National Association
for Behavioral Intervention
and Threat Assessment



The NABITA Risk Rubric

College and University Edition

Authored by:
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INTRODUCTION

Since its introduction in 2009, the NABITA Threat Assessment Tool has become the most widely used risk rubric by behavioral intervention teams in the United States (Schiemann & Van Brunt, 2018). It is currently used by 92% of Behavioral Intervention Teams (BITs) and is quickly gaining similar traction in PreK-12 school environments and corporate/workplace settings (Schiemann & Van Brunt, 2018). To continue improving the efficacy of the tool and to facilitate its continued adoption and use, NABITA has completed the second major revision, as detailed in this 2019 Whitepaper.

The first revision of this tool in 2014 focused on more intentional research support and underpinnings of the tool and to cross-validate the tool with other empirically validated threat assessment tools including the Structured Interview for Violence Risk Assessment-35 (SIVRA-35) (Sokolow, Lewis, Schuster, Swinton & Van Brunt, 2014). In this 2019 revision, our primary goal is to build on the ease-of-use inherent within the original tool design, to improve the application of the tool to low-level, early intervention cases. Changes were made to promote precision, clarity and consistency. Teams should find that this revised tool makes their jobs clearer and increases team confidence in decision-making on cases. A second resource will be released to explore the topic of baseline and risk rubric application with case studies.

No matter what other risk assessment inventory or proprietary tools your team uses or accesses, the results of those measures should be funneled back into the NABITA Risk Rubric to guide team action.

What has changed?

- The name of the NABITA Threat Assessment Tool has changed to the NABITA Risk Rubric to better reflect the application to all BIT situations, including initial triage, and not only those situations with a threat present. With a more general name, the function of the Risk Rubric as the overarching directional tool for teams should be clearer. No matter what other risk assessment inventory or proprietary tools your team uses or accesses, the results of those measures should be funneled back into the NABITA Risk Rubric to guide team action. NABITA has devised four other specific/ precise assessment tools for teams or providers to deploy that are intended to feed into the accuracy of the NABITA Risk Rubric, but the Rubric will work in concert with any validated tool or inventory. For low-level or generalized risks, the NABITA Risk Rubric should be all you need. Where more specific violence risk assessment is necessary, the SIVRA-35, DD-12, ERIS, and VRAW^2 scales empower teams to laser in to more precise measures, but those measures still inform the overall risk scale of the NABITA Rubric.
- The revised NABITA Risk Rubric will be presented in four versions: 1) College and University, 2) PreK-12 Schools, 3) Corporate/Workplace, and Community/ Municipality.
- The risk scales were refined to eliminate overlap among levels and simplify decision-making about risk levels for teams. Previous versions had three levels on the D-Scale, five on the Generalized Risk and nine on the Hostility and Violence Scale. In this revision, they have each been streamlined to four corresponding levels.
- The D-Scale now more overtly incorporates affective (emotionally driven) violence.
- The Hostility and Harm to Others scale on the right flank of the Rubric, now called the E-Scale, has four levels and aligns with the D-Scale on the left flank. Teams will find the four level E-Scale is easier to use and simpler to navigate, increasing consistency of risk ratings. The more poetic and somewhat dramatic language of Glasl (1999) used in the previous version was also streamlined to better reflect the research in the threat assessment community since he published in 1999.
- Elements of the Generalized Risk Rubric, previously in the center of the tool, have been incorporated into both the D-Scale and E-Scale so teams do not have to complete a third rating via the middle scale; instead, the middle scale is simply the resulting determination of the level of risk from the two sides, now called Overall Summary. Users work from the sides to the middle to obtain an overall risk level.
- The interventions on the back of the tool have been enhanced to incorporate various school and workplace settings and to better reflect the emerging intervention and case management practices in the field.

What hasn't changed?

- The NABITA Risk Rubric is still the foundational risk rubric to be used on **all** BIT cases and provides a behavioral and risk evaluation for teams. It is our hope that these updates will help teams better learn and apply the rubric to each case that comes to the team.
- The prime learning outcome from NABITA Whitepapers and our trainings is unchanged as well. It is the industry standard, best practice, and intention of NABITA in designing the Rubric for teams to enter an overall risk level into a recordkeeping mechanism – preferably a database – EACH AND EVERY time the team considers a subject or there is a situation/ incident of significance with that subject. The trend line, tracking, and trajectory identification that this diligence by teams will empower is the key to why NABITA's approaches have been so effective at preventing violence and empowering interventions within school environments for the last ten years. It takes discipline to record a risk level each time you discuss a subject, but the student-facing teams (to give the most common team example) that have mastered this discipline can show the greatest efficacy, most empowered management of risk, and highest retention, completion, and success rates as a result of their efforts.

The NABITA Risk Rubric is still the foundational risk rubric to be used on all BIT cases and provides a behavioral and risk evaluation for teams.

- The NABITA Risk Rubric remains built upon a multidisciplinary field of research related to violence and threat assessment and provides an objective, evidence-based risk rating for cases.
- The NABITA Risk Rubric is most effective when used in coordination with other BIT Standards of Practice (Van Brunt, Schiemann, Pescara-Kovach, Murphy & Halligan-Avery, 2018) and paired with other assessment tools and resources such as the SIVRA-35, VRAW^2, ERIS, etc.

IMPORTANCE OF ASSESSING RISK

Since NABITA's inception, the creation and use of an objective risk assessment has been a crucial component of the BIT process. BITs should engage in three key phases as they work through a case: 1) data gathering, 2) assessment, and 3) intervention (Federal Commission on School Safety, 2018; Fein, Vossekuil & Holden, 1995; Sokolow, Schuster, Lewis & Swinton, 2014). To objectively assess risk, teams must apply a standardized tool to every case – regardless of how serious or how trivial the case may seem. Assessing the level of risk is critical to identifying the safety concerns and deploying the appropriate intervention measures needed to address these concerns (Cornell, Maeng, Burnette, Jia, Huang, Konold, Datta, Malone & Meyer, 2018; National Threat Assessment Center, 2018; Federal Commission on School Safety, 2018; Sokolow, Schuster, Lewis & Swinton, 2014; JED Foundation, 2013; Delworth, 1989). When bias, tradition, culture, or subjective opinions drive the assessment phase, teams run the risk of either over- or under-reacting or missing key indicators of risk (Eells & Rockland-Miller, 2011; Cornell, 2010).

The NABITA Risk Rubric is designed to be the initial assessment applied to every case. Following this triage assessment, teams should deploy additional assessments and gather additional data to most effectively assess risk. The NABITA Risk Rubric gives teams a framework for understanding the risk present in a case and offers possible interventions to reduce the risk. Once the rubric is applied, it will often be useful to apply additional assessments measuring unique risk and protective factors. Such risks include, but are not limited to, the potential for suicide or self-harm, violence to others, or other disruptive behaviors in the community. When the NABITA Risk Rubric is used in tandem with other measures, knowledge, and expertise, the team can assess risk comprehensively and build a successful intervention strategy.

OVERVIEW OF THE NABITA RISK RUBRIC

The NABITA Risk Rubric is designed to assign a specific level of risk to each case discussed by the BIT, each time they are discussed. NABITA offers a number of resources and guidance that can help new teams move through the analysis and discussion as they apply the risk rubric (www.NABITA.org) Let's begin by first revisiting the primary parts of the NABITA Risk Rubric and how a BIT should use it.

BITs are designed to have an integrated approach to addressing disruptive and concerning behaviors, mental health risk, student conduct, drug/substance abuse, disability, life adjustment (e.g. relationship break-up, homesickness, grieving, family distress), and threat assessment cases.

The D-Scale: This scale assesses issues of life stress and emotional health through a series of four progressive levels: **1) Developing, 2) Distressed, 3) Deteriorating,** and **4) Decompensating.** As the levels increase, there are more concerning and serious emotional and behavioral health related risks including the potential for affective violence and aggression. The trajectory of this scale is more likely to result in self-harm than in harm to others.

