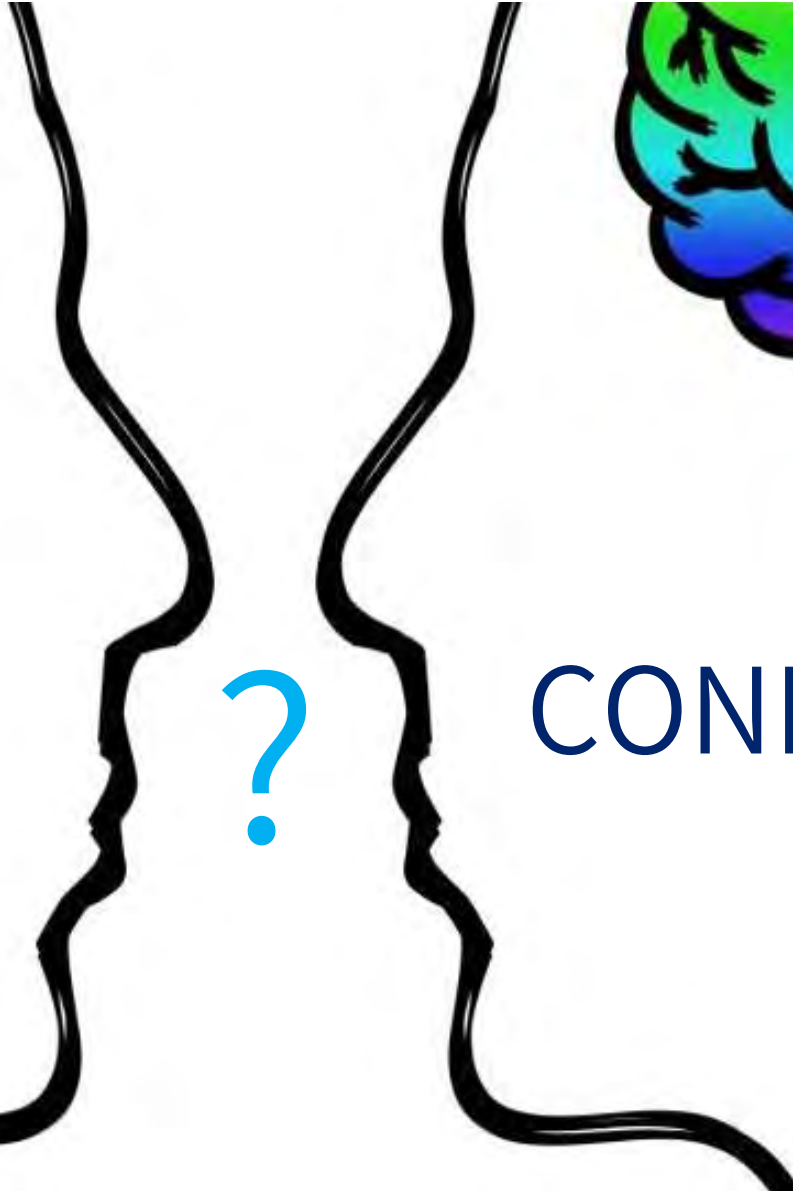
HELP ? CONDUCT

Both

And

Code of Conduct

Due Process/Fundamentally Fair Process

APPLIES TO ALL STUDENTS

MENTAL HEALTH AND BEHAVIOR

Behavioral
Agreements

Conduct Process &
Progressive
Sanctions

NABITA

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.
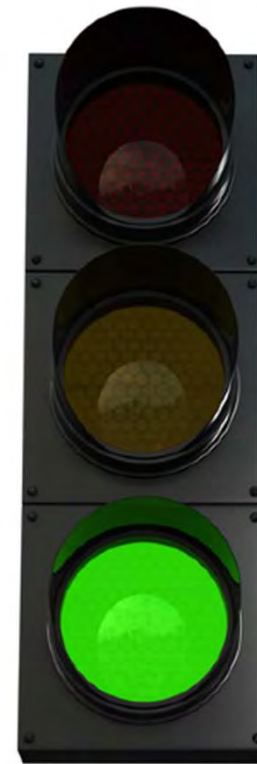
STANDARD 12: INTERVENTIONS

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 <u>and</u> 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 <u>or</u> 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.

NABITA
STANDARDS
for Behavioral
Intervention Teams

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.

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

Has clinical license (LCSW, LPC, LMHC, etc.)

