National Association
for Behavioral Intervention
and Threat Assessment

CARE Team Policies & Procedures Manual 2.0

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Authors' Note

NABITA has written extensively on Behavioral Intervention Teams (BITs), behavioral crisis response, and threat assessment. Over time, we have found that many teams struggle to develop a policies and procedures manual. Guidelines can be labor-intensive to create, and BITs are often pulled to more pressing assessment and intervention needs which prevent them from investing the time and effort necessary to create a comprehensive guiding document.

NABITA published the first version of the CARE Manual in 2017, after Aaron "Chip" Reese, NABITA's Associate Executive Director and Dean of Students at Columbus State University at the time, recognized that he was frequently sharing his team's manual as a guide for other schools and that an official NABITA template might benefit the field. Now, in 2020, we are revisiting the original CARE Manual and updating it to reflect the standards of practice outlined in NABITA's 2019 Standards for Behavioral Intervention Teams, the 2019 updated NABITA Risk Rubric, and other shifts in the field.

Due to the diversity of campus environments, there will likely be pieces of this document that you will find very useful, as well as sections that may not apply to your school. Additionally, this manual is written with schools in the United States in mind, but it can easily be adapted for those in other countries. Reference to localized laws and cultural customs can easily be adapted for your specific needs. We offer this resource in an editable format that will allow you to easily adaptthe text and create a customized document for your own team. Throughout the manual, we include explanatory or educational text to help instruct your team on some of the manual elements, or on best practices to consider. These pieces of text appear in bold italics and should be deleted from the manual.

You may also notice the use of the term "CARE" rather than "BIT" throughout the manual. Nationally, BIT and CARE are the most common names for teams which identify and manage risk on campus proactively. CARE evokes a sense of community and offers some clarity in terms of advertising, which is why we chose its use for this manual.

Foreword

Colleges and universities around the country are becoming more diligent and proactive in providing a safe environment for students, faculty, staff, and visitors to their campuses. To support this effort, it is recommended that colleges and universities establish a behavioral intervention team (BIT) or CARE team to engage in caring, preventive, and early intervention with community members whose behavior is disruptive, concerning, or threatening.[1,2,3] BITs and CARE teams are small groups of appointed school officials who meet regularly to collect and review concerning information about at-risk community members and develop intervention plans to assist them.[4] The BIT is tasked with intake of referrals from the community, reviewing them to determine the level of risk or concern, and then developing action plans to address the risk.[5,6,7]

Our university has established the CARE team to assist in addressing situations in which students, faculty, or staff are displaying behaviors that are concerning, disruptive, or threatening in nature and that potentially impede their own or others' ability to function successfully or safely. These policies and procedures are designed to help identify persons whose behavior potentially endangers their own or others' health and safety or is disruptive to the educational or administrative processes of the university.

It is the responsibility of faculty, staff, and students to immediately refer any situation that could possibly result in harm to anyone at the university. Any member of the campus community may become aware of a person of concern or situation that is causing serious anxiety, stress, or fear. It must be noted, however, that behavioral assessment should not be confused with crisis management. A "crisis" may be defined as a situation in which a person may pose an active or immediate risk of violence to self or others. In these cases, the university police should be contacted at xxx-xxx-xxxx.

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[1] 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).
[2] National Threat Assessment Center. (2018). Enhancing School Safety Using a Threat Assessment Model: An Operational Guide for Preventing School Violence. U.S. Secret Service, Department of Homeland Security.
[3] Federal Commission on School Safety (2018). Final Report on the Federal Commission on School Safety. Retrieved from: www2.ed.gov/documents/school-safety/school-safety-report.pdf
[4] NABITA Advisory Board. (2018). NABITA Standards for Behavioral Intervention Teams. A Publication of the National Behavioral Intervention Team Association (www.NABITA.org). NABITA Standards
[5] Van Brunt, B., Schiemann, M., Pescara-Kovach, L., Murphy, A., & Halligan-Avery, E. (2018). Standards for Behavioral Intervention Teams. Journal of Campus Behavioral Intervention (J-BIT), 6, 29-41.
[6] 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).
[7] Federal Commission on School Safety (2018). Final Report on the Federal Commission on School Safety. Retrieved from: www2.ed.gov/documents/school-safety/school-safety-report.pdf

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Team Mission & Scope

Mission Statement: The CARE team is a campus-wide team of appointed staff and faculty responsible for identifying, assessing, and responding to concerns and/or disruptive behaviors by students, faculty/staff, and community members who struggle academically, emotionally, or psychologically, or who present a risk to the health or safety of the university or its members.

Team Goals:

- Provide a safe and supportive physical and emotional environment for members of the university community.
- Identify, assess, and intervene with individuals who are struggling or who demonstrate concerning or threatening behavior.
- Provide support and resources to community members who are concerned for another individual.

Team Responsibilities:

1. Developing and implementing educational and training programs for all members of the university community regarding behavioral assessment. This should include publications and promotional materials designed to create awareness and understanding of the CARE team and what to refer, as well as in-person trainings to develop deeper knowledge on how to identify, support, and refer an individual of concern.

2. Maintaining a current website, which can be easily accessed from the university's home page and other relevant departmental pages. This site should include links to informational and referral sites and instructions for making a referral to the CARE team.

3. Receiving, coordinating, and assessing referrals received from faculty, staff, students, and others regarding individuals of concern

4. Coordinating interventions and resource assistance for individuals of concern

5. Assisting the Office of Student Conduct and the Admissions Office in reviewing applications for admission to the university of students who indicated that they have a criminal record or currently have charges pending; or students who were suspended or expelled from a previously attended college or university

6. Providing an annual report to the Vice President for Student Affairs

Team Membership

The CARE team consists of university personnel with expertise in student affairs, mental and physical health, student conduct, and law enforcement/campus safety. Membership on the CARE team represents an ongoing commitment to the mission of the CARE team. Team members are critical to the functioning of the team. They are responsible for completing ongoing training, attending meetings, and assisting with follow-up and intervention as designated by their membership category. The CARE team has four levels of membership: core, inner circle, middle circle, and outer circle.

The positions and titles on your campus may vary slightly, but NABITA's Standards of Practice, along with the NABITA survey, indicate that members with the types of roles described below are most effective for the CARE team.

CORE MEMBERS

Core members attend every CARE team meeting and have full access to the team's electronic record-keeping database. As core members, they represent their departments and have authority to make independent decisions within their areas of responsibility. If a core member is unable to attend a meeting, they have designated backups who attend in their place. The departments they represent are crucial to the CARE team's ability to gather data, accurately assess risk, and deploy effective interventions. Many core members keep records in their own departments and can share this information with the team through the Family Educational Rights and Privacy Act's emergency exception clause[8] or when a school official has legitimate educational interest.[9] The counseling department operates under state confidentiality laws for their records, while student health services operates under the Health Insurance Portability and Accountability Act of 1996 (HIPAA),[10] as it conducts insurance billing electronically and is thus a HIPAA entity.

[8] In some situations, school administrators may determine that it is necessary to disclose personal identifying information (PII) from a student's education records to appropriate parties to address a health or safety emergency. FERPA's health or safety emergency provision permits such disclosures when the disclosure is necessary to protect the health or safety of a student or other individuals. See 34 CFR § 99.31(a)(10) and 99.36, *http://familypolicy.ed.gov/content/when-it-permissible-utilize-ferpa's-health-or-safety-emergency-exception-disclosures.*

[9] In some instances, the CARE team chair may share personal identifying information (PII) with a faculty or staff member when this knowledge may be beneficial to the student in academic and social settings, which is educational in nature. See 34 CFR § 99.31(a)(1). It may, however, be necessary for this shared record to be a disciplinary record. See *https://ed.gov/policy/gen/guid/fpco/ferpa/index.html.*

[10] The HIPAA Privacy Rule permits a covered entity to disclose personal health information (PHI), including psychotherapy notes, when the covered entity has a good-faith belief that the disclosure: 1) is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others, and 2) is to a person(s) reasonably able to prevent or lessen the threat. This may include, depending on the circumstances, disclosure to law enforcement, family members, the target of the threat, or others who the covered entity has a good-faith belief can mitigate the threat. See 45 *CFR* § 164.512(j)(1)(i), *www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.*

The following individuals are considered core members:

Dean of Students: The dean chairs the team and attends all meetings. If the dean is unable to attend, the associate dean attends the meeting. The dean organizes and disseminates the agenda, performs a cursory rating with the NABITA Risk Rubric, ensures team members' attendance, ensures that a risk level is assigned to each case during meetings, and coordinates the selection and implementation of interventions and follow-up for cases. The dean also ensures appropriate and complete records are maintained in the electronic recordkeeping database.