The E-Scale: This scale assesses issues of hostility and violence to others through a series of four progressive levels: **1) Empowering Thoughts, 2) Escalating Behaviors, 3) Elaboration of Threat,** and **4) Emergence of Violence.** The levels increase to address more concerning risk factors for targeted/instrumental violence, hostility, and threats to others. The trajectory of this scale is more lik-ly to result in harm to others than in harm to self, though both risks are present.

Overall Summary: After the D- and E-Scales are scored, this center section of the risk rubric provides a summation of the four overall risk levels: **1) Mild, 2) Moderate, 3) Elevated,** and **4) Critical.** The user determines the overall risk level by reviewing the D-Scale and the E-Scale. The risk level is reviewed and documented each time a case is discussed and may shift over time as interventions are deployed or the situation evolves. The risk level delineates the level of intervention and action to be considered by the team. It may also be helpful to assign each level on the overall summary a sense of trajectory by assigning a (+) when getting worse and moving up the scale, (-) for when getting better and moving down the scale, and (0) for staying static. So, a situation at level 2 that is escalating is more accurately termed a 2+, whereas a 2 that is de-escalating as the result of successful intervention would have the trajectory of 2-. A static 2 that is not changing dynamically is just a 2.

Interventions: The back of the NABITA Risk Rubric offers a range of risk-based actions that the team should consider. These interventions are based on the level of risk determined in the Overall Summary (Mild, Moderate, Elevated, and Critical), and they are supported by a decade of successful interventions by teams that have followed their roadmap.

THE D-SCALE: LIFE STRESS AND EMOTIONAL HEALTH

BITs are designed to have an integrated approach to addressing disruptive and concerning behaviors, mental health risk, student conduct, drug/substance abuse, disability, life adjustment (e.g. relationship break-up, homesickness, grieving, family distress), and threat assessment cases (Murphy & Halligan-Avery, 2018; Sokolow & Lewis, 2009; Sokolow, Schuster, Lewis & Swinton, 2014; Van Brunt, Schiemann, Pescara-Kovach, 2018). BIT and CARE teams should receive referrals concerning a broad range of issues. Concerns related to suicide, depression, or psychological issues are the most common reasons for referrals to the BIT (Schiemann & Van Brunt, 2018). Closely following are referrals for academic, financial, and social stress (Schiemann & Van Brunt, 2018). This data demonstrates that teams need to be able to assess risk, or concern, for those referrals that do not include a mental health crisis or a threat, as well as for those that do include these elements.

The 2019 revision of the D-Scale addresses the need for BITs to assess a wide range of presenting concerns and to ensure focus on early identification of concerning behaviors. Further, BITs are administrative and consultative bodies and not diagnostic teams. The updated D-Scale responds to this administrative function and provides BITs with better clarity and language useful for assessing life stress and emotional health – which may often overlap with mental health – without using diagnostic or clinical language. In doing this, we maintained the core elements of the 2014 D-Scale, as they remain rooted in relevant research (Delworth, 1989; Dunkle, Silverstein & Warner, 2008; 2013; Eells & Rockland-Miller, 2011; JED Foundation, 2008; Van Brunt, 2013). However, we adjusted some of the more clinical terminology to reflect the administrative function of the team and broadened the scope of risk factors in the scale to reflect the preventative nature of BITs.

In mental health diagnostics, the Global Assessment of Functioning (GAF) provides a numerical scale, ranging from 1-100, used by clinicians and physicians to rate the social, occupational, and mental health functioning of individuals (American Psychiatry Association, 2000). We used some of this frame-work for the categorization of risk in the revised D-Scale. Relevant to the NABITA Risk Rubric D-Scale, the GAF scores are grouped into 10 different ranges, each indicating a different level of functioning or risk. These levels have been widely accepted in the clinical field as way of conceptualizing an individual's functioning and for developing intervention measures to enhance their functioning (Aas, 2010). The GAF was not included in the newest version of the Diagnostic Statistical Manual (DSM-V), but this decision for exclusion was based on reliability issues when the GAF was applied in clinical settings and used to determine diagnosis and treatment. Given that our application of the GAF was in providing a framework for revising the new D-Scale, the clinical reliability issues were not as relevant here, as we focused on the GAF as a model for administrative teams in categorizing risk and developing interventions.

Additionally, the D-Scale is also rooted in the concept of affective violence, an adrenaline-driven, bio-logical reaction to aggression which leads to the production of adrenaline, increase in heart rate, and resulting body language, behavior, and communication indicators. This allows the BIT to better identify and measure these observable behaviors (Grossman, 1996; 2000; Grossman and Siddle, 2000; How-ard, 1999; Hart & Logan, 2011; Hart, Sturmey, Logan & McMuran, 2011; Meloy, 2000; 2002; 2006). In the higher stages, this violence is reactive and impulsive; driven by perceived or actual threats and/or fear. An individual trying to manage and respond to this mixture of vulnerability and physiologicalBITs are designed to have an integrated approach to addressing disruptive and concerning beha-iors, mental health risk, student conduct, drug/substance abuse, disability, life adjustment (e.g. relationship break-up, homesickness, grieving, family distress), and threat assessment cases (Murphy & Halligan-Avery, 2018; Sokolow & Lewis, 2009; Sokolow, Schuster, Lewis & Swinton, 2014; Van Brunt, Schiemann, Pescara-Kovach, 2018). BIT and CARE teams should receive referrals concerning a broad range of issues. Concerns related to suicide, depression, or psychological issues are the most common reasons for referrals to the BIT (Schiemann & Van Brunt, 2018). Closely following are referrals for academic, financial, and social stress (Schiemann & Van Brunt, 2018). This data demonstrates that teams need to be able to assess risk, or concern, for those referrals that do not include a mental health crisis or a threat, as well as for those that do include these elements.

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The D-Scale outlines a progressive decline in the student's coping mechanisms due to a increasingly severe mental health conduction, difficulty adapting to increased stress or some combination of the two. The Developing level has been included to better capture the "pre-risk" category, which is helpful in establishing baseline and encouraging faculty and staff to engage in early, preventative sharing of information to the team.