Hired by school to practice mental health treatment

Governed by state confidentiality

Notes kept in privileged database

Non-Clinical Case Manager

May or may not have a clinical license

Hired by school to offer support, and resources

Governed by FERPA

Notes kept in BIT or similar database

CLINICAL VS. NON-CLINICAL CASE MANAGEMENT

76%
of CMs
operate in a Non-
Clinical capacity

52%
of CMs
do not hold
clinical licensure

20%
of CMs
are licensed but do
not operate under
the licensure
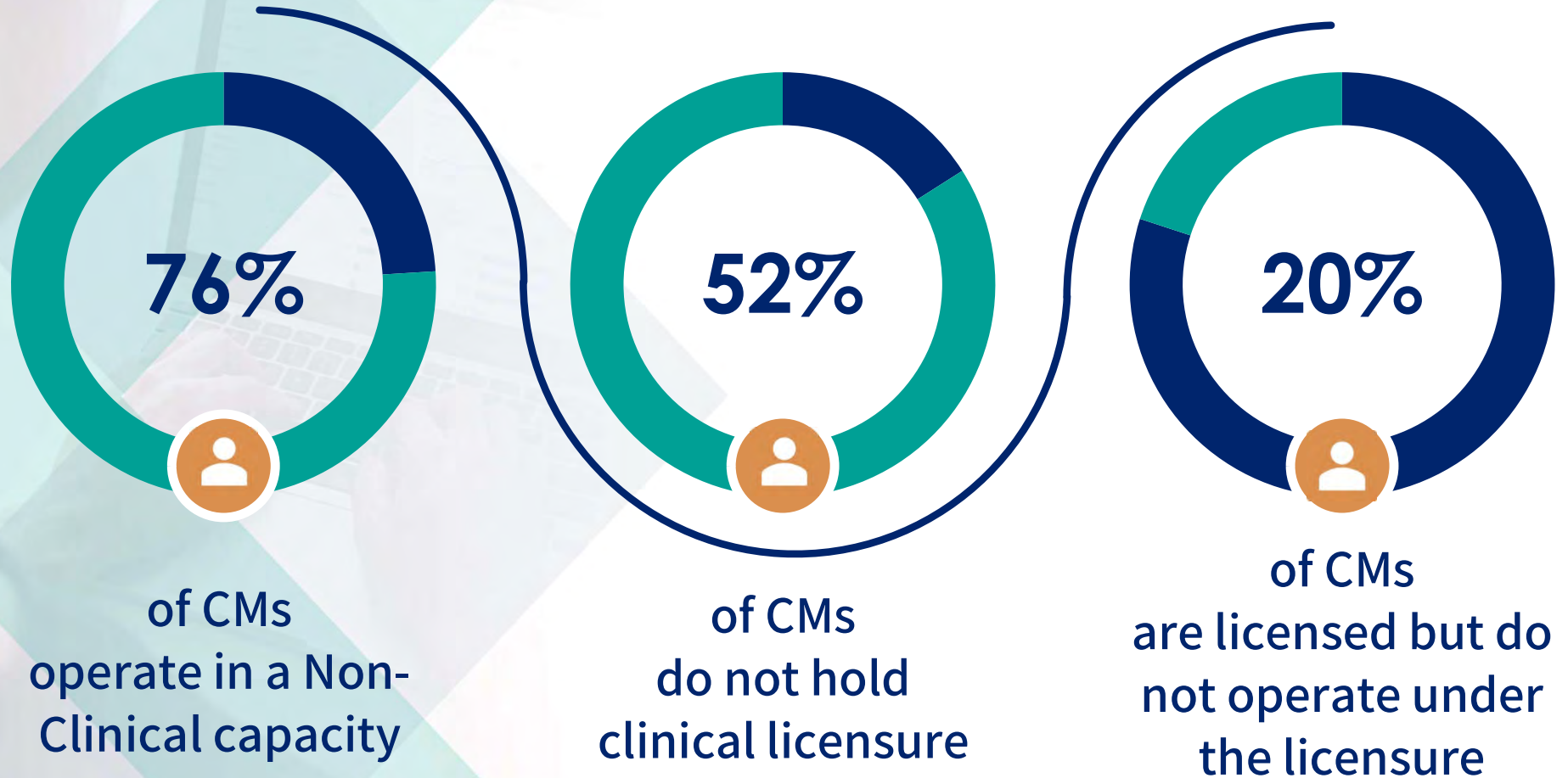
Source: Dugo, M, Falter, B., Molnar, J. (2017). 2017 HECMA membership survey & analysis report. Higher Education Case Manager's Association

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

Audience

O1

Who are/should be BIT referral sources?

02

Content

What does this specific audience need to know?

03

Format

What is the best way to reach them?

