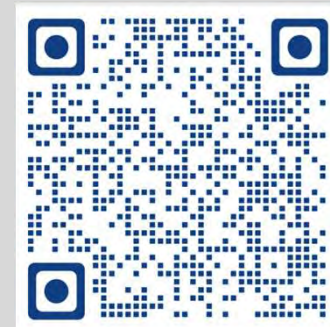# WELCOME!

NABITA
National Association
for Behavioral Intervention
and Threat Assessment

Please log in to your NABITA Event Lobby each day to access the course slides, supplemental materials, and to log your attendance.

The NABITA Event Lobby can be accessed by the QR code or visiting **www.nabita.org/nabita-event-lobby** in your internet browser.

Links for any applicable course evaluations and learning assessments are also provided in the NABITA Event Lobby. You will be asked to enter your registration email to access the Event Lobby.

If you have not registered for this course, an event will not show on your Lobby. Please email events@nabita.org or engage the NABITA website chat app to inquire ASAP.

BIT Standards and Best Practices

Training and Certification Course

INTRODUCTION

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

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

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

THREE STANDARDS DOCUMENTS

- Two-page summary document of all 20 standards
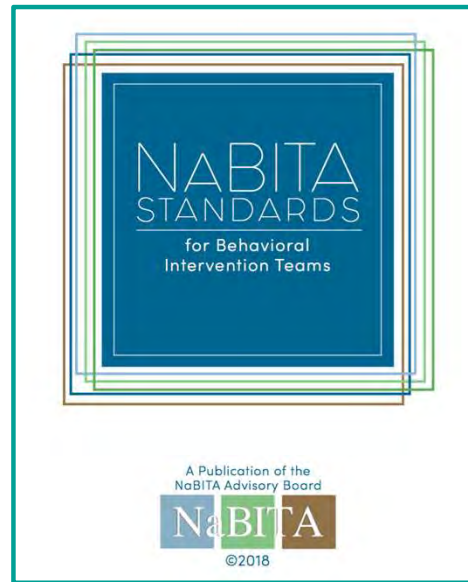
- Ten-page detailed description of all 20 standards

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

INTRODUCTION

PART 1. Structural Elements

- **Standard 1. Define BIT**: Behavioral Intervention Teams are small groups of school officials who meet regularly to collect and review concerning information about at-risk community members and develop intervention plans to assist.

- **Standard 2. Prevention vs. Threat Assessment**: School Have an integrated team that addresses early intervention cases as well as threat assessment cases.

- **Standard 3. Team Name**: Team names communicate the role and function in a way that resonates with the campus community.

- **Standard 4. Team Leadership**: A team leader serves to bring the team together, keep discussions productive and focused while maintaining long-term view of the team development and education.

INTRODUCTION

- **Standard 5. Team Membership**: Teams are comprised of at least 5, but no more than 10 members and should at a minimum include: dean of students and/or vice president of student affairs (principal or assistant principal in K-12), a mental health care employee (adjustment counselor or school psychologist in K-12), a student conduct staff member, police/law enforcement officer (school resource officer in K-12).

- **Standard 6. Meeting Frequency**: Teams have regularly schooled meetings at least twice a month with the capacity to hold emergency meetings immediately when needed.

- **Standard 7. Team Mission**: Teams have a clear mission statement which identifies the scope of the team, balances the needs of the individual and the community, defines threat assessment as well as early intervention efforts, and is connected to the academic mission.

INTRODUCTION

- **Standard 8. Team Scope**: Teams address concerning behavior among students, faculty/staff, affiliated members (parents, alumni, visitors, etc.) and should work in conjunction with appropriate law enforcement and human resource agencies when needed.

- **Standard 9. Policy and Procedure Manual**: Teams have a policy and procedure manual that is updated each year to reflect changes in policy and procedures the ream puts into place.

- **Standard 10. Team Budget**: Teams have an established budget in order to meet the ongoing needs of the team and the community it serves.

INTRODUCTION

PART 2. Process Elements

- **Standard 11. Objective Risk Rubric**: Teams have an evidence-based, objective risk rubric that is used for each case that comes to the attention of the team.

- **Standard 12. Interventions**: A team clearly defines its actions and interventions for each risk level associated with the objective risk rubric they have in place for their team.

- **Standard 13. Case Management**: Teams invest in case management as a process, and often a position, that provides flexible, need-based support for students to overcome challenges.

- **Standard 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.

INTRODUCTION

- **Standard 15. Record Keeping**: Teams use an electronic data management system to keep records of all referrals and cases.

- **Standard 16. Team Training**: Teams engage in regular, ongoing training on issues related to BIT functions, risk assessment, team processes, and topical knowledge related to common presenting concerns.

- **Standard 17. Psychological, Threat and Violence Risk Assessments**: BITs conduct threat and violence risk assessment as part of their overall approach to prevention and intervention.

INTRODUCTION

PART 3. Quality Assurance and Assessment

- **Standard 18. Supervision**: The BIT chair regularly meets with members individually to assess their functional capacity, workload and offer guidance and additional resources to improve job performance.

- **Standard 19. End of Semester and Year Reports**: Teams collect and share data on referrals and cases to identify trends and patterns and adjust resources and training.

- **Standard 20. Team Audit**: Teams assess the BIT structure and processes and ensure it is functioning well and aligning with best practices.

INTRODUCTION

This presentation contains graphic language and imagery.

INTRODUCTION

What we've learned…

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

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

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

INTRODUCTION

INTRODUCTION

You can do it!

- Make a list of 4-5 things you want to take back to your campus.

- Set up goals to have these items completed during a reasonable timeframe.

- Break complicated items into small, manageable pieces that are more easy to tackle.

- Set monthly and semester goals to have these tasks completed.
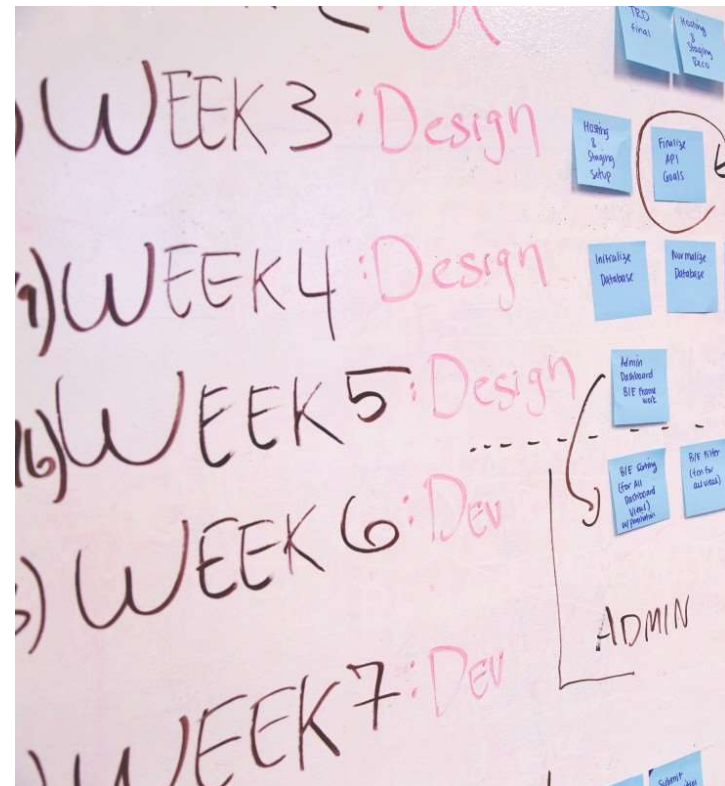
INTRODUCTION

Don't Reinvent the Wheel

- Lean on the expertise of others who have walked where you are walking now.

- Be willing to borrow ideas that work well for your campus and make adjustments to those that need some adaptation for your campus.

- Ask for help and use the resources we have made available on the website for this event.

INTRODUCTION

Focus on achievable tasks

Team Name, Mission and Scope	Team Leadership, Membership, and Meetings	Objective Risk Rubric
Psychological, Threat and Violence Risk Assessments	Case Management and Interventions	Team Marketing and Advertising

Part One: Structural Elements

NaBITA Behavioral Intervention Team Standards 1-10

NABITA STANDARDS 1 AND 2

Defining the BIT and Prevention vs Threat Assessment

CASE STUDY: PARKLAND

CASE STUDY: PARKLAND

February 14, 2018

On the afternoon of February 14, 2018, a former student walked into a building at Marjory Stoneman Douglas High School in Parkland, Florida. He armed himself with an AR-15 rifle. The percussion from firing the gun caused dust from the ceiling to drop and set off the fire alarm. The former student began shooting at students and teachers exiting classrooms. Approximately 6 minutes later, after navigating three floors of classrooms while killing 17 people and wounding 17 more, he put his weapon down and exited the building among the chaos he started.

CASE STUDY: PARKLAND

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

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

A blogger in Mississippi warns the FBI that someone named 'nikolas cruz' wrote on his YouTube page: "I'm going to be a professional school shooter."

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

Feb. 5, 2016

Sept. 2017

Nov. 30, 2017

Sept. 28, 2016

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

Nov. 1, 2017

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

Jan. 5, 2018

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

CASE STUDY: PARKLAND

CASE STUDY: PARKLAND

CASE STUDY: PARKLAND

CASE STUDY: PARKLAND

CASE STUDY: PARKLAND

CASE STUDY: PARKLAND

CASE STUDY: PARKLAND

CASE STUDY: PARKLAND

CASE STUDY: PARKLAND

CASE STUDY: PARKLAND

"At least 30 people had knowledge of Cruz's troubling behavior before the shooting that they did not report or they had information that they reported but it was not acted on by people to whom they reported their concerns"
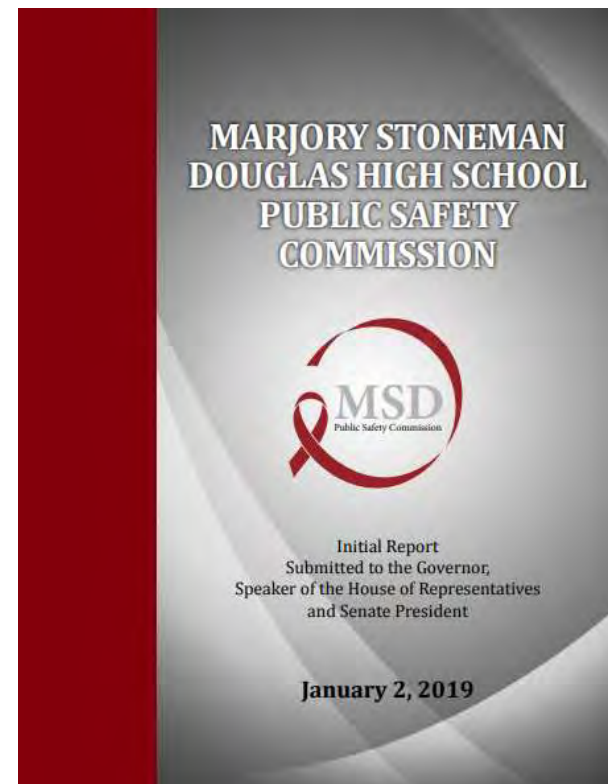
CASE STUDY: PARKLAND

Recommendations

- Establish behavioral threat assessment teams that identify concerning behavior, not just actual threats to initiate assessment and intervention.

- Teams should have specific, static members.

- Teams should be required to meet at least monthly, and be proactive, not reactive.

- Teams need to have consistent processes and be well trained.

- School personnel should be required to refer concerning behavior to the team.

EARLY IDENTIFICATION & THREAT
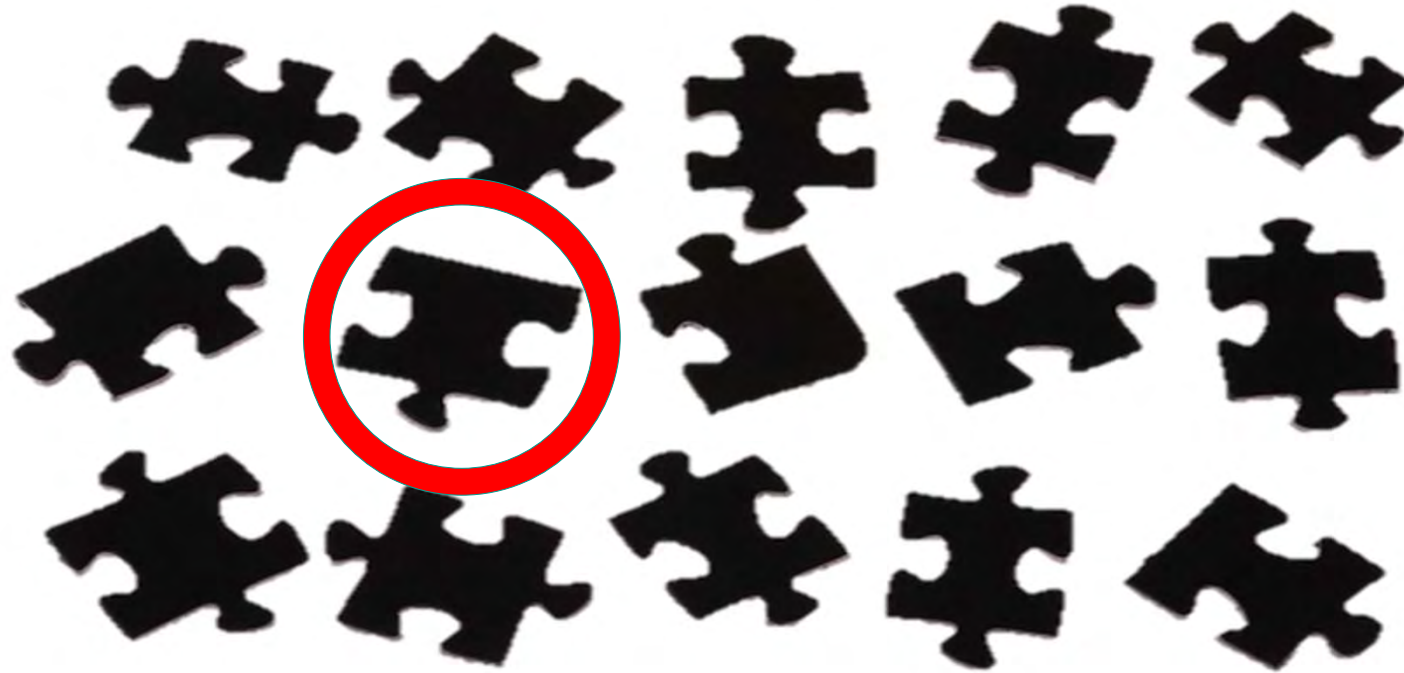
What is a BIT?