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



DEVELOPING

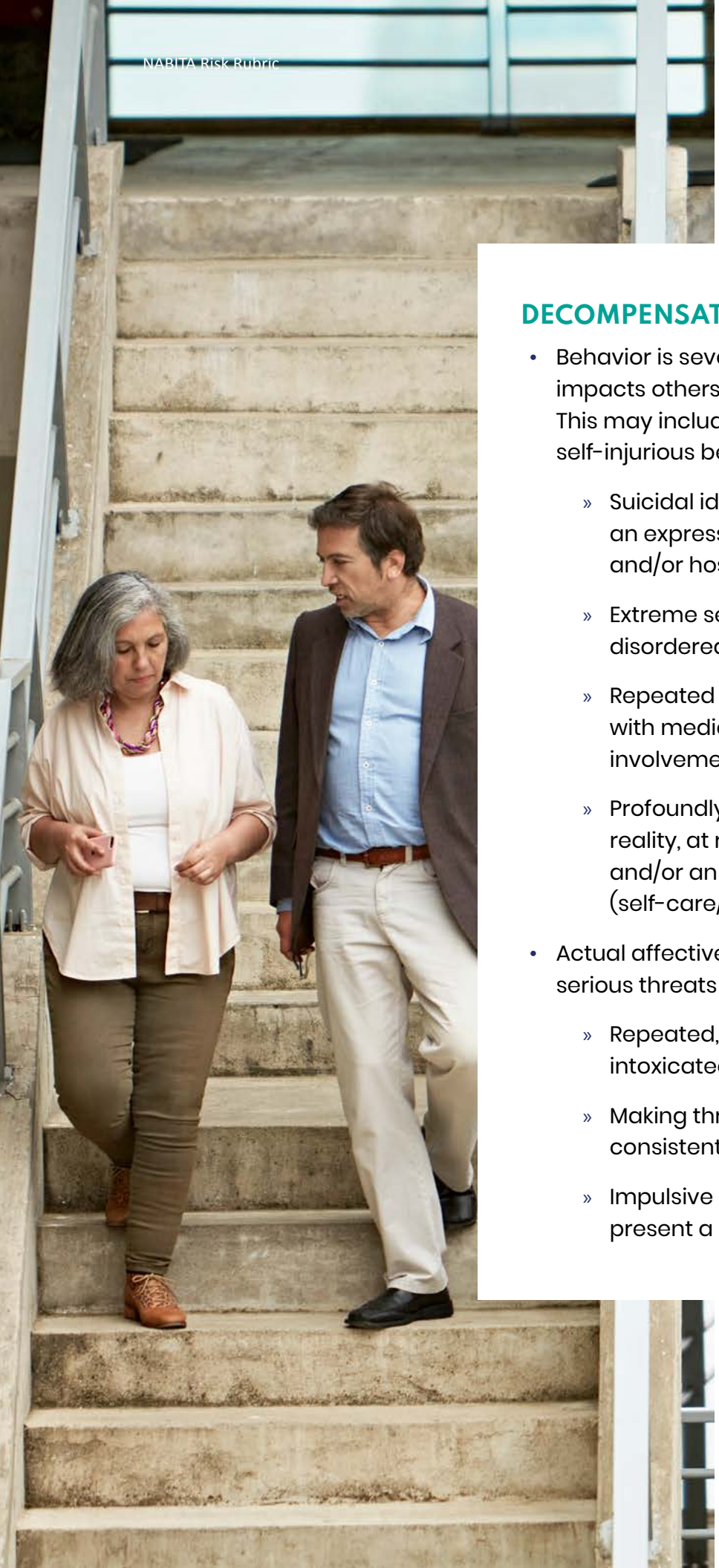
- Experiencing situational stressors but demonstrating appropriate coping skills
- Often first contact or referral to the BIT/CARE team, etc.
- Behavior is appropriate given the circumstances and context
- No threat made or present

DISTRESSED

- Distressed individuals often 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 symptoms, 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

DETERIORATING

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



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, at risk of grievous injury or death, and/or an 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, plausible
  - » Impulsive stalking behaviors that present a physical danger

The following offers a summary of the D-Scale.

DEVELOPING (LEVEL 0-1)

At the developing level, individuals could be described as not being at their best. Here, they are experiencing situational stressors and are demonstrating appropriate coping skills. They may be going through a difficult time, experiencing life stressors, or experiencing mild psychological symptoms, but they are behaving and responding appropriately given the circumstances and context. Individuals in the developing stage have not had prior interactions with or referrals to the team and they are experiencing limited, if any, impact on their ability to be relatively successful, personally and/or academically. Additionally, at Developing we do not see any threat present and no threats have been made. Although individuals scored on this part of the scale are performing well, they are included here to preventatively assess the trajectory of their behavior. In other words, are they likely to worsen if are not connected or supported? The difficulties experienced at this level are risk factors for escalated concern, including exacerbated mental health issues, affective violence, or suicide if they are not addressed. If the team can help those who are upset, lonely, grieving, or experiencing stress in some way, many difficulties can be addressed before they rise to higher levels of concern.

Situational stressors can impact any of us, but our ability to cope means that even if we act out or cause others concern, we return to baseline either because the situational stressors resolve or when our coping mechanisms kick in. Our trajectory is to momentarily spike on the D-Scale, but then quickly return to baseline. The BIT is keeping an eye on Developing situations to ensure that they do return to baseline. It is when the concerns remain despite resolution of the underlying situational stressors that the team would want to take note. If the trajectory moves away from baseline and up the D-Scale, the BIT has more cause for concern and will want to monitor the situation more carefully. Movement up the scale may mean that situational stressors are mounting upon each other, or that coping strategies are not effective.

It bears noting that some students or staff may come to us with a higher baseline, or history of managing these difficulties in a more chronic manner. In other words, they may operate normally in a “Distressed” fashion, but they are able to maintain relationships, progress academically, etc. The team may just

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References: American Psychiatric Association (2013); Adams, Hazelwood & Hayden (2014); Cornell (2010); Drum, Brownson, Denmark & Smith (2009); Eells & Rockland-Miller (2011); Hollingsworth, Dunkle & Douce (2009); JED Foundation (2013); NABITA and ACCA (2012); Van Norman (2017).

DISTRESSED (LEVEL 2)

At Distressed, we see individuals who are experiencing mental health challenges or situational stress-ors that are causing difficulty in their life. The individual is not coping or adapting well. They may experience difficulty regulating their emotions (panic attacks, episodes of tearfulness at inappropriate or unexpected times, etc.) and/or difficulty performing at normative levels socially, emotionally, or academically. Individuals at the distressed level may be experiencing challenges related to common development tasks or life stressors such as relationship discord, financial difficulties, feelings of isolation, etc., and are having difficulty in other areas (social, mood, academics, etc.) as a result. This impact, however, is likely the result of the unaddressed presence of a mental health issue, unlearned coping skills, or improperly addressing the situational stressor. The resulting behavior often subsides once the stressor subsides or the mental health issue is addressed.

If the individual is disruptive to others, it is likely to a small group of people closest to them and does not exhibit repeated behaviors of disruption. Additionally, if a threat is present it is vague (not specific as to time, place, means) and indirect (no fixed target), without consistency or detail, or conditional (If X, happened, I might do Y). Often this type of threat is described as passive suicidal ideation, where a person experiences vague thoughts like, "I wish I wasn't here anymore" or "I wish it would all just end," but they do not have any intent or plan to kill themselves. Although the threat is vague, it still presents risk as those at the distressed level are likely experiencing stressors or mental health issues that make them vulnerable and in need of support.

References: American Psychiatric Association (2013); Adams, Hazelwood & Hayden (2014); Cornell (2010); Drum, Brownson, Denmark & Smith (2009); Eells & Rockland-Miller (2011); Hollingsworth, Dunkle & Douce (2009); JED Foundation (2013); NABITA and ACCA (2012); Van Norman (2017).

DETERIORATING (LEVEL 3)

At this level, we have individuals who are engaging in behavior that is increasingly disruptive or concerning. Their behavior is disruptive in that it is starting to impact others and affect others' ability to be successful personally or academically. This could be through repeatedly interrupting the academic community or by placing an undue burden of responsibility on others (faculty, staff, classmates) to care for them or watch over them.

The individual at the deteriorating level may also be experiencing significant impact on their emotional health, their social interactions, or their academic performance as a result of a mental health issue or other life stressor. This impact is significant and makes it so that the individual is unable to maintain social relationships and/or to perform as they normally would academically.

The threat of harm at the deteriorating level is neither imminent nor life-threatening. There is likely a threat present, but it is not concrete. For individuals experiencing threats of harm to self, or suicidal ideation, they lack a plan or have a plan which would not be lethal. If they are engaging in self-harm or risky behavior it is concerning and/or disruptive, but not life-threatening. Examples of this behavior would be intentional self-injury that results in superficial wounds or disordered eating that is not yet causing medical complications. Similarly, individuals threatening affective violence at this stage are likely to make statements that are either vague but direct ("I'm going to make my teacher's life a living hell"), or specific but indirect ("Someone should go all postal on this place"). These threats lack realism and are not likely to be carried out as the plan is not consistent. While individuals at this level may make others feel threatened and their behavior can be aggressive and hostile, they do not pose an imminent threat of harm.

References: American Psychiatric Association (2013); Drum, Brownson, Denmark, & Smith (2009); Hollingsworth, Dunkle & Douce (2009); Grossman (1996; 2000); Howard (1999); JED Foundation (2013); Laur (2002); National Threat Assessment Center (2018).

