National Association
for Behavioral Intervention
and Threat Assessment



NABITA Industry Standards for **Behavioral Intervention Teams**

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INTRODUCTION

The National Association for Behavioral Intervention and Threat Assessment (NABITA) provides behavioral intervention teams (BITs) with proactive guidance to develop the most effective approaches for preventing harm and enhancing safety on college campuses. NABITA leads the field in comprehensive education and supports administrators engaged in behavioral intervention and threat assessment efforts. NABITA provides resources such as the NABITA Risk Rubric, develops objective tools for performing violence risk assessment interviews, and conducts large-scale biennial benchmarking surveys of BITs from across the country. To add to this body of knowledge, NABITA published the first set of industry standards for BITs in 2018 and now, five years later, revisits this work to provide an evolved framework reflecting the latest research and practices in the field.

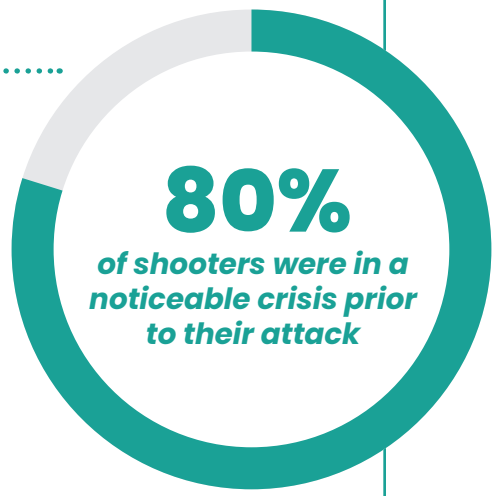
This revised NABITA Industry Standards for Behavior Intervention Teams (NABITA BIT Standards) whitepaper includes new standards to address emerging needs in the field, such as referral review, comprehensive case review, and program effectiveness. Practitioners will note a reorganization of the original standards, providing improved clarity to facilitate operationalization of each standard. It is NABITA's hope that this document will continue to guide practitioners establishing and improving their BIT policies, processes, and procedures in support of their campus communities.

The Evolution of Behavioral Intervention and Threat Assessment

On April 16, 2007, a student at Virginia Polytechnic Institute and State University (Virginia Tech) committed the deadliest campus shooting in the United States -- 32 deaths and 23 injuries that shocked the nation.[1] Although neither the first nor the last incident of targeted, mass violence at an educational institution, the tragic shooting at Virginia Tech was the first to shed significant light on the complexity of campus-based violence and how to prevent it.

Since the shooting at Virginia Tech, researchers have published an entire body of literature and studies related to understanding and preventing targeted violence.

Nearly all researchers and practitioners agree on two findings: 1) violence is usually not spontaneous and is therefore potentially preventable, and 2) effective violence prevention begins with early intervention and support efforts.[2] **A review of mass attacks in public spaces found that 80 percent of shooters were in a noticeable crisis prior to their attack.[3]** These crises included a range of experiences from difficulty engaging in daily tasks and isolation to abusive behavior and increased agitation. Challenges in personal relationships, academic performance, workplace dynamics, or stress management often precipitated crises and ultimately, violence. Before attacks, many of those who acted violently facilitated leakage of their plans for harm to self or others. Effective BITs learn about leakage before the individual becomes violent, often by cultivating a culture of reporting across campus.



[1] Deisinger, E. R., & Scalora, M. (2016). Threat assessment and management in higher education in the United States: A review of the 10 years since the mass casualty incident at Virginia Tech. Journal of Threat Assessment and Management, 3, 186-199.
[2] Sokolow, B. A., Lewis, W. S., Schuster, S., & Swinton, D. S. (2014). The Book on BIT (2nd ed.). (B. Van Brunt, Ed.) Berwyn, PA: National Behavioral Intervention Team Association; Peterson, J., Densley, J. (2021). The violence project: How to stop a mass shooting epidemic. Abrams: The Art of Books; National Threat Assessment Center. (2023). Mass attacks in public spaces: 2016-2020. Washington, DC: U.S. Department of Homeland Security, United States Secret Service.
[3] Peterson, J., Densley, J. (2021). The violence project: How to stop a mass shooting epidemic. Abrams: The Art of Books.