EARLY IDENTIFICATION & THREAT
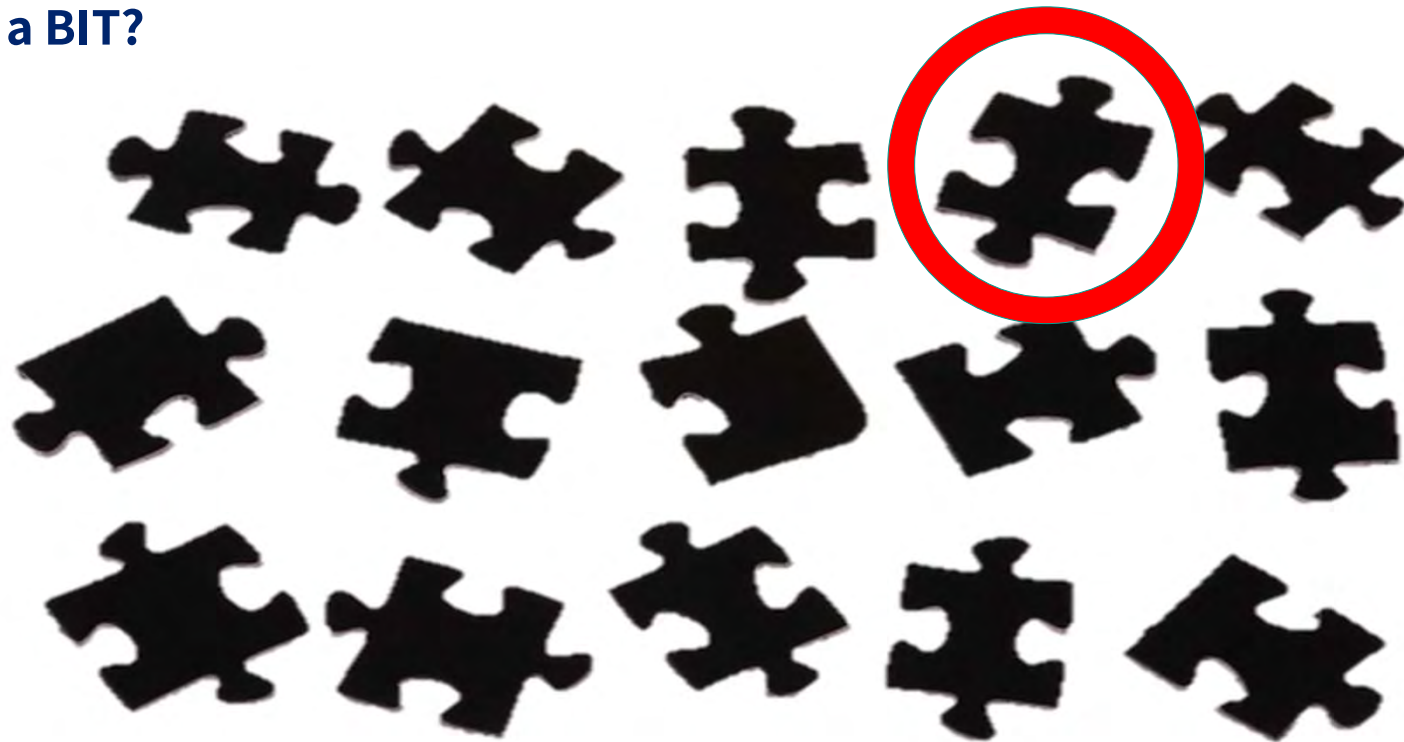
What is a BIT?

EARLY IDENTIFICATION & THREAT

What is a BIT?

STANDARD 1: DEFINE BIT

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

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

Institution Type
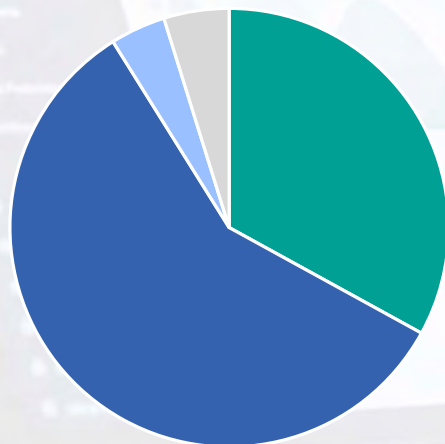
- 2 Year
- 4+ Year
- K-12
- Not a School

Student Enrollment

25.00%

20.00%

15.00%

10.00%

5.00%

0.00%

1,001-3,000   3,001-7,000   7,001-15,000   15,001-25,000   25,001-50,000
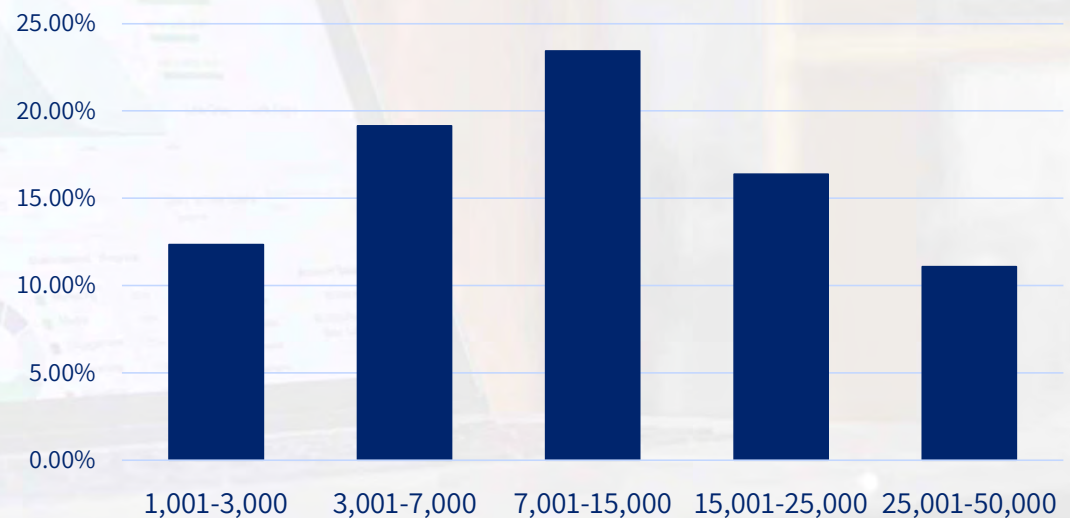
Sample

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

398 Participants

76% Non-Residential

64% Public

21% Private

Average Team Age

10	
9	
8	
7	
6	
5	
4	
3	
2	
1	
0	

2012   2014   2016   2018   2020   2022
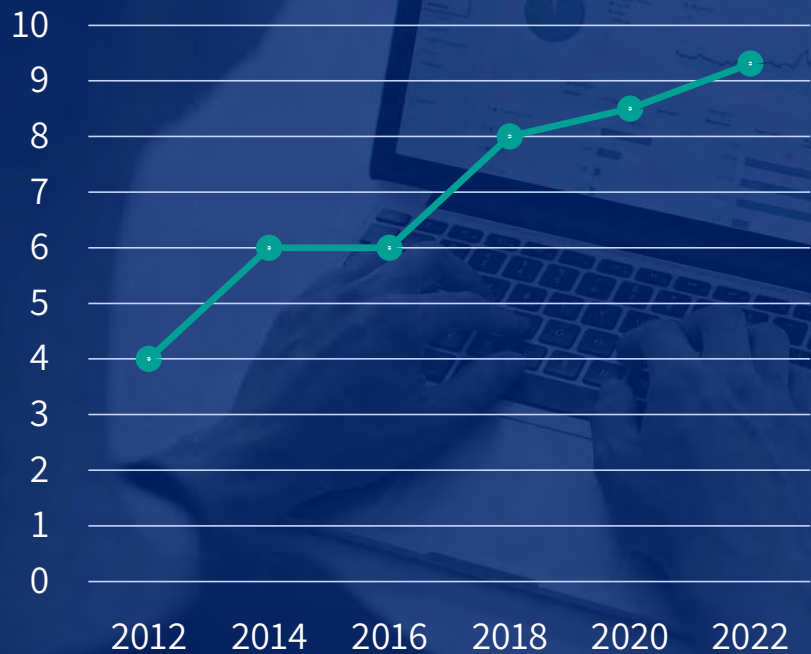
58% of teams

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

43% of teams

jointly monitor faculty/staff and student concerns

STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT
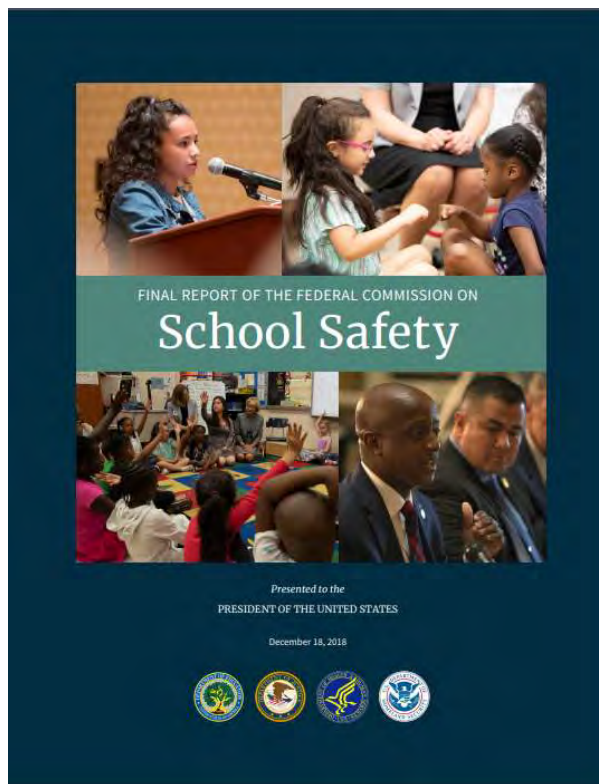
"What remains certain is that effective **programs addressing suspicious activity reporting** and **threat assessment** can significantly **reduce – or prevent – violence**"

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

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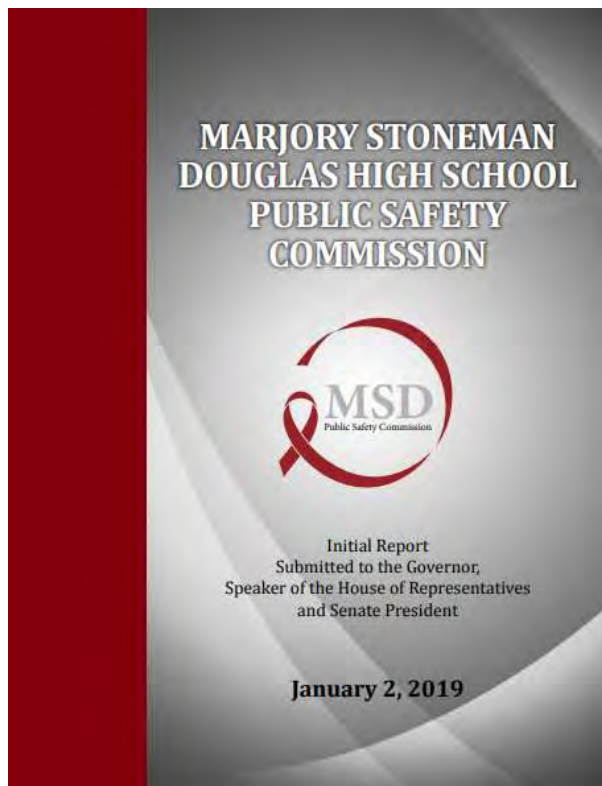
"Behavioral threat assessment teams are one of the most important opportunities to provide a safer school environment and head off concerning behavior before it manifests into actual harm"

STANDARD 2:
PREVENTION VS THREAT ASSESSMENT

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

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

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

Teams address cases across the spectrum of risk.

LOW RISK

RISK

HIGH RISK

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

Behavioral Intervention

- Seeks reporting of low-risk behaviors, including those that need to be referred to other offices (e.g., financial aid, academic advising, counseling, etc.).

- Includes threat assessment as a component of its overall work.

- Believes intervening for all levels of risk supports all students and works to prevent violence before it occurs.

Threat Assessment

- Has a "threshold" for what the team addresses.

- Waits until the behavior is "threatening" or "risky" before seeking the data.

- Is a tool to determine whether and how the student/staff may remain part of the community.

