THE NCHERM 2009 WHITEPAPER

2nd Generation Behavioral Intervention Best Practices

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INTRODUCTION

The post-Virginia Tech era shows a dramatic shift to proactive prevention as the majority of campuses move to implement or update behavioral intervention team practices. This is a gratifying trend to those of us who pushed strongly back against the text-message system hysteria of the period after the Virginia Tech shootings, and the classroom door-lock hysteria of the period after the Northern Illinois University shootings. While we don't suggest that reactive measures are worthless, our job here at NCHERM is to focus the national spotlight not on short-term reactions but on proactive prevention.

Why is behavioral intervention the right approach? We know from the research that most perpetrators of school violence don't emerge from the ether with surprise attacks no one saw coming. Instead, it is quite the opposite. They give clues. They cause concern amongst friends, colleagues and even online acquaintances. They make people uncomfortable. These clues, signs and concerns are the best chance to head off violence before it occurs. If we can empower cultures of reporting on our campuses, friends, colleagues, family members, professors, sorority sisters, roommates, RAs can share what they know. But, they need to know who to tell. For that, they need a BIT. They need to know what to report. For that, they need a BIT. And, the information must be centralized to break down the information silos in which members of our communities have pieces of the puzzle, but no one team or group gets to see the whole picture. For that, they need a BIT. Once the information is assimilated, a caring and effective intervention must be orchestrated. For that, they need a BIT.

Okay, so we need a BIT. Hundreds of teams have been created across the country since April of 2007. But is your BIT (or whatever you call it) just an informal administrative comparing of notes about concerning behaviors, or is it a formalized BIT operating according to policies, procedures and protocols that reflect the best practices that are evolving in our field? That question represents the heart of this Whitepaper. We'll address it shortly, but before we do, another essential point must be made. Regardless of what form your team takes, we need to make sure our BITs are well-trained, so that they know what they are looking for. We wrote in our 2008 Whitepaper about the need to make sure teams are cognizant of the research on pattern violence. Since then, it has become apparent that while that cognizance is important, stereotypes of violence are dominating our public conversations. The CNN Special on campus violence was called "Campus Rage." We have replaced "Going Postal" as a catch phrase with the campus version, "Active Shooter." As if there is such a thing as a passive shooter. Or is there? We must push past the hype if we are to effectively protect our communities. Thus, in this year's Whitepaper, we need to dispel the myth of the "active shooter."

THE MYTH OF THE ACTIVE SHOOTER

Indulge us in an important exercise. Close your eyes. Not right now. After you read the next set of sentences. What mental picture comes into your mind's eye when you hear "active shooter?" What do you see? Describe him or her. What is he or she doing? What does he or

she look like? Okay, close your eyes now and then list the characteristics of what you see. Or write a list. What did you come up with? If your mental image was an angry man, dressed in black, you have bought the media-driven stereotyping. Worse, if you saw an Asian-American, the actual images of the Virginia Tech shootings have created a stereotype of their own. What else did you see? Was he sweating, out-of-control, and about to snap? An active shooter is usually shooting, right? Was he enjoying it? What was the expression on his face? Vengeance? We need rage here to make the CNN Special's title accurate.

BECOMING A STUDENT OF AGGRESSION

To understand what we are getting at here, you need to become a student of aggression. According to John Byrnes, the President of the Center for Aggression Management, there are two types of aggressors, the Primal Aggressor and the Cognitive Aggressor.[1] The Primal Aggressor comes home to find his or her partner in bed with someone else and just snaps. Anger, rage and humiliation feed his or her aggression. This is the stereotype, and it is accurate. The problem is that school shooters are almost never Primal Aggressors. They are Cognitive Aggressors. Cognitive Aggressors plan their aggression and methodically execute it. At the highest levels of Cognitive Aggression, the point where a school shooting is possible, maybe even a murder-suicide, the aggressor is willing to give up his life for his cause. According to Byrnes, this aggressor experiences a profound disconnection from his own well-being. His body loses animation. His face loses expression. In fact, the "active shooter" isn't outwardly angry at all.