To prevent violence, administrators must recognize early signs of distress and connect individuals to support. An integrated approach to violence prevention that focuses on early intervention as well as threat assessment strengthens the overall approach. Ultimately, programs aimed at early intervention and support have a broad diffusion of benefits that reach beyond preventing mass shootings or other violence. For example, early intervention programs that assist individuals with basic needs may provide early intervention for an individual on a pathway toward violence, but they may also help other individuals with no pathway to violence. Such an integrated approach allows administrators to not only provide support to and build a relationship with any individual who needs it, but to also prevent threats or actual violence before they occur.

BITs have evolved into this integrated approach. Although initially born out of a need for threat assessment, behavioral intervention teams today address a diverse range of students and student needs, viewing threat assessment as a complement to the proactive and preventative work of the BIT. The purpose of modern BITs is to provide caring, supportive, and early intervention to individuals whose behavior is disruptive or concerning. BITs identify and support individuals in distress to reduce the individual's risk, increase safety, and prevent violence. Such a holistic approach helps campuses enhance safety, retain students, and graduate those students more likely to succeed in college and beyond.

The purpose of modern BITs is to provide caring, supportive, and early intervention to individuals whose behavior is disruptive or concerning

[4]Drysdale, D. A., Modzelseski, W., & Simons, A. B. (2010). Campus attacks: Targeted violence affecting institutions of higher education. Washington, DC: U.S. Secret Service, U.S. Department of Homeland Security, U.S. Department of Education, Federal Bureau of Investigation, and U.S. Department of Justice.
[5]Meloy, J.R., & O'Toole, M.E. (2011). The concept of leakage in threat assessment. Behavioral Sciences and the Law, 29(4), 513-527.
[6]Schiemann, M. (2022). Exploring the relationship between student expected engagement and referrals to the behavioral intervention team. [Doctoral dissertation, University of South Florida].
[7]National Threat Assessment Center. (2018). Enhancing school safety using a threat assessment model. Washington, DC: U.S. Department of Homeland Security, United States Secret Service.
[8]Schiemann, M. (2022). Exploring the relationship between student expected engagement and referrals to the behavioral intervention team. [Doctoral dissertation, University of South Florida].
[9]Sokolow, B. A., Lewis, W. S., Schuster, S., & Swinton, D. S. (2014). The Book on BIT (2nd ed.). (B. Van Brunt, Ed.) Berwyn, PA: National Association of Behavioral Intervention Teams.