CHALLENGES WITH DIFFERENT MODELS

Two Teams

- Silos information gathering and response processes

- Decentralized reporting/referral process

- Creation of two policy and procedure manuals

- Complicated/unclear process for when cases move between the two teams

- Documentation issues

- Lack of sufficient marketing/training/resources for two teams

- Team overlap creating duplicative work for staff

Only Threat Assessment Team

- Misses opportunity for early intervention

- Silos information

- Places burden on employees to support students in isolation

- Has the risk of infrequent meetings and less practiced teams – likely responding to the riskiest situations

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

Gather Data

Rubric/Analysis

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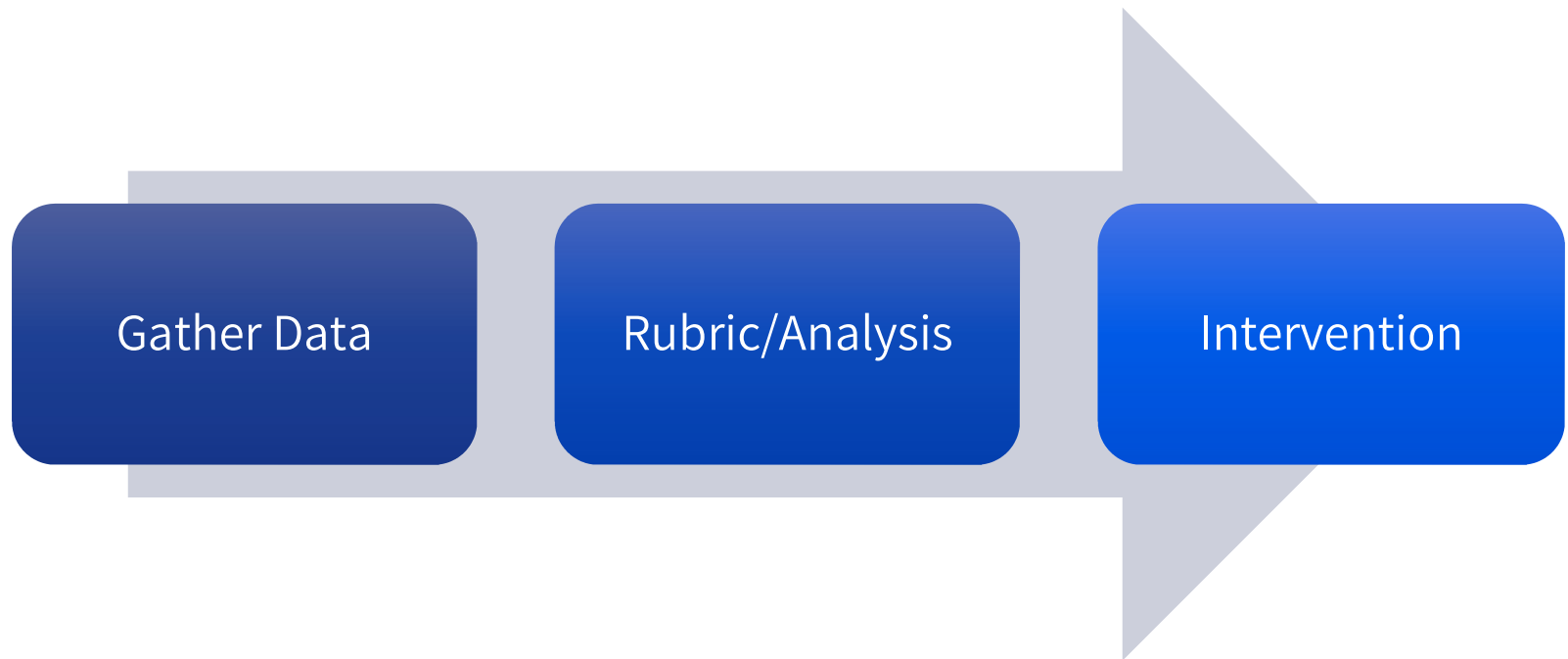
STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT

Supports NABITA 3 Phase Model

- Identify Students of Concern

- Assess if they pose a risk

- Manage to mitigate the risk

More than just "See Something, Say Something"

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

Disability Support

Student Conduct

TITLE IX

Counseling

HR

Off-Campus Police

Residential Life

AIR TRAFFIC CONTROL

On-Campus Security
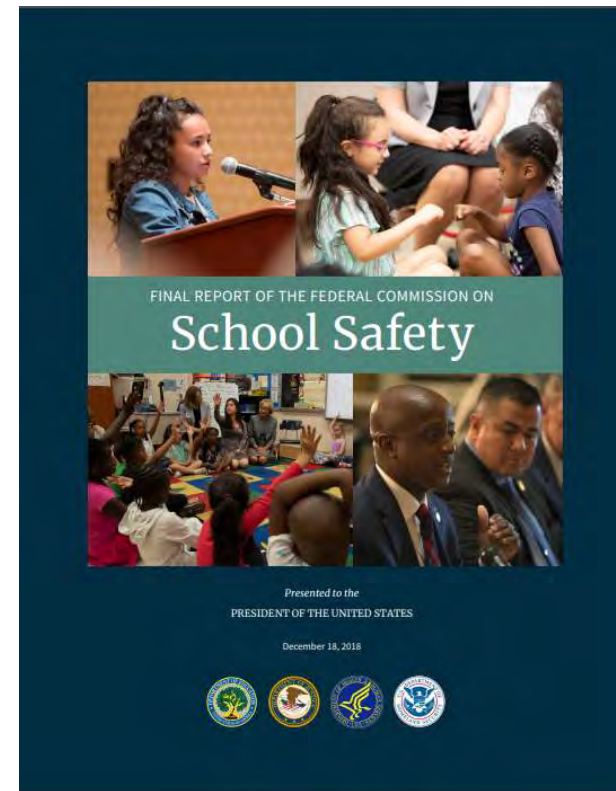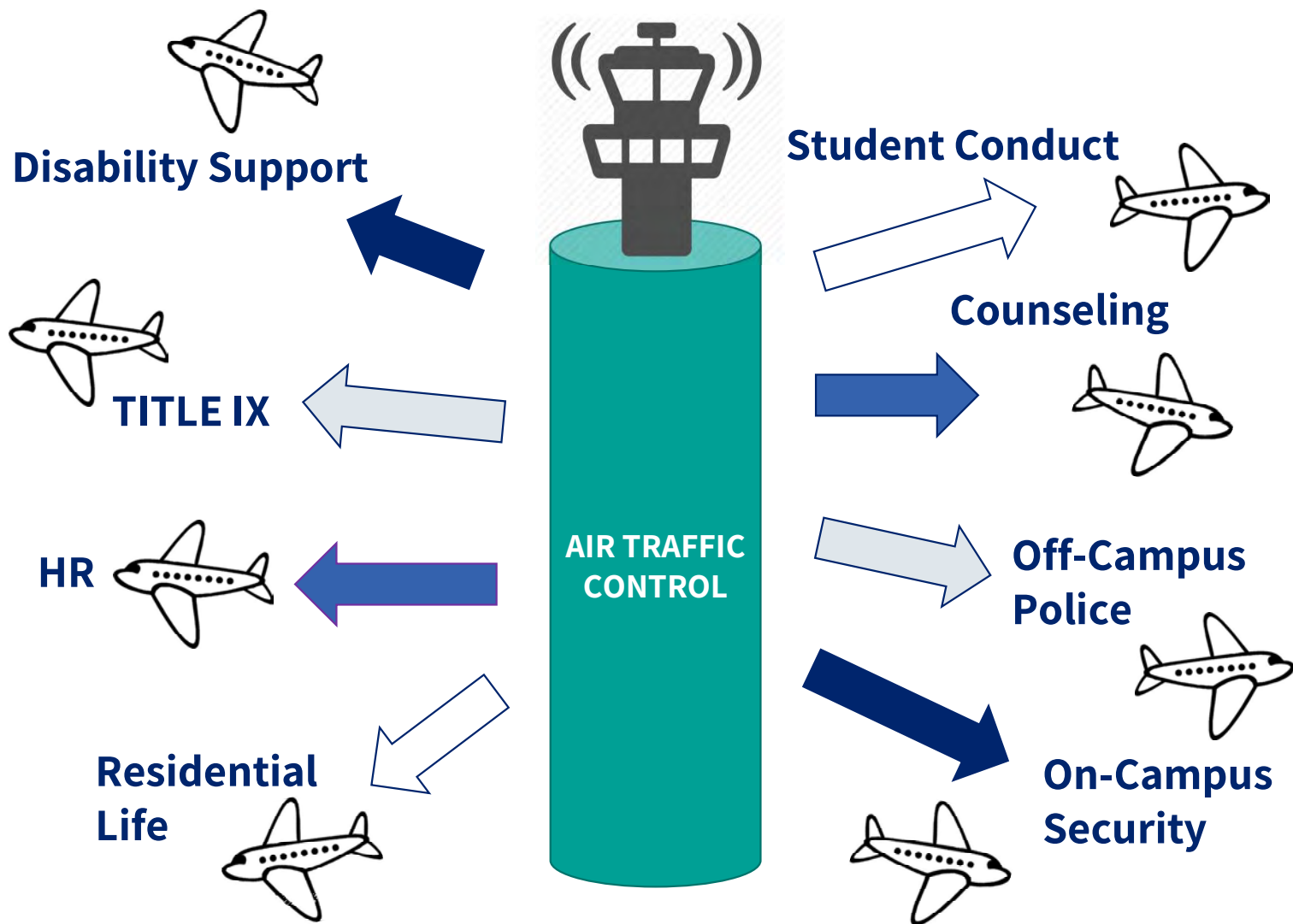
STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT
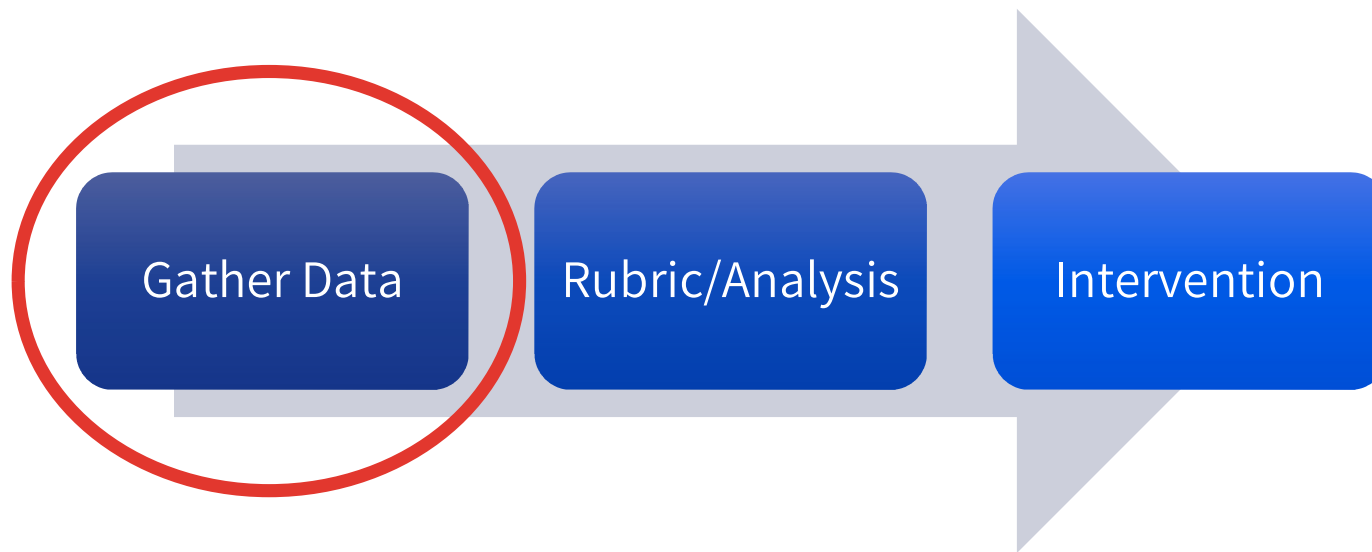
DEFINE BIT: GATHER DATA

External Referrals

BIT Members during the meeting

During Intervention phase

Team Referrals

97% of teams — Receive referrals online

84% of teams — Receive referrals by email

70% of teams — Receive referrals by phone

61% of teams — Receive referrals directly to the team chair

41% **of members**
Read referrals in advance of meeting

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

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

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

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

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

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

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

Academic Indicators

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

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

Academic Indicators

- Threatening (direct or indirect) behavior or speech

- Strange or bizarre writing (e.g., writing is off topic to prompt)

- Disruptive, hardened or unusual participation in class

- Fixation or focus on an individual, place, or system

- Hardened or inflexible thoughts or speech

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

Emotional and Behavioral Indicators

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

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

Emotional and Behavioral Indicators

- Emotions that are extreme for the situation

- Teasing or bullying (receiving or giving)

- Social withdrawal, isolation, loneliness, etc.

- Change in typical personality

- Repetitive or anxious behaviors

- Panic or worry over relatively common troubles
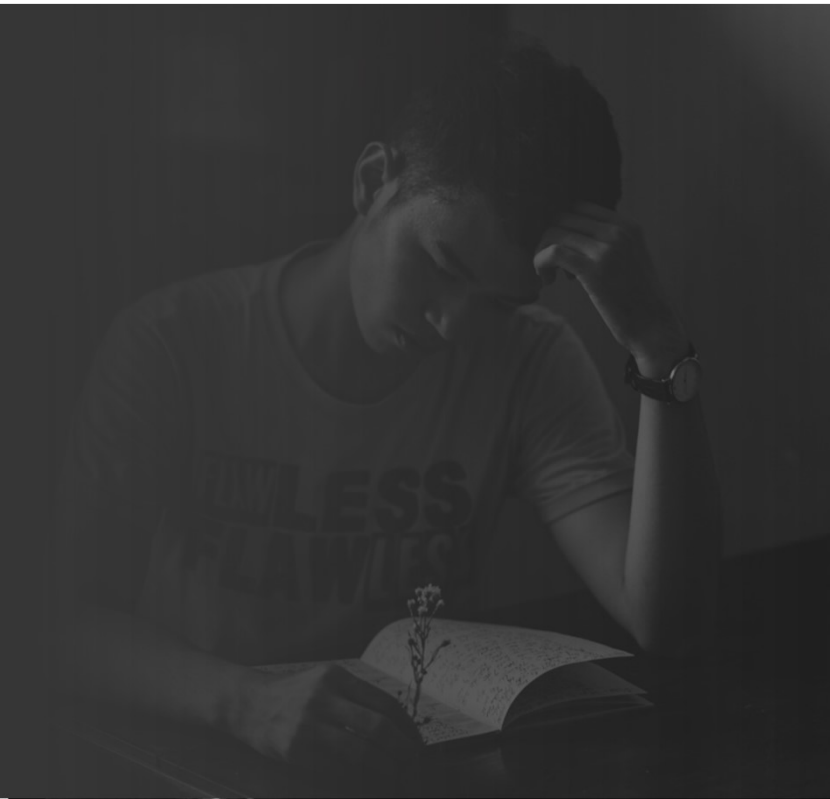
STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT

Emotional and Behavioral Indicators

- Marked irritability, anger, hostility, etc.