Our BIT teams need to assess threat accurately. If they are looking for the angry aggressor who is about to explode, they'll be playing to profiling, not to the clear research that is available. BITs can't accurately assess threat without a better understanding of aggression. We commend to you the work of the Center for Aggression Management (www.aggressionmanagement.com) and also refer you to the 2009 Whitepaper, *Threat Assessment in the Campus Setting*, available on the National Behavioral Intervention Team Association website (www.nabita.org).

THE EVOLUTION OF BEHAVIORAL INTERVENTION

Now, let's return to our discussion of the BIT model itself. As these teams evolve and become more sophisticated, we must ask what best practices are evolving and what future transformations are on the horizon?

CARE Teams and behavioral intervention functions existed on college campuses before Virginia Tech, but their nature, composition and function are changing dramatically as campuses adjust to new complexities of student mental illness and increasing violence. Revised models have evolved as a direct response to the Governor's Panel Report on the Virginia Tech shootings and other panel and internal review recommendations that have been made nationally.

[1] These terms are the intellectual property of the Center for Aggression Management. They are used here with permission.

First generation teams – those that existed before Virginia Tech – generally had some commonality. They were often informal. Their scope and function was narrow. We refer to them as the "Resolve Carpet Cleaner™" model. Are you familiar with this miraculous substance? The authors have four children under age five between them, so we are intimately familiar with and grateful for Resolve. Spray it on anything your kids leave behind, and seconds later, the stain is gone from your carpet. Similarly, first generation teams were spot problem-solvers. If they had a problem, they sprayed on an intervention and then moved on to the next stain. Rarely did they have a capacity for longitudinal tracking of student behaviors over time. They also lacked the ability to see trends in behavior, both individually and collectively. This near-sightedness proved to be a fatal flaw in first generation team design, literally.

2ND GENERATION BIT BEST PRACTICES

What sets second-generation models apart from prior intervention models can be explained by many distinguishing characteristics, but the most salient are these twelve key elements, listed briefly immediately below, and then expanded upon in the remainder of this Whitepaper:

1. Modern behavioral intervention teams use formalized protocols of explicit engagement techniques and strategies;
2. Modern behavioral intervention teams see their role as nominally to address threat, and primarily to support and provide resources to students;
3. Modern behavioral intervention teams utilize mandated psychological assessment;
4. Modern behavioral intervention teams have the authority to invoke involuntary medical/psychological withdrawal policies;
5. Modern behavioral intervention teams are undergirded by sophisticated threat assessment capacity, beyond law enforcement and psychological assessment tools;
6. Modern behavioral intervention teams use risk rubrics to classify threats;
7. Modern behavioral intervention teams foster a comprehensive reporting culture within the institution;
8. Modern behavioral intervention teams train and educate the community on what to report and how;
9. Modern behavioral intervention teams are technologically advanced and are supported by comprehensive databases that allow the team to have a longitudinal view of a student's behavior patterns and trends;
10. Modern behavioral intervention teams focus not only on student-based risks, but on faculty and staff as well;
11. Modern behavioral intervention teams intentionally integrate with campus risk management programs and risk mitigation strategies;
12. Modern behavioral intervention teams have a mechanism for "minding the gap."

Modern behavioral intervention teams use formalized protocols of explicit engagement techniques and strategies

When we talked above about first generation teams being informal, we didn't just mean that they met ad hoc, bringing the interested parties for each case to the table as needed. We also

meant that interventions were not performed on the basis of a consistent set of standards. 2nd Generation teams have fixed membership, regular meeting times, and standardized procedures. When a factory or other workplace experiences a shooting in your town, does anyone convene a Governor's Panel to investigate? Does the President command a report of what went wrong? Do we produce internal investigations and panels? No. Sadly, we have come to expect that kind of violence and it is everyday news. But, when the same kind of violence touches a college campus or any school, the president, the governor, the state legislature and law enforcement investigators all demand answers. How could we let this happen? We are held to a higher standard because the societal expectation is that colleges are relatively immune from violence. When it impacts us, we have to answer to everyone and their aunt. Thus, 2nd Generation teams have seen the benefit of clear operating protocols. When the Governor's Panel asks why we did what we did, we can point to our established policies and answer that we did what we did because this is what we always do when faced with a threat of this nature. We're consistent, we use research and data-driven measures of risk, we treat all similarly-situated students similarly and with fairness, and we are comprehensive in our engagement. They can ask for more from us while grandstanding for the media, but this is an appropriate and satisfactory answer. We won't (and can't) prevent every act, but we'll be much more than carpet cleaner.