NABITA Industry Standards for Behavioral Intervention

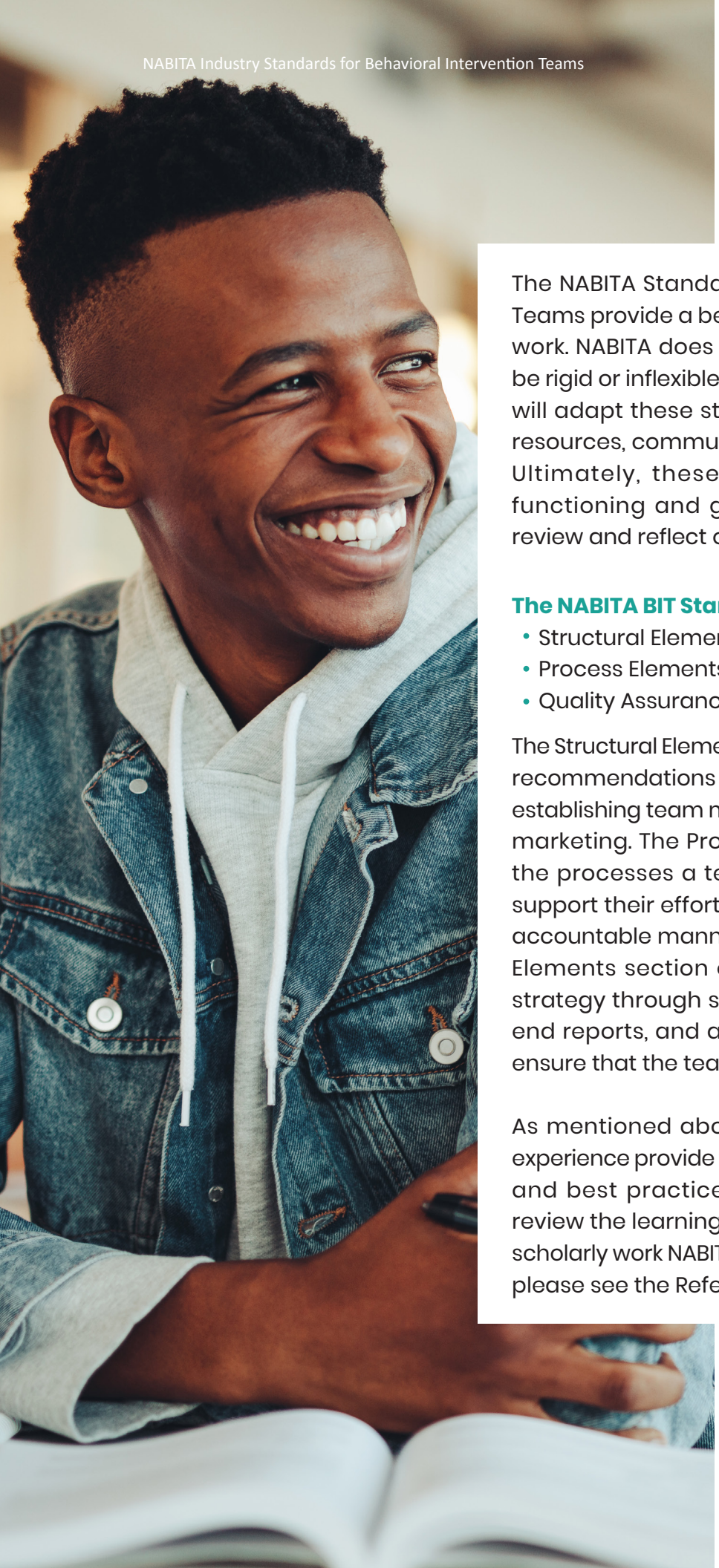
In any new or evolving field, it is important to develop and revise guiding principles. Part of what establishes a field of practice is a set of standards common to that practice, to which most – if not all – practitioners subscribe and adhere. Industry standards must both project and reflect. They reflect the successful practices widely adopted by the field and project onto the field those aspirational practices that industry leaders and experts have identified as promising practices for the future of the field.

Industry standards must both project and reflect

Industry standards have both reactive and proactive functions. Proactively, teams benchmark their functions and practices against standards to ensure competence. Reactively, courts use industry standards to gauge and assess whether practices meet the duty of reasonable care. Every year, members of campus communities regrettably experience harm, including violence and death. When incidents occur, lawsuits often follow. Each year, plaintiffs file dozens if not hundreds of such lawsuits. Courts want to know whether the violence or harm was inevitable or preventable, and whether the institution acted reasonably in light of what they knew. Industry standards form the yardstick that helps a judge or jury to know what institutions should have done.

NABITA developed the first set of national industry standards for BITs in 2018. These professional standards offered guidelines for the structure, process, and assessment of the BIT. Since the first publication of the standards, NABITA has gathered additional data regarding behavioral intervention trends through two iterations of the NABITA Biannual Survey in 2020 and 2022. Additionally, both The Violence Project and the National Threat Assessment Center have published new research examining school violence and mass shootings, adding to the growing body of relevant scholarship. This new data informed the need to refine the existing NABITA Standards for Behavioral Intervention Teams (also now commonly called CARE teams).[10] The revised standards remain rooted in academic research, clinical studies, law enforcement reports, governmental investigations, and campus best practices.

[10]Peterson, J., Densley, J. (2021). The violence project: How to stop a mass shooting epidemic. Abrams: The Art of Books; National Threat Assessment Center. (2023). Mass attacks in public spaces: 2016-2020. Washington, DC: U.S. Department of Homeland Security, United States Secret Service.



The NABITA Standards for Behavioral Intervention Teams provide a best practice framework for a BIT's work. NABITA does not intend for the standards to be rigid or inflexible and anticipates that institutions will adapt these standards based on institutional resources, community needs, climate, and culture. Ultimately, these standards will enhance BIT functioning and guide an institution's ability to review and reflect on current BIT practices.

