



PVCC CARE/BIT Team Procedure Manual (Last updated 11.14.25)

Updated on 11/2025 by PVCC CARE/BIT Leadership

Adapted from the NABITA CARE/BIT Manual 2.0

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/BIT (Concern, Assessment, Response, Evaluation) team to engage in caring, preventive, and early intervention with community members whose behavior is disruptive, concerning, or threatening.^{1,2,3} CARE/BIT teams are comprised of college officials who meet regularly to collect and review information about at-risk community members and develop intervention plans to assist them.⁴ The CARE/BIT team 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}

Paradise Valley Community College (PVCC) has established the CARE/BIT team to assist in addressing situations in which students are displaying behaviors that are concerning, disruptive, or threatening in nature and that potentially create a safety concern in the community. 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 to any situation that could possibly result in harm to anyone at PVCC. Any member of the campus community may become aware of a 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 college police should be contacted at 602-784-0900 for campus specific PVCC Public Safety please call 602-787-7900.

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

Table of Contents

Team Membership	6
Team Operations	10
Team Communication & Silo Reduction	14
Threat and Violence Risk Assessments	15
Team Training and Supervision	18
Community Engagement & Education	20
Documentation & Records	22
Quality Assurance	23
Appendix A: NABITA Risk Rubric	24
Appendix B: Violence Risk Assessment of Written Word	26
Appendix C: Looking Glass	27
Appendix D: Training	29

Team Mission & Scope

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

CARE/BIT Stands For:

- CONCERN...about both the individual and the college community;
- ASSESSMENT...by gathering information and utilizing objective tools to better understand risk;
- RESPONSE...with coordinated interventions to support those involved and mitigate safety risks in the community;
- EVALUATION...of the effectiveness of interventions and ongoing reassessment.

Team Goals:

- Provide a safe and supportive physical and emotional environment for members of the college community.
- Identify, assess, and intervene with individuals who are struggling or who demonstrate concerning or threatening behavior.
- Offer support and resources to community members who are concerned for another individual.
- Balance the needs of individuals and the community.
- Create a culture of caring that encourages reporting.

Team Responsibilities:

- Review all cases in advance of weekly meetings and actively engage with team members to develop a response.
- Complete, at minimum, annual training on behavioral intervention and threat assessment through a nationally recognized organization, such as NaBITA or ATAP.
- Develop and implement educational and training programs for all members of the college community regarding behavioral assessment. This should include publications and promotional materials designed to create awareness and understanding of the CARE/BIT team, as well as in-person training to develop deeper knowledge on how to identify, support, and report a concern.
- Maintain a current website, which can be easily accessed from the community college'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/BIT team.
- Receive, coordinate, and assess referrals received from faculty, staff, students, and others regarding individuals of concern.
- Coordinate interventions and resource assistance for individuals of concern.

- Provide an annual report to the Dean of Students and the Vice President of Student Affairs and/or their designee.

Team Membership

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

CORE MEMBERS

Core members attend every CARE/BIT 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/BIT 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 clause⁸ or when a school official has legitimate educational interest.⁹

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/BIT 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/quid/fpco/ferpa/index.html>.

The following individuals are considered core members:

Manager of Student Conduct/CARE/BIT: The Manager of Student Conduct/CARE/BIT co-chairs the team and attends all meetings. If they are unable to attend, the Director of Student Conduct or Student Affairs Analyst chairs the meeting. The Manager of Student Conduct/CARE/BIT 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. Records are shared in compliance with FERPA. The Manager of Student Conduct/CARE/BIT 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 student conduct office
- Any involvement in, engagement in, or difficulty with student organizations
- Large community issues: trends on social media, contact from parents, news outlets, etc.

Dean of Students The Dean of Students co-chairs and attends all meetings. The Dean consults on cases involving on- and off-campus conduct violations, criminal charges, and academic disruptions.

Information Sharing and Meeting Participation Responsibilities:

- Information or notes from Academic Advising
- Any difficulty with student organizations
- Any history with the student conduct office

Police Sergeant: The Police Sergeant attends each meeting. If the Sergeant is unable to attend, a designee attends the meeting. The Sergeant serves as a liaison with local, tribal, and federal law enforcement agencies; consults on CARE/BIT 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 (subject to Criminal Justice Information System ("CJIS") guidelines and restrictions)
- Law enforcement contact and reports
- Concealed carry permits or registered weapons information
- Social media check, looking for concerning or threatening posts

Chair, Counseling Department: The chair of the counseling department attends each meeting and sends a designee if unable to attend. The chair of counseling receives information from the CARE/BIT 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.