DECOMPENSATING (LEVEL 4)

This level includes either imminent risk of harm or harm that has already occurred. This includes both harm to self and affective violence (violence driven by emotion rather than carefully planned, intent-driven attacks). Individuals at risk for or engaging in harm to self are either acutely suicidal or are engaging in life-threatening self-harm. They may engage in other risky behavior such as significant substance abuse, extreme disordered eating, frequently driving under the influence, etc. Individuals may be acutely suicidal with a plan to kill themselves, which includes both the intent and the means to follow through on this plan. This plan likely has been communicated, may include a timeline, and it is likely that the individual is going to try to carry it out.

Individuals at this level may also be experiencing a threat to their safety resulting from a detachment from reality that is creating an inability to care for themselves. Their ability to keep themselves safe, eat, shower, etc., is seriously compromised by the disconnect from reality and/or other impairments. At the decompensating level, this self-harm, risky behavior, or lack of ability to care for themselves creates an imminent safety risk – the individual's life is at risk if the behavior is not stopped immediately.

The imminent risk of harm or harm that has already occurred also applies to individuals engaging in or threatening affective, impulsive violence. Affective, or impulsive, violence is reactive and fueled by emotion. Individuals engaging in affective violence at the decompensating level have typically already engaged in the harmful behavior. Examples of this behavior could include viciously attacking someone while intoxicated, brandishing a weapon with an intent to severely harm or kill, multiple instances of uncontrolled, poorly planned physical violence, and/or destroying property that creates a significant safety concern. This may also include impulsive stalking behaviors, intimidation, and/or intimate partner violence that presents a high risk of physical danger. At this juncture, teams are likely acting in support of the Crisis Response Team or law enforcement as opposed to leading management of the case themselves.

References: American Psychiatric Association (2013); Drum, Brownson, Denmark, & Smith (2009); Hollingsworth, Dunkle & Douce (2009); Grossman (1996; 2000); Howard (1999); JED Foundation (2013); Laur (2002); National Threat Assessment Center (2018).

THE E-SCALE: HOSTILITY AND VIOLENCE TO OTHERS

The E-Scale provides a framework for targeted or predatory violence. This violence is a result of a planned, intent-driven action that is more commonly exhibited by terrorists and those engaging in mission-oriented, instrumental violence such as a school shooting. Targeted violence involves a more strategic, focused attack and a desire for the individual to complete a mission (Meloy, 2000; 2006; Meloy, Hoffmann, Guldimann & James, 2011; O'Toole, 2014; Meloy & Hoffman, 2014; Van Brunt, 2015). This hostility occurs when a person becomes isolated, disconnected, lacks trust, and often feels threatened and frustrated by a perceived attack. They plot and plan their revenge and often execute plans with a militaristic, tactical precision (Meloy, 2000; 2006; Meloy, Hoffmann, Guldimann & James, 2011; Meloy & Hoffman, 2014; O'Toole, 2014).

The levels are outlined here to offer delineated points of opportunity to engage with the individual, intervene, and move them off the pathway to violence.

Such violence and hostility typically develop over time, with those planning attacks often "leaking" information about their plans to others (O'Toole, 2014). This leakage and the nature of stage-by-stage progression provide behavioral intervention and threat assessment teams the potential opportunity to prevent the harm. Targeted violence may be a bit of a not imply a specific target, but instead references threats that are premeditated, planned, and methodically executed, rather than those that are spontaneous and more likely to emerge without leakage and therefore without warning.

O'Toole (2014) describes those intending targeted violence as individuals who are mission-oriented. "Mission-oriented shootings are hardly impulsive crimes. They are well-planned and can involve days, weeks, months, even years of making preparations and fantasizing about the crime. The planning is strategic, complex, detailed, and sufficiently secretive to minimize the risk of being detected and maximize the chances for success. The planning does not occur in a vacuum—during this phase, mission-oriented shooters make many decisions, including the types of weapons and ammunition they will use and where to obtain it, the clothes they will wear, the location of the assault, who the victims will be, what they will do at the location, and the date and time of the shooting" (p. 9).

The levels are outlined here to offer delineated points of opportunity to engage with the individual, intervene, and move them off the pathway to violence, as described by Calhoun and Weston (2003) and Fein et al. (1995). Each of the four levels can be observed and methodically engaged with all necessary resources by law enforcement, campus housing, student conduct, disability services, counseling, and others trained to identify and intervene. Engagement is intended to prevent the individual from further escalation.

Previous versions of the NABITA Risk Rubric built upon Glasl's (1999) model of crisis escalation. This model provided a useful framework in understanding the progressive acceleration that occurs with individuals prior to such a targeted violent episode. In this update, NABITA has simplified this model into four stages built upon the research and practical experience of training BIT, CARE, and Threat Assessment Teams from around the world. This helps improve the rubric's clarity, ease of application, and increases its research support.

E-SCALE

Hostility and Violence to Others

4

EMERGENCE OF VIOLENCE

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

3

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

2

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

0/1

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

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

ESCALATING BEHAVIORS

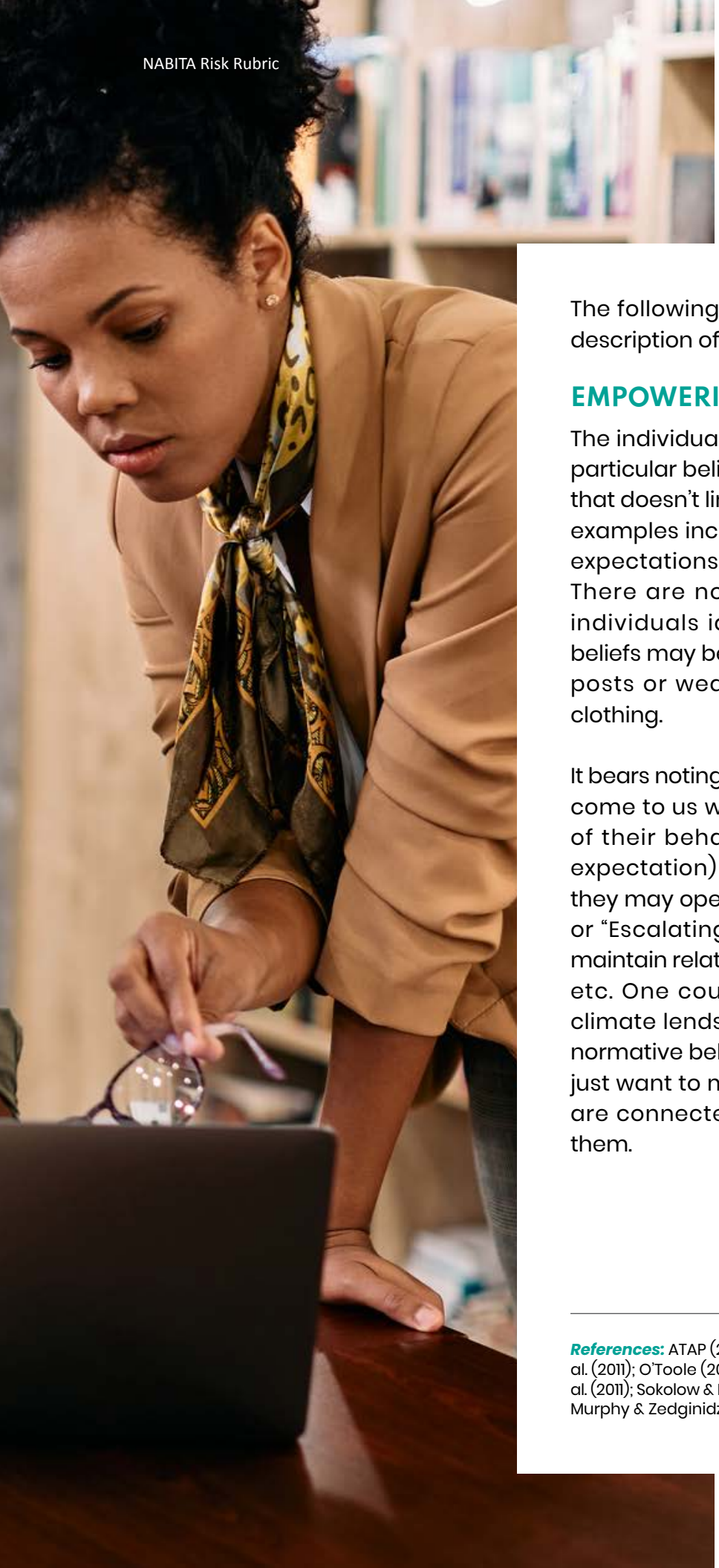
- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
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EMERGENCE OF VIOLENCE