The NABITA BIT Standards contain three sections:

- Structural Elements
- Process Elements
- Quality Assurance/Assessment Elements

The Structural Elements section details best practices recommendations for team structure and function, establishing team mission, scope, team training, and marketing. The Process Elements section outlines the processes a team should implement to best support their efforts in an objective, equitable, and accountable manner. Finally, the Quality Assurance Elements section offers an ongoing assessment strategy through supervision, semester and year-end reports, and a robust team audit function, to ensure that the team is achieving its goals.

As mentioned above, research and professional experience provide the foundation for each standard and best practice in this revised document. To review the learning materials, resources, and other scholarly work NABITA relied upon for this whitepaper, please see the References section.



PART 1 STRUCTURAL ELEMENTS

Standard 1
TEAM AUTHORITY AND SCOPE

Standard 2
PREVENTION VS. THREAT ASSESSMENT

Standard 3
TEAM NAME

Standard 4.
TEAM LEADERSHIP

Standard 5
TEAM MEMBERSHIP

Standard 6
TEAM TRAINING

Standard 7
INFORMATION SHARING

Standard 8
TEAM BUDGET

Standard 9
COMMUNITY EDUCATION AND MARKETING

Standard 10
PROCEDURE MANUAL



Standard 1 Team Authority and Scope

The team has a mission statement, statement of scope, and the authority to fulfill its institutional charge.

- Behavioral Intervention Teams are small groups of school officials who meet regularly to collect and review information about at-risk community members and develop intervention plans to assist them.
- The team's mission statement balances supporting the needs of the individual with the safety of the community.
- The team's mission statement outlines its commitment to addressing the spectrum of risk, including early intervention as well as violence risk assessment, and its connection to the academic mission of the institution.
- The team addresses behavior that occurs on and off campus for current students, faculty, and staff, and addresses behavior that has a nexus to the campus for alumni, visitors, parents, or others.
- A written institutional policy establishes and authorizes the team and sets its mission, membership, and scope. This policy guides the team and outlines the team's authority to engage in the three main functions of BIT: gather data, assess risk, and deploy interventions.
- The institutional policy that guides the BIT is publicly accessible.



Standard 2 Prevention vs. Threat Assessment

Institutions have one integrated team that addresses early intervention cases as well as threat assessment cases.

- Institutions have one team that receives referrals and addresses behaviors along the spectrum of risk to ease distress, increase wellness, and reduce or prevent violence.
- The team receives referrals and addresses lower risk concerns including, but not limited to, disruptive or concerning behaviors; difficulty accessing resources; academic distress; or personal, emotional, and/or psychological difficulties.
- The team incorporates violence risk and threat assessment into its work by receiving and addressing higher risk referrals including, but not limited to, harm to self or others.
- The team avoids establishing a minimum threshold for referred behaviors.



Standard 3 Team Name

The team's name accurately communicates the function of the team within the context of the institutional community.

- The team's name should resonate with the campus climate and community in a way that garners buy-in from the community.
- The team's name should communicate the role and function so that students, faculty, and staff can understand the purpose of the team. Institutions should avoid names or acronyms that convey a negative connotation of any kind.
- The team's name should be distinct from other teams that may exist at the school or institution.
- The team's name should encourage members of the community to report all concerning behavior and should avoid sending the message that the team is punitive, limited in scope, or focused on a specific type of behavior or concern.
- The team's name should convey the importance of the team's mission and oversight, especially to those unfamiliar with the work of the team. Avoid adopting names that may undercut the seriousness of the team's work.



Standard 4 Team Leadership

The team chair brings the team together and keeps discussions productive and focused while maintaining a long-term view of team development and education.

- The team has one person who serves as the permanent (non-rotating) position of team chair.
- The team chair has institutional authority to head the team, has working knowledge of the team's cases, is familiar with relevant education and disability law, and has the time required to dedicate to the role.
- The team chair should not have conflicting roles or limits on information sharing.
- The team chair assesses team and individual BIT member performance via formal or informal supervision, including meeting regularly with individual BIT members.
- The team chair facilitates the operational and process functions of the team including, but not limited to, updating the policy and procedure manual; coordinating team training; convening meetings and setting meeting agendas; assuring compliance with team protocol(s); gathering data; leading risk analysis efforts; assessing team effectiveness; and orchestrating the deployment of interventions.
- The team chair seeks to increase team efficacy and considers long-term planning that aligns with both the team's and the institution's strategic mission/objectives.