Information Sharing and Meeting Participation Responsibilities:

- Brief overview of the referral information (team members should have already read the referral in the electronic recordkeeping database prior to the meeting)
- Any history with the dean of students office
- Any involvement in, engagement in, or difficulty with student organizations, fraternity and sorority life, student government, etc.
- Large community issues: trends on social media, contact from parents, news outlets, etc.
- Any financial aid or payment concerns

Director of Student Conduct: The director of student conduct attends the team meetings and sends the assistant director when unable to attend. The director consults on cases involving on- and off-campus conduct violations, criminal charges, and academic disruptions. Conduct records are protected under FERPA and shared with the CARE team by the director of student conduct under the legitimate educational interest clause of FERPA.

Information Sharing and Meeting Participation Responsibilities:

- Conduct history including prior charges, findings, sanctions, etc.
- Admissions information including reporting prior criminal or conduct history

Chief of Police: The chief of police attends each meeting. If the chief is unable to attend, the lieutenant attends the meeting. The chief serves as a liaison with local and federal law enforcement agencies, consults on CARE team cases that have criminal or law enforcement elements, contributes to the assessment of risk for referrals, and assists with interventions on campus requiring a police presence.

Information Sharing and Meeting Participation Responsibilities:

- Criminal history
- Law enforcement contact and reports
- Concealed carry permits or registered weapons information
- Social media check, looking for concerning or threatening posts

Director of Counseling: The director of counseling attends the meetings and sends the assistant director if unable to attend. The director of counseling receives information from the CARE team to inform the services delivered in the counseling center and to ensure collaborative communication. Additionally, the director consults on issues of mental health, crisis, and disruptive/dangerous behavior for cases discussed by the team. The director of counseling keeps privileged mental health treatment records in the counseling center's electronic recordkeeping system. These records are protected by state confidentiality law, and information is only shared with the CARE team when a student gives permission through a specific release of information or the expanded informed consent document. Exceptions to confidentiality law include danger to self and others on a need-to-know basis.

Information Sharing and Meeting Participation Responsibilities:

- Check for records or history with the counseling center and share relevant information with the team when a release of information or expanded informed consent is in place
- Consult on general issues related to mental health issues, risk assessment, and development of interventions

INNER CIRCLE MEMBERS

Inner circle members should attend every meeting, but when they cannot attend, they do not have a trained backup to attend in their place. Inner circle members represent departments that have frequent contact with students, are likely to be involved in either case updates or interventions for the majority of CARE cases, and can provide valuable insights to the team. Inner circle members have access to the electronic recordkeeping database for CARE team cases.

Faculty/Academic Affairs: This individual often serves as the primary contact in working with faculty, department chairs, provosts, and academic advisors. The academic representative also provides information related to academic history and performance as well as insight into the academic experience. If this person is unable to attend a meeting, reports or other useful information should be sent to the CARE team chair.

Information Sharing and Meeting Participation Responsibilities:

- Academic transcript and history including any deviations from the student's traditional performance, withdrawn semesters, academic petitions, etc.
- Information or notes from academic advising
- Updates from current professors, advisors, etc.

Director of Residential Life: The director of residential life offers insight into residential life students, after-hours emergencies, and targeted interventions using resident advisors (RAs) and resident directors (RDs). If this person is unable to attend a meeting, reports or other useful information should be sent to the chair of the CARE team.

Information Sharing and Meeting Participation Responsibilities:

- Housing reports
- Updates from resident assistants and or residence hall directors for any contact with the students, reports on room condition, connection to or difficulty with roommates and hallmates, etc.
- Recent or unusual room change or maintenance requests either from the student or their roommates

Case Manager: The case manager is assigned to the student life department and manages a caseload assigned by the chair of the CARE team. The case manager participates in the team meeting by discussing case updates, assisting in assessing risk level, and is often the main point of contact for interventions. If this person is unable to attend a meeting, reports or other useful information should be sent to the chair of the CARE team. The case manager keeps records within the electronic record-keeping database under the CARE team, and these records are FERPA protected. These are visible to all members of the core and inner circles.

Information Sharing and Meeting Participation Responsibilities:

- Case management notes and interactions
- Updates on referrals and other support connections

Director of Disability Services: The director of disability services consults and offers guidance on issues of academic, residential, and other accommodations. If this person is unable to attend a meeting, reports or other useful information should be sent to the chair of the CARE team. Records in the disability services office are protected under FERPA and exist in the disability services electronic record system.

Information Sharing and Meeting Participation Responsibilities:

- Update on registration with disability support services including accommodations offered and usage of accommodations
- Consultation related to disability issues and accommodations

Human Resources: The director of human resources (HR) provides information related to reports concerning faculty or staff members, as well as student-employee situations. Depending on the need for privacy, the HR director may work with a subset of the CARE team to assess and develop intervention strategies for faculty or staff in distress.

Information Sharing and Meeting Participation Responsibilities:

- Employment records and employment status
- Prior history of employee discipline or other difficulties
- Update from current supervisor

Student Health Services Director: The student health services director collaborates with the team on students having medical emergencies, mental health challenges (beyond counseling services), and other health-related concerns. Information in the health center is protected by state confidentiality law based on the licensure of the doctors and nurses employed there and under HIPAA, if billed for insurance purposes. Information is only shared with the CARE team when the student gives permission through a specific release of information or if the information falls under the HIPAA emergency exception.

Information Sharing and Meeting Participation Responsibilities:

- Updates on current medical challenges and treatment recommendations
- Assistance connecting with treatment options both on and off campus
- General insights and consultation on medical and health related issues

MIDDLE CIRCLE MEMBERS

Middle circle members serve the CARE team in a consultant capacity. They are invited in for cases that relate to their specific content areas and do not attend meetings regularly. To facilitate awareness of CARE team cases and prompt their attendance at the meeting, middle circle members are sent the agenda in advance of the meeting so that they can check the list of names for students that have overlap with their respective departments. When in attendance at the CARE meeting, they only attend the portion of the meeting where the case related to their department is discussed. They do not have access to the team's the electronic database but are a common source of referrals to the team given their interactions with students in their departments.

- **Military-Affiliated and Veteran Student Services:** Military-affiliated and veteran student services staff is available to consult with the CARE team when the individual is affiliated with their office due to current or prior military service. The staff person can determine a student's military or veteran status, has a deeper understanding of local military-related and veteran resources, and experience with assisting those returning from active duty. They can provide updates on any interactions with their office, use of VA benefits, and potential supports or interventions that may assist.

- **General Counsel:** The general counsel attends meetings when an issue presents a legal concern for which the general counsel's expertise is essential. Counsel who attend should maintain a consultative role and support the mission and polices of the CARE team.

- **Title IX Coordinator:** The Title IX coordinator attends the meeting when there is a Title IX matter that overlaps in a way that is useful for both the Title IX coordinator and the

CARE team to discuss. Records for Title IX are maintained separately from the CARE team records.

- **Athletics:** Athletics staff, including but not limited to coaches, nutritionists, physical therapists, and administrative staff, can provide information about the student's performance on the athletic team, any concerning behavior or medical issues noticed by athletics staff, and can often serve as helpful sources of support for deploying interventions and resources. They also often have a deeper level of knowledge of a student-athlete's support system and upbringing which may provide helpful context for observed behaviors.

- **International Services:** International services staff share information with the CARE team when appropriate and provide collaborative intervention services for students in need. They are often aware of cultural or adjustment issues, international crises, and visa-related matters as well as resources available to support them.

OUTER CIRCLE MEMBERS

Outer circle members do not attend meetings or have access to the database. These team members function as the primary source of referrals to the team, and they may also be asked to check in with individuals referred to the team, speak with them directly about any challenges, and assist in interventions when they have an established relationship with and can be a source of support for the individual. Those with more frequent contact with students such as resident advisors, academic advisors, orientation leaders, etc. may receive additional training on non-clinical suicide assessment, recognizing distress and mental health issues, and how to connect students with the CARE team or other supports.

- **First-Year Experience Faculty**

- **Orientation Leaders**

- **Resident Advisors and Directors**

- **Academic Advisors**

- **Club/Student Organization Officers and Advisors**

- **University Department Office Staff**

- **Religious Life Staff**

- **Fraternity and Sorority Life Staff**

Team Operations

THREE-PHASE PROCESS

The CARE team operations are guided by a three-phase process as demonstrated in the graphic below. The CARE team is tasked with receiving referrals from the community, reviewing them to determine the level of risk or concern, and then developing action plans to address the risk.



Gather Data: Gathering data occurs two ways: 1) through training the community on how to identify disruptive or concerning behaviors in their earliest stages, and 2) by team members collecting and gathering data on students referred to the team from their respective areas and discussing the information during team meetings. Information on how the CARE team trains the community is outlined in the *Community Engagement & Education* section of this manual and the internal data gathering as part of the team operations is discussed below.

Risk Rubric Analysis: The CARE team analyzes the information it receives to determine the level of risk present. To do this objectively, the CARE team applies the NABITA Risk Rubric to every case. Assessing the risk is critical to identifying the concerns present in the case and deploying interventions that align with the level of concern. The process for risk rubric analysis is described below.