- 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



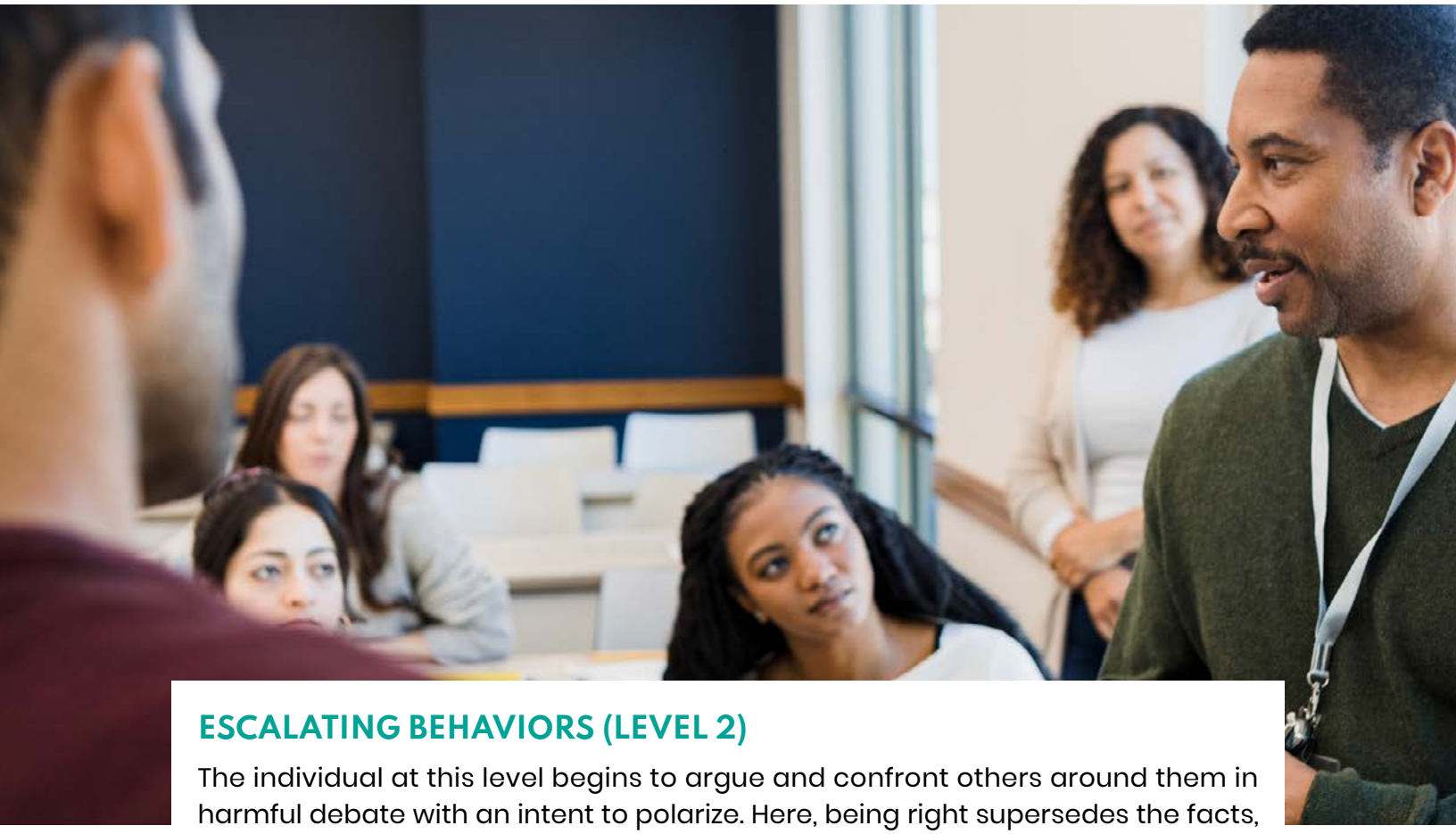
The following section offers a more detailed description of the E-Scale.

EMPOWERING THOUGHTS (LEVEL 1)

The individual feels a strong passion about a particular belief, while filtering out information that doesn't line up with their beliefs. Common examples include religion, politics, academic expectations, social justice, or relationships. There are no threats or specific targeted individuals identified at this phase. These beliefs may be demonstrated by social media posts or wearing inflammatory articles of clothing.

It bears noting that some students or staff may come to us with a higher baseline (a history of their behavior that has a more chronic expectation) on the E-Scale. In other words, they may operate normally in a "Empowering" or "Escalating" fashion, but they are able to maintain relationships, progress academically, etc. One could argue the current political climate lends itself to encouraging these as normative behaviors. That said, the team may just want to make sure that these individuals are connected with resources and monitor them.

References: ATAP (2006); ASIS & SHRM (2011); Glasl (1999); Meloy et al. (2011); O'Toole (2002); Randazzo & Plummer (2009); Sokolow et al. (2011); Sokolow & Lewis (2009); Turner & Gelles (2003); Van Brunt, Murphy & Zedginidze (2017); Van Brunt (2012; 2015).



ESCALATING BEHAVIORS (LEVEL 2)

The individual at this level begins to argue and confront others around them in harmful debate with an intent to polarize. Here, being right supersedes the facts, and they seek to impose their beliefs on others or encourage common cause. They frequently engage in confrontations with others as a result.

The individual finds their previous arguments and discussions unsatisfactory and begins to storm off or become aggressive when challenged. This leads to an increase in non-verbal behaviors which communicate their frustration and anger. There is a move away from debate and dialogue and a move toward further objectification and depersonalization. This may include the use of signs and posters, social media posts, and passive aggressive behavior. If there is any physical violence at this phase, it is impulsive, non-lethal, and brief. This acting out looks similar to affective violence on the D-Scale, but here it is driven by a strongly held perspective and/or belief set, rather than a mental health condition or reaction to environmental stress.

References: ATAP (2006); ASIS & SHRM (2011); Glasl (1999); Meloy & Hoffman (2014); Meloy et al. (2011); Randazzo & Plummer (2009); Sokolow et al. (2011); Sokolow & Lewis (2009); Turner & Gelles (2003); O'Toole (2002); Van Brunt (2012; 2015).



ELABORATION OF THREAT (LEVEL 3)

Here, there is a crystalizing of a target and a fixation and focus on an individual, group, department, or organization. They find others who support their beliefs by joining groups or clubs, organizations, teams, reading books, or accessing online resources. They seek to confirm their ideas and find ways to intimidate and confront others beyond verbal arguments. There is a shaming or embarrassing of the target and a desire to unmask them in the community. There is further objectifying and depersonalizing of the target's feelings, thoughts, and actions. They may challenge the target with a "do this or else" conditional ultimatum. There may be a threat of punishment if the target does not comply with the threats and demands. Threats are infused with credibility, but there is rarely physical violence at this stage and only an increase in threatening language or leaked of plan details. If there is physical violence, it mirrors the affective violence on the D-Scale and it is impulsive and non-lethal, expressive, and reactive.

At this juncture, teams skilled at emerging threat detection may be acting in concert with a Crisis Response Team and/or law enforcement as opposed to solely managing the case.

References: ATAP (2006); ASIS & SHRM (2011); Drysdale et al. (2010); Glasl (1999); Meloy & Hoff-man (2014); Meloy et al. (2011); Randazzo & Plummer (2009); Sokolow et al. (2011); Sokolow & Lewis (2009); Turner & Gelles (2003); O'Toole (2002); O'Toole & Bowman (2011); Turner & Gelles (2003); U.S. Postal Service (2007); Van Brunt (2012; 2015).