Standard 5 Team Membership

The team is comprised of at least five, but no more than ten, designated school officials.

- The following areas have a standing team member and a trained back-up member: Dean of Students (or designee) or Vice President for Student Affairs (or designee); a mental health care employee; a student conduct staff member; and a representative from campus security or campus law enforcement.
- When adding members, the team is responsive to institutional needs and resources, focusing on adding departmental representation that may provide information, resources, or expertise enabling the team to be most effective.
- Teams have a roster of as-needed members (in addition to the standing members above), who attend team meetings when they have helpful information or insight on a case. The list of as-needed members could include veterans services staff member, Title IX Coordinator, international programs staff member, or others as deemed necessary by the team chair.
- Team membership does not include undergraduate students. Graduate students are only included in the team membership if appropriate as the result of an applicable employee role.
- To reduce BIT bias(es) and enhance cultural competence, the team includes members who represent the diverse identities of the campus community.
- Team members prioritize BIT meetings by adjusting calendars, accordingly, attending meetings as needed, reviewing meeting agendas in advance, and being prepared to participate in the meeting.
- Team members' job descriptions include their responsibilities as official members of the BIT and account for the time necessary to serve on the team.



Standard 6 Team Training

Team members engage in regular, ongoing BIT training to increase confidence, build competence, and foster team development.

- The team chair creates an annual professional development schedule, which can include conferences, workshops, webinars, articles, books, tabletop exercises, and other training opportunities.
- Competency areas include, but are not limited to, risk and threat assessment, mental health, cultural awareness, bias mitigation, intra-team communications, FERPA (Family Educational Rights and Privacy Act) compliance, recordkeeping, intervention techniques, recognizing leakage, empowering a culture of reporting, relevant education and disability laws, and campus/community engagement.
- A BIT leader or experienced designee trains new members on BIT tools, systems, policy, processes, and protocol(s).



Standard 7 Information Sharing

Team members share information according to BIT standard operating procedures and comply with FERPA/privacy/confidentiality requirements (as applicable) when accessing and sharing information.

- FERPA governs the team's information sharing with relation to student records. The team complies with a written policy and training for team members on all applicable privacy and confidentiality standards.
- Team members are forthcoming with information, as FERPA permits, to promote holistic discussion, dismantle information silos, and provide a variety of perspectives.
- Team members with privileged relationships, such as mental health counselors, share information only as applicable state law and/or professional ethical standards permit.
- Conversations between team members are candid and team members are mindful to refrain from letting supervisory or positional power impede the team's discussion of individual cases.



Standard 8 Team Budget

The team has an established budget sufficient to meet these standards, the ongoing needs of the team, and the community it serves.