04

Buy-In

How do I get participation from them?
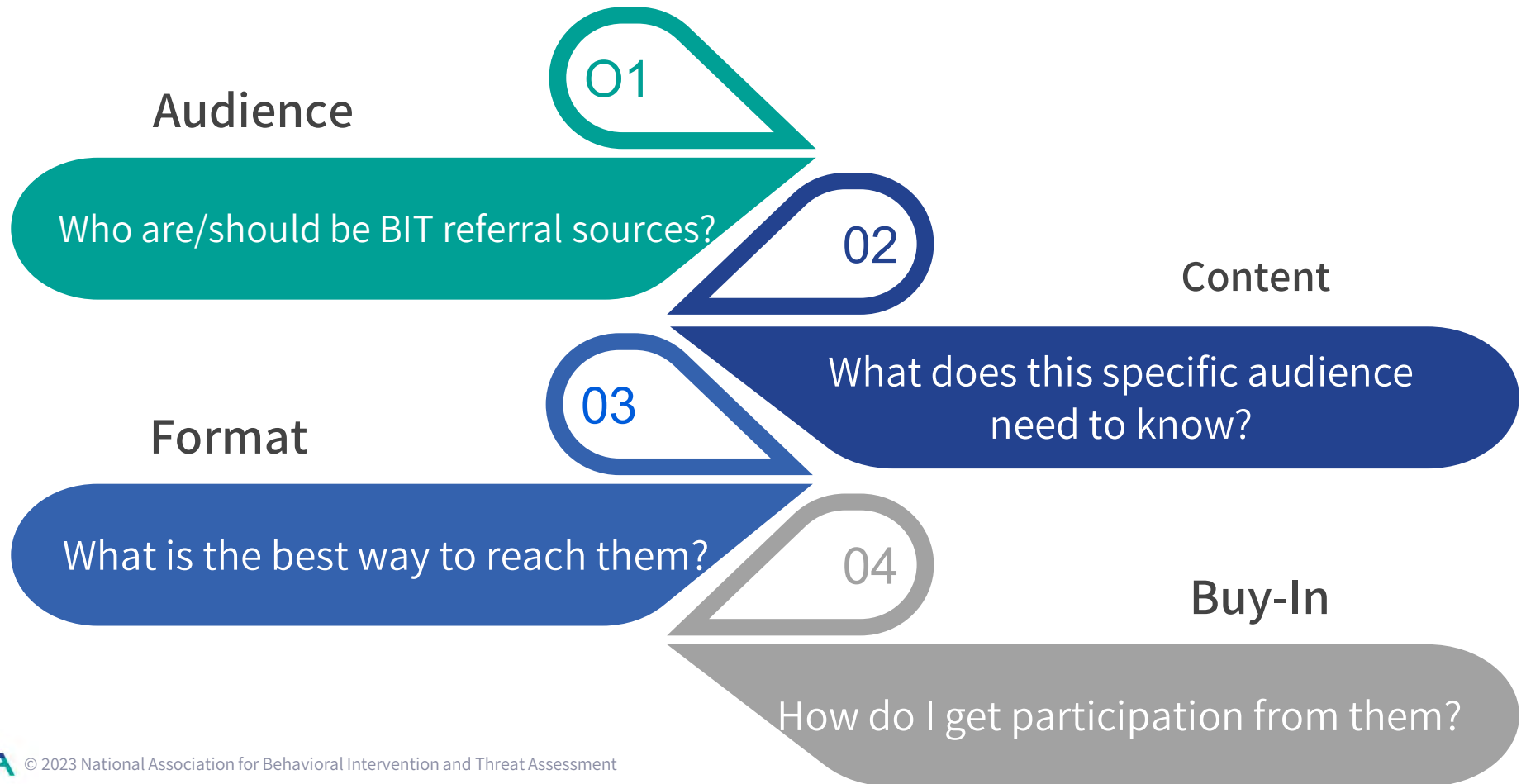
STANDARD 14: ADVERTISING AND MARKETING