EMERGENCE OF VIOLENCE (LEVEL 4)

The early stage of this phase can involve test runs at carrying out the attack plan on the target or a substitute target. These may include destroying the target's possessions, invasive monitoring of their family, friends, or social circle, or gathering information to better harm the target. Intentional leakage is rarer at this stage than in Level 3 (Elaboration of Threat) but may occur inadvertently, as the preparation behavior for the final step on the pathway to violence is observed by others despite efforts to keep it covert. As the planning moves forward, the attacker increasingly uses militaristic and tactical language, developing strategies to carry out their plan. They may desire to live after an attack to continue to spread their message or have a growing awareness they may die in the attack. They are often full of hopelessness, desperation, and suicidal thoughts and have a sense of inevitability related to their attack plan. Detaching from meaningful relationships, giving away prized possessions, extremely flat affect, or warning some people away from the target are abstracted forms of leakage that may characterize this stage. They justify their violence based on their hardened perspective.

In each case that comes to the team, the NABITA Risk Rubric should be used as an initial assessment to determine next steps for further data collection, assessment, and/or intervention. It is useful to use both the D and E scales first and then confirm the overall category by referencing the overall summary.

At this juncture, teams are likely acting in support of the Crisis Response Team or law enforcement, as opposed to managing the case.

References: ATAP (2006); ASIS & SHRM (2011); Drysdale et al. (2010); Glasl (1999); Meloy & Hoffman (2014); Meloy et al. (2011); Randazzo & Plummer (2009); Sokolow et al. (2011); Sokolow & Lewis (2009); Turner & Gelles (2003); O'Toole (2014); O'Toole & Bowman (2011); Turner & Gelles (2003); U.S. Postal Service (2007); Van Brunt (2012; 2015); Vossekuil et al. (2000; 2002).

OVERALL SUMMARY

In each case that comes to the team, the NABITA Risk Rubric should be used as an initial assessment to determine next steps for further data collection, assessment, and/or intervention. It is useful to use both the D and E scales first and then confirm the overall category by referencing the overall summary. Each case is different, so every element of the summary may not apply to each case. In-stead, the summary offers an overall description to help the team better evaluate the risk.

Teams should use an additional descriptor to address movement or trajectory (-, +), when assigning an individual to a Mild, Moderate, Elevated, or Critical level. Our goal is to keep the NABITA Risk Rubric straightforward and easily understood so that it can be applied to each case. These visual descriptions of trajectory were designed to help teams better capture individuals who are getting worse (+) and moving up the scale, getting better (-) and moving down the scale, or remaining the same.

OVERALL SUMMARY

CRITICAL

In this stage, there is a serious risk of suicide, life-threatening self-injury, dangerous risk taking (e.g. driving a motorcycle at top speed at night with the lights off) and/or inability to care for oneself. They may display racing thoughts, high risk substance dependence, intense anger, and/or perceived unfair treatment or grievance that has a major impact on the students' academic, social, and peer interactions. The individual has clear target for their threats and ultimatums, access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as law enforcement or psychiatric hospitalization), it is likely violence will occur. There may be leakage about the attack plan (social media posts that say "I'm going to be the next school shooter" or telling a friend to avoid coming to campus on a particular day). There may be stalking behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response.

ELEVATED

Behavior at the elevated stage is increasingly disruptive (with multiple incidents) and involves multiple offices such as student conduct, law enforcement, and counseling. The individual may engage in suicidal talk, self-injury, substance intoxication. Threats of violence and ultimatums may be vague but direct or specific but indirect. A fixation and focus on a target often emerge (person, place, or system) and the individual continues to attack the target's self-esteem, public image, and/or access to safety and support. Others may feel threatened around this individual, but any threat lacks depth, follow-through, or a narrowing against an individual, office, or community. More serious social, mental health, academic, and adjustment concerns occur, and the individual is in need of more timely support and resources to avoid further escalation. Conditional ultimatums such as "do this or else" may be made to instructors, peers, faculty, and staff.

MODERATE

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

MILD

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

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

MILD (-, +)

The individual here may be struggling and their coping mechanisms may be failing or eroding. 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 at adapting and overcoming obstacles. Without support, it is likely they will continue to escalate up the rubric.

MODERATE (-, +)

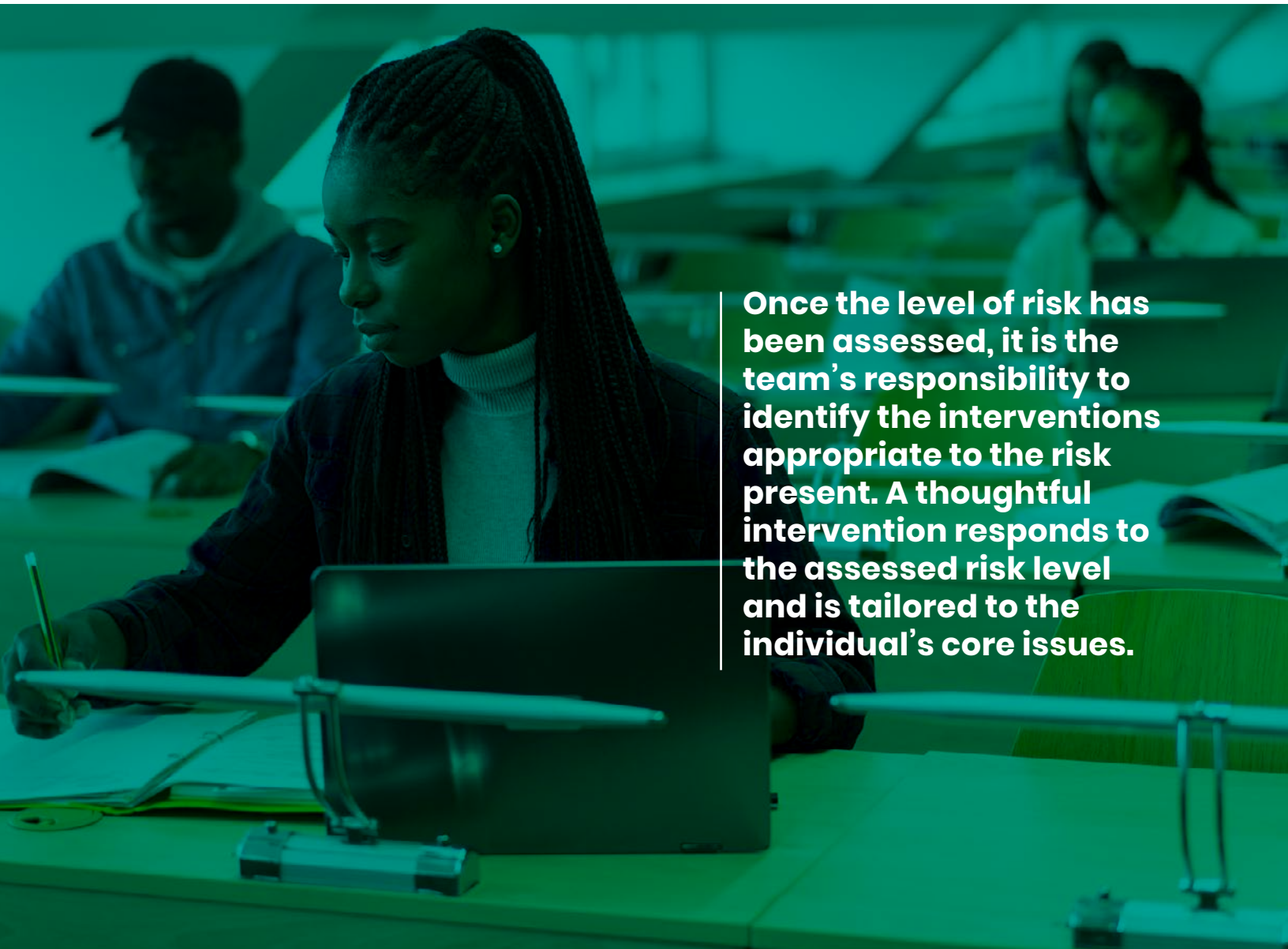
Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around cam-pus, 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, irritable, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation and life stressors. If there is a threat or physical violence, such as impulsively 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.