- Talking to or seeing things that aren't there

- Delusional or paranoid speech or actions

- Difficulty connecting with others

- Expressions of hopelessness, worthlessness, etc.

- Direct or indirect threat of harm to self or others
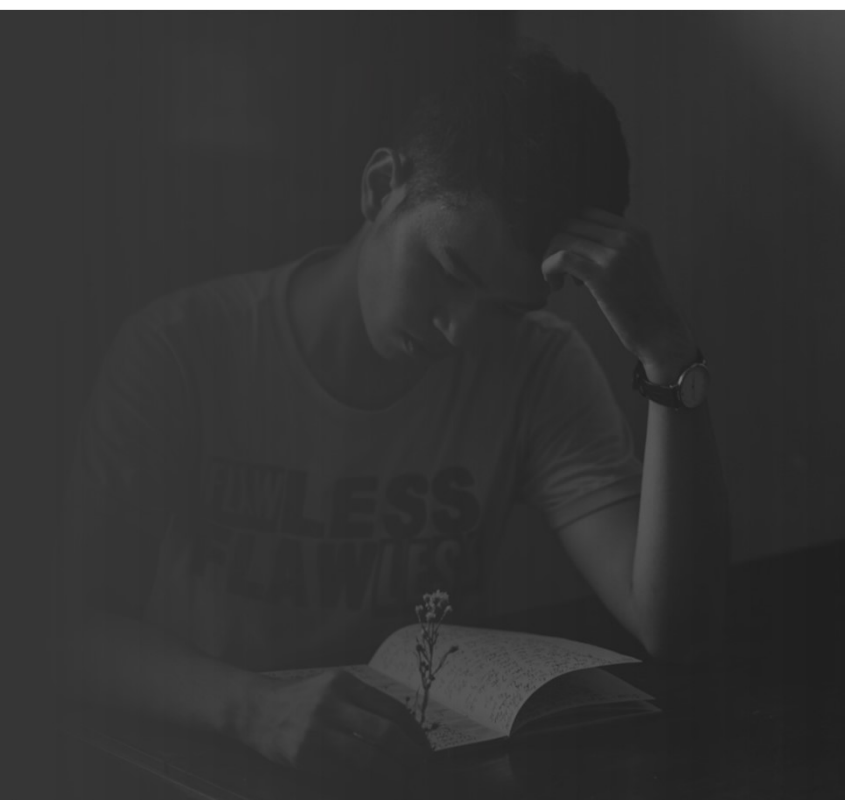
STANDARD 1 & 2: DEFINE BIT AND PREVENTION VS THREAT ASSESSMENT

Physical Indicators

- Chronic fatigue or falling asleep at in appropriate times

- Marked change in personal hygiene or appearance

- Noticeable change in energy level

- Dramatic weight loss or gain

- Confused, disjointed or rapid speech, thoughts or actions

- Attends class or work hungover, intoxicated, or frequently appears hungover or intoxicated

- Signs of self injury

Most Common Referral Reasons

Threatening behavior — 6.06%

Behavioral misconduct — 10.82%

Suicidal ideation, gesture, attempt — 12.99%

Academic, financial, social stress & needs — 16.88%

General emotional & mental health concerns — 52.81%
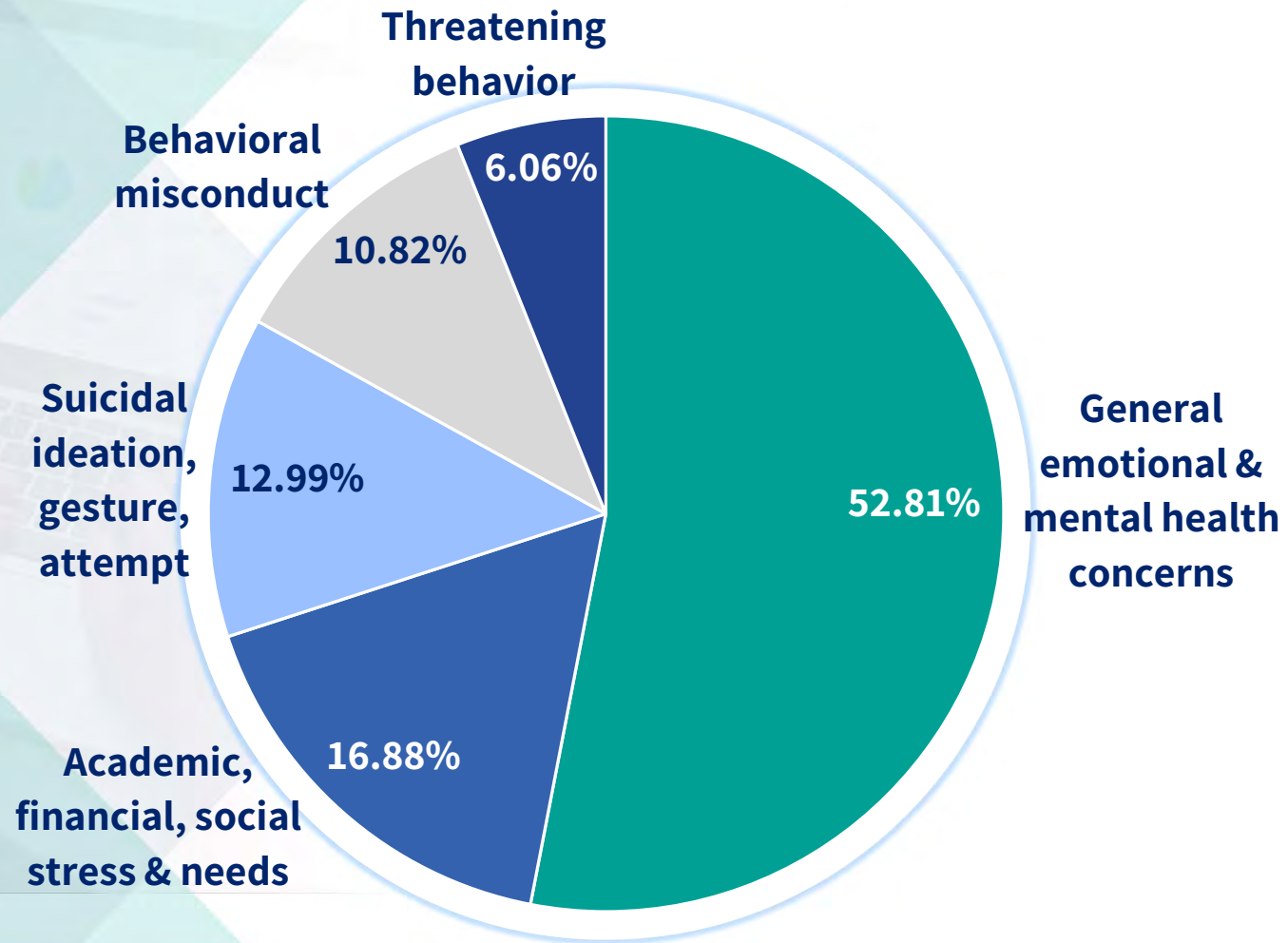
Common Referral Risk Ratings

Mild or Moderate is the <u>most</u> common risk rating

Mild or Moderate is the <u>least</u> common risk rating

Critical is the <u>most</u> common risk rating

Critical is the <u>least</u> common risk rating

88%

19%

0%

80%
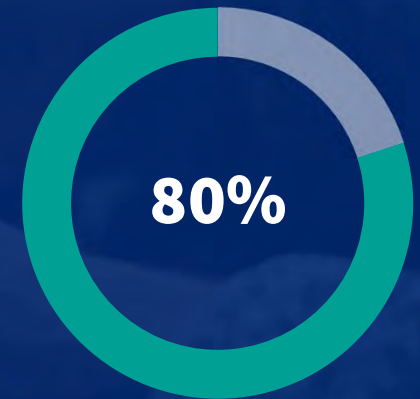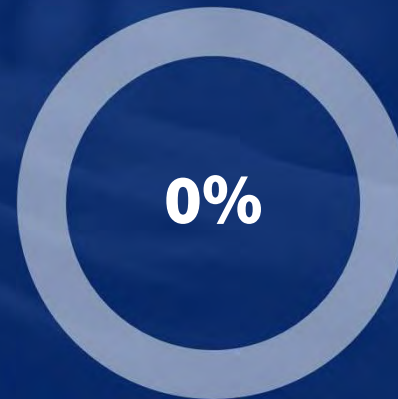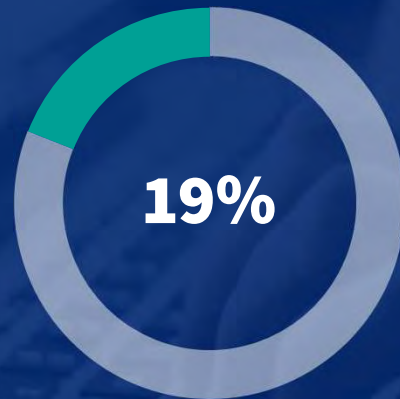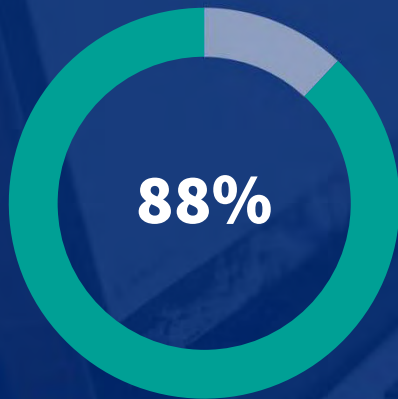
NABITA STANDARD 3

Team Name

STANDARD 3: TEAM NAME

Team names **_communicate the role and function_** in a way that **_resonates_** with the campus community.

Team Name 2018

39%

32%

2%
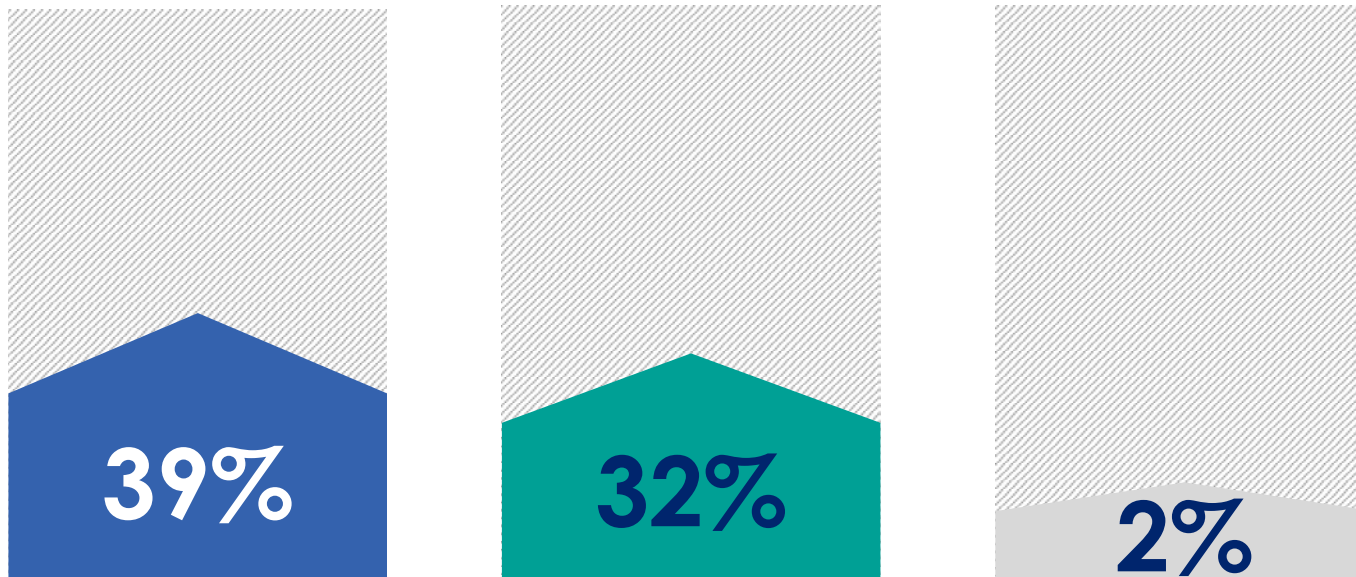
BIT   CARE   SOC

Team Name 2020

32% BIT

49% CARE

2% SOC

Team Name 2022

37%   **44%**   **3%**
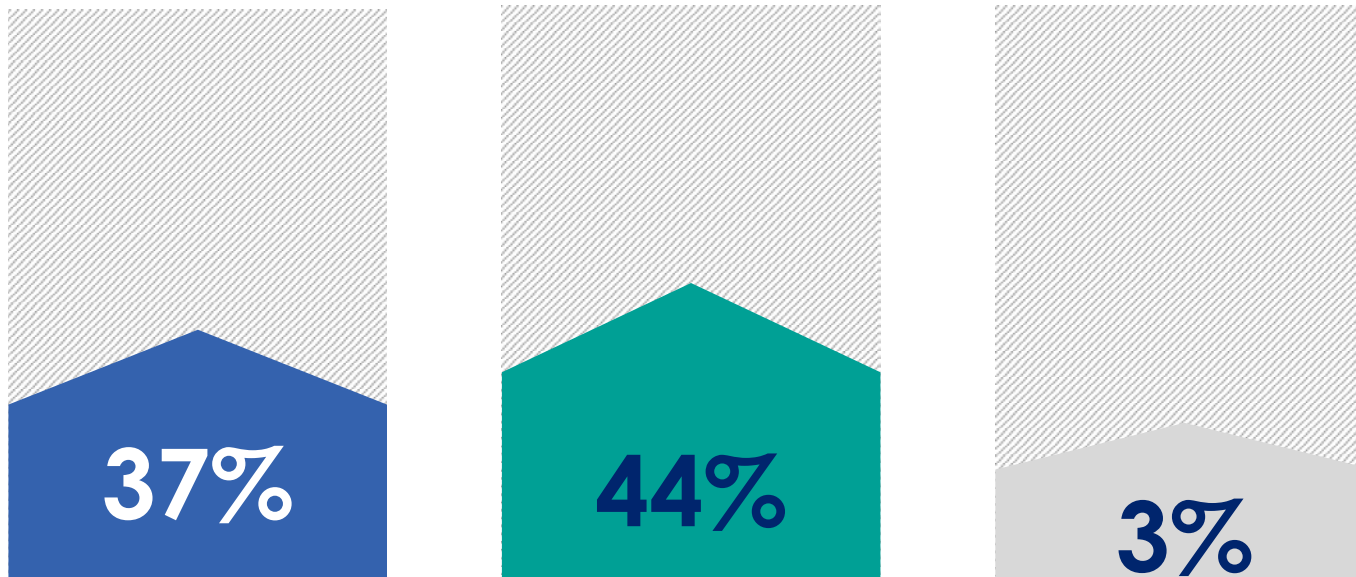
BIT   **CARE**   **SOC**

STANDARD 3: TEAM NAME

The team name is the first and most visible communication of the team's purpose. Ideally, it should accurately capture the team's scope and purpose, avoid stigma, and avoid being inflammatory.