Information Sharing and Meeting Participation Responsibilities:

- Check for records or history with the counseling center and share relevant information with the team in compliance with FERPA
- Consult on general issues related to mental health, risk assessment, and development of interventions/supports

INNER CIRCLE MEMBERS

Inner circle members should attend every meeting, but when they cannot attend, they may 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/BIT cases, and can provide valuable insights to the team. Inner circle members have access to the electronic recordkeeping database for CARE/BIT team cases.

Dean of Instruction: This individual often serves as the primary contact in working with faculty, department chairs, and academic administration. 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/BIT 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.
- Updates from current professors, advisors, etc.
- Policy clarification as it relates to faculty

Director of Admissions and Records: The Director of A&R provides enrollment and expertise and also has immediate access to student records that inform decisions.

Information Sharing and Meeting Participation Responsibilities:

- Academic transcript and history, including any deviations from the student's traditional performance, withdrawn semesters, academic petitions, etc.
- Relevant Financial Aid information/concerns

Counseling Faculty: The Counseling faculty representative provides insight and perspective on cases involving classroom disruption, faculty rights/responsibilities, alterations to course

participation (e.g., withdrawals and leaves of absence) and supportive measures impacting educational activities.

Information Sharing and Meeting Participation Responsibilities:

- Policy clarification as it relates to faculty
- Insight and consultation on responses that impact classroom instruction (e.g., temporary removals from class and other academic accommodations)

Director of Disability Resource Services: The director of disability services consults and offers guidance on issues of academic 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/BIT 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 law and policy

Student Services CARE/BIT Analyst: The Student Services CARE/BIT Analyst assists with the triage and support of all incoming CARE/BIT referrals. If the manager of CARE/BIT and Conduct is unable to lead the weekly CARE/BIT meeting, then the Student Services CARE/BIT analyst will step in to lead the weekly meeting with the support of the Director of Student Conduct.

Information Sharing and Meeting Participation Responsibilities:

- Update CARE/BIT Team with additional information regarding student and referral
- Note taking during CARE/BIT meetings to ensure information is transferred into the CARE/BIT referral system.

MIDDLE CIRCLE MEMBERS

Middle circle members serve the CARE/BIT 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/BIT 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/BIT 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 electronic database but are a common source of referrals to the team given their interactions with students in their departments.

- **Veteran Student Services:** Military-affiliated and veteran student services staff is available to consult with the CARE/BIT 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.
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- **MCCCD 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 policies of the CARE/BIT team.
- **MCCCD 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/BIT team to discuss. Records for Title IX are maintained separately from the CARE/BIT 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.

OUTER CIRCLE MEMBERS

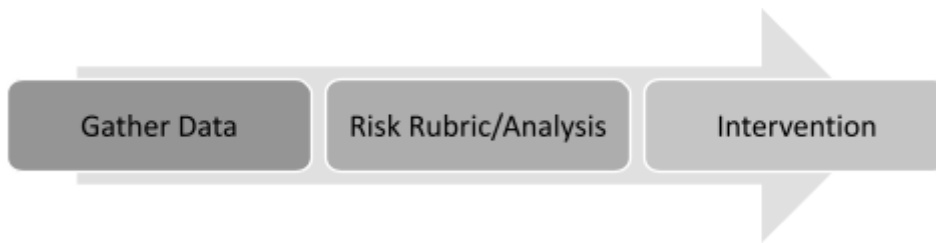
Outer circle members do not attend meetings or have access to the database. These team members function as the primary source of referrals to the team, and they may also be asked to check in with individuals referred to the team, speak with them directly about any challenges, and assist in interventions 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 academic advisors, may receive additional training on recognizing distress and mental health issues and how to connect students with the CARE/BIT team or other supports.