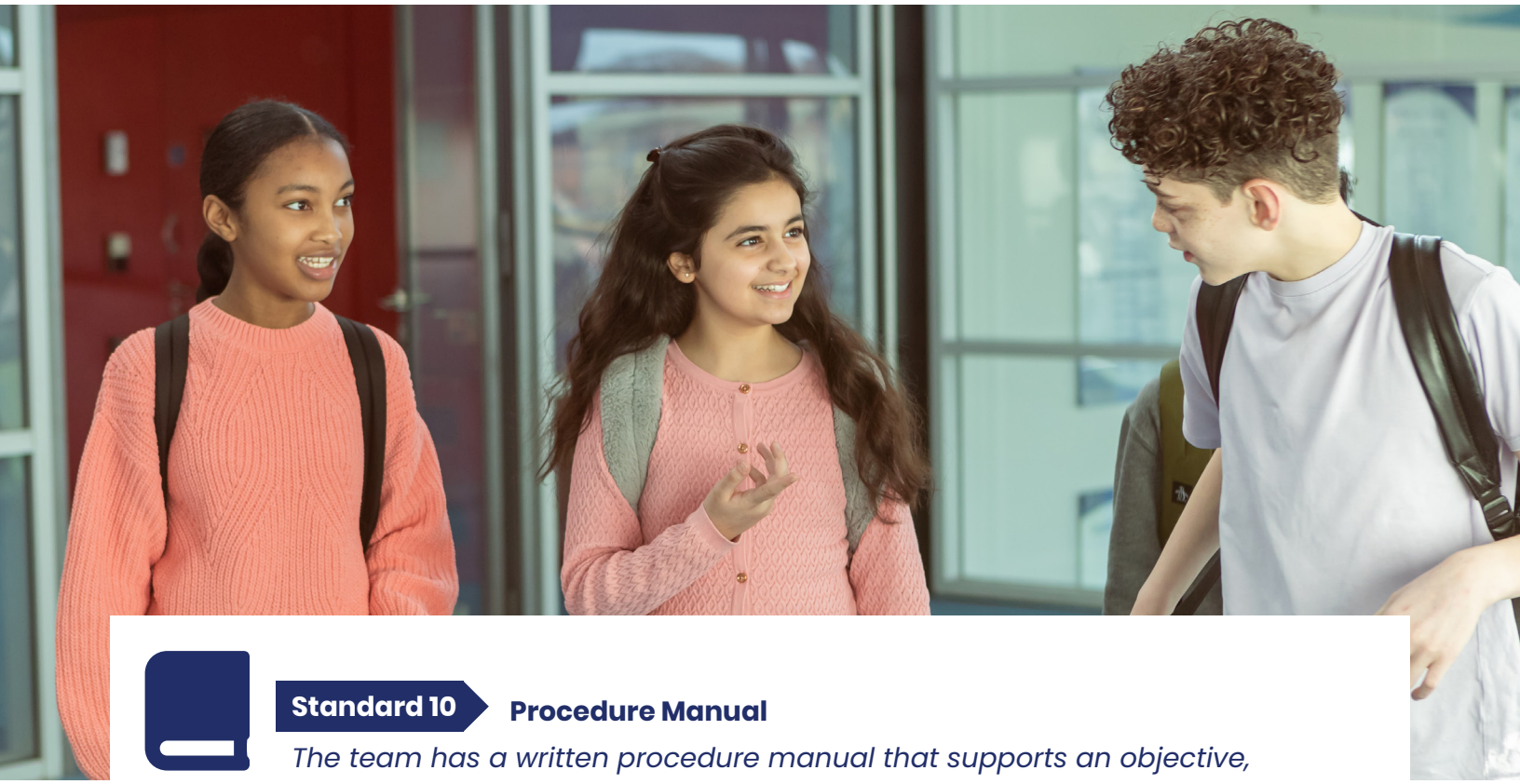
- The team has an annual budget allocation either through a designated budget line or shared funding across departments represented on the team.
- Funding supports sustaining the team including, but not limited to, ongoing training, professional development, community education, marketing, electronic record keeping, and consultation services.



Standard 9 Community Education and Marketing

The team educates its community about bystander engagement, recognizing leakage, and making referrals. The team markets its function/ services through advertising campaigns, websites, logos, and other promotional materials.

- The team trains its community to recognize concerning behaviors along the full spectrum of risk.
- The team instills in the community-at-large a sense of shared responsibility for campus safety, and reporting.
- The team educates the community on how to make a referral to the team using a centralized reporting system.
- The team trains key stakeholders on the team protocols, mission, and scope to increase confidence, trust, and buy-in from key referral sources.
- The team educates and trains its community on cultural competency related to BIT referrals to help mitigate bias.
- The team has a strategic marketing plan to reach all members of its community through both active (e.g., lecture style conversations with department heads and orientation programs) as well as passive (e.g., website, brochures, signage, videos) ongoing education and marketing efforts.
- The team adapts education and marketing efforts to specific audiences including students, faculty/staff, parents, individual departments (e.g., residence life, law enforcement/safety, etc.).



Standard 10 Procedure Manual

The team has a written procedure manual that supports an objective, consistent, and evidence-based functionality.

- The procedure manual must be in writing, formalized, and accessible to team members.
- The team should annually review the procedure manual to reflect updates that result from changes in team processes, institutional policy, and any applicable federal or state laws.
- The manual should include a set of guidelines outlining team structure and process in an organized, consistent, and thorough manner. This manual should include details on how the team operationalizes the standards of practice for a BIT, how the team effectively responds to referrals, and how the team monitors progress toward its goals.