- **SUIT:** Student Update and Information Team
  - Doesn't tell you what the purpose of the team is.
- **TAT:** Threat Assessment Team
  - Creates a problem with reporting – implies that the team only takes high-level, threatening behavior.
- **BART:** Behavioral Assessment and Response Team.

Dickerson, 2010; Jed Foundation, 2013

- **RAT:** Risk Assessment Team
  - Cute acronyms but ominous
- **TABI CAT:** Threat Assessment Behavioral Intervention Care Action Team
  - Funny, but long and silly.

NABITA STANDARDS 4, 5 AND 6

Team Leadership, Membership and Meeting Frequency

STANDARD 4: TEAM LEADERSHIP

Team leaders serve to **_bring the team together_** and **_keep discussion productive_** and focused while **_maintaining a long-term view_** of team development and education.

STANDARD 4: LEADERSHIP

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

51%

**18%
2020**

**15%
2020**

16%

Dean of
Students

Case Manage[r]
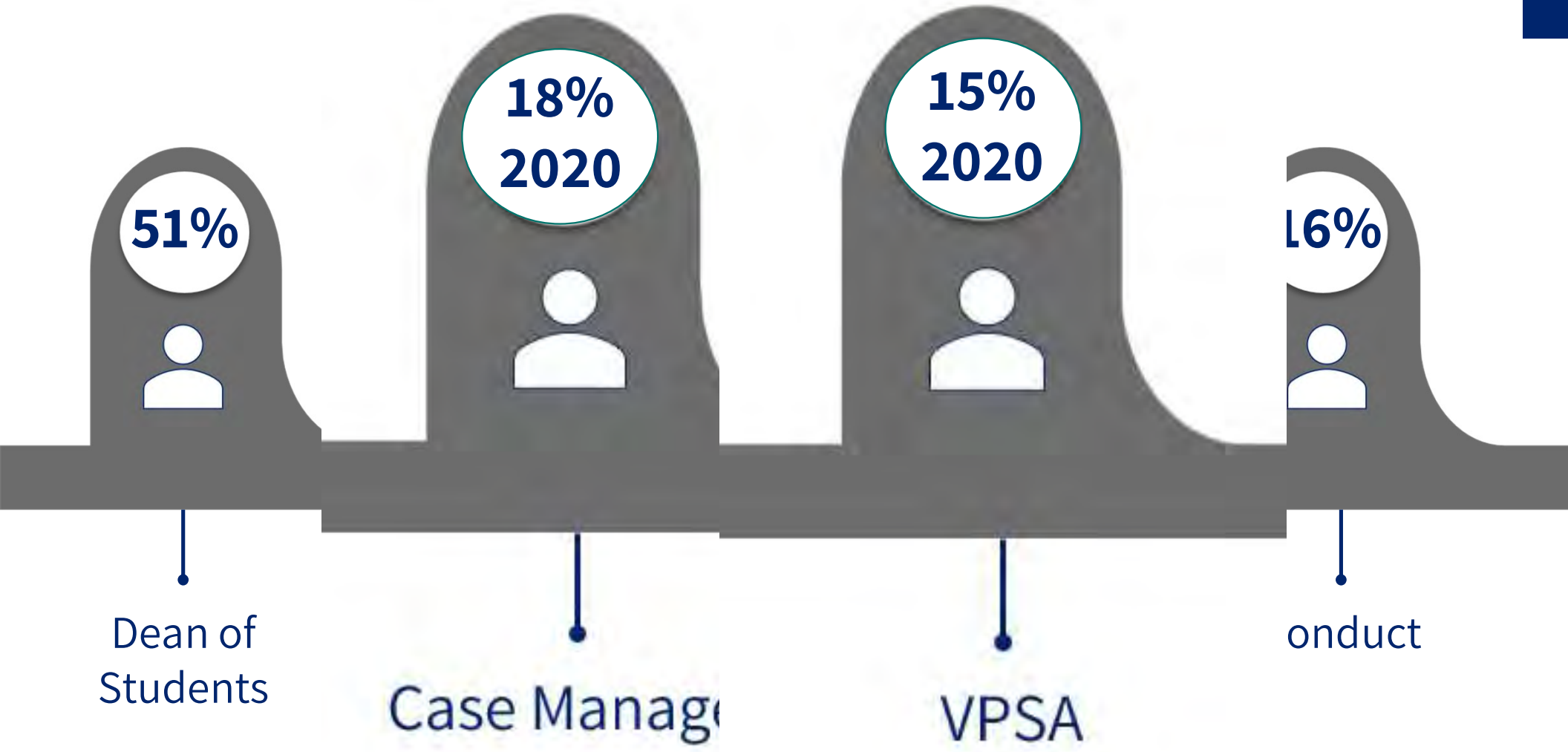
VPSA

[C]onduct

STANDARD 5: TEAM MEMBERSHIP

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

- Dean of Students and/or VPSA

- Mental Health Care Employee

- Student Conduct Staff Member

- Police/Law Enforcement Officer

NABITA STANDARDS for Behavioral Intervention Teams

STANDARD 5: TEAM MEMBERSHIP

Team Membership

Bar chart showing percentages for each team membership category:
- Police/Campus Safety: ~85%
- Counseling: ~85%
- Dean of Students Office: ~77%
- Student Conduct: ~75%
- Case Manager: ~70%
- Disability/ADA Services: ~68%
- Title IX: ~56%
- Housing and Residence Life: ~56%
- Academic Affairs: ~42%
- VPSA: ~36%
- Faculty Representative: ~35%
- Academic Advising: ~35%
- Health Services: ~28%
- Legal Counsel: ~20%

Axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%
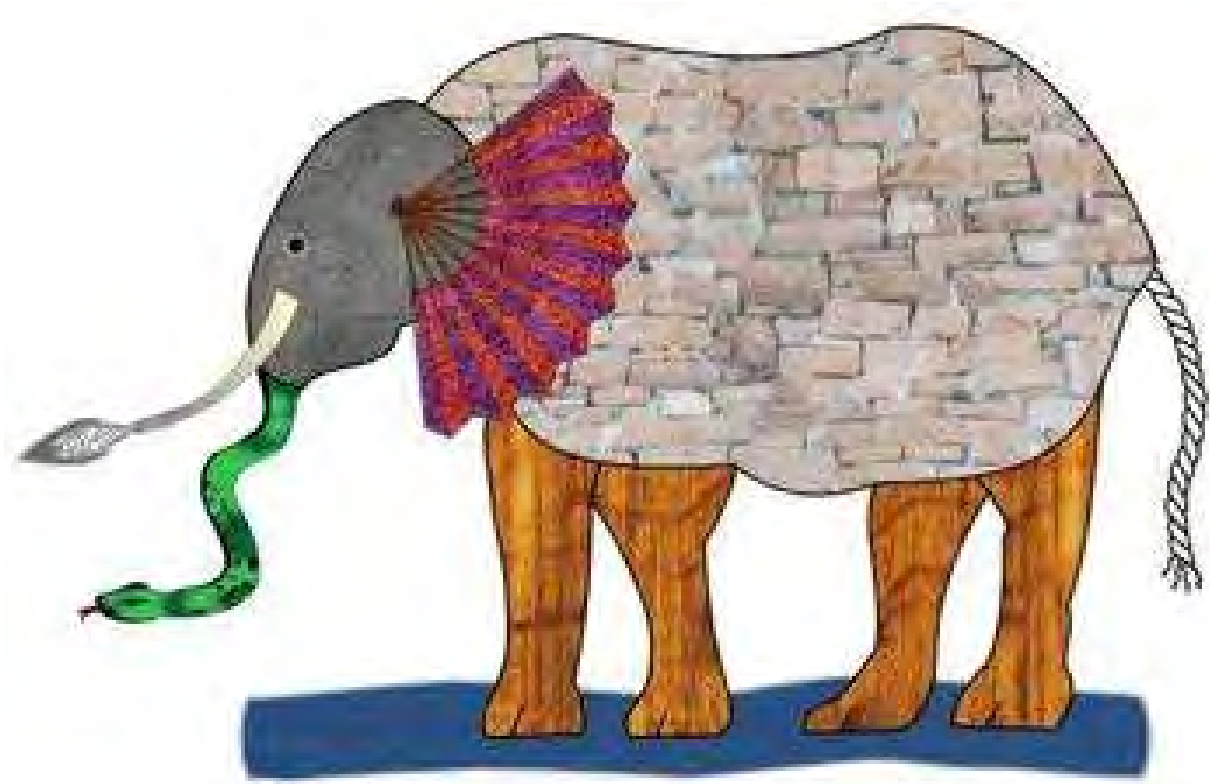
Average Team Size

8

60% of teams classify their membership by categories

STANDARD 5: TEAM MEMBERSHIP

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

Core

Inner

Middle

Outer
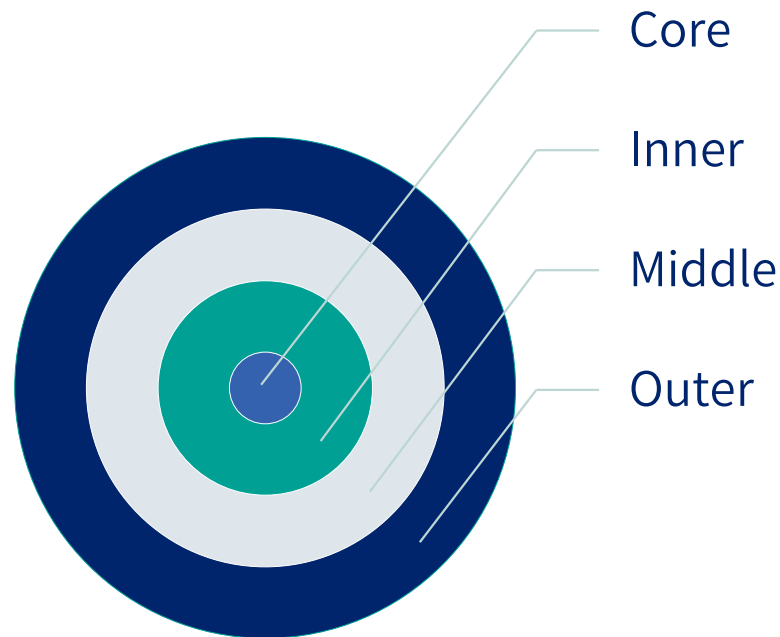
STANDARD 5: TEAM MEMBERSHIP

Characteristics of Core Members:

- They NEVER miss a meeting.
    - They are always represented because they have a backup, often one that attends the meetings regularly.

- They have a mechanism for quickly reaching the other core members.

- They have full database access.
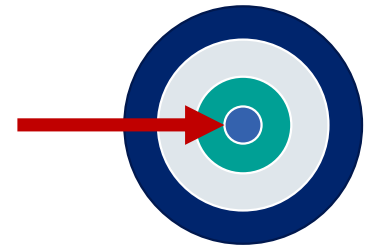
STANDARD 5: TEAM MEMBERSHIP

Characteristics of Inner Circle Members:

- They are generally at every meeting.

- They represent a constituency that is critical to the team
  - e.g., when a large percentage of the student population is from a specific group like Greek life, or athletics.

- They are needed to help represent a group that is critical to reporting. Some teams add faculty for this reason.

- They have a proxy, but not a formal backup.

- They have access to the database, and likely full access.
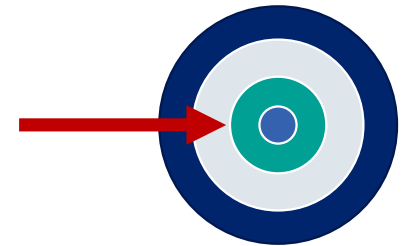
STANDARD 5: TEAM MEMBERSHIP

Characteristics of Middle Circle Members:

- They are invited when they may have insight into a constituent group that is not a large percentage of the overall population.

- They may have insight or perspective into the particular student (or staff/faculty member) who is the subject of the report or who made the report.

- They help represent an important reporting group.