- Student Engagement and Leadership Office
- Academic Advising Office

Team Operations

THREE-PHASE PROCESS

The CARE/BIT team operations are guided by a three-phase process as demonstrated in the graphic below. The CARE/BIT 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/BIT 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/BIT team analyzes the information it receives to determine the level of risk present. To do this objectively, the CARE/BIT 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/BIT 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 ongoing 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/BIT team referral form is public-facing and any person, regardless of their affiliation with the college, may submit a referral to the team. The CARE/BIT team allows anonymous referrals.

All referrals to the CARE/BIT 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 college police. Following a report to 911 or law enforcement, a referral form should be submitted to the CARE/BIT team. The members of the campus community and those who interact with the CARE/BIT 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/BIT 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/BIT 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. A member of the CARE/BIT team may attempt to contact the referral source to gather additional information. If additional information is not provided, the CARE/BIT 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. 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/BIT 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/BIT team meetings are held weekly during the Academic Year when the college is open. Meetings during the Summer are held bi-weekly or monthly. 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. Team members are expected to review the cases in Advocate and be prepared to discuss/assess the student based on available information. Team members will also gather information from their respective areas and share that information with the team.

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/BIT 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/BIT team to avoid canceling 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 (see Appendix A) 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 at least 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 will guide the risk rating on the NABITA Risk Rubric as well as 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/BIT 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 college as a CARE/BIT team member. As part of their duties as CARE/BIT 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. The CARE/BIT Team also collaborates closely with trusted off-campus clinicians to ensure timely,

comprehensive mental health support for individuals whose needs extend beyond on-campus resources.

Team Communication & Silo Reduction

Communication is the *sine qua non* (essential element) of an effective CARE/BIT team. The CARE/BIT 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, training, 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/BIT Team Communication

1. Team members are encouraged to operate on equal footing when it comes to conversations. The CARE/BIT 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 CARE/BITful about speaking outside of their areas of expertise or over-relying on unique personal experiences when making decisions. For example, law enforcement should not be discussing the appropriateness of an emotional support animal accommodation on campus. This requires maintaining a balance, as the CARE/BIT 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/BIT 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/BIT 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.

Threat and Violence Risk Assessments

The CARE/BIT team conducts threat and/or violence risk assessments as part of its overall approach to prevention and intervention. Threat and violence risk assessments provide information useful to better inform the interventions deployed by the team. Threat and violence risk assessments are different from the risk assessments performed during team meetings using the NABITA Risk Rubric as 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/BIT 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.**

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 non-clinical staff who are trained by NaBITA or ATAP. 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 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/BIT team will use the Non-Clinical Assessment of Suicide (NAS) Tool to assess risk of violence. When the individual is rated at elevated or higher as a result 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),¹⁰ the Extremist Risk Intervention Scale (ERIS),¹¹ Workplace

¹⁰ <https://www.NABITA.org/resources/assessment-tools/sivra-35/>

¹¹ <https://www.NABITA.org/resources/assessment-tools/eris/>

Assessment of Violence Risk (WAVR-21),¹² Historical Clinical Risk Management (HCR-20),¹³ and MOSAIC.¹⁴ This assessment can be performed by a trained member of the CARE/BIT 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/BIT 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 increase 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/BIT 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/BIT 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/BIT team may obtain and provide the following documents and information to the person doing the assessment:

- **CARE/BIT Referrals and Notes:** The CARE/BIT team will gather any relevant CARE/BIT referrals and/or CARE/BIT notes. The CARE/BIT referrals and CARE/BIT 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.

¹² www.wavr21.com

¹³ <http://hcr-20.com>

¹⁴ www.mosaicmethod.com

- **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/BIT team will gather collateral information from relevant parties including but not limited to parents, faculty, 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.

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 college staff member, they will utilize an informed consent, which clearly outlines the details of the mandated assessment prior to the students beginning the assessment.

Team Training and Supervision

The CARE/BIT team is dedicated to the continuous improvement of the team through research and training. The CARE/BIT 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 is 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/BIT Team Manual
2. Reading the NABITA Standards for Behavioral Intervention Teams
3. Reading the 2023 NABITA Risk Rubric Whitepaper
4. Watching the NABITA BIT Orientation Video Series for the appropriate team role

Ongoing Training: Each year, the CARE/BIT 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 training focused on cultural and diversity issues, documentation, addressing siloed communication, mental health, self-CARE/BIT and team-CARE/BIT, 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 as available and when funding sources allow:

- 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/BIT team recognizes that educating the community about what to refer to 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 to an individual of concern.