PART 2
PROCESS ELEMENTS

Standard 11
REFERRAL RECEIPT AND REVIEW

Standard 12
MEETING OPERATIONS

Standard 13
OBJECTIVE RISK RUBRIC

Standard 14
PSYCHOLOGICAL, THREAT, AND VIOLENCE RISK ASSESSMENTS

Standard 15
INTERVENTIONS

Standard 16
CASE MANAGEMENT

Standard 17
CASE REVIEW

Standard 18
RECORDKEEPING



Standard 11 Referral Receipt and Review

The team has a process for receiving, reviewing, and triaging all referrals.

- The team has a centralized, publicly available system for receiving referrals (e.g., electronic referral form) and the team documents all BIT referrals in a centralized system, including those initially received by phone, email, in person communication, or other means.
- A designated staff or team member is responsible for reviewing referrals each workday to determine appropriate actions prior to the team meeting, such as assigning a new case to the agenda, conducting a welfare check, or calling an emergency team meeting.
- The team allows anonymous referrals while notifying referral sources of the limitations of anonymous reports.
- The team has a designated process for obtaining additional information from referral sources when needed.
- The team provides updates to referral sources as permitted by law (e.g., FERPA) and protocol, through standardized, as well as personalized, communication.

Standard 12 Meeting Operations

The team holds meetings at regular intervals, following an agenda and established process for facilitating team meetings.

- The team meets regularly and at least every other week.
- The team has a protocol for calling an emergency meeting to discuss urgent issues.
- An agenda, outlining the meeting and individuals the BIT will discuss, is available to team members in advance of the meeting.
- Case discussions in the team meetings follow a three-phase process: 1) gathering data from the referral and team members, 2) assessing the data using objective risk rubrics, and 3) deploying interventions based on the level of risk.

Standard 13 Objective Risk Rubric

The team uses an evidence-based, objective risk rubric to assess every referral.

- Following the information gathering phase, the team applies an objective risk rubric to every referral. The team uses the risk rubric to review and assess a range of behaviors and concerns including, but not limited to, emotional health concerns, adjustment difficulties, threatening or aggressive behavior, and actual threats to self or others.
- The BIT assigns an initial risk rating to each case and updates the risk rating as the BIT gathers additional data.
- The BIT documents all risk ratings in an electronic record, including a rationale for the assigned risk level.
- The team considers multiple perspectives on the team when assessing risk to actively mitigate bias in the assessment process.

Standard 14 Psychological, Threat, and Violence Risk Assessments

The team uses objective, evidence-based tools to conduct violence risk, threat, and psychological assessments as part of its overall approach to prevention and intervention.

- The team has an established threshold within its objective risk rubric for a mandated assessment.
- The team defines violence risk assessments as non-clinical, objective assessments designed to better understand the holistic elements that influence an individual's likelihood of violence or harm to others. Violence risk assessments rely on a one-on-one interview to identify the risk factors that may increase an individual's likelihood of violence or dangerousness toward a person, group, or system, as well as the protective factors that may mitigate that risk.
- The team uses threat assessments to establish immediate safety by assessing the credibility or actionability of a specific threat of harm to self or others.
- The team defines a psychological assessment (e.g., mental health evaluation) as an assessment by a clinical provider evaluating an individual's mental health and behavioral functioning. A psychological assessment focuses on determining a mental health diagnosis and appropriate treatment options (e.g., medication, therapeutic modality, hospitalization).
- At a minimum, the team trains three to five members on proper usage of an objective, evidence-based tool for conducting violence risk assessments. The team may also choose to maintain an established relationship with a trained external provider(s) to conduct a structured risk assessment whenever needed, including in urgent circumstances.



Standard 15 Interventions

The team clearly defines its actions and interventions for each risk level on the BIT's objective risk rubric.