Modern behavioral intervention teams see their role as nominally to address threat, and primarily to support and provide resources to students

One of the challenges of introducing a behavioral intervention team to your community is that you need to market it successfully, and create effective buy-in. Calling your team a TAT (threat assessment team) or a TAG (threat assessment group) isn't going to help. This is what the Virginia Tech Governor's Panel suggested, but it is not a best practice in our view. Members of our communities are sensitive to how these teams will function, and we convey in part what we intend with the name we give to the team. Members of our communities are willing to sacrifice some autonomy for greater security, but they aren't willing to submit to a Big Brother who expels every suicidal student. Naming your team at TAT or TAG tells members of your community that the subjects of your team's caseload are threats. That conveys the wrong message about who is being protected, and from whom, and how. Choose instead a name that conveys that your team is about supportive and caring intervention. RAT (risk assessment team) is not much better. CARE, SOC (students of concern), and BIT are all names that convey a more appropriate tone. Ultimately, teams will have to address some threats, but they will be rare. More often, the team will be engaged in the early intervention and support that prevents a behavioral concern from rising to the level of a threat or crisis.

Modern behavioral intervention teams utilize mandated psychological assessment

This one is a non-negotiable best practice. Your team will have one arm tied behind its back if you refuse to mandate students to be assessed for their potential for self-harm. Assessment is not an end in itself, but it can point the way toward a more successful intervention. It can also encourage a student into a long-term and potentially life-saving therapeutic relationship.

Legally, teams are entitled to mandate assessment where there are reasonable grounds to believe a student may be a threat of harm to themselves or others. Some might argue that assessment is a form of counseling, and that it is unethical to mandate counseling. We would argue that is a convenient excuse. Mandating assessment is an ethical counseling practice, and while we respect the right of individual counselors to determine that their professional ethics prevent them for evaluating "coerced" clients who are under a mandate, that does not mean your team has to abandon the practice of imposing this mandate when necessary. If you do not have a campus counseling center, create a contract with an outside provider or agency who feels comfortable with this practice. If your campus counseling center refuses mandated assessments, again you can look to outside providers, or you can hire new staff (as there is turnover in the counseling center) who indicate a willingness to engage in this practice even if your current counseling staff is not.

Sometimes, your campus counselors are willing to accept mandates, but your counseling center director is blocking the practice by center policy. Work with your center director to see what the specific objections are, and whether there is a compromise that is possible. Having your center's director on your team may allow that individual better insight into the team's mission, purpose and challenges. You might then be able to more effective problem-solve with the counseling center director as a team ally, or better still, a team member. Perhaps you are mandating too many sessions? Evaluations usually take no more than a session or two, but many teams mandate four sessions, emulating the University of Illinois, Urbana-Champaign model. Perhaps your director disagrees with this model, or just wasn't consulted about your team's desire to implement it. You may need to build some bridges. Most often, counseling center directors tell us that if they are going to accept mandated assessments, they need expanded staff to handle the caseload that will bring. If your team can effectively advocate for expanded capacity on behalf of the counseling center, the counseling center may become a more willing participant in mandated assessment.

Regardless of whether the assessor is internal or external, there are some important decisions to be made **BY THE TEAM**. Who will choose the assessor? Will it be your team or the student? If your team will decide, it needs to identify who will conduct the assessment. A social worker? A psychologist? A psychiatrist? You need to choose a provider you trust, and in whose diagnostic capabilities you have faith. Who will pay for the session(s)? How soon must the evaluation be completed? Will the student be on interim suspension pending the results of the evaluation? Will you require the student to permit you to speak with or otherwise communicate with the provider, so that your team can have access to the findings of the evaluation? What consequences will you impose if the student fails to grant this permission to your team? What will you do if the student fails to complete the evaluation in time, or does not participate in good faith in the assessment? All of this should be clearly spelled out in a policy that enables the team to mandate assessment, and in a protocol that spells out how.