- They have limited, if any, access to the database (unless their job requires it).
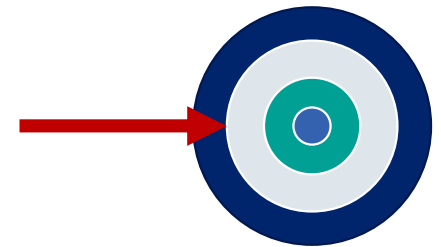
STANDARD 5: TEAM MEMBERSHIP

Characteristics of Outer Circle Members:

- They do not attend meetings, but core or inner circle members may reach out to them as needed.

- They are needed to help provide outreach to the student of concern or some related party.

- They have NO access to the database unless some other part of their job requires it.
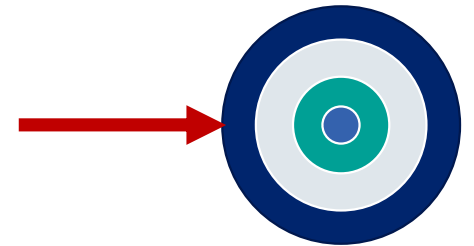
FERPA

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

- Education Records are defined as records that are:
  - Directly related to a student
  - Maintained by an educational agency or by a party acting for the agency or institution

- This applies to:
  - Referrals into case management
  - Case Notes
  - BIT Notes

INFORMATION SHARING

Internal Disclosures

When you share information within the institution:
- Faculty
- Staff
- Contractors, consultants
- Any designated school officials

External Disclosures

When you share information with an individual outside the institution:
- Parents/Guardians
- Students
- Off-campus employers
- And lots more…

INTERNAL INFORMATION SHARING

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

FERPA GUIDANCE

School Officials

- FERPA permits the disclosure of information contained in education records to school officials who have a legitimate educational interest

- School officials include anyone who works for the school: faculty, staff, student affairs administrators, residence life, campus safety, etc.

Designated School Officials

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

FERPA GUIDANCE: DESIGNATED SCHOOL OFFICIAL

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

1 Perform a function for which the school would otherwise use employees

2 Are under the direct control of the school regarding the use of education records

3 Are subject to FERPA's use and redisclosure requirements

4 Are published as designated school officials with legitimate educational interest in the annual notification of FERPA rights

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

INTERNAL INFORMATION SHARING

School Official + ✓ Legitimate Educational Interest = **No consent required**

EXTERNAL INFORMATION SHARING

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

APPLICABLE EXCEPTION PROVISIONS

Consent or permission from the student

Dependent for tax-related purposes

Health and Safety Emergency

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

CONSENT

- Requires explicit written permission

- Note what is to be shared, with whom, and for what purpose

- Include expiration date

- Save a copy in electronic record keeping system

DEPENDENCY

- Dependency for tax-related purposes

- Information *MAY* be shared

- Dependency status must be verified prior to disclosure

HEALTH AND SAFETY

- Determination is made on a case-by-case basis, but the determination should be based on specific, articulable, and significant risk.

- The NABITA Risk Rubric provides a tool for determining when a health and safety emergency exists and the language for articulating the specific risk.

- Information can be released to appropriate parties who need the information in order to protect the health and safety of the student or community.

- The exception is limited to the period of time consisting of an emergency, and relevant information for addressing the emergency.

INFORMATION SHARING

Role of the Counselor on the BIT

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

The Role of
the Counselor
on the Behavioral
Intervention Team

Authored by
Brian Van Brunt, Ed.D., NaBITA Executive Director
Brett A. Sokolow, Esq., NaBITA Founder and Board Chair

The 2018 NaBITA Whitepaper
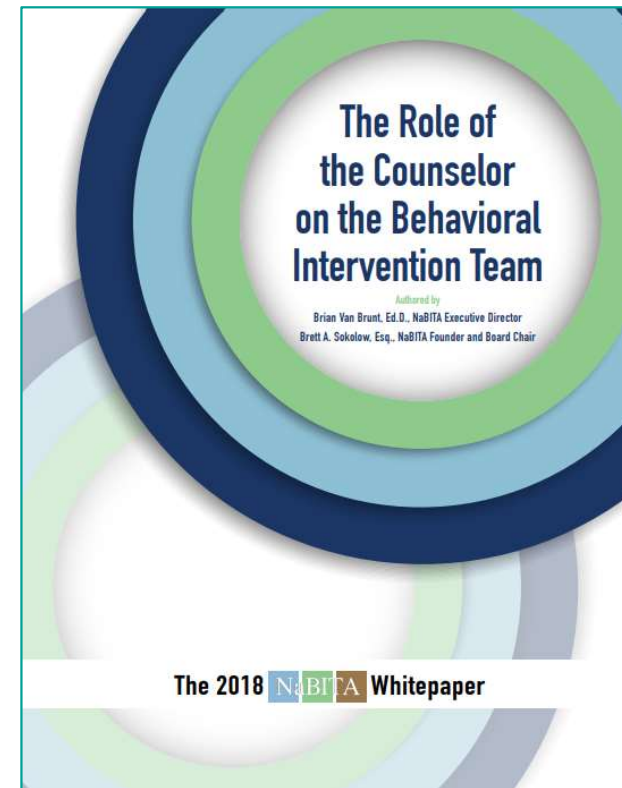
INFORMATION SHARING

1   **"Disconnected and Silent":**

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

- OR attends the BIT meeting but refuses to participate actively.

INFORMATION SHARING

2 **"Consulting Counselor":**

- Attends the meeting and speaks only in hypotheticals.

- They consult on cases and share information about general mental health topics (e.g., the risk of a suicidal student after an inpatient hospitalization, the best treatment approaches for eating disorders or how Autism Spectrum Disorder responds to medication).

- They do not talk specifically about active or past clients with the BIT or make diagnoses of students being evaluated by the BIT.

INFORMATION SHARING

3   **"Sharing Helper":**

- Use of an Expanded Informed Consent (EIC) that students can choose to sign allowing counselors to have a wider latitude to share information with the BIT when the counselor determines it would be in the best interests of the client.

- The counselor will inform the client of the decision to share before doing so.

- Shares information when in best interest of the client and/or community safety.

INFORMATION SHARING

4   **"Out on the Limb":**

- May or may not use the EIC, knowing that they may risk censure but probably not loss of licensure.

- If they use the EIC, they use it more expansively and share information with the team that is not just in the best interest of the client, but also for protection of the community.

- This professional speaks in hypotheticals that are obviously not hypothetical, uses the "cannot confirm or deny" code, backchannels information, and is often willing to share information about whether someone is known to the counseling center and is attentive to their treatment program.

INFORMATION SHARING

5 **"Unconditionally Open":**

- Some counselors may not give their client a choice about an EIC, or they don't use an EIC or ROI to facilitate information sharing

- Shares everything they know about a client with the BIT, usually without the knowledge of their client, without any deference to their license or state laws.

- They see job security as paramount and comply with whatever is required by the BIT, or they imaginatively view the BIT as a "treatment team" within the bounds of their confidentiality.

INFORMATION SHARING
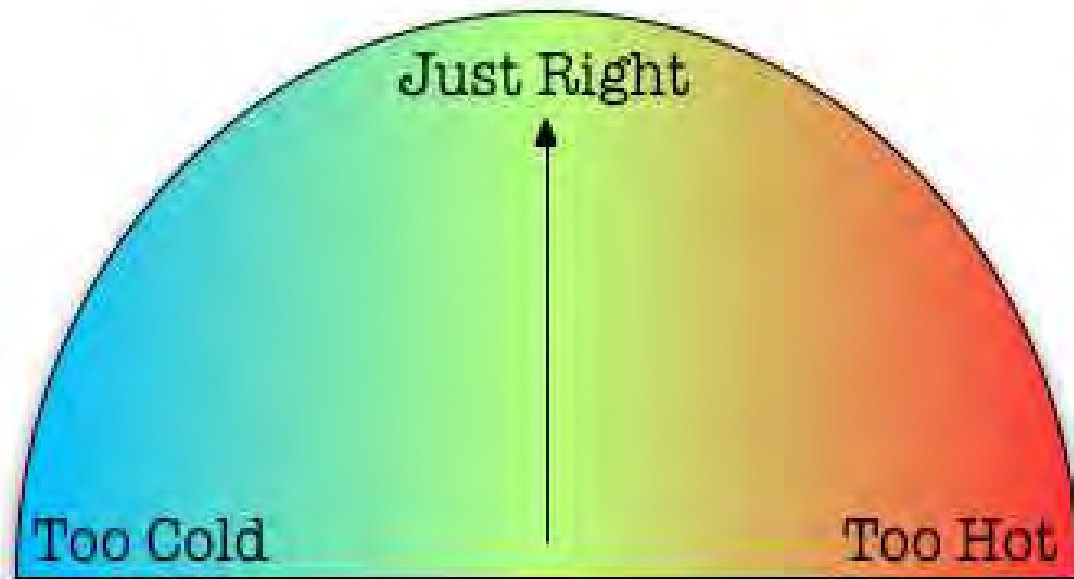
Porridge Temperature Monitor

Just Right

Too Cold

Too Hot

STANDARD 6: MEETING FREQUENCY

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

NABITA STANDARDS

for Behavioral Intervention Teams

Meeting Frequency

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

58%
Weekly

25%
Twice per Month
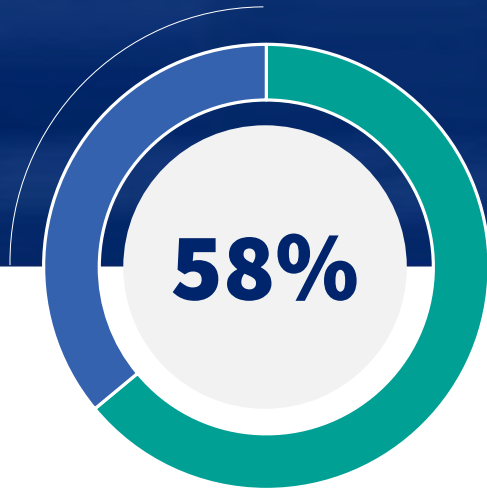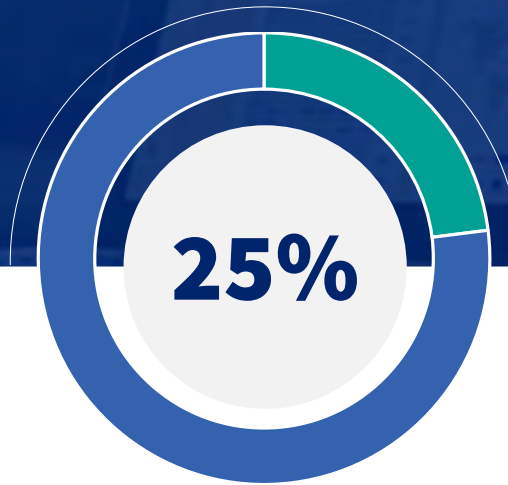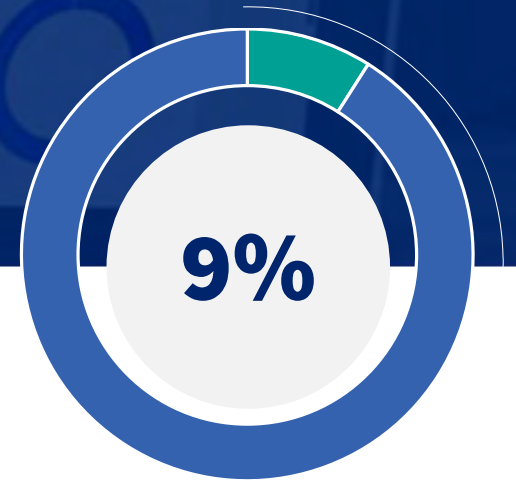
9%
Monthly

Team Agenda

Use an agenda **81%**
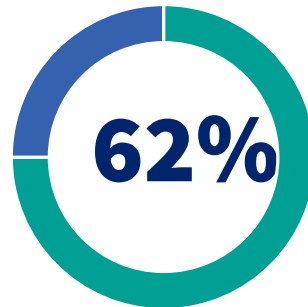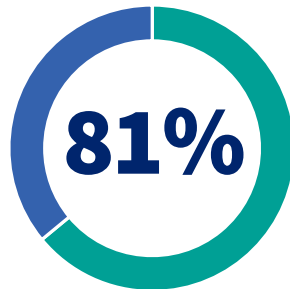
62% Send it out ahead of time

Agenda Items

70% Name of individual

50% Presenting concern

19% On/off campus

33% Name of referral source

21% Year in school

4% Risk Level

NABITA STANDARDS 7 AND 8

Team Mission and Scope

STANDARD 7: TEAM MISSION

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

STANDARD 8: TEAM SCOPE

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

STANDARD 7 & 8: TEAM MISSION & TEAM SCOPE

- Mission, vision, and purpose statements give teams a sense of directions and guidance.

- They define the scope of the team's work including what types of referrals they address and which populations they serve.

- They provide the community with a description of what the team sets out to accomplish.

- They give team members a starting place to continue to develop and define the team's actions.

- They offer risk mitigation following crises.