- After assessing risk using an objective risk rubric, the team chooses interventions that are tailored to the risk level and the individual.
- The team clearly defines the range of interventions available, including but not limited to, additional information gathering and follow-up with referral source; case management; referral to support resources; parental/guardian notification; welfare or safety checks; and mandated assessments.
- The duration and frequency of the interventions aligns with the level of risk and responds to the individual's unique presenting concerns.
- The team does not have direct disciplinary authority and does not make determinations about interim actions, sanctions, or other disciplinary actions (e.g., suspensions, holds on accounts, or access restrictions). The team does not require compliance with recommended interventions.
- Interventions are culturally responsive, non-discriminatory (in intent and impact), do not stigmatize mental health concerns or disability, and are inclusive in nature.



Standard 16 Case Management

The team invests in case management as a process, often as a role/position, that provides flexible, need-based support for individuals to address referral concerns, connect with resources, and improve overall wellness.

- A team member, or appropriate staff member, is assigned to each case to deliver and document follow-up tasks and interventions to their assigned referrals.
- When assigning an individual to serve as case manager, the team considers who is best equipped considering their relationship to the individual, the staff member's area of expertise, and the capacity of the staff member to work with the individual.
- Case management services, both those offered by a formal case manager and those delivered by other team members, align with the NABITA Standards for Case Management.



Standard 17 Case Review

The team regularly uses a written and formalized case review protocol to determine and document the need to keep a case active, to engage in case monitoring, or to move a case to inactive/closed status.

- The team has a written, formalized process to determine case status.
- The team's protocol for determining case status relies on objective assessment of risk and not on speculation, assumption, and/or subjective evaluations.
- The team articulates the frequency with which the team reviews cases (e.g., weekly, bi-weekly, monthly).
- When the team moves a case from active status to monitoring status, the team outlines a monitoring plan and moves the case back to active status if new risk emerges.



Standard 18 Recordkeeping

The team uses an electronic data management system to keep records of all referrals and cases.

- The team tracks cases in an electronic database and includes all relevant referral information, case notes, demographic information, risk ratings, and interventions.
- Standing team members have full access to cases in the electronic database system, including the ability to edit and view the case.
- Team documentation should use objective and descriptive language, record relevant observable behaviors, and use direct quotes when appropriate (e.g., "student explained," "student stated").
- Team documentation should avoid using diagnostic, informal, or judgmental language.
- The team should align documentation practices with FERPA/privacy/confidentiality requirements and with institutional policies and procedures.



PART 2

QUALITY ASSURANCE AND ASSESSMENT

Standard 19
END OF SEMESTER AND YEAR REPORTS

Standard 20
TEAM AUDIT

Standard 21
PROGRAM EFFECTIVENESS



Standard 19 End of Semester and Year Reports

The team collects data to analyze trends or patterns, publishes its findings in semester or annual reports, and adjusts resources, marketing, and/or training in accordance with its findings.

- The team collects and analyzes data from its electronic recordkeeping system to report trends on a semesterly and/or annual basis. Reporting should generally identify trends in referrals, gaps in team training, and education opportunities for the community.
- Public aggregate, de-identified reporting should include, but is not limited to, demographic data of the referral source and the referred individual; presenting issues of referrals; the percentage of cases referred at each risk level; common team interventions or actions; team trainings; and team accomplishments.
- The team publishes aggregate, de-identified reports on demographics, presenting issues, and interventions on the team's website and provides the report to key stakeholders on a regular basis.
- Teams use this data to make informed decisions about allocation of team resources.



Standard 20 Team Audit

The team regularly assesses its structure and processes to ensure it is functioning effectively and is in alignment with best practices.

- Every two years, the team conducts an internal or external review of its structural, process, effectiveness, and quality assurance elements to ensure they align with best practices.
- The team audit includes a review of whether human, fiscal, and technological resources are adequate to meet the needs of the team and the community.
- The team uses data from the team audit, including emerging trends, to inform team planning and decision-making.



Standard 21 Program Effectiveness

The team deploys various research methods to assess the team's effectiveness in meeting goals and outcomes.

- Teams identify goals and outcomes including reduction of risk level, connection to resources, and increase in wellness scores. Teams deploy methods to assess the team's effectiveness achieving the previously identified outcomes.
- The team includes the assessment findings in its end-of-semester and/or end-of-year report.
- Teams use the assessment findings to inform decision-making and to improve programming, services, team training, team resources, and community education.

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