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

Category	Percentage
Online report form link	73%
Behaviors to report	66%
Team mission/mission…	64%
Contact email	64%
Contact phone	61%
Team membership list	51%
FAQ about team	30%
Next steps once a referral…	23%
Faculty classroom guide	17%
Privacy/confidentiality…	17%
Team protocols	12%
Team policies	11%
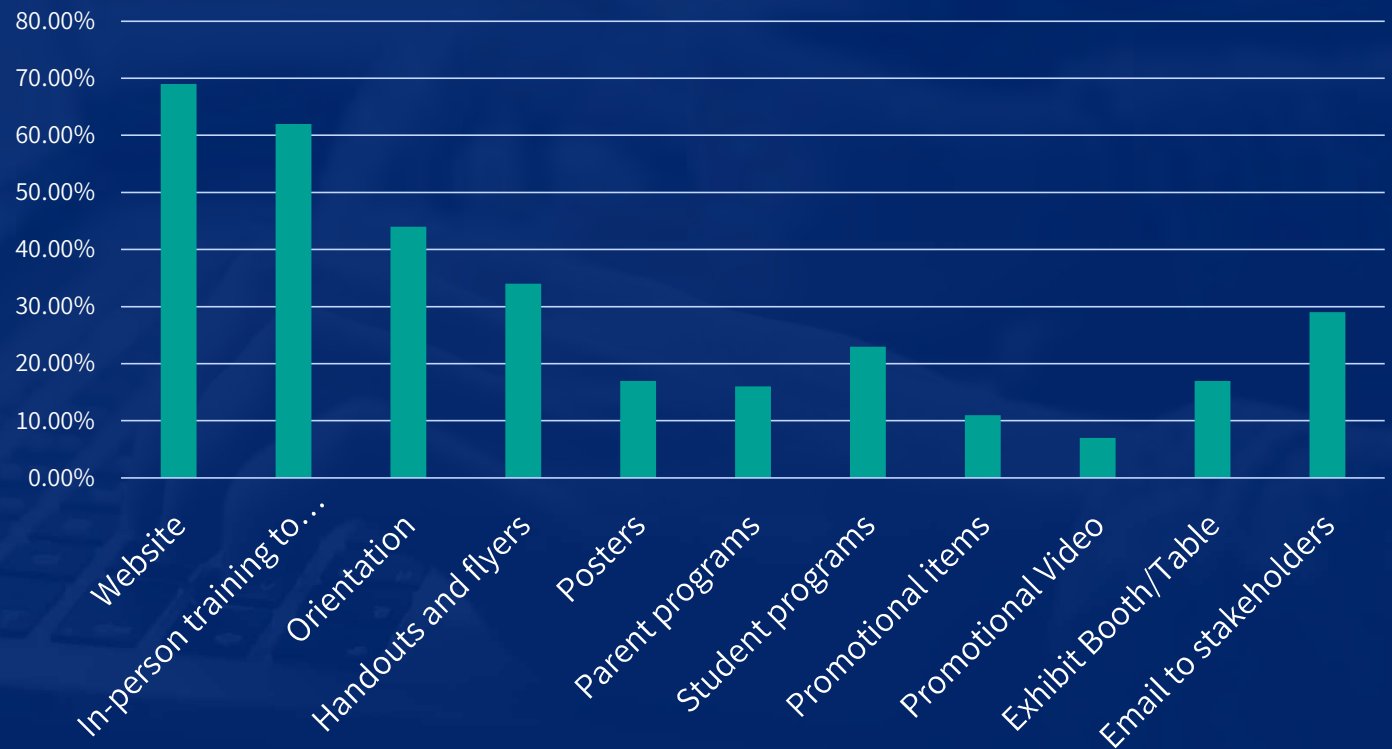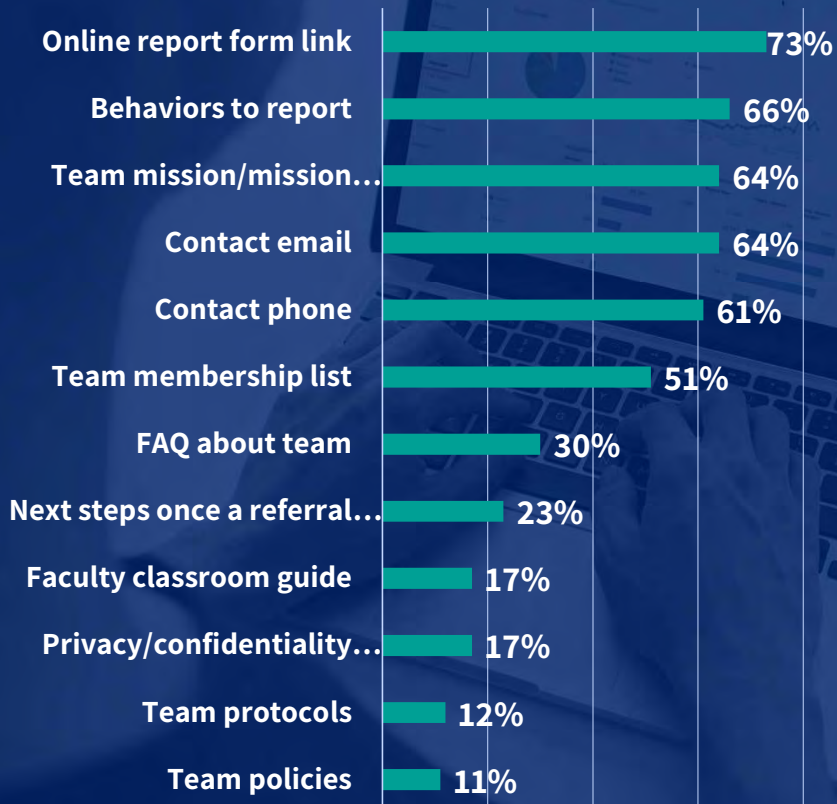
68% of teams

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.

FINAL REPORT OF THE FEDERAL COMMISSION ON

School Safety

Presented to the
PRESIDENT OF THE UNITED STATES

December 18, 2018
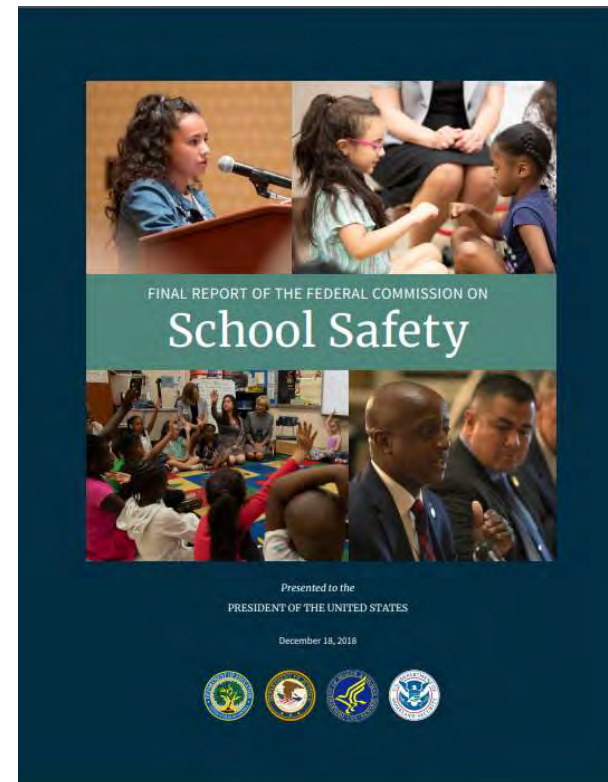
STANDARD 14: ADVERTISING AND MARKETING