Interventions: Finally, the CARE team creates a plan of action and a set of interventions to mitigate the concerning behaviors and/or provide support to the community and individual. These interventions are tailored to the level of risk assessed using the NABITA Risk Rubric and to the unique needs of the case. Development and deployment of interventions is described below. The intervention phase is often on-going and not seen as a "one-and-done" approach. As such, the team will continue to evaluate the effectiveness of their interventions and action steps, re-engaging in the three-phase process of gathering data, assessing risk, and adjusting interventions as needed for each case.

REFERRALS

The CARE team referral form is public-facing and any person, regardless of their affiliation with the university, may submit a referral to the team. The CARE team allows anonymous referrals.

All referrals to the CARE team are submitted through the public referral form. This includes instances in which a team member has a student they would like discussed by the team. Additionally, if a community member contacts a team member via an in-person conversation,

email, or phone, regarding an individual for whom they have concern or who they would like to refer to the team, the team member will direct the individual to the public referral form for them to complete and/or will complete the public referral form on their behalf.

Concerns for safety, including suicidal ideation, suicidal gestures, harm to others, or significant disconnection from reality, should be first reported to 911 and/or university police. Following a report to 911 or law enforcement, a referral form should be submitted to the CARE team.

The members of the campus community and those who interact with the CARE team possess critical information about at-risk members of the community, as well as those who may be becoming "at-risk." One of the challenges for the CARE team is to activate, create, and operate channels of communication that allow for a flow of information from those who have it to those who need it — CARE team members.

To this end, once a referral source submits a referral via the electronic referral form, the referral source receives an automated update confirming the receipt of their referral and providing expectations for next steps:

> *"Thank you for your referral to the CARE team. We screen referrals each weekday and hold CARE team meetings every Tuesday to assess the level of risk and determine appropriate action steps. Following the team meeting, we will begin taking action steps based on the level of risk assessed in the referral and through additional information that the team gathers. If you are a faculty member or staff member, or anyone else with an educational need to know updates from the CARE team as defined by FERPA, you may receive an update from a member of the team within the next two weeks regarding the status of the individual and your referral.*
>
> *Should you continue to notice behaviors of concern, or have any follow up questions for our team, please feel free to submit another referral or contact our office at XXX-XXX-XXXX."*

If a referral is lacking pertinent information for processing and/or assessing the referral, a member of the CARE team may attempt to contact the referral source to gather additional information. If additional information is not provided, the CARE team will follow its process with the available information.

For referral for students, following the team's assessment of risk and development of appropriate interventions, the team chair or a member of the team will reach out to the referral source to provide an update as permitted by FERPA. FERPA allows the team to disclose information to any staff official with a need to know and to any person that may be needed to assist in resolving a health or safety emergency. The team will always balance the need to provide helpful updates to the referral source with the need to maintain a student's privacy by sharing only the information that the referral source needs to know for the purpose of carrying out their professional or educational duties.

Other communications are tailored for specific situations and approved by the team chair. There are times when the team should consider bringing the referral source (faculty/staff) onboard to assist in the intervention process. FERPA gives the CARE team latitude to enlist relevant faculty or staff members as an aid to assist persons of concern. This helps to nurture the referral source and keep the faculty/staff member more connected to the team, and it also provides a collaborative approach to intervention and case management.

MEETINGS

CARE team meetings are held weekly on Tuesday afternoons from 1:00 p.m. – 2:30 p.m. Emergency team meetings may be called when a new referral or ongoing case presents an imminent threat, or other time-sensitive decisions need to be made, and team members must address the concerns prior to the next team meeting.

Core and inner team members are expected to attend all meetings. Core members send their trained backup when they are unable to attend. Prior to the meeting, the team chair circulates the agenda indicating the individuals to be discussed at the meeting. A sample agenda can be found in Appendix A. Team members are expected to review the list and gather information from their respective areas in order to have the information available during the team meeting.

Regular team meetings consist of the following steps:

1. Prior Cases Discussion: For each prior case the team will engage in the three-phase process:
    a. Gather Data: Collect new information or updates
    b. Risk Rubric Analysis: Evaluate the need to adjust the risk level (see the Risk Assessment section below for details on risk rubric analysis process)
    c. Intervention: Determine the need for new or continued interventions or to move the case to inactive
2. New Cases Discussion: For each new case the team will engage in the three-phase process following a briefing on the preliminary response by the CARE team chair or designee (see Risk Assessment section below for details on preliminary response process)
    a. Gather Data: Each team member will provide a report of the information gathered from their respective area
    b. Risk Rubric Analysis: The team will engage in a discussion to determine the current level of risk for the individual of concern. The chair will guide the team to consensus to determine the risk rating (see the Risk Assessment section below for details on risk rubric analysis process)
    c. Intervention: The team will determine appropriate interventions based on risk level and assign each intervention to a team member for follow-up

It is the goal of the CARE team to avoid cancelling meetings whenever possible. On weeks that there are fewer cases, or even no cases, to discuss, the team will instead dedicate the team

meeting time to ongoing training. See the *Team Training* section of the manual for the policy related to team training.

RISK ASSESSMENT

For every case referred to the team, the team will engage in an objective risk assessment process. The team uses the NABITA Risk Rubric to facilitate this assessment. If the referral includes concerns for the content of written material (blog post, class writing assignment, social media post, etc.) then the team will also apply Looking Glass. When there is a need for further threat or violence risk assessment, the team applies additional tools as appropriate. These tools are outlined in the *Threat and Violence Risk Assessment* section of the manual and are available in the appendices.

Preliminary Assessment: Referrals will be reviewed by the team chair or designee once per business day. During this review, the chair will determine a preliminary level of concern and possible first steps of action. If there are immediate concerns for safety, the chair or designee may initiate a welfare check, contact law enforcement, consult with other team members, and/or call for an emergency team meeting. Additionally, the chair or designee may assign information-gathering tasks or initial action steps to team or community members in order to gather more information or address immediate needs relevant to their department. All cases, whether action was taken during the preliminary assessment or not, will be discussed during the regular team meeting for a full assessment.

Team Risk Assessment: During the team meeting, the team will apply the NABITA Risk Rubric to every case discussed by the team. Using the information gathered as part of the preliminary assessment and during the data gathering phase of the team meeting, the team will come to a consensus on the current level of risk for the case. Risk level will be reassessed each time the case is discussed at the team meeting and at the time of case closure.

Looking Glass will be used to assess emails, social media posts, creative writing, or non-fiction writing that contains direct threats or violent themes of concern. Looking Glass used during the team meeting to assess the piece of writing and the resulting Looking Glass score guides the risk rating on the NABITA Risk Rubric as well as the choice of appropriate interventions.

INTERVENTIONS

As the third phase in the three-step process, teams develop and deploy interventions to reduce the risk and address the concerns identified in the case. The intensity and the scope of the interventions increase as the risk level increases. For each level of risk, the team has a defined set of interventions that are appropriate for addressing the risk present and each team member is trained to deploy interventions in a consistent, quality-controlled way. The CARE team utilizes the NABITA Risk Rubric set of interventions to guide the team decision making related to interventions. The NABITA Risk Rubric interventions are provided at the end of the *Team Operations* portion of this manual.

The authority to take the recommended action or implement the intervention rests with the core members' official capacity at the university as a CARE team member. As part of their duties as CARE team members, team members have the authority to carry out the interventions assigned to them and have the capacity to require students to attend a mandated assessment as outlined in the *Threat and Violence Risk Assessment* section of the manual.

Team Communication & Silo Reduction

Communication is the *sine qua non* (essential element) of an effective CARE team. Team members (core and inner circle) receive training to address barriers to effective communication. The CARE team operates more effectively when there is a sense of trust and connection among its members. This trust and connection are developed through ongoing conversations, frequent meetings, trainings, and discussions when tensions exist. The team chair watches over communication trends to ensure that problems are identified and addressed early and effectively.

Keys to Effective CARE Team Communication

1. Team members are encouraged to operate on equal footing when it comes to conversations. The CARE team avoids hierarchy or shutting down conversations based on supervisory authority or positional power. Conversations are egalitarian and all team members are encouraged to share their perspectives.

2. While conversation is encouraged, team members should also be careful about speaking outside of their areas of expertise or over-relying on unique personal experiences when making decisions. For example, conduct staff should not review health or mental health reports, and law enforcement should not be discussing the appropriateness of an emotional support animal accommodation on campus. This requires maintaining a balance, as the CARE team values diverse perspectives. This diversity of opinion is set against the backdrop of respect for each other's areas of expertise.

3. The CARE team avoids reaching decisions based on superficial concord. Diverse perspectives and "what if" scenarios should be essential to vetting the quality of an assessment and the likelihood of a successful intervention. This does not mean outright discord and harmful debate and disagreement are encouraged; rather, it means that team members make space at the table for alternative viewpoints.

4. The CARE team encourages team members to have dynamic discussions related to cases. These discussions should challenge conventional thinking and stress logic and solution-focused interventions. Team members are strongly encouraged to see each case as just that — a single event — and not to allow past frustrations or disagreements to impact future discussions.