ELEVATED (-, +)

Behavior at the elevated stage is increasingly disruptive and often will involve multiple offices such as student conduct, law enforcement, and counseling. Disruptive behavior is frequent with multiple incidents, often surrounding certain staff, locations, or individuals. The individual may engage in suicidal talk, self-injury that is not life-threatening, or substance intoxication without a life-risk. Threats of violence and ultimatums may be vague but direct ("If I don't get my financial aid check from you today, things aren't going to go well for you") or specific but indirect ("I know people who have guns, it wouldn't be hard to do something here on campus"). A fixation and focus for the individual's frustration often emerge here, and they may try to make a person, place, or system feel more vulnerable by attacking self-esteem, image, and access to safety and support. Others may feel threatened around this individual, but any threats lack 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.

CRITICAL (-, +)

In this stage, there may be 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. Racing thoughts, substance dependence, intense anger, and perceived unfair treatment or grievance may create a major impact on the individual's academic, social, and peer interactions. The individual may have a clear target for their threats and ultimatums, lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. They seek to punish those who are responsible for their grievances and the injustices they have suffered. 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) or the individual may go dark and become tactical. 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.



Once the level of risk has been assessed, it is the team's responsibility to identify the interventions appropriate to the risk present. A thoughtful intervention responds to the assessed risk level and is tailored to the individual's core issues.

INTERVENTIONS

Once the level of risk has been assessed, it is the team's responsibility to identify the interventions appropriate to the risk present. A thoughtful intervention responds to the assessed risk level and is tailored to the individual's core issues (Hollingsworth, Dunkle & Douce, 2009). When the intervention is not in response to the assessed level of risk and is not tailored to the individual, teams run the risk of either over- or under-reacting to the individual, and thus not providing the individual or the community at large with the response or intervention needed for safety (Sokolow, Schuster, Lewis & Swinton, 2014). To guide the decision-making related to interventions, the NABITA Risk Rubric identifies a pool of interventions appropriate at each risk level. The list of interventions within each risk level should be seen as a toolbelt of interventions. Not every case will require every tool to solve it – teams must be thoughtful in selecting the most appropriate tool or tools for the job at hand.

The following section offers a summary of the interventions offered in a college environment.

INTERVENTION OPTIONS TO ADDRESS RISK AS CLASSIFIED

CRITICAL (4)

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

ELEVATED (3)

- Consider a welfare/safety check
- Provide guidance, support, and safety plan to referral source/stakeholders
- Deliver follow up and ongoing case management or support services
- Required assessment such as the SIVRA-35, ERIS, HCR-20, WAVR-21 or similar; assess social media posts
- Evaluate parental/guardian/emergency contact notification
- Coordinate referrals to appropriate resources and provide follow-up
- Likely referral to student conduct or disability support services
- Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk

MODERATE (2)

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

MILD (0/1)

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

MILD INTERVENTIONS

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

MODERATE INTERVENTIONS

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

ELEVATED INTERVENTIONS

- Consider a welfare/safety check
- Provide guidance, support, and safety plan to referral source/stakeholders
- Deliver follow-up and ongoing case management or support services
- Required assessment such as the SIVRA-35, ERIS, HCR-20, WAVR-21, or similar; assess social media posts
- Evaluate parental/guardian/emergency contact notification
- Coordinate referrals to appropriate resources and provide follow-up
- Likely referral to student conduct or disability support services
- Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk

CRITICAL INTERVENTIONS

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



The following section offers a more detailed description of the E-Scale.

MILD INTERVENTIONS

Interventions at the mild level are significantly more hands-off than at the other levels. While team members/case managers can certainly still meet with individuals at the mild level of risk, it is likely not needed. Remember, here the individual is being referred out of an abundance of caution and concern rather than from any direct behavior or threats. In many cases the team may not engage directly with them at all. If the individual of concern is already connected to the appropriate resources, the team may adopt a hands-off approach where the team notes the concerns prompting the referral and the resources the individual is connected to as part of an information gathering and monitoring process. If they are not engaged, connected, or aware of all community resources, teams might consider a soft-outreach from a case manager or other team member offering resource information the individual may find helpful.

Similar to what is suggested at the moderate level, here teams have an opportunity to partner with the referral source, or other known supports, to connect them with resources and to observe their behavior for any signs they are escalating. The team will want to get a preliminary sense of baseline and trajectory here if possible. Individuals at the mild level are likely to be successful once connect-ed to supports. In many cases, coaching the referral source might be helpful in guiding them in responding to or supporting the individual. For example, an intervention for a student referred by their RA for experiencing homesickness might be to coach the RA on how to have a conversation with the student and to work with them on getting involved on campus. For those navigating food or housing insecurities, a conversation with a case manager to explore institutional and community resources should occur.

References: NABITA & ACCA (2012); Van Norman (2017); Adams, Hazelwood & Hayden (2014); JED Foundation (2013); Dunkle, Silverstein & Warner (2008); Hollingsworth, Dunkle & Douce (2009).

MODERATE INTERVENTIONS

The focus of the interventions at the moderate level lies in coordinating resources and supports to individuals who are struggling. At the moderate level, case management is a key strategy for teams. At this level of risk, case management is solution-focused and looks at helping individuals overcome the variety of stressors they are experiencing. Within a week or less of receiving the referral, teams should offer the individual a meeting with a case manager or with someone on the team serving in this capacity. While this meeting is voluntary, team members should be thoughtful about how they present the opportunity to meet so that it is appealing to the individual. In offering this meeting, it can be helpful to explain how the meeting can benefit them and what supports or resources there may be to relieve some of their difficulty. Removing stigma and barriers as well as establishing the helpful nature of the process is key in engaging the individual in voluntary referrals.

Referrals will be based on individual needs and could include counseling, wellness coaching, career services, student activities or clubs, financial aid, academic resources, or social service supports such as food pantries, homeless shelters, etc. At the moderate level, the case manager should work together with the individual to identify the resources most appropriate for their needs and then assist them in connecting with the resources. Case management is not a one and done approach. Follow-up in the form of additional meetings, phone calls, or emails, can be beneficial in not only bridging the individual to the support resources and ensuring they are connected but also monitoring the effect such supports have on the individual's trajectory.

At a moderate level of risk, teams also have an opportunity to engage their outer circle members, and/or the referring faculty/staff member in providing support. Often, the referring party or another outer circle member may have a pre-existing relationship with the individual which can be leveraged in connecting the individual with resources or in reducing the behavior of concern. Teams can coach the referring party on how they can engage with the individual and can offer strategies for preventing a recurrence of the behavior.

References: NABITA & ACCA (2012); Van Norman (2017); Adams, Hazelwood & Hayden (2014); JED Foundation (2013); Dunkle, Silverstein & Warner (2008); Hollingsworth, Dunkle & Douce (2009).

ELEVATED INTERVENTIONS

These interventions are designed to mitigate the concern, provide support, and further assess the individual. Perhaps the most useful tool in your toolbelt at the elevated level is an assessment, which should be voluntary if possible, but should also be mandated if the subject is not willing to volunteer. An assessment gives teams an opportunity to seek or perform an evaluation to determine the individual's functioning, risk factors present, and ongoing interventions that may reduce the risk. The results of an assessment provide teams with the critical information they need to determine what interventions to use moving forward.