MSD Commission:

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

MARJORY STONEMAN
DOUGLAS HIGH SCHOOL
PUBLIC SAFETY
COMMISSION

MSD
Public Safety Commission

Initial Report
Submitted to the Governor,
Speaker of the House of Representatives
and Senate President

January 2, 2019
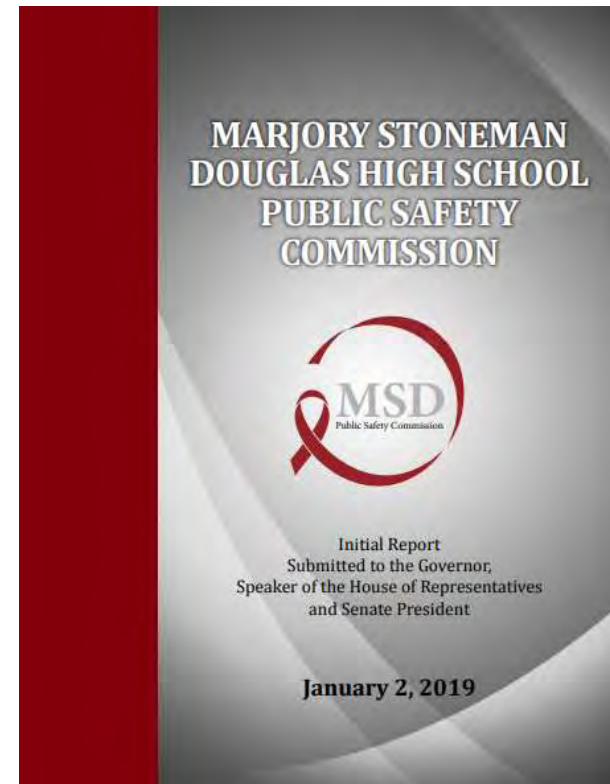
STANDARD 14: ADVERTISING AND MARKETING

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

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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

2. Embry-Riddle Aeronautical University

3. Foothill College

4. Housatonic Community College

5. University of La Verne

6. Rochester Institute of Technology

7. University of South Florida

8. Gateway Technical College

9. University of Rochester

10. The University of Oklahoma

STANDARD 14: ADVERTISING AND MARKETING

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STANDARD 14: ADVERTISING AND MARKETING

STANDARD 14: ADVERTISING AND MARKETING

STANDARD 14: ADVERTISING AND MARKETING

Create and Maintain Feedback Loops

- Reassure referral sources the BIT is taking prompt, appropriate, and competent action.

- Assign a member of the BIT to follow up with reports, let the referral source(s) know when the BIT has engaged/concluded its action, even by form email.

- After a report has been made, each individual making a report should receive a simple (even automated) message from the BIT.
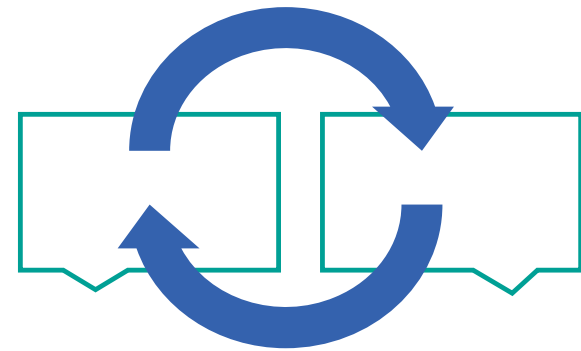
STANDARD 14: ADVERTISING AND MARKETING

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

STANDARD 14: ADVERTISING AND MARKETING

Empower Anonymous Reporting

- Many members of campus communities want to share with a BIT what they know. But not if it means becoming personally involved.

- Empower those individuals to share what they know while preserving their privacy.

- Discuss problem with closed reporting systems and phantom fears about anonymous reporting.

STANDARD 15: RECORD KEEPING

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

Record Keeping System

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.