STANDARD 7: TEAM MISSION
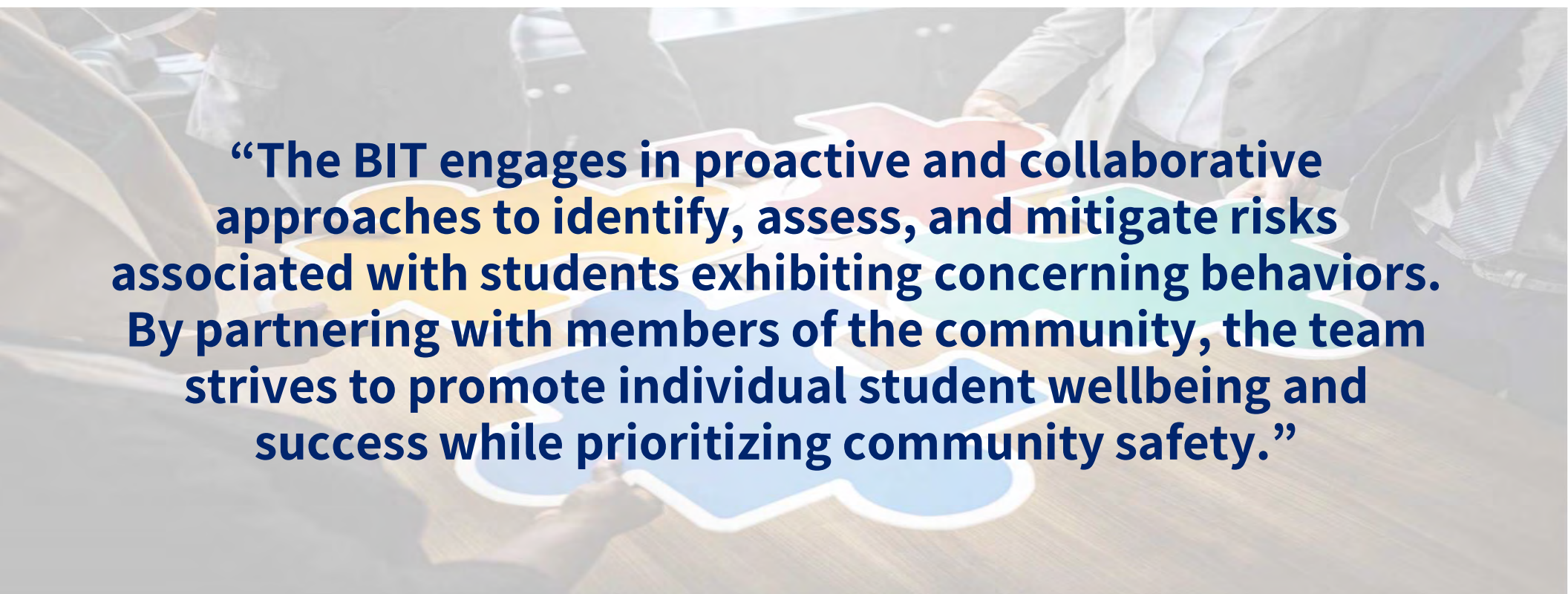
"The Behavioral Intervention Team is a campus wide team of appointed staff and faculty responsible for identifying, assessing, and responding to concerns and/or disruptive behaviors by students, faculty/staff and community members who struggle academically, emotionally or psychologically, or who present a risk to the health or safety of the college or its members."

STANDARD 7: TEAM MISSION

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

STANDARD 7: TEAM MISSION

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

ADDITIONAL RESOURCE
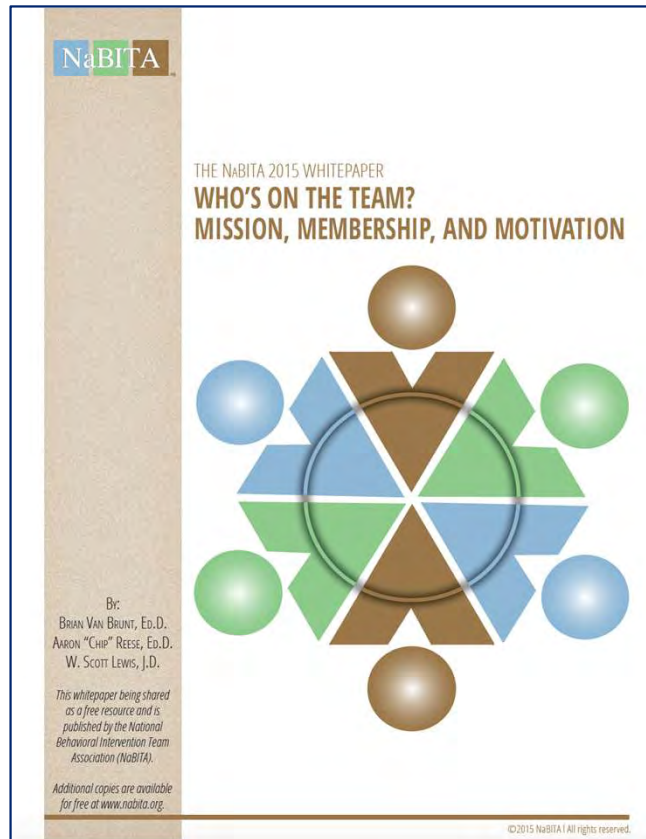
NABITA STANDARD 9

Policy and Procedural Manual

STANDARD 9: POLICY AND PROCEDURAL MANUAL

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

STANDARD 9: POLICY AND PROCEDURAL MANUAL

Manual Contents

- Team Mission and Scope
- Meeting Frequency
- Communication/FERPA
- Risk Rubric and Interventions
- Record Keeping
- Marketing and Advertising
- Team Training

CARE Team Policies & Procedures Manual 2.0

Edited by:
Makenzie Schiemann, M.S.
Vice President, TNG Case Management Initiatives

Adapted from the NABITA CARE Manual 2.0
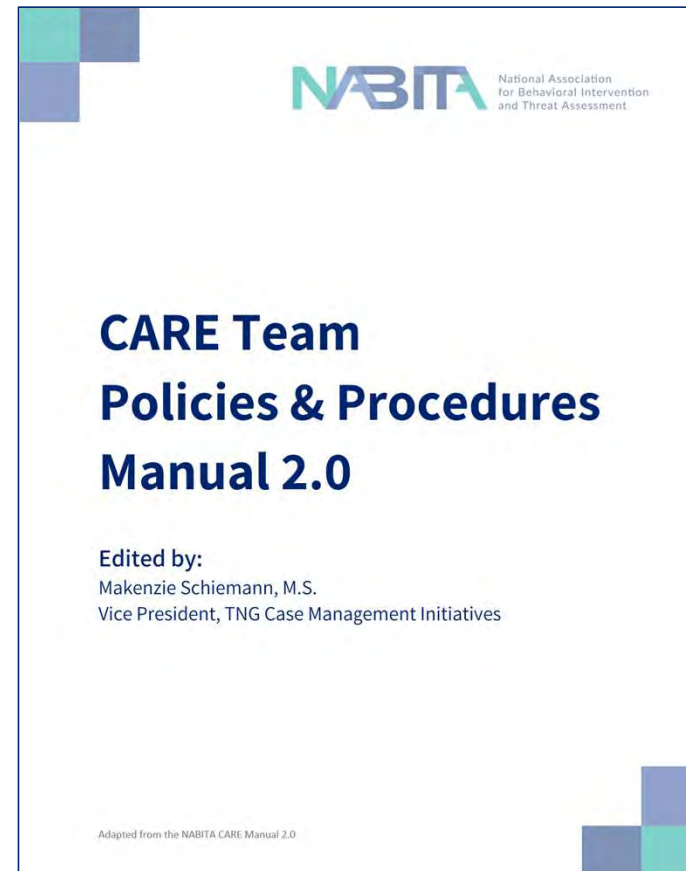
NABITA STANDARD 10

Team Budget

STANDARD 10: TEAM BUDGET

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

STANDARD 10: BUDGET

- Survey data shows budgets from zero to $20,000.

- Teams report their biggest challenges to be lack of training and access to resources due to limited budget.

- Strategies for building budget:
  - Create a dedicated budget line for the team through Student Affairs
  - Created a pool of funds through smaller budget lines from individual departments

PART TWO: PROCESS ELEMENTS

NABITA Behavioral Intervention Team Standards 11- 17

NABITA STANDARD 11 AND 17

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

STANDARD 11: OBJECTIVE RISK RUBRIC

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

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

Gather Data

Rubric/Analysis

Intervention
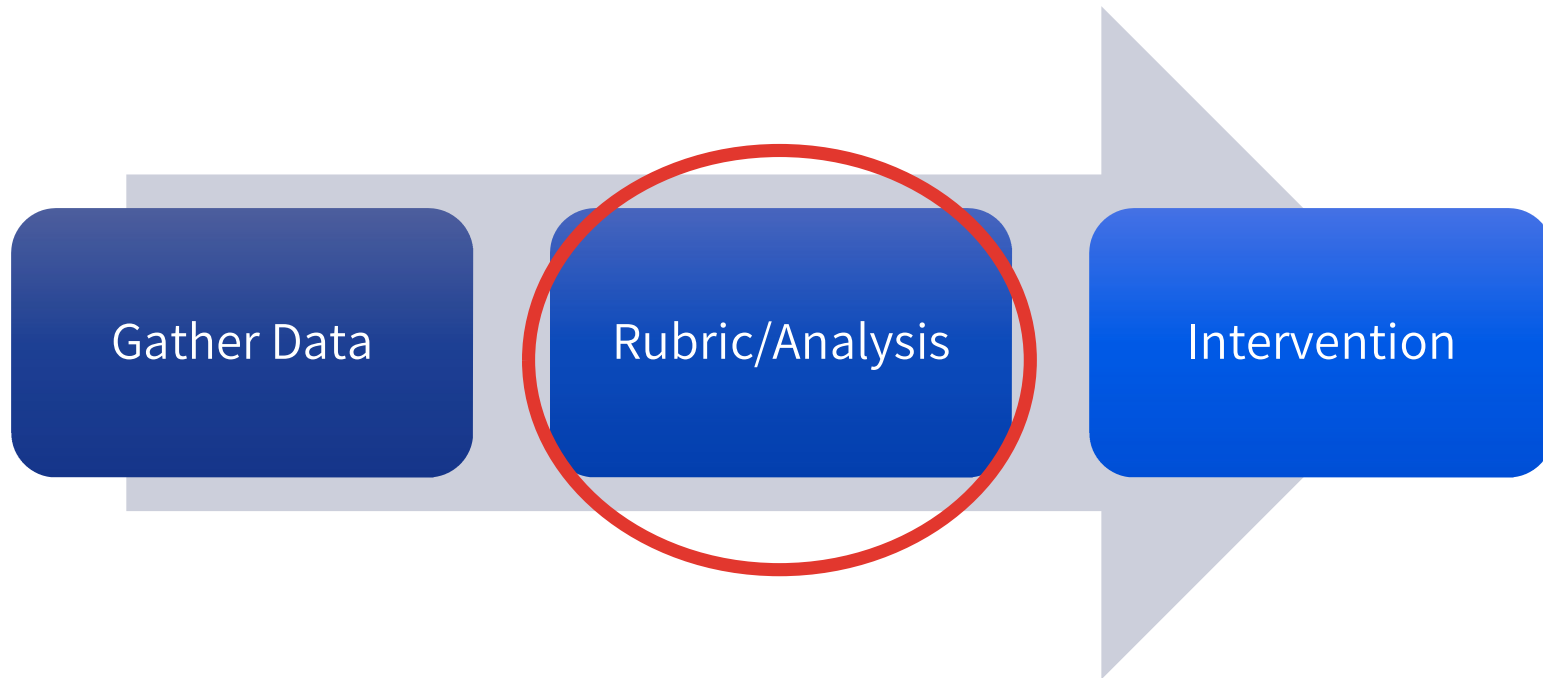
STANDARD 11: OBJECTIVE RISK RUBRIC

- **10x** NABITA Risk Rubric

- **25x** Violence Risk Assessment of the Written Word (VRAWW)

- **50x** Structured Interview for Violence Risk Assessment (SIVRA-35) and Non-Clinical Assessment of Suicide (NAS)

Risk Assessment

Risk Assessment line chart

Year	Objective Rubric	Subjectively
2012	33	67
2014	50	50
2016	60	40
2018	72	25
2020	82	16
2022	78	18

Legend: Objective Rubric, Subjectively
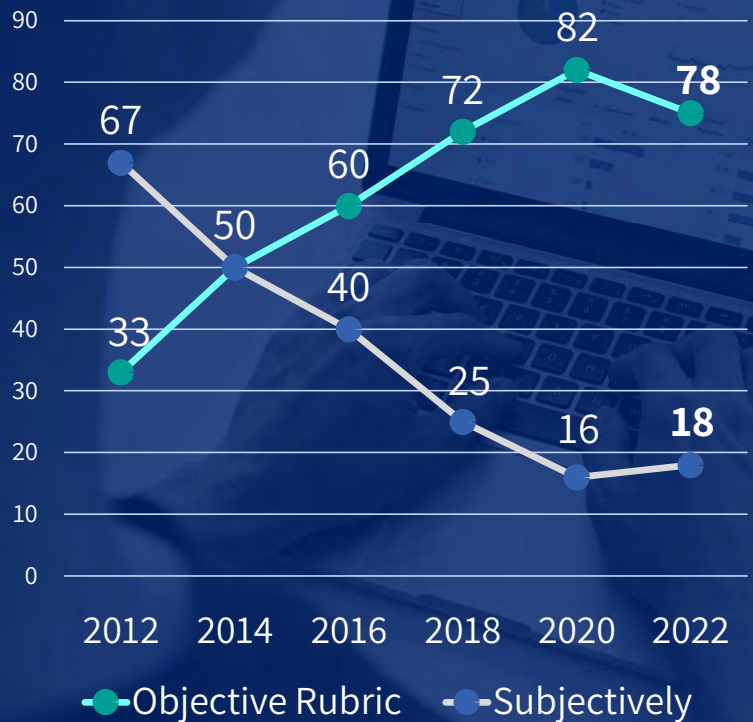
75% of teams
Use an objective risk rubric on every case referred to the team

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

OBJECTIVE RISK TOOLS

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

NABITA Risk Rubric

D-SCALE
Life Stress and Emotional Health

DECOMPENSATING

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

DETERIORATING

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

DISTRESSED

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

DEVELOPING

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

↑ 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?