Modern behavioral intervention teams have the authority invoke involuntary medical/psychological withdrawal policies

You should need to invoke this policy in only the most extreme and rare cases, but you need it as a point of leverage and as the ultimate last resort, for those rare times that a last resort is the only resort. There are going to be times when it is best for your college or university and for the student that they be separated for some period of time. Usually, you can finesse this, encouraging the student to voluntarily withdraw. Often you can work with parents and community resources to facilitate this transition. Sometimes, you may need to massage a refund, class withdrawals and grades in order to make it easier for a student to choose to withdraw, and your policy ought to spell out your authority to do what you need to do to make it possible for a student who needs help to get it at the least penalty to their financial health and academic future. Yet, there will be rare times where a student refuses to withdraw, parents/families refuse to take them home, or the student lacks capacity to make the decision to withdraw. At that point, you need to separate that student involuntarily. You can often do that under the conduct code, if the behavior that is the basis for the separation is not disability-based. Where the behavior is disability-based, as in the case of suicidality, disability law is in play, and you can only separate the student from housing or from the university if you determine them to be a direct threat, as defined under Section 504 of the Rehabilitation Act. You can make a direct threat determination under your code of conduct, if you have direct threat as a codified violation, but most of our codes lack this provision, and there are procedural reasons why this can be a hairy approach.

Instead, most campuses have developed a separate procedure for involuntary withdrawal on a medical or psychological basis. This is an area that requires diligent research and consultation with your legal advisors. Again, we hope and expect you'll rarely need to use this policy, but we still think you need to have it.

Modern behavioral intervention teams are undergirded by sophisticated threat assessment capacity, beyond law enforcement and psychological assessment tools

When NCHERM created the CUBIT model (see the 2008 Whitepaper posted at www.ncherm.org), we knew it would need to incorporate a body of threat assessment knowledge that would enable teams to accurately and quickly assess threat and risk. What we did not expect is that no such body of knowledge existed at the time in a digestible, easily-packaged form that could be readily implemented by teams, as a sort of out-of-the-box solution. While many experts and approaches had pieces of how to do it, we actually had to synthesize the body of knowledge that was out there and create the model. It incorporates measures for harm to self, harm to others and generalized risk. A multidisciplinary Threat Assessment Tool is posted at www.nabita.org *("CUBIT Risk Rubric"* in the Threat Assessment section). It is a free download, and it will help your team, whether you use the CUBIT model or another approach.

Modern behavioral intervention teams use risk rubrics to classify threats

Again, you can access the tool online at the link above, but a summary here will be helpful. We have devised a five-level risk rubric for every situation that comes to the attention of the team.

The job of the team is to classify the situation as accurately as possible, given the information known at the time, and then to take action accordingly. While you can use our rubric or one of your own devising, the key is to use one to enable a consistency of classification and response. The tool includes not only a taxonomy for classifying risk, but a "Tools in the Toolbox" portion that suggests support mechanisms, resources and appropriate levels of intervention to deploy for the given level of risk or threat that is perceived by the team.

Modern behavioral intervention teams foster a comprehensive reporting culture within the institution

Some of us are lucky. Members of some campus communities actively report to us what concerns them, without delay. This is more common on small campuses or on campuses where a high level of training has instilled in faculty and staff the need to report concerning behaviors that they see and hear.

Some of us are too lucky, and on some campuses, BIT members hear about everything, to an extreme. Members of these communities expect the BIT to handle their every concern, no matter how minor, trivial or overblown. Rather than manage classrooms, offices, residence halls, or other facilities, faculty and staff use the BIT as crutch. Members of these communities see threats in everything, and wonder why the BIT does not take them seriously.

Some of us are unlucky. On unlucky campuses, members of the community do not take threats and concerning behaviors seriously, try to conduct interventions on their own without team input, don't know what to report or to whom, and fail to help the team to connect the dots that would help the team to avert an impending crisis. These communities have no culture of reporting.

Of course, each of our campuses has elements of all three types. Some people overreport. Some underreport. And some know just what to do. If you are unlucky or too lucky, you need a better balance for your campus. On campuses with overreporting, we don't want to squelch that. Reporting is good. The challenge for teams on these campuses is to teach members of the community what is within the scope of the team, and what needs to be addressed elsewhere, or by the reporter themselves. Often the team can coach the reporter on how to quell disruption, set boundaries, or otherwise manage a minor situation without relying on the team for handholding.