92%
of teams
—
Use a centralized record keeping system

9%

19%

3%

61%
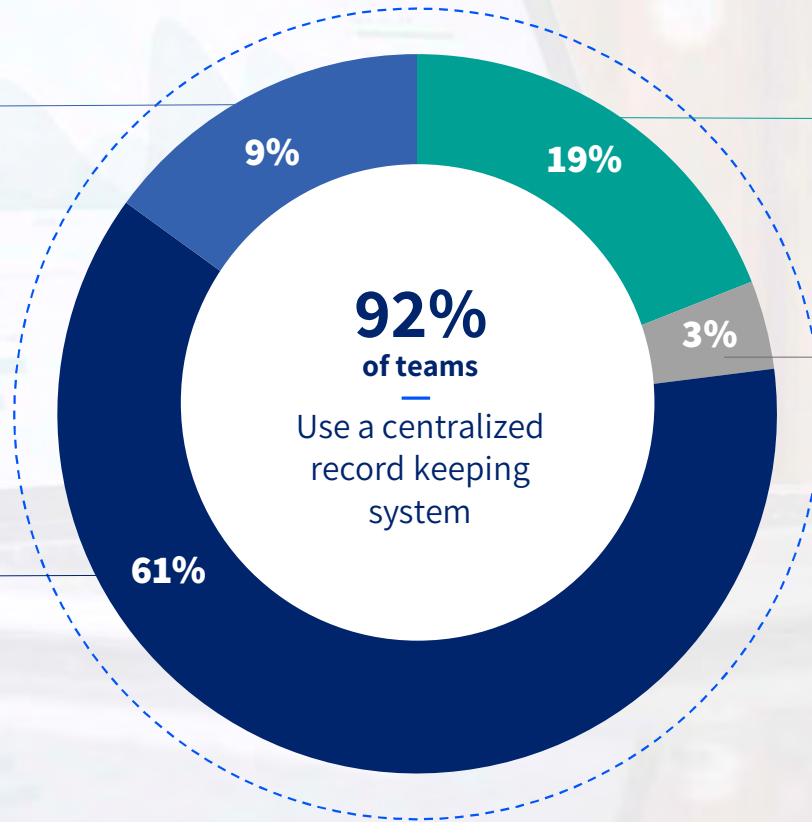
Symplicity

Pen/Paper Files

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.

NABITA STANDARDS for Behavioral Intervention Teams

Team Training

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

Bar chart of Training Methods:
- Webinars: 58.00%
- Books and journals: 33.00%
- Tabletop exercisis: 38.00%
- NaBITA Conference: 43%
- NaBITA Certification: 35%
- TNG Consultants: 12%
- Little to no training: 26%
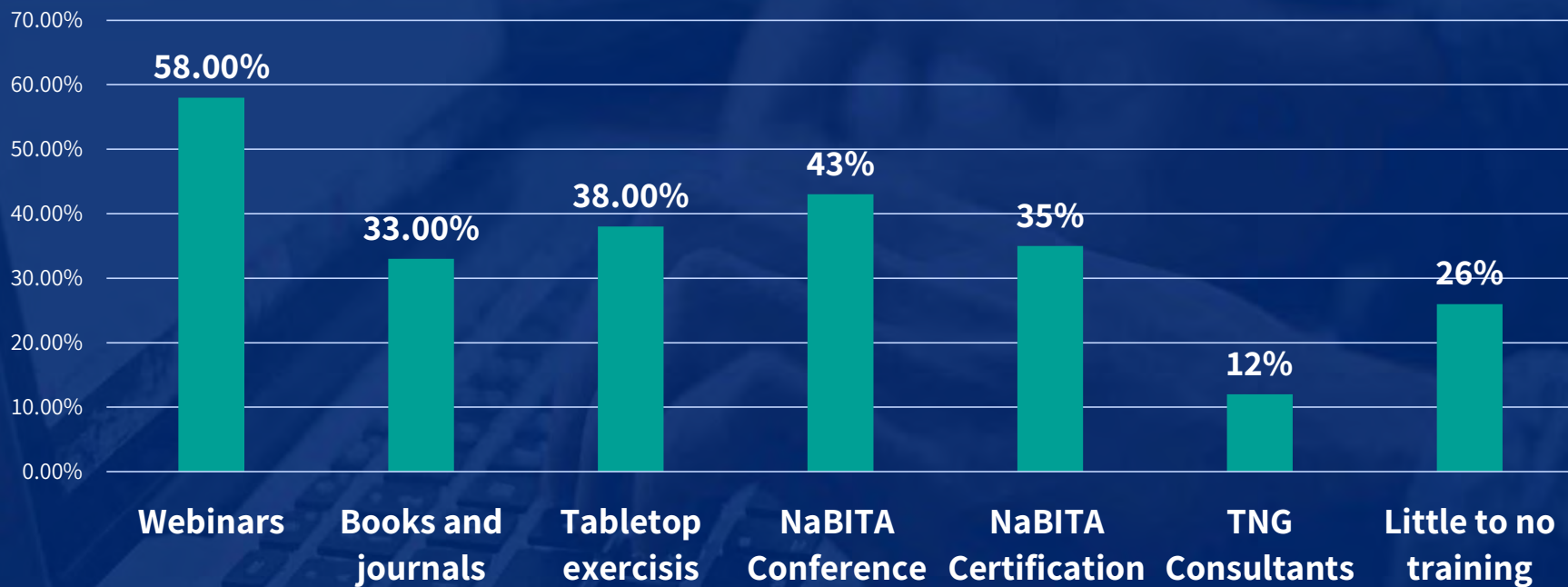
STANDARD 16: TEAM TRAINING