In terms of silo-reduction, each department wrestles with the privacy (and sometimes privilege) of its information, and when and how it can appropriately be shared with the team. Most departments within the core and inner circle of the team maintain records in accordance with FERPA and are able to share information under the law's legitimate educational interest clause.

At the heart of this policy is the challenge between respecting the privacy needs of the individual while also ensuring the safety of the community. There will always be an appropriate tension between these two goals. This issue is more pressing for our counseling and student health departments, which must follow professional ethical standards and state confidentiality laws and/or HIPAA, in addition to FERPA, and these often have a higher standard of protection in terms of what information can be released.

Both health and counseling departments have requirements to share limited information when there is an imminent risk of suicide or harm to others. This is discussed in state law and the scope of practice for mental health clinicians, doctors, nurses, and other medical providers. The more challenging issue arises when the CARE team is discussing a student who is known to health services and/or counseling staff, and the privileged information kept within those departments would be useful for the team to guide its assessment and intervention, but it does not meet the standard for release.

To this end, counseling has adopted an expanded informed consent document that permits the disclosure of information to the CARE team at a standard lower than imminent risk or *Tarasoff*,[11] or harm to others. This is described in the expanded informed consent document included in Appendix E. Health services does not use the same document and instead decides based on the severity of the circumstances in each case whether the director of health services can share information with the team based on HIPAA's emergency exception clause.

[11] As of 2012, 33 states have adopted a mandatory duty to protect for mental health professionals in statute or common law, 11 states have a permissive duty, and six states are described as having no statutes or case law offering guidance. A duty to warn or protect is mandated and codified in legislative statutes of 23 states, while the duty is not codified in a statute but is present in the common law supported by precedent in 10 states. (*Tarasoff v. Regents of University of California*, 1976)

Psychological, Threat, and Violence Risk Assessments

The CARE team conducts psychological, threat, and violence risk assessments as part of its overall approach to prevention and intervention. Psychological, threat, and violence risk assessments provide information useful to better inform the interventions deployed by the team. Psychological, threat, and violence risk assessments are different than the risk assessments performed during team meetings using the NABITA Risk Rubric or Looking Glass, as psychological, threat, and violence risk assessments require an in-person interview. During the interview, the assessor uses an objective assessment tool designed to further determine a person's functioning, explore the context of the concerning behavior, and offer essential consultation to the decision-makers at the institution to determine an individual's level of risk for potential, actionable violence.

Mandated assessment is an important tool for CARE teams, as it is the only mandated action that the team pursues. The authority to require an assessment is outlined in the Student Code of Conduct. **Mandated assessments are only considered when a person is rated at elevated or higher on the NABITA Risk Rubric.**

Psychological evaluation involves licensed counselors, therapists, psychologists, and social workers who have been trained to develop rapport, obtain trust, and assess thoughts and behaviors through a combination of clinical interviews, structured questions, and the administration of psychological tests and measurements. These clinical assessments often draw on the skills and experience of the clinician to answer central questions about an individual's immediate potential risk to themselves and the community. These are short-term in nature and may be conducted by the counseling center on campus (for students) or through the employee assistance program (EAP) (for faculty/staff). The outcome of a psychological assessment is often a diagnosis and a treatment plan to address the diagnosis.

Threat or violence risk assessments (VRAs) are non-clinical assessments designed to better understand an individual's likelihood of engaging in violence or harm to others. A threat assessment seeks to assess the risk of violence following a direct threat. A violence risk assessment is a broader term used to assess any potential violence or danger, regardless of the presence of a vague, conditional, or direct threat. These assessments are performed by either clinical or non-clinical staff, a trained member of the BIT, or forensic professionals who work in the areas of human resources, workplace violence, law enforcement, or executive protection. The evaluator uses techniques to examine risk to the greater community by asking contextual questions about the nature of the threat and risk, using computer-aided models, and assessing risk factors used to determine a level of potential dangerousness.

Threat and violence risk assessments take place when an individual is rated at elevated or higher on the D-Scale or E-Scale. The individual performing the threat or violence risk assessment must be trained in performing these assessments and will rely on a consistent, research-based, reliable system which allows the for the operationalizing of the risk levels.

When a student is rated at elevated or higher as a result of behaviors on the D-Scale indicating significant emotional distress; detached view of reality placing them at risk of grievous injury, or other life-threatening, suicidal ideation or self-harm behavior; or risky behavior related to emotional health, the CARE team will use the Non-Clinical Assessment of Suicide Tool to asses risk of violence. When the individual is rated at elevated or higher as aresult of behaviors on the E-Scale indicating threats of violence rooted in hostility or mission-oriented violence, the team uses a formalized approach to assessing risk of violence to others. Some examples of formalized approaches to the VRA process include: The Structured Interview for Violence Risk Assessment (SIVRA-35),[12] the Extremist Risk Intervention Scale (ERIS),[13] Workplace Assessment of Violence Risk (WAVR-21),[14] Historical Clinical Risk Management (HCR-20),[15] and MOSAIC.[16] This assessment can be performed by a trained member of the CARE team at no cost to the student. The student may elect to undergo a secondary, independent assessment by a provider that has been reviewed and approved by the CARE team.

The results of a mandated assessment can provide decision-makers with insight into how the team can provide support or resources that improve the person's success on campus and/or that increases the safety of the individual and/or the community.

If a student is required to complete a mandated assessment, the person completing the assessment will have a list of questions that the referring party (CARE team, student conduct, dean, or vice president of student affairs) would like to have answered in addition to a written report of the results of the objective assessment used. Some suggested questions may include:

- What are some measures we should put in place to reduce the risk of the student acting out in the future?
- With the severity of the student's threat, we are concerned about them returning to campus. How would you rate the severity of the current threat?
- Under what circumstances could the student safely return to or remain on campus?
- What behaviors, thoughts, or attitudes would be important for the student to change prior to returning to campus?
- Was the student motivated and cooperative with the assessment process? Do you have concerns about the validity of the assessment findings?

Quality assessments begin with quality information. As such, the CARE team will gather information to provide to the assessor prior to the assessment. In cases that the assessor is an off-campus provider, a FERPA release will be obtained prior to releasing any education records. The CARE team may obtain and provide the following documents and information to the person doing the assessment:

[12] https://www.NABITA.org/resources/assessment-tools/sivra-35/
[13] https://www.NABITA.org/resources/assessment-tools/eris/
[14] www.wavr21.com
[15] http://hcr-20.com
[16] www.mosaicmethod.com

- **CARE Referrals and Notes:** The CARE team will gather any relevant CARE referrals and/or CARE notes. The CARE referrals and CARE notes provide context for the mandated assessment and information pertinent to the issues of concern.

- **Academic Schedule, Grade Point Average, and Transcript:** These documents provide a glimpse at students' past academic behavior, clues to periods of time that may have been more academically difficult, and information about their current professors, class locations, and frequency.

- **Residential Life History:** For students living on campus, this information can provide some insight into social interactions, such as how a student reacts when confronted with rule violations and information regarding hygiene, sleep habits, and potential addictive behaviors.

- **Criminal and/or Conduct History:** This provides some insight into the student's past behavior as it relates to following the law, code of conduct, and other policies. Information may shed light on parent involvement, substance abuse or dependence issues, and anger control and aggression.

- **Collateral Data:** When appropriate under FERPA, the CARE team will gather collateral information from relevant parties including but not limited to parents, professors, and other university staff. Having the ability to talk with a student's parents or others who have known them for a long period, and involve them early in the process of assessment, is helpful for several reasons. First, it provides a larger context for the student's concerning behavior. It also helps the institution manage risk when parents are involved at the start of the process, rather than calling them for the first time when their student has engaged again in violent or threatening behaviors.

- **Admissions Materials:** The CARE team will check the admission materials for narrative essays that may provide some indication of motivation or insight into past behavior or the current issues of concern. An essay could help evaluators gain better context for understanding an individual's frustrations if they were unable to achieve their dreams or goals.

Another essential part of any assessment is the inclusion of a well-developed informed consent document. In keeping with the team's value of respecting the autonomy of individuals, students are clearly informed of the process in which they are participating and sign appropriate FERPA releases prior to the release of education records to non-staff officials. Additionally, when the assessment is conducted by a university staff member, they will utilize an informed consent which clearly outlines the detail of the mandated assessment prior to the students beginning the assessment.

Team Training and Supervision

The CARE team is dedicated to the continuous improvement of the team through research and training. The CARE team's training approach is made up of two central tenets. The first is a dedication to planning and developing a training schedule to reinforce content knowledge. The goal of this tenet if for the team to develop and maintain knowledge of and engagement in best practices. The second tenet of team training is team dynamics. This tenet focuses on building a trusting and communicative team that can operate seamlessly across the various BIT processes.