STANDARD 11: OBJECTIVE RISK RUBRIC

STANDARD 11: OBJECTIVE RISK RUBRIC

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

✓

✓

D-SCALE
Life Stress and Emotional Health

E-SCALE
Hostility and Violence to Others

LIFE STRESS AND EMOTIONAL HEALTH

Stressors
- Death in the family
- Relationship difficulties
- Academic challenges

Emotional Health
- Difficulty regulating emotions
- Disordered eating, substance use, suicidality/self harm
- Change in mood, sleep, appetite

Disruption to Others
- Undue burden on others
- Outbursts in the classroom hallways, etc.
- Bullying behaviors

AFFECTIVE VIOLENCE

Affective
- Immediate
- Unplanned

Explosive
- Emotion driven
- Reactive

Low Risk
- Loud Bark
- Easily spotted

AFFECTIVE VIOLENCE

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 acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
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    ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
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DETERIORATING

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  ■ Vague but direct threats or specific but indirect threat; explosive language
  ■ Stalking behaviors that do not harm, but are disruptive and concerning

DISTRESSED

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  ● Situational stressors that cause disruption in mood, social, c
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● If a threat is present, the threat is vague, indirect, implausibl

DEVELOPING

◆ Experiencing situational stressors but dem
◆ Often first contact or referral to the BIT

4

D-SCALE

D-SCALE
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TRAJECTORY?

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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?

D-SCALE

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

2

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

0/1

NABITA Risk Rubric

D-SCALE
Life Stress and Emotional Health

DECOMPENSATING

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

E-SCALE
Hostility and Violence to Others

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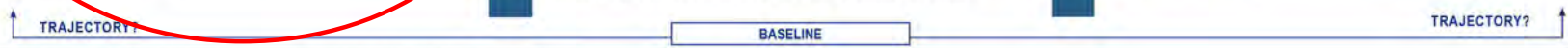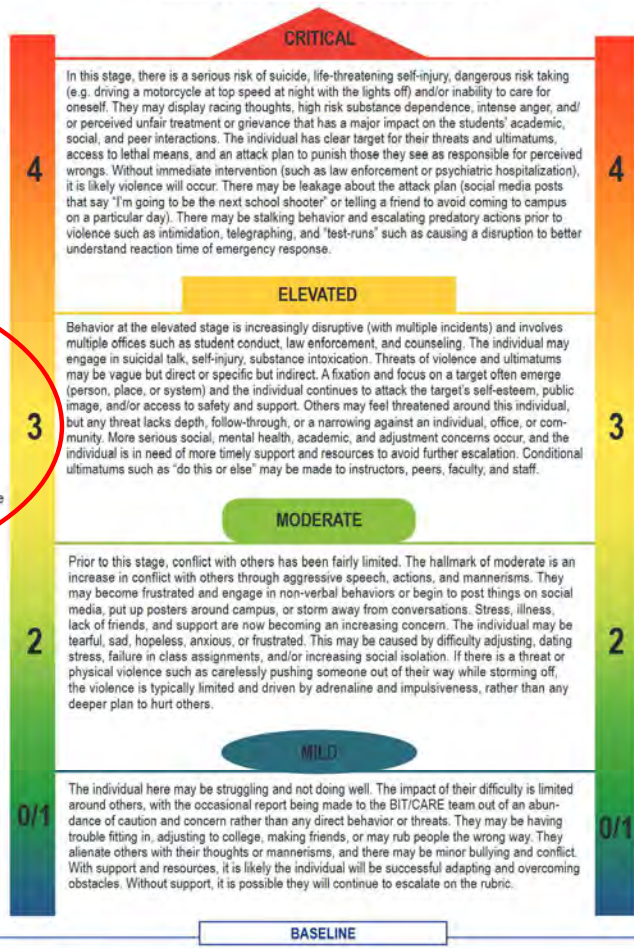
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ESCALATING BEHAVIORS

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EMPOWERING THOUGHTS

◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
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◆ No threats of violence

TRAJECTORY?

D-SCALE

DETERIORATING

3

- 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
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- Threats of affective, impulsive, poorly planned, and/or economically driven violence
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NABITA Risk Rubric

D-SCALE
Life Stress and Emotional Health

DECOMPENSATING

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DISTRESSED

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OVERALL SUMMARY

CRITICAL

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TRAJECTORY?   **BASELINE**   **TRAJECTORY?**

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Hostility and Violence to Others

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D-SCALE

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4

TARGETED/ INSTRUMENTAL VIOLENCE

Predatory
- Delayed attack over time
- Thoughtful; Practiced
- Fueled by hostile intent

Targeted
- Strategic and Tactical
- Fixed and Focused

High Risk
- Deadly, mass causality
- More difficult to detect

TARGETED/ INSTRUMENTAL VIOLENCE

CASE STUDY: FREEDOM HIGH SCHOOL

CASE STUDY: FREEDOM HIGH SCHOOL

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

TARGETED/INSTRUMENTAL VIOLENCE
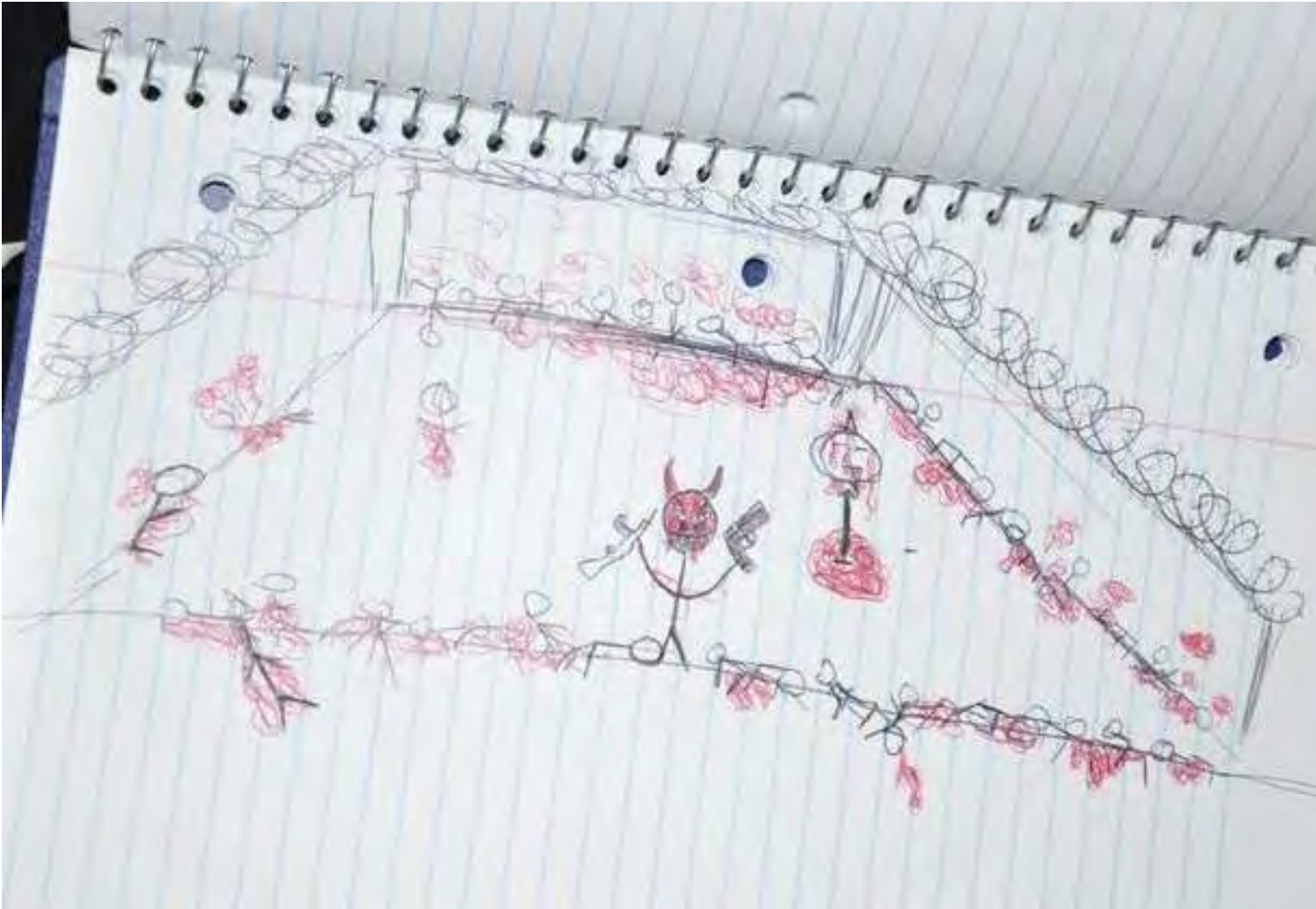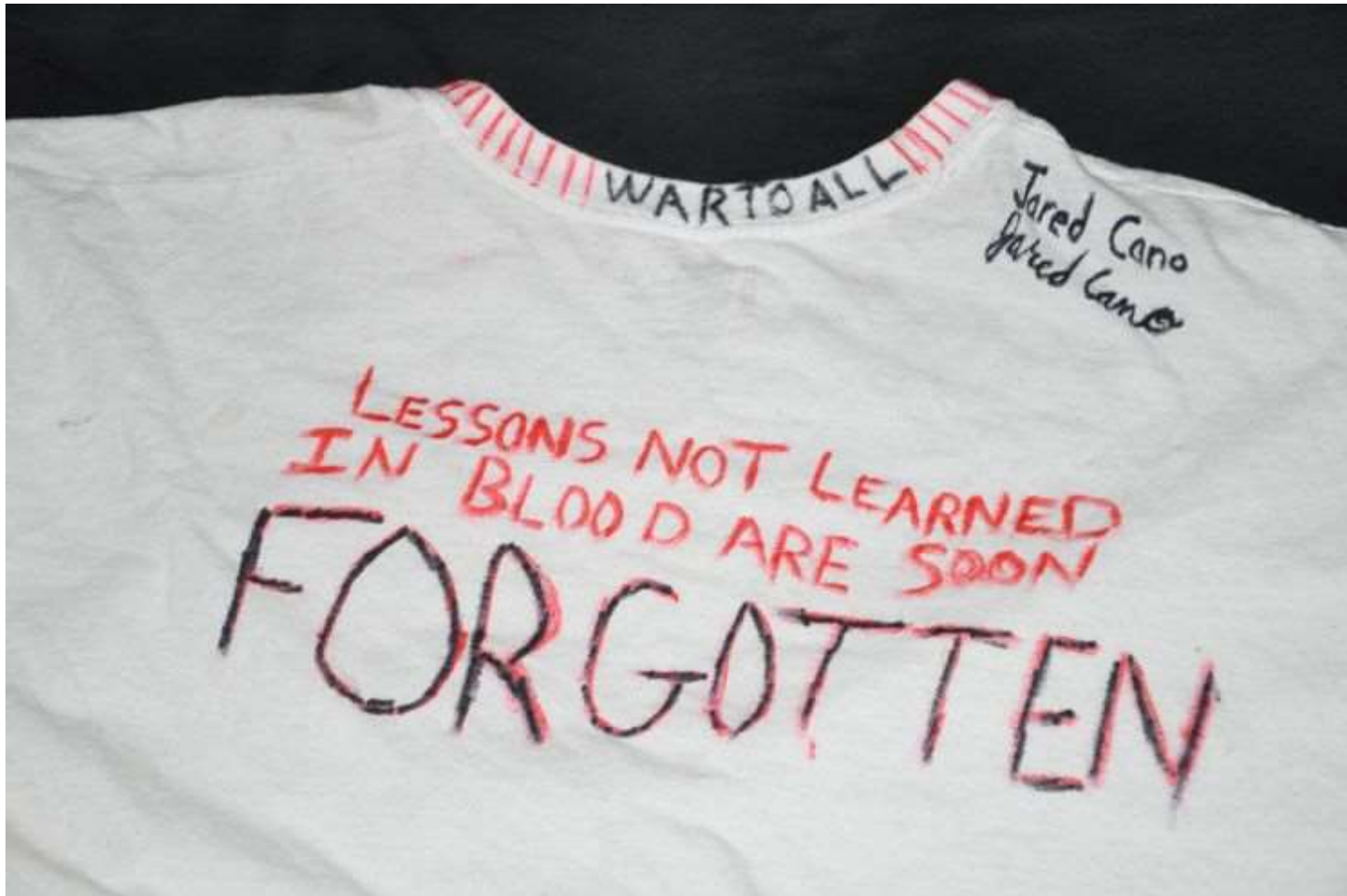
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E-SCALE

Hostility and Violence to Others

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E-SCALE

NABITA Risk Rubric

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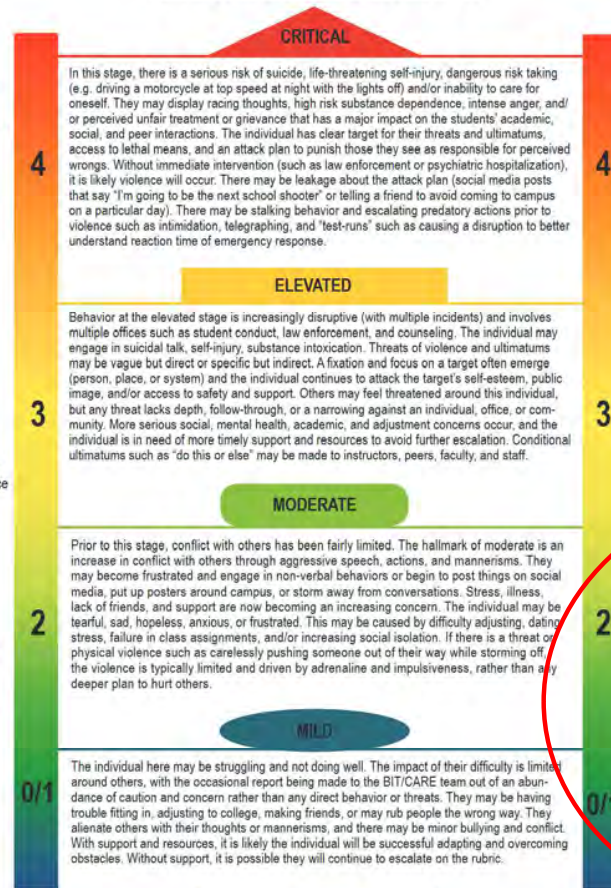
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TRAJECTORY?

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BASELINE

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