Sample Training Schedule A

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*

NABITA
STANDARDS
for Behavioral
Intervention Teams

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

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

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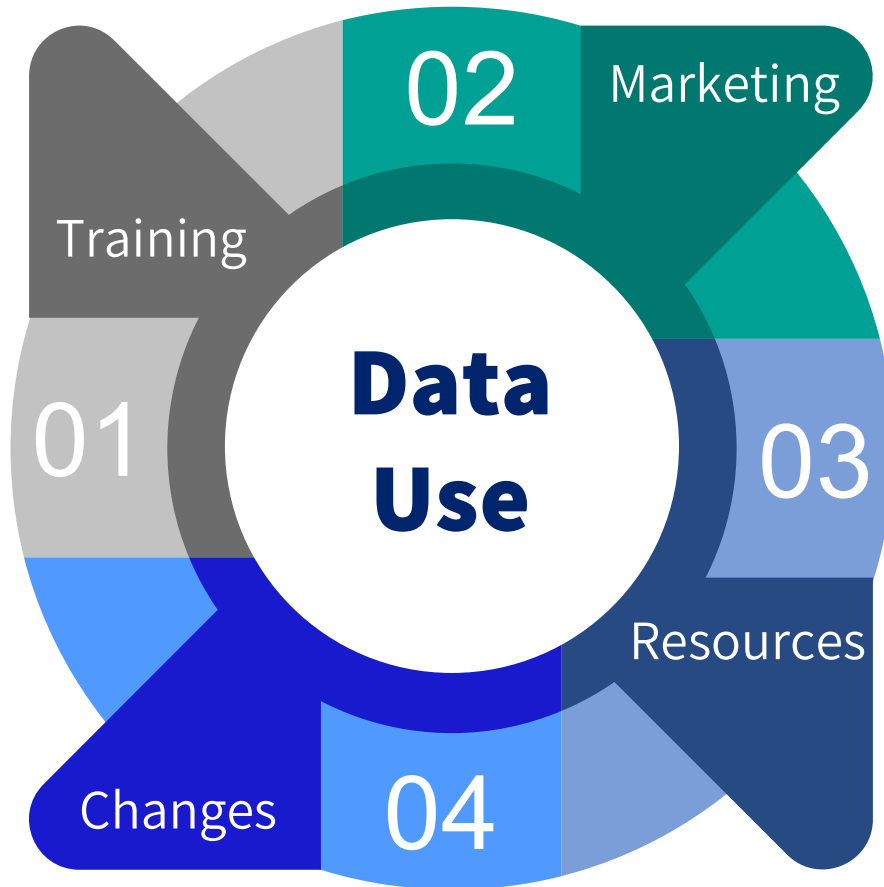- Presenting Issues
- Interventions Deployed
- Mandated Assessments

Service Satisfaction
- Quality Satisfaction Surveys:
  - Referral Sources
  - Students

"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

NABITA STANDARDS
for Behavioral Intervention Teams

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)
PART 1: STRUCTURAL ELEMENTS				
STANDARD #1: DEFINE BIT 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. Evidence: Team Mission, BIT Operations Manual, marketing, meeting agendas Level: _____ Score: _____	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. The BIT does not assessment process.	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. The BIT uses some assessment processes.	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. The BIT utilizes regular assessment processes.	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. The BIT utilizes ongoing and circular assessment processes.
STANDARD #2: PREVENTION VS. THREAT ASSESSMENT Schools have an integrated team that addresses early intervention cases, as well as threat assessment cases. Evidence: Team Mission, BIT Operations Manual, marketing, reporting and data analysis Level: _____ Score: _____	The BIT does not incorporate both early intervention/prevention activities and threat assessment in its work. Other teams exist at the school with these roles, and silos of communication exist between the teams.	The BIT incorporates some elements of early intervention/prevention activities and threat assessment in its work. Other teams exist at the school with overlapping roles, and silos of communication exist between the teams.	The BIT is designed to identify early indicators of escalating and concerning behaviors in order to identify and intervene before threats are formalized. Threat assessment is one component of the BIT's activities into prevention work. There is another team at the school with some overlap of roles, but communication, marketing, and reporting is coordinated to reduce silos.	The BIT is designed to identify early indicators of escalating and concerning behaviors in order to identify and intervene before threats are formalized. Threat assessment is one component of the BIT's activities in addition to prevention work. There is little to no overlap of roles with separate teams in the school, and silos are minimized.