CONTENT KNOWLEDGE

Onboarding New Members: When new members rotate onto the team, the team chair will orient the new members to the team operations and protocols and to their responsibilities on the team. This orientation will include the following:

1. Reviewing the CARE Team Manual
2. Reading the NABITA Standards for Behavioral Intervention Teams
3. Reading the 2019 NABITA Risk Rubric Whitepaper
4. Watching the NABITA BIT Orientation Video Series for the appropriate team role

Ongoing Training: Each year, the CARE team will create a training schedule with content-based training and team-building opportunities. A sample training schedule is provided in Appendix F. This training schedule identifies a different area of content focus each month of the year, with trainings focused on cultural and diversity issues, documentation, addressing siloed communication, mental health, self-care and team-care, threat assessment, educating the community with marketing and advertising, student death, and assessment and quality assurance. These topical trainings are facilitated by the use of whitepapers, webinars, articles, tabletop exercises, etc.

Certification: In addition to the onboarding and ongoing training, each team member will be certified in at least one behavioral intervention, threat assessment, or case management related certification course:

- NABITA's Standards and Best Practices (*www.NABITA.org*)
- NABITA's Advanced Strategies for BIT (*www.NABITA.org*)
- NABITA's Advanced Violence Risk Assessment (*www.NABITA.org*)
- NABITA's Case Management and Interventions courses (*www.NABITA.org*)
- Proactive Resolutions HCR-20 Training (*www.proactive-resolutions.com*)
- Association of Threat Assessment Professionals' Threat Assessment Training/Certification (*www.atapworldwide.org*)

TEAM DYNAMICS

The second tenet of the team's training is addressing inter-team dynamics. By attending to team dynamics, the team can improve overall member engagement, communication, and team climate. Each year, the team chair holds a team retreat focused on team building activities such as Myers-Briggs Type Indicator, Strengths Finder 2.0, or other activities to help members better understand how they approach problems and group communication.

In addition to the annual retreat, the team chair will host ongoing, informal opportunities for the team to gather outside of team meetings such as end-of-semester celebrations, mini retreats after difficult events, lunch and learns, etc.

Community Engagement & Education

The CARE team recognizes that educating the community about what to refer is one of the most essential aspects of having a successful and effective team. Driving a multi-faceted marketing and education strategy is the philosophy that community members should be equipped to identify, support, and refer an individual of concern.

It is the responsibility of faculty, staff, and students to refer any individual who is struggling academically, emotionally, or psychologically, or who presents a risk to the health or safety of the university or its members. The CARE team therefore engages in efforts to increase the awareness of the team and to educate the community regarding who should be referred to the team and how to refer them.

When developing marketing and education content for the CARE team, the following information is a priority to communicate through all the various outlets:

- **What to Refer:** The CARE team provides information related to which behaviors, statements, or concerns should be referred to the team. This includes a list of observable behaviors or other indicators that demonstrate an individual may be in need of a referral.

- **How to Contact the Team:** There are many ways to contact the team. Ideally, community members would fill out the electronic referral form. This is ideal because it notifies team members quickly, and the information can be easily triaged or followed up on and recorded. The CARE team recognizes that community members will have different levels of comfort when sharing information. The CARE team is committed to allowing the community to refer through whatever means they feel comfortable, with the recognition that the CARE team member receiving the referral will then submit a referral through the electronic system containing the collected information.

- **Composition of the Team:** Community members have different levels of comfort sharing information with the team. Since gathering information is one of the most essential team functions, the CARE team acknowledges that some students, faculty, and staff members may be more comfortable approaching a CARE team member directly to make a referral. Members of the team are clearly communicated to the community and are outlined in the *Team Membership* section of this manual.

The following outlines key methods for CARE team advertising to the campus community.

- **Web:** The CARE team maintains a Web presence to educate those in the community about the team. The website URL has an alias created by the IT department for ease of accessibility: *www.ourschoolname.edu/care*. Additionally, the CARE team has provided a list of search terms to the IT department to improve access from the main university

website. These keywords also "tag" items on the CARE website to assist individuals looking for information.

The website contains the following information: how to make a referral, basic intervention skills and advice for faculty and staff, a Frequently Asked Questions (FAQ) section, a downloadable faculty class guide, a link to making a referral, and the name, phone numbers, and email addresses for the members of the CARE team.

- **Brochure:** The CARE team has a brochure in printed form as well as a PDF that it makes available during training events and orientation. The brochure describes the team's mission, which behaviors to refer, and who is on the team. It also contains links to the website and any social media.

- **Posters:** The CARE team uses awareness posters, and individual poster campaigns as needed, to support a normative marketing campaign to overcome the stigma or obstacles the community may have related to referring information to the team.

- **In-Person Training:** The CARE team delivers an in-person training that provides an overview of the team as well as information on how to identify, support, and refer an individual of concern to the team. This presentation is delivered annually to all new faculty/staff, resident advisors, academic advisors, at faculty in-service, and to other groups as requested.

- **The CARE App:** The CARE team developed an application designed to help students, faculty, and staff understand more about the resources available on campus to help individuals who are struggling. The app provides contact phone numbers, GPS locations for various offices around campus, and a method to refer concerns directly to the CARE team. The app can be downloaded at *www.ourschool.edu/care/app.*

- **Facebook Page:** The CARE team maintains a Facebook page that allows visitors to learn more about prevention and resources on campus. The Facebook page can be viewed at *www.facebook.com/ourschoolcare.*

- **Logo:** The CARE team has developed a logo to improve the community's ability to identify the team's marketing information and to create consistency among the various ways in which the team communicates with the university community.

Documentation & Records

The CARE team maintains records in the electronic recordkeeping database, partitioned apart from the student conduct records (which are also kept in the electronic database). Records from CARE team meetings are entered primarily by the case manager or the CARE team chair to ensure consistency in the creation of records. During the week, core and inner circle members also have access to the electronic record keeping database to update cases.

Records are maintained for seven years from the time the last entry was recorded in the electronic record keeping database for the case, unless there is a pressing issue that necessitates that specific notes be kept longer. This is done at the discretion of the CARE team chair. Examples of this would include a student completing extended study on campus beyond seven years, or a student with elevated or above risk who leaves campus and presents a likelihood of return in future years.

Records are to be kept secure, and team members are expected to keep records safely firewalled and protected. Records should not be transmitted by email with identifying student, faculty, or staff information. Records should not be kept on USB or thumb drives. Information kept on laptop and computer systems should be under password protection.

Note Audit

Twice a year, the team meets to conduct a note audit. This involves the chair (or designee) pulling a random set of 10 notes out of the electronic database to be projected on a screen and reviewed during a 90-minute meeting. Notes are critiqued on their quality and suggestions for note-keeping improvements are made.

Notes for the CARE team meeting have three central qualities:

1. Describe briefly what happened with the person in question. What is the presenting problem?
2. Discuss the team's analysis and rating on the NABITA Risk Rubric and any other threat assessment tools.
3. Indicate who the primary follow-up staff members are, as well as the expectations for intervention and future outreach and connection.

Ongoing case notes have three central qualities:

1. Objective description of what was observed and discussed in the meeting.
2. Description of the intervention or technique used.
3. Plan for next steps.

Notes should strive to follow these guidelines:

- **Appropriate length:** Notes should not be too lengthy (several paragraphs) or overly short (several sentences). Notes should provide enough detail to describe the central qualities above but without periphery, unrelated, or subjective information.

- **Objective and fact-based:** Notes should not contain subjective opinions. Notes should explain the facts as they are presented to the team, describe a risk rating, and outline a plan of action without a negative tenor or attitude.

- **Avoid diagnostic language:** CARE team notes should not include diagnoses or coded language. Abbreviations, when used, should be clearly explained so that anyone reading the notes can follow them easily.

- **Complete and include all follow-up information:** When a significant safety issue is raised in a note (such as a suicide or danger to others), the following note should reference how the issue in the previous note was resolved or what follow-up was conducted. When a door is opened in the note regarding a serious issue, the door should be closed by addressing how the issue was resolved or what the current plan of action is.

When notes are reviewed, staff members should reference the previously described categories and traits to ensure that notes are adhering to best practices.

Record Requests

If students request to see their CARE team records, those records will be made available within one week to the student, but with the names of other students and/or referral sources redacted. A printed copy of their record will be presented to them at no cost. The CARE team chair (or that person's designee) will review the records with students prior to them leaving with the records.

If faculty or staff members request to see their records, they will be made available through the human resources department's policy.

Record Expungement/Removal

Student can request to have their CARE team notes expunged. This would either entail the complete deletion of the record from the electronic recordkeeping system or the creation of a flag that precludes the notes from being shared with others when requested.

There are several reasons why students may request that their notes be expunged:
- concerns that the notes would be discovered if they apply for political office,
- the need to gain security clearance from the government or law enforcement for employment purposes, including internships or co-ops,

- to ensure they are not blocked from a teaching or nursing position, or
- a student learns of the documentation and is not comfortable having these records exist.

In the review, these reasons must be balanced against the ongoing relationship between the student and the university. The university doesn't want to lose data they may need again in the future.