On campuses where there is not yet a widespread culture of reporting, we have to intentionally create one. PR campaigns introducing your team to the community will help. Marketing your teams' existence and function will answer a question many members of your community have been asking; "What do I tell, to whom, when and how?" We recommend that you teach your risk rubric to your community, distribute brochures, create a team website and educate your community with mental health, disability, disruptive student and suicide gatekeeper trainings. The goal is to create a common language for your community to understand what is

concerning, and what the team can do about it. Here are a few other suggestions that may help you to empower a culture of reporting:

- mandate reporting by all employees;
- create an online reporting system;
- enable anonymous reporting;
- accept reports from outside your campus;
- create an amnesty policy to minimize any stigma associated with reporting.

Modern behavioral intervention teams train and educate the community on what to report and how

The associate athletic director notices that Troy has missed three successive practices, and that his excuses are flimsy. Troy's roommate notices that Troy is having some unusually erratic mood swings. Troy's Organizational Dynamics professor has two encounters with Troy over inappropriate classroom conduct. Troy's RA notices a profusion of prescription drug containers in Troy's dopp kit when he uses the hall bathroom. None of these members of your community reported the behavior they observed to the BIT. Why? Because each of them believed the observed behavior was minor and isolated. Each of these members of the community failed to report important information because they didn't know it was important. That failure is our failure, not theirs'. We need to provide training, and communicate to the members of our community that no matter how minor the behavior or incident, the BIT needs to know. Four minor incidents all within the same period of time is not minor anymore. It indicates a pattern or trend, and when taken together, could be an indicator of an individual in a serious situation. We need to train members of our community that threat assessment is not their job, but the job of the BIT. Therefore, they need to pass everything along, so that the BIT can connect the dots and see the patterns that individual reporters may miss.

To help to give your community a common language through training, NCHERM uses the "D scale", straightforward definitions of four increasing levels of mental health-related risk (distress, disturbance, dysregulation and medical disability) that can help members of your community better understand what they are seeing and experiencing, and what needs to be reported to the BIT. The "D Scale" is available in the NaBITA Whitepaper posted at www.nabita.org. It is also the framework for the online course *Campus Safety 101* created by NCHERM Partners Brett A. Sokolow, JD and W. Scott Lewis, JD and available from www.magnapubs.com as a great and cost-effective training tool for members of your community.

Modern behavioral intervention teams are technologically advanced and are supported by comprehensive databases that allow the team to have a longitudinal view of a student's behavior patterns and trends

Teams that pre-dated Virginia Tech frequently did not track individuals longitudinally, or from what W. Scott Lewis calls "the 50,000 foot view." While there is a need to problem-solve for the

behavior the individual is exhibiting now, there is also a need to see how that individual is doing over time. How are they responding to the intervention? Is medication helping? Is parental involvement effective? The sheer volume of student issues and the need for complex recordkeeping has conspired to create the need to make a BIT database a best practice. You won't be able to track the reports and behaviors adequately with a spreadsheet. Lobby to allocate some of the money being spent on door locks, multi-modal text message systems, sirens, PAs, NIMS training, security cameras, etc. for a well-developed database. NCHERM has two preferred database providers who build databases specific to behavioral intervention. Maxient (www.maxient.com) and RiskAware (www.riskaware.com) both sell quality products at reasonable price points. Maxient has the most flexibility, because of its inter-operability with other campus information systems, and its ability to populate data from those venues with ease. Maxient allows for greater customization and their product support is unparalleled. RiskAware's "Red Flag" platform is more affordable, and is really a single-purpose product. Both have their relative merits, and both will cost you less than building a comparable system in-house. We know that through experience.

Modern behavioral intervention teams focus not only on student-based risks, but on faculty and staff as well

Rebecca Griego was shot and killed in her office at the University of Washington in April of 2007 by an ex-boyfriend. In October 2008, a librarian at Northeast Lakeview College in San Antonio, TX shot and killed another librarian in the college library. We cannot continue to live under the illusion that it is only students who perpetrate campus violence. Therefore, we must ask whether our behavioral intervention teams need a broader scope beyond students? A team at the University of Washington could have been informed of the restraining order Rebecca had against her ex-boyfriend. Northeast Lakeview College's BIT might have been informed of and tracked any conflict or aberrant behavior by the aggressor librarian before it happened. While we don't necessarily recommend that every team have a campus-wide scope from its inception, we think a broad scope ought to be an eventual goal. We know that gradual implementation may enhance campus buy-in, especially as faculty members learn of a team that intends to track their behaviors. There is a potential political minefield there, and many campuses elect to implement the student-focused team first and allow it to gain credibility and the respect of the community.