Teams must also evaluate the need to initiate a welfare/wellness check, parental/guardian/emergency contact notification, and/or a referral to student conduct, HR, or disability services. Each individual will vary. This is an opportunity for teams to tailor the approach to the specific needs of the person of concern. In cases where safety is a concern, teams may need to either call the individual and make immediate contact to establish safety or initiate a wellness check by a mental health professional, the local crisis unit, or law enforcement. Teams should also consider parental/guardian/emergency contact notification at the elevated level. Some elements to consider include the level of health and safety risk present and whether the emergency contact is a known support or a known risk factor. If the case involves disruption to others or other violations of the code of conduct, it is usually appropriate to refer the case to conduct. Teams need to find a balance between referring every policy violation present in the case to conduct and ensuring that individuals are held account-able for their behavior so as to mitigate future escalation of behavior. BIT is not meant as a diversion around student conduct, but often it's the timing of the referral that is the key.

At Elevated, it is critical that the individual receives ongoing support and case management, whether this support comes from a case manager dedicated to the team, or from individual team members serving as case managers to individuals referred to the team. In either case, someone needs to be assigned to the case who is responsible for meeting with the individual, assessing their needs, connecting them with resources, and providing follow-up support to ensure ongoing connection. This outreach to the individual should happen quickly. At the elevated level, contact to the individual should be coordinated within hours of receiving the referral. Additionally, given the level of concern at the elevated level, case management cannot be a "one and done" approach. In many cases, the ongoing support will involve multiple meetings, facilitating referrals, and ensuring connection with resources like counseling, disability support, academic support, and/or psychiatric care. Releases of information should be secured where needed so that the case manager and/or the team can receive updates about how the individual is doing and whether they remain connected with the resource. Simply referring an individual to these resources is insufficient and ineffective case management at the elevated level.

References: Dunkle, Silverstein, & Warner (2008); JED Foundation (2008, 2013); Hollingsworth, Dun-kle & Douce (2009); NABITA & ACCA (2012); Adams, Hazelwood, & Hayden (2014); Drum, Brownson, Denmark & Smith (2009).

CRITICAL INTERVENTIONS

At this level, interventions are first and foremost directed at establishing safety. Depending on the nature of the situation, this may mean establishing the safety of the individual or of the community. In instances of harm-to-self, suicidal ideation, or inability to care for oneself, it is the team's goal to deploy interventions that keep the individual safe. At the Critical level, this is likely to require a welfare/wellness check by a mental health professional, the local crisis unit, or law enforcement to initiate an involuntary hospitalization. The welfare/wellness check should be initiated immediately, and an emergency team meeting should be called to discuss the case.

In instances of threats of harm to others, the interventions will be aimed at stopping the individual from engaging in violence and protecting the target of violence. Again, at this level, it is likely that the individual will be hospitalized and/or arrested given the severity of the behavior and the imminence of the threat present. To protect the safety of the target of the violence, teams should coordinate with university police, local law enforcement, student conduct, etc. to evaluate the need for an emergency notification to the community and/or to an individual target. Teams should also work with these departments to ensure interim measures for safety are in place such as no-contact orders, trespass or persona non grata orders, interim suspension, etc. Again, teams should deploy these interventions immediately and call an emergency team meeting to coordinate all of the safety measures.

While a mandated assessment for individuals at this level may eventually be necessary to understand ongoing risk and potential for future violence, it is not the focus of the interventions at the critical level. Individuals at Critical are experiencing too much distress and/or are imminently at risk of engaging in harm and therefore a mandated assessment is further down the line of interventions. In other words, the behavior or risk is too severe for a mandated assessment – safety is the first priority and the man-dated assessment can come later, after the individual's release from the hospital or jail.

Given the severity of the behavior and threat at the critical level, it is likely that the individual will need to be separated from the community. Preferably, this separation occurs through the conduct process or a voluntary withdrawal or leave, but teams should have the option for an involuntary withdrawal if there is imminent concern for safety. As a result of the imminent concern for the health and safety of the individual, and the potential for removal from the institution, teams will often feel an obligation to notify the student's parent(s)/guardian(s)/emergency contact to discuss the behavior and concerns for safety, assuming this is not somehow contraindicated. Teams should use this opportunity to build alliances with the emergency contact and engage them as allies in the process of establishing safety. Removing an individual from the institution may not eliminate the threat to the community. Partnering with the parent(s)/guardian(s)/emergency contact, as well as local law enforcement and support re-sources, is key in bridging the continuity of risk assessment and management.

References: NABITA & ACCA (2012); Van Norman (2017); Adams, Hazelwood & Hayden (2014); JED Foundation (2013); Dunkle, Silverstein & Warner (2008); Hollingsworth, Dunkle & Douce (2009).

FREQUENTLY ASKED QUESTIONS (FAQ)

What if a team wants to keep using the earlier version of the tool?

You certainly can keep using the tool. The new version of the Risk Rubric has improved research support and more consistent categories to help teams correct errors. One common mistake to ensure you are addressing in documentation with the previous tool is noting the D-Scale with a 1-9 score when that is reserved for the hostility and violence scale. There is also an emphasis on attending and responding to lower risk behaviors that was suggested by Homeland security and the Secret Service.

How should a team appropriately document the change to the new tool in existing cases?

Simply noting the NABITA Risk Rubric (2019 edition) may, on new cases, suffice. Note the elevated threshold remains the critical separation point for more intensive interventions.

What other versions of the tool are available?

There are currently three versions of the tool. It was formalized in 2009, updated in 2014 and the current update the Risk Rubric was completed in the spring of 2019.

What resources are there to train teams on the new tool?

NABITA is committed to providing a range of training options on the tool. These include this 2019 whitepaper, in-person training lectures, a 20-minute online summary, a detailed online video summary along with case study applications. In the summer of 2019, additional resources including the Baseline, Trajectory and Intervention guide, NABITA 2019 Risk Rubric Update webinar, an updated 21 questions flow logic for the Risk Rubric and an online version of the Risk Rubric.

APPLYING THE NABITA RISK RUBRIC

The NABITA Risk Rubric is designed to be applied to all cases as an initial triage tool for the team to develop an intervention strategy. The information contained in the referral, collateral, and background gathered by the team is used to determine the level of risk and the appropriate interventions based on that risk. The D-Scale assesses for life stress and emotional health, the E-Scale assesses for hostility and violence to others, and the Overall Summary conceptualizes the overall risk, indicating to the team the appropriate resources, support, and interventions to deploy.

When you apply the D-Scale and E-Scale, risk is determined based on the type of concerns present in the case. Cases in-volving an emotional health issue, life stressor, suicide or self-harm, affective violence, or other general well-being concern will be assessed on the D-Scale, while cases involving hostility, aggres-sion, predatory violence, or threats of harm to others will be assessed on the E-Scale. The D-Scale and the E-Scale provide detailed and specific indicators of risk and threat, allowing teams to make an accurate assessment of where the individual falls on the Overall Summary Scale. Once this has been determined, teams select interventions from the corresponding risk level. Starting with the cor-rect side of the rubric is critical, because it will help the team to determine the trajectory the

Having the NABITA Risk Rubric readily available during team meetings can be instrumental to keep team members on task and focus the discussion on the objective assessment of risk. One practical way of doing this is to print and laminate color copies of the rubric and have the chair bring them to each meeting.

individual may follow. While the rubric is not predictive, because a team cannot know if an individual will mitigate, remain static, or escalate, the rubric does help teams to understand what a person of concern will be facing if they mitigate or escalate.

Having the NABITA Risk Rubric readily available during team meetings can be instrumental to keep team members on task and focus the discussion on the objective assessment of risk. One practical way of doing this is to print and laminate color copies of the rubric and have the chair bring them to each meeting. The chair can then easily direct the conversation and team members' attention to the rubric during case discussions. Once the risk level is determined by the team, it should be documented in the team's record, along with a note about the interventions the team has decided to deploy. It is important to note that risk is not stagnant. An individual's level of risk will shift over time as a result of your team deploying appropriate interventions and teams should continually gather available information, reas-sess the level of risk using the NABITA Risk Rubric, and note any changes in risk in the record.

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