It is the responsibility of faculty, staff, and students to refer to 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/BIT 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 to them.

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

- **What to Refer:** The CARE/BIT 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/BIT team recognizes that community members will have different levels of comfort when sharing information. The CARE/BIT team is committed to allowing the community to refer through whatever means they feel comfortable with, with the recognition that the CARE/BIT 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/BIT team acknowledges that some students, faculty, and staff members may be more comfortable approaching a CARE/BIT 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/BIT team advertising to the campus community.

- **Web:** The CARE/BIT 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/BIT. Additionally, the CARE/BIT 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/BIT 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/BIT team.

- **In-Person Training:** The CARE/BIT team offers 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 to key stakeholder groups, including faculty and staff and to other constituent groups as requested.

Documentation & Records

The CARE/BIT team manages and maintains records utilizing a secure software package—Advocate—created by Symplicity. This package is used by every college within MCCC. Records from CARE/BIT team meetings are entered primarily by the CARE/BIT team chair to ensure consistency in the creation of records. During the week, core and inner circle members also have access to Advocate for the purpose of reviewing and updating cases. Records are secured, maintained, and shared in accordance with relevant MCCC policies and state/federal laws.

Data Management

A referral to the team, whether collected verbally, via email, or via phone will be input as an official referral through Advocate. 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/BIT team represent a snapshot in time. What the team believes to be true today may change as a situation unfolds. Much CARE/BIT should be taken not to form judgments or use the information in decision-making outside of CARE/BIT team functions.

Data Reporting

The CARE/BIT team chair will compile an annual report to send to the vice president for student affairs and the Dean of Students. This data collection and reporting allows the CARE/BIT 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 gender and race/ethnicity demographics
- Referral reasons
- Referral sources
- Interventions used
- Team training and professional development
- Team accomplishments
- Areas for improvement

Quality Assurance

The CARE/BIT 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/BIT 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/BIT team.

Appendix A: NABITA Risk Rubric

NABITA Risk Rubric



D-SCALE

Life Stress and Emotional Health

DECOMPENSATING

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

DETERIORATING

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

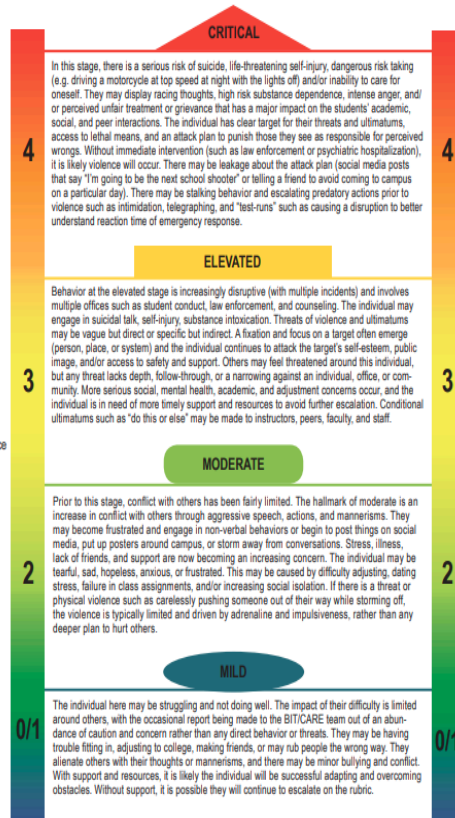
DISTRESSED

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

DEVELOPING

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

OVERALL SUMMARY



E-SCALE

Hostility and Violence to Others

EMERGENCE OF VIOLENCE

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

ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence

TRAJECTORY?

BASELINE

TRAJECTORY?

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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 VRAW² 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



CRITICAL



ELEVATED



MODERATE



MILD



INTERVENTION OPTIONS TO ADDRESS RISK AS CLASSIFIED

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

Appendix C: 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



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 been present and this likely a very transient threat.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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 D: Training

- NABITA—BIT Foundations & Updated Risk Rubric
- NABITA - Case Management Support and Interventions
- NABITA—BIT Standards and Best Practices
- NABITA—Non-Clinical Assessment of Suicide
- NABITA—Structured Interview for Violence Risk Assessment (SIVRA)
- NABITA - Violence Risk Assessment of the Written Word (VRAWW)