We are asked frequently whether an employee-focused team can overlap with a student-focused team in terms of membership, records and intervention techniques. The answer is that your campus could use one team for both student and employee intervention, though the membership would have to expand to include HR and potentially EAP and union reps. In some states, you cannot comingle employee and student records, and so recordkeeping might be impacted (another instance where a comprehensive database like Maxient can assist). But, the main techniques of intervention are common, and so you can use one team. It may also make more sense to have one student-focused team, and one faculty/administration/staff-focused team. No clear best practice has emerged on this question yet.

Modern behavioral intervention teams intentionally integrate with campus risk management programs and risk mitigation strategies

A key advantage of a 2nd Generation BIT is that its formality and defined incorporation into the campus fabric make it possible for advanced BIT capacities to come into play. We recommend that you integrate your 2nd Generation BIT with pre-existing or newly forming campus and community resources such as crisis management plans, emergency response procedures, and CISDT protocols. For example, the NIMS ICS training that all colleges are using to ensure the quality of emergency response requires us to clearly define who has incident command jurisdiction in a given situation. Thus, we encourage you to integrate campus emergency and crisis protocols with BIT protocols to ensure that when the BIT Chair and the Emergency Incident Commander both show up on site, there is clarity about which one of them is going to call the shots.

You can integrate BIT with existing campus risk management programs addressing sex offenders, criminal background checks and admissions screenings. For example, if your admissions folks decide to admit a known sex offender, that fact should be logged and tracked in the BIT database. Or, if your campus has a felony review process for admissions, ask whether the committee making those decisions is as well-trained on threat assessment and pattern violence as your BIT? If not, it may make sense (as it has for many NCHERM clients already) to use your BIT to train that committee, or to actually have your BIT serve as this committee because of its knowledge and expertise. We have always said that it makes sense to ask admissions screening questions, but only if you have the capacity to do something when an applicant indicates a criminal history. A BIT can ensure that you have the capacity to react when and if you move to ask these important admissions screening questions. If you have a campus risk manager, create an important liaison with that office by making sure they know about your BIT and how it works, and ask them how the BIT can help to reinforce risk management and risk mitigation initiatives that may parallel BIT initiatives.

Modern behavioral intervention teams have a mechanism for "minding the gap."

In London, there is a space between the platform and the train in Tube (subway) stations. A soothing voice cautions you to "mind the gap" as you board, lest you misstep and wind up in the gap. We've adapted this caution for BIT purposes, and encourage BITs to mind their gaps. Gaps for BITs are periods of time in which a problematic student goes inexplicably quiet, as Seung-Hui Cho largely did at Virginia Tech after fall of 2005. Using the database to remind you, the key is to monitor those who have fallen off the radar screen.

This is a huge distinction between 1st Generation and 2nd Generation teams. If a student was causing problems, a 1st Generation team would just spray on the Resolve™ and move on to another student. No one would ask why the spot was gone, we were just relieved that it was. It gave us time to move on to the next obvious stain that clearly needed our spray more than the stain that was now gone. Or, do stains come back faintly over time, depending on the nature of the stain? Having a mechanism for "minding the gaps" means monitoring periods where a

student in distress goes dormant. The role of BIT is determining whether such quietude raises increased or decreased monitoring needs, and acting accordingly. BIT members should debrief interventions as a team. Once support structures are in place and resources are deployed, the team should determine how long a period of quietude has been sustained. The team then needs to question whether the gap is explained by the effective deployment of supports and resources, or whether the gap is unexplained:

- Is the student continuing in a course of therapy?
- Are parental supports ongoing?
- Are friends helping to monitor?
- Is a medical regimen working?
- Are other inhibitors to harm or self-harm in place?

If so, quietude is not cause for alarm. But, if follow-up and check in reveals a student who is untethered from the mechanisms of intervention, the gap may be an indicator of a greater need for observation, check-in, or further intervention. What might that quiet student be planning? We don't want you to miss that while you are focused on treating the next stain.

ABOUT THE AUTHORS

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