At the heart of the CARE team's work is the concept that collecting early alert information may allow for early prevention. By casting this net wide, the CARE team will create files on students who likely will not escalate beyond their initial incident of concern. For instance, imagine a professor refers a tearful student in class whose girlfriend broke up with him. While we would want the professor to pay attention to these types of scenarios, it would be reasonable to assume this is a low-level mild risk on the NABITA Risk Rubric. If the student learns of this record, it would be equally reasonable for them to request a removal or expungement of the record.

When an expungement request is submitted, the chair of the CARE team will appoint two members, chosen based on the aspects of the specific case, to serve as a review committee. They will discuss the request and come to a decision about the appropriateness of expunging the records. This process will be completed within two weeks. For example, given the case described above, the team members may be from counseling and/or academic affairs.

The two members of the review committee will consider the following in making their determination:

- Low-level risk (i.e., mild and moderate), one-time events should be strong candidates for expungement. Higher risk events that have repeated over time are not good candidates for expungement.
- Events that occurred more than one year prior with no subsequent events or concerns should be considered for expungement. Events that have occurred recently (e.g., in the past few weeks or months) or have been repeated are not good candidates for expungement.
- The review committee should contemplate the likelihood of needing the information being requested for expungement in the future.

In the event that the record is not approved for expungement, efforts should be made to explain this decision to the student and consider the appropriateness of adding a summary or note to the file to provide current context for the student's behavior (assuming the student is in good standing). The CARE team may also consult with general counsel at the university to gain another opinion about the decision.

The committee retains the authority to expunge, amend, or keep the note as it is. This provides for a more robust discussion with the student when the needs of the university to keep essential data and the desire of the student to have the data removed come into conflict.

Data Management

A referral to the team, whether collected verbally, via email, or via phone will be input as an official referral through the electronic record keeping system. All referrals will be electronically forwarded to the CARE team chair and selected members of the team for review and discussion during a preliminary response meeting. The referrals will become part of the electronic record keeping database used for data gathering, assessment, and intervention.

Cases are not stagnant in nature and referrals to the CARE team represent a snapshot in time. What the team believes to be true today may change as a situation unfolds. Much care should be taken not to form judgments or use the information in decision-making outside of CARE team functions.

In addition, none of the data may be distributed or viewed by personnel outside the core or inner circle membership of the team without first consulting with the chair. Making notes in case files is limited to core and inner circle members of the team.

Data Reporting

The CARE team chair will compile an annual report to send to the vice president for student affairs and to make publicly available on the website. This data collection and reporting allows the CARE team to understand how it is functioning and where there are potential weak spots in the team's processes and approaches. The annual report is the institutional record of the team's functionality and provides information on team operations to campus administrators, referral sources, students, and parents/family members. The annual report will include information related to:

- Total number of referrals
- Referral numbers broken down by demographics (year in school, sex, residential/non-residential, etc.)
- Referral reasons
- Referral sources
- Risk ratings
- Interventions used
- Team training and professional development
- Team accomplishments
- Areas for improvement

Quality Assurance

The CARE team uses the NABITA Standards Self-Assessment Tool (SSAT) to engage in a team audit every two years. The SSAT is provided as a tool to complement the 2018 NABITA Standards for Behavioral Intervention Teams. Using this tool, the CARE team can assess their performance on each of the 20 standards in order to identify areas of best practice and opportunities for improvement.

An electronic, automated version of the Standards Self-Assessment Tool can be found here: https://www.NABITA.org/resources/assessment-tools/ssat/

The results of the assessment will be used to guide future training, professional development, and policy revisions for the CARE team.

Budget Considerations

There is a budget of $X000 set aside for the training needs of the team. Each department represented on the CARE team contributes a small portion of their own budget to be transferred to the CARE team's budget.

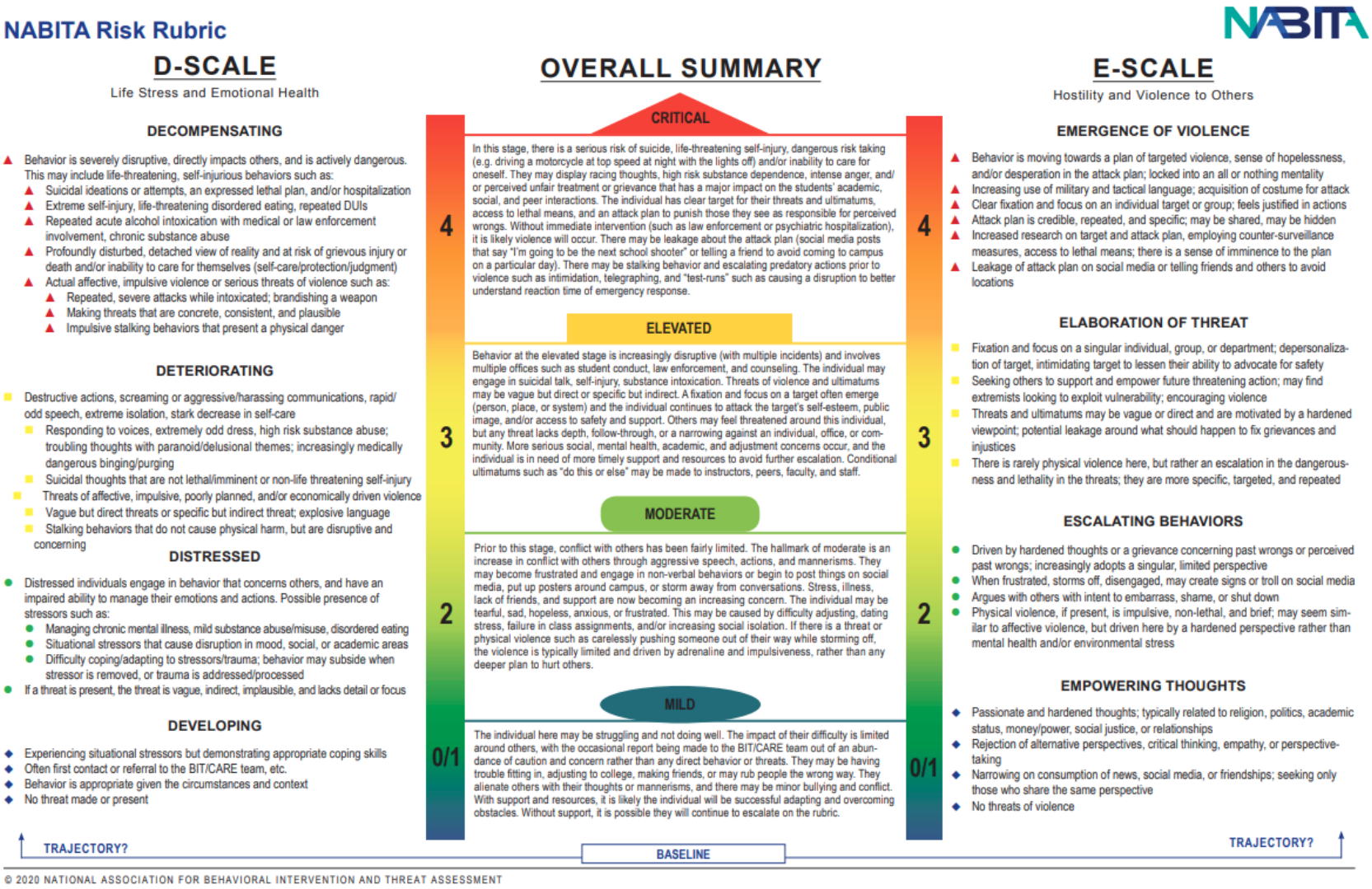
The budget includes:

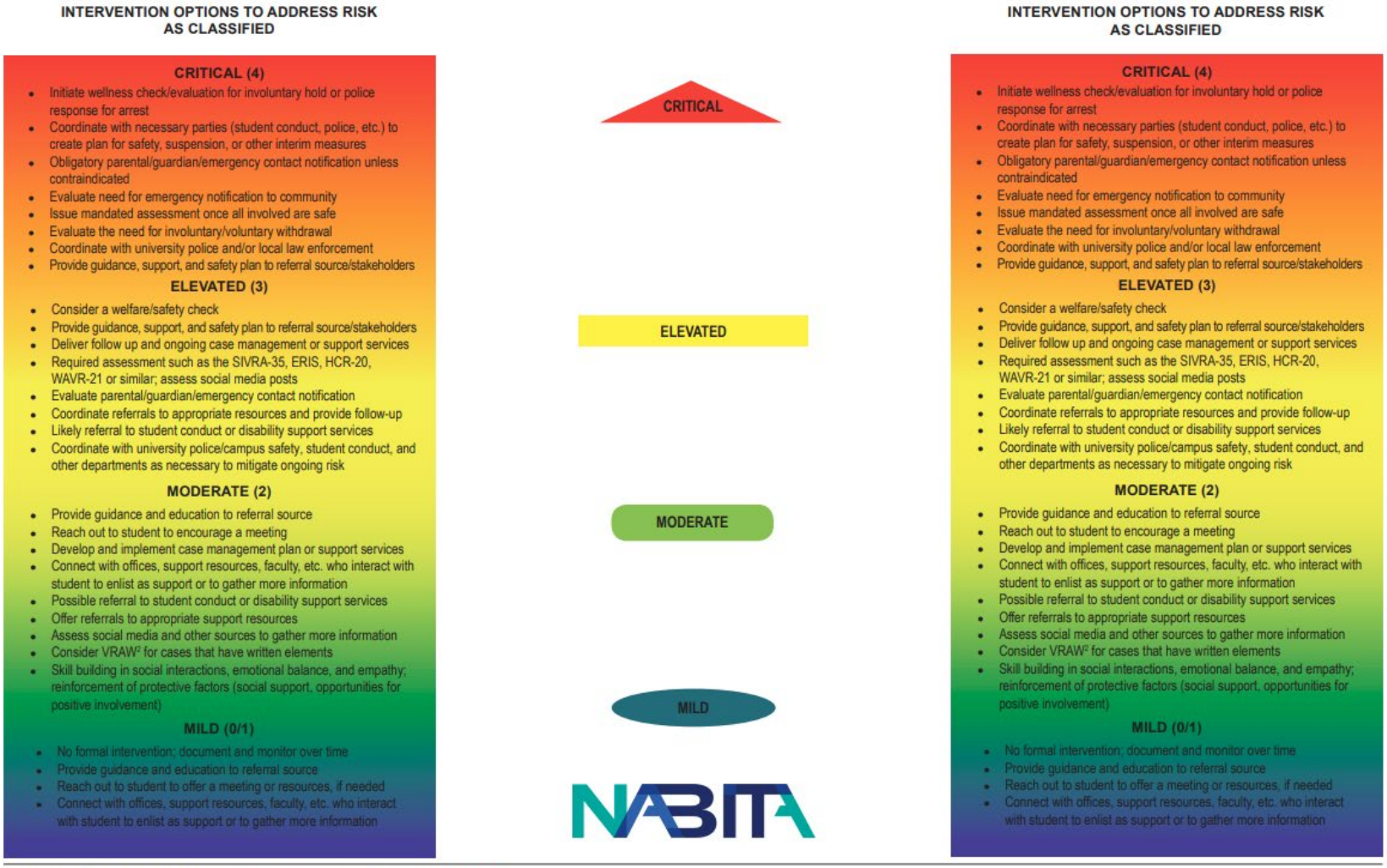
1. Marketing materials (red folder, brochures, giveaways)……$
2. NABITA annual membership……$
3. Electronic Recordkeeping Database annual fee……$
4. Conferences, training, and other professional development.....$

Appendix A: Sample Agenda

NEW CASES **Student Name**	**ID Number**	**Referral Reason**	**Referral Source**	**Risk Level**	**Interventions**	**Assigned to**
Alex Smith	*1234567*	*Academic, Disruptive Beh.*	*Faculty*	*TBD*	*TBD*	*TBD*
ONGOING CASES **Student Name**	**ID Number**	**Referral Reason**	**Referral Source**	**Risk Level**	**Interventions**	**Assigned to**
Kai Williams	*7654321*	*Suicidal ideation*	*Peer*	*Elevated*	*Mandated Assessment, Referral to CM, Parent Notification*	*CM*

Appendix B: NABITA Risk Rubric





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Appendix C: Violence Risk Assessment of Written Word



VIOLENCE RISK ASSESSMENT OF WRITTEN WORD

Rate each of the five sub-factors either 0 for not present, 1 for unsure, and 2 for present, then add up all points. Scores of 5 or more indicated the overall factor is endorsed.

FACTORS	POINTS	NOTES
FACTOR A: Fixation and Focus	❑Endorsed ❑Not Endorsed	
Sub-factor A.1 Naming of Target	❑0 ❑1 ❑2	
Sub-factor A.2 Repetition of the Target	❑0 ❑1 ❑2	
Sub-factor A.3 Objectification of Target	❑0 ❑1 ❑2	
Sub-factor A.4 Emphasis of Target	❑0 ❑1 ❑2	
Sub-factor A.5 Graphic Language	❑0 ❑1 ❑2	
FACTOR B: Hierarchical Thematic Content	❑Endorsed ❑Not Endorsed	
Sub-factor B.1 Disempowering Language	❑0 ❑1 ❑2	
Sub-factor B.2 Glorified Avenger	❑0 ❑1 ❑2	
Sub-factor B.3 Reality Crossover	❑0 ❑1 ❑2	
Sub-factor B.4 Militaristic Language	❑0 ❑1 ❑2	
Sub-factor B.5 Paranoid Content	❑0 ❑1 ❑2	
FACTOR C: Action and Time Imperative	❑Endorsed ❑Not Endorsed	
Sub-factor C.1 Location of the Attack	❑0 ❑1 ❑2	
Sub-factor C.2 Time of the Attack	❑0 ❑1 ❑2	
Sub-factor C.3 Weapons and Materials to be Used	❑0 ❑1 ❑2	
Sub-factor C.4 Overcoming Obstacles	❑0 ❑1 ❑2	
Sub-factor C.5 Conditional Ultimatum	❑0 ❑1 ❑2	
FACTOR D: Pre-Attack Planning	❑Endorsed ❑Not Endorsed	
Sub-factor D.1 Discussion and Acquisition of Weapons	❑0 ❑1 ❑2	
Sub-factor D.2 Evidence of Researching or Stalking the Target	❑0 ❑1 ❑2	
Sub-factor D.3 Details Concerning Target	❑0 ❑1 ❑2	
Sub-factor D.4 Fantasy Rehearsal for Attack	❑0 ❑1 ❑2	
Sub-factor D.5 Costuming Description	❑0 ❑1 ❑2	
FACTOR E: Injustice Collecting	❑Endorsed ❑Not Endorsed	
Sub-factor E.1 Perseverating on Past Wrongs	❑0 ❑1 ❑2	
Sub-factor E.2 Unrequited Romantic Entanglements	❑0 ❑1 ❑2	
Sub-factor E.3 Desperation, Hopelessness, Suicide Ideation/Attempt	❑0 ❑1 ❑2	
Sub-factor E.4 Amplification/Narrowing:	❑0 ❑1 ❑2	
Sub-factor E.5 Threats to Create Justice:	❑0 ❑1 ❑2	

Note: Dangerousness and violence, from a student, faculty, or staff member is difficult, if not impossible, to accurately predict. This training topic offers research-based techniques and theories to provide a foundational understanding and improved awareness of the potential risk. The training or tool should not be seen as a guarantee or offer any assurance that violence will be prevented.

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Appendix D: Looking Glass

LOOKING GLASS

Looking Glass Scoring Sheet

Escalating Elements

	Element	Rationale	Score
	Author Qualities		
1.	Suicidal Content		
2.	Isolation and Hopelessness		
3.	Fame/Meaning Seeking		
4.	Injustice/Grievance Collecting		
	Tone Qualities		
5.	Hardened, Black/White Thinking		
6.	Graphic and Violent Descriptions		
	Content Qualities		
7.	Target Detail		
8.	Weapon Detail		
9.	Threat Plan Detail		
10.	Previous Attack Detail		
		Total	0

Mitigating Elements

	Element	Rationale	Score
	Author Qualities		
1.	Trolling		
2.	Developmental Delay		
3.	Tangential, Rambling or Incoherent		
4.	International, Non-Native Language		
5.	Creative Author		
	Content Qualities		
6.	Writing for Class		
7.	Therapeutic Journal		
8.	Political or Opinion		
9.	Retaliatory Expression		
10.	Affective/Reactive		
		Total	0
		Final Score	0

LOOKING GLASS

Scoring and Interventions

For Looking Glass scoring, elements should be scored 0 if the item is not present in the writing sample or social media post and 2 if it is clearly present. Scores of 1 are given if the element is vague or poorly defined. The final score is then obtained by subtracting the mitigating elements from the escalating elements. This provides a range from -20 to +20. Overall, a score of -20 would indicate an ideal where there are no escalating elements and all the mitigating elements. A score of +20 would indicate a perfect negative score, with all of the escalating elements and none of the mitigating ones. The Looking Glass score can then be used to make a decisions regarding interventions, referring to the suggestions in the table below.