©2019 NaBITA   1   Thank you to Dr. Amy Murphy for authorship of this rubric.
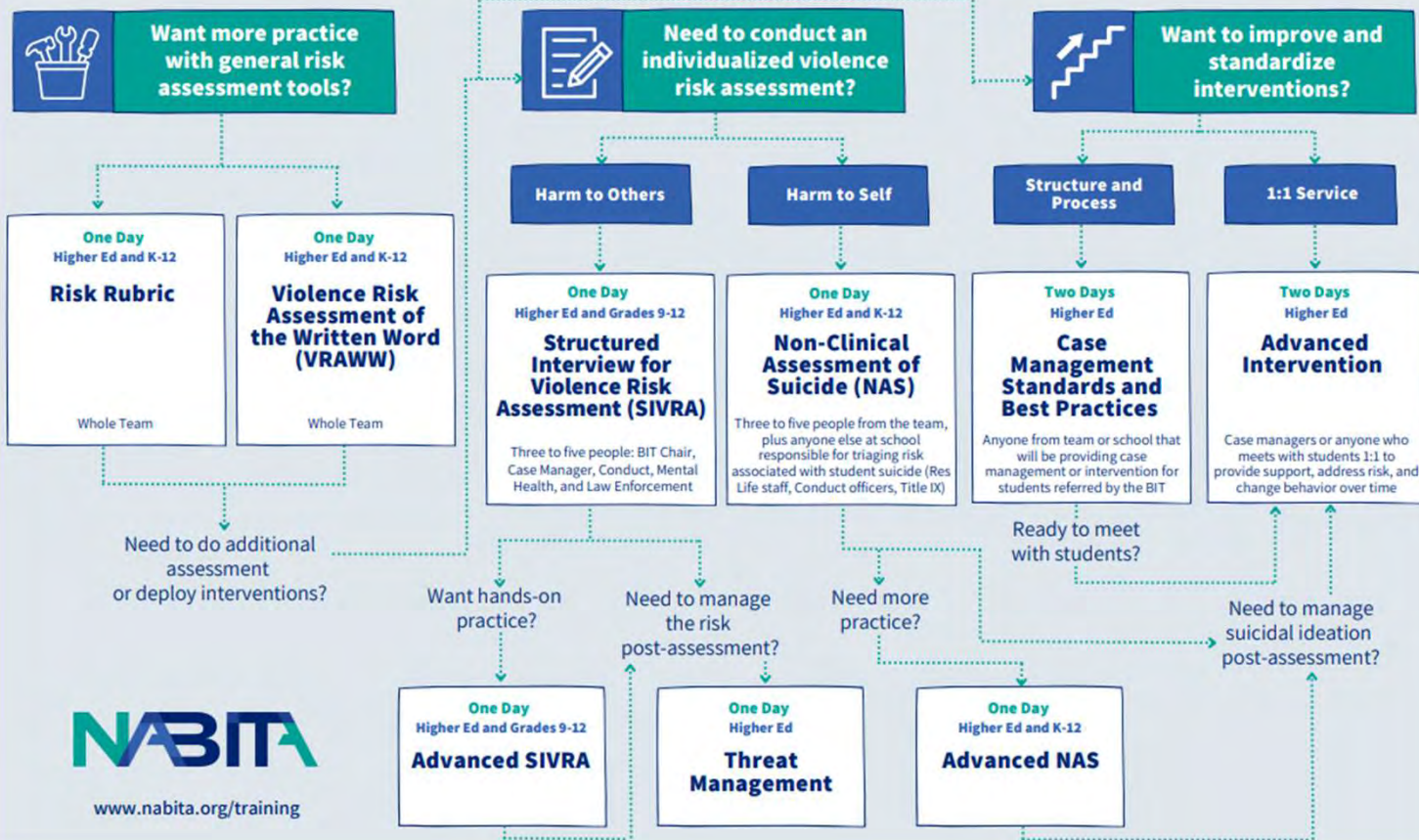
CURRICULUM PATH FOR
Certification Courses
Each completed course awards a certificate.

IT ALL STARTS WITH...
Two Days
Higher Ed and K-12
BIT Standards and Best Practices
This is the esssential course for all BIT members and related practitioners.

Want more practice with general risk assessment tools?

Need to conduct an individualized violence risk assessment?

Want to improve and standardize interventions?

Harm to Others

Harm to Self

Structure and Process

1:1 Service

One Day
Higher Ed and K-12
Risk Rubric
Whole Team

One Day
Higher Ed and K-12
Violence Risk Assessment of the Written Word (VRAWW)
Whole Team

One Day
Higher Ed and Grades 9-12
Structured Interview for Violence Risk Assessment (SIVRA)
Three to five people: BIT Chair, Case Manager, Conduct, Mental Health, and Law Enforcement

One Day
Higher Ed and K-12
Non-Clinical Assessment of Suicide (NAS)
Three to five people from the team, plus anyone else at school responsible for triaging risk associated with student suicide (Res Life staff, Conduct officers, Title IX)

Two Days
Higher Ed
Case Management Standards and Best Practices
Anyone from team or school that will be providing case management or intervention for students referred by the BIT

Two Days
Higher Ed
Advanced Intervention
Case managers or anyone who meets with students 1:1 to provide support, address risk, and change behavior over time

Need to do additional assessment or deploy interventions?

Want hands-on practice?

Need to manage the risk post-assessment?

Need more practice?

Ready to meet with students?

Need to manage suicidal ideation post-assessment?

One Day
Higher Ed and Grades 9-12
Advanced SIVRA

One Day
Higher Ed
Threat Management

One Day
Higher Ed and K-12
Advanced NAS

NABITA
www.nabita.org/training

Thanks for joining us today.

NABITA — National Association for Behavioral Intervention and Threat Assessment