Score	Risk	General Summary	Suggested Interventions
-20 to -5	**MILD**	Very low risk related to the sample. Typically, contextual factors have reduced any risk that may have bene been present and this likely a very transient threat.	• Possibly no direct action • Provide guidance and education to referral source • Reach out to student; assess situation and determine needs • Connect with teachers, school support resources, etc., for support and to gather more information • Provide resources to student as appropriate
-4 to 2	**MODERATE**	Elements of concern present in the writing content or post. Consider further threat assessment and information gathering to better assess the risk. It would be unlikely that suspension or separation would occur at that stage.	• Consider the voluntary use of violence risk or threat assessment • Hold individualized meeting with student and parent/guardian to identify a safety plan • Discuss how to reduce triggers, increase protective factors and review/adjusted plan regularly • Use bullying protocols (if needed) • Refer for student discipline and/or behavior management process; address emerging behaviors under an academic disruption/discipline policy • Engage in skill-building for social and emotional learning, conflict management, interpersonal conflict resolution, problem-solving
3 to 9	**ELEVATED**	A higher level of concern that should trigger a required, in-person violence or threat assessment process. It is more likely that a suspension or separation would occur pending a mandated evaluation.	• Evaluate the need to assess immediate safety through welfare/safety check with in-house counseling staff, SRO or police • Meet with student and parent/guardian to assess and plan • Coordinate a mandated assessment with BIT/CARE staff trained in violence and/or threat assessment. • Referral to support services such as counseling, ADA/504, IEP • Coordinate transitions at beginning and end of in school or out of school suspensions with school discipline. • Coordinate with school resource officer, local law enforcement, etc. to discuss plan for safety, community, response, etc.
10 to 20	**CRITICAL**	Highest level of concern indicating many of the elements in the writing sample match previous attackers' writings. Likely removal of student from campus, coordination with police around arrest and mental health around involuntary admission.	• Immediate wellness check/initiate evaluation for involuntary hold/initiate suicide protocols • Required contact with parent/emergency contact • Evaluate need for emergency notification to school community or to specific, impacted parties • Initiate mandated assessment once immediate safety has been established • Determine and share process of assessment and action planning with parent/guardian • Coordinate w/necessary parties (school resource officer, local law enforcement, FUSION center, discipline, legal and/or threat consult, etc.) to create plan for safety, response, interventions, suspension, etc. • Connect w/off-campus resources as appropriate such as case manager, child protective services, juvenile justice • Provide guidance, support, and safety planning to impacted parties, such as teachers and other students

Appendix E: Expanded Informed Consent for Counseling

Eligibility
Counseling services are available to all currently enrolled part-time and full-time undergraduate and graduate students at the university. Consultation services are also available for faculty and staff.

Intake Interview
All students are scheduled for an initial intake interview with a Counseling and Psychological Services (CAPS) clinician. The purpose of the intake interview is to gather information about the student's concerns, background information, pressures that may impact current problems, and goals for counseling. Frequently, the intake counselor is the person assigned to work with the student in weekly sessions.

Counseling Sessions
CAPS uses a brief counseling model. Brief counseling has several important features: (a) the focus is on identifying specific and attainable goals, (b) attention is given primarily to the present rather than the past, and (c) both counselor and client are active in the process. For those who may require more intensive work, CAPS can provide referral options that are available locally. A counseling session is typically 45-60 minutes in length and sessions are commonly scheduled once weekly. Clients who arrive late for their appointment will have a reduced amount of time in their session or may be required to reschedule.

Session Limits
CAPS provides short-term counseling to discuss any personal concerns students may be facing and works with students to develop new ways of resolving problems. Most problems are resolved within eight sessions or fewer. There is no limit on the number of sessions a student can meet with their counselor, though a student may require more intensive or specialized treatment than CAPS can provide. In that case, the counselor will assist the student in finding a local treatment provider who can better meet the student's particular needs.

Confidentiality
CAPS will release information from counseling sessions to outside parties only at the request of the client. Records are confidential and will not leave CAPS unless there is an emergency situation. CAPS records will never be a part of the student's education record. We will not answer questions about any client from parents, family, friends, significant others, professors, employers, or anyone else outside of CAPS staff.

Parents and guardians are not contacted unless we have permission from the client or if there is a risk to the client's safety (i.e., suicide risk/attempt, emergency room evaluation, and/or a threat to themselves or others). If there is a risk, only information that aids in obtaining ongoing care and ensuring safety may be shared.

In rare cases where there is a risk to the student or the community, CAPS reserves the right to notify the vice president for student affairs and/or campus police, especially if the student is an active danger to themselves and/or to others.

Record Storage
Counseling records and individual documents are maintained electronically on Titanium©, are password-protected, and accessible by CAPS staff only. Client records will be kept for *a minimum* of seven (7) years after the date of the last contact with our department.

Testing Data
Raw data, such as answer sheets and test booklets, are protected by copyright and may only be released to trained clinicians. Assessment and testing data are provided in summary form and explained during the follow-up session.

Graduate Assistants and Interns
Graduate assistants and interns are actively receiving intensive training and often work with a smaller number of clients, allowing them to review and focus on treatment. Occasionally they may ask for a client's permission to record a counseling session through audio and/or video. This is optional, and clients will be asked to sign a release prior to any recorded session. Both audio and videotapes are erased after they are used in training the graduate student who recorded them.

Email
Email communication with members of CAPS staff should be used for scheduling appointments only. We recognize the importance of email, but because it is not a secure medium of communication, and our staff does not maintain 24-hour access to their email, it will not be used to discuss ongoing treatment issues.

Groups
Some clients may also benefit from group counseling, and we strive to offer a variety of support groups every semester. For most groups there is no limit to the number of sessions a student may attend at CAPS.

Initial Session Guidelines
CAPS is committed to providing the best possible care to our clients. We are also a training facility for psychologists, counselors, and social workers. As a result you may meet with more than one staff member during your initial session. The staff members are bound by confidentiality, which means that what is said in session remains in session. There are a few exceptions to this rule:

1. Plans to harm self.
2. Plans to harm specific others.
3. Permission provided by the client.
4. Abuse of a child or adult/elderly person.

At the end of the initial session you will be assigned to one therapist who will meet with you on an ongoing basis. If you have any questions, you are encouraged to ask them during the initial session.

Client Rights

- Review credentials of all CAPS staff members including but not limited to: education, experience, and professional counseling certification and licensure(s)
- Request a particular counselor
- Terminate the counseling relationship at any time
- Have your conversations treated confidentially and be informed of any limitations on confidentiality in the counseling relationship
- Ask questions about the counseling techniques and strategies used by a counselor
- Participate in setting goals and evaluating progress toward them

Client Responsibilities

- Arrive on time for your counseling session appointment
- If unable to keep an appointment, call our office to cancel at least 24 hours in advance
- Actively participate in counseling by asking questions and staying involved

I, _____, a student at _____, agree to make every effort to keep ALL of my scheduled counseling appointments. If, due to illness or emergency, I am unable to attend my session, I will call CAPS to cancel the appointment, making every effort to give at least 24 hours' notice. If I have multiple missed appointments, I am aware that limits may be imposed on counseling services available to me.

I have read and understand the above information and I have had the opportunity to ask questions about it. I know agree to begin counseling treatment.

_____ _____

Student Signature Date

_____ _____

Witness Signature Date

Appendix F: Sample Training Schedule

JANUARY: **Standard 13**	• Read: Van Brunt, B., Woodley, E., Gunn, J., Raleigh, M.J., Reinach Wolf, C. & Sokolow, B.A. (2012). Case Management in Higher Education. NaBITA & American College Counseling Association. • Watch: Case Management Training Videos
FEBRUARY: **Standard 14**	• Read: Halligan-Avery, E. & Katz, J. (2017). "From Blah to Brilliant: Taking your BIT to the Next Level." Journal of Campus Behavioral Intervention, 5, 17-26. • Use the BIT Roadshow and information from the article to develop a marketing and education strategy.
MARCH: **Standard 15**	• Watch: 2014 Webinar: BIT and Case Management Notes 101.
APRIL: **Standard 16**	• Watch: 2015 Webinar: Addressing Microaggression and Cultural Issues on the BIT.
MAY: **Standard 17**	• Watch: Audio Essentials with Brian Van Brunt: Violence Risk Assessment and Threat Assessment. • Read: Van Brunt, B. (2016). "Assessing Threat in Written Communications, Social Media, and Creative Writing." Violence and Gender, 3(2), 71-88.
JUNE: **Standards 18, 19, & 20**	• Hold an annual retreat. • Have the team watch Window Into BIT 2 and the Aftermath Videos.
JULY: **Standards 1 & 2**	• Read: Schiemann, M. & Van Brunt, B. (2018). "Summary and Analysis of 2018 NaBITA Survey Data." Journal of Campus Behavioral Intervention, 6, 42-59.
AUGUST: **Standards 3, 4, 5, 6, 7, & 8**	• Read: Van Brunt, B., Reese, A. & Lewis, W.S. (2015). "Who's on the Team? Mission, Membership, and Motivation." Berwyn, PA: NaBITA. • Watch: BIT Orientation Videos.
SEPTEMBER: **Standards 9 & 10**	• Read over the CARE Team Manual. Write or edit your policy and procedural manual.
OCTOBER: **Standard 11**	• Read: 2019 Risk Rubric Whitepaper. • Watch: Audio Essentials with Brian Van Brunt: Risk Rubrics and Little Dogs.
NOVEMBER: **Broad Training**	• Attend the NaBITA Annual Conference. • Debrief as a team what you learned from the conference. Identify action items and goals for the team in response to what you learned at the conference.
DECEMBER: **Standard 12**	• Read: NaBITA Position Statement on Involuntary Withdrawal and Behavioral Agreements. • Review Involuntary Withdrawal policy.