

The NaBITA Risk Rubric

K-12 Edition

THE NABITA 2020 WHITEPAPER

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This tool is being shared as a free resource
to K-12 schools by the National Behavioral
Intervention Team Association (NaBITA).

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Introduction

Since its introduction in 2009, the NaBITA Threat Assessment Tool has become the most widely used risk rubric by behavioral intervention teams in the United States. It is currently used by 92% of behavioral intervention teams and is quickly expanding into K-12 school environments and corporate/workplace settings (Schiemann & Van Brunt, 2018). In 2019, to continue improving the efficacy of the tool and to facilitate its continued growth and usage, we completed the second major revision of the tool, as detailed in the 2019 Whitepaper: College and University Edition. Now, in 2020, we have updated the NaBITA Risk Rubric to reflect the needs, resources, and terminology found in the K-12 setting.

Importance of Assessing Risk

Since NaBITA's inception, the creation and use of an objective risk assessment has been a crucial component of the BIT process. BITs should engage in three key phases as they work through a case: data gathering, assessment, and intervention (Federal Commission on School Safety, 2018; Sokolow, Schuster, Lewis, & Swinton, 2014; Fein, Vossekuil & Holden, 1995). To objectively assess risk, teams must apply a standardized tool to every case – regardless of how serious or trivial it may seem. Even in very seemingly trivial cases that resolve quickly, one of the values to assigning a risk rating from the risk rubric is in documenting your objective assessment in a way that would be free from bias or discrimination. Assessing the risk is critical to identifying the safety concerns and deploying intervention measures to address these concerns (National Threat Assessment Center, 2018; Federal Commission on School Safety, 2018; Cornell, Maeng, Burnette, Jia, Huang, Konold, Datta, Malone and Meyer, 2018; Sokolow, Schuster, Lewis, & Swinton, 2014; Jed Foundation, 2013; Delworth 1989). When bias or subjective opinions drive the assessment phase, teams run the risk of either over- or underreacting (Eells & Rockland-Miller, 2011; Cornell, 2010).

To objectively assess risk, teams must apply a standardized tool to every case – regardless of how serious or trivial it may seem.

The NaBITA Risk Rubric is designed to be the initial assessment applied to every case. Following this triage assessment, teams should deploy additional assessments and gather additional data to most effectively assess risk. The NaBITA Risk Rubric gives teams a framework for understanding the risk present in a case and possible interventions to reduce the risk. Once the rubric is applied, it will often be useful to apply additional assessments measuring unique risk and protective factors, for example, the potential for suicide or self-harm, violence to others, or other disruptive behaviors in the community. When the NaBITA Risk Rubric is used in tandem with other measures, knowledge, and expertise, the team can assess risk comprehensively and build successful interventions.

Overview of the NaBITA Risk Rubric: K-12 Edition

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

NaBITA K-12 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, or other life-threatening risky behavior
 - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death.
 - ▲ Lack of ability to regulate emotion, cognition, self, behavior, and relationships
 - ▲ Actual affective impulsive violence or serious threats of violence such as:
 - ▲ Repeated severe attacks on others or an attack with weapon such as a pencil
 - ▲ Extreme aggression such as beating or non-consensual choking
 - ▲ 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
 - Responding to voices, extremely odd behavior, engagement in high risk behavior (ex. alcohol, drug, sex); troubling thoughts with paranoid/delusional themes; increasingly medically dangerous bingeing/purging
- Suicidal thoughts that are not lethal/intentional or non-life-threatening self-injury
- Engaging in, or victim of, repetitive verbal aggression, social aggression, cyberaggression, or bullying behaviors such as public humiliation or embarrassment, spreading rumors/lies to cause harm, demeaning words or actions, etc.
- New aggressive behavior against others not seen before, escalation in behaviors, harming animals outside of hunting or survival
- Threats of affective, impulsive, poorly-planned, and/or emotionally-driven violence
 - Vague but direct threats or specific but indirect threats: explosive language
 - Stalking behaviors that do not harm, but are disruptive and concerning
 - Minor damage to property of school or others, theft of property
 - Threatening to fight others
 - Limited physical aggression (pinching, slapping, showing, or kicking)

DISTRESSED

- Behavior that concerns others or an impaired ability to manage emotions and actions. Possible presence of stressors such as:
 - Managing mental illness, disordered eating, bed wetting, poor parental supervision, poor attendance or involvement at school, etc.
 - Engaging in, or victim of, limited bullying behaviors, verbal aggression, social aggression, or cyberaggression such as purposeful exclusion, leaving, or name-calling. Student has difficulty making friends or interacting socially or difficulty defending self
 - Difficulty coping/adapting to situational stressors, parental conflict, housing/food instability, death in the family. 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
- ◆ Behavior is appropriate given the student's age, circumstances, and context
- ◆ No threat made or present

OVERALL SUMMARY

CRITICAL

In this stage, there is a serious risk of suicide, life-threatening self-injury, life-threatening risk-taking (ex. pressing on another student's chest until they pass out, jumping from dangerous height on playground, playing ping-pong or bishop knife game). They may display racing thoughts, life-threatening substance use or dependence, intense anger, and/or perceived unfair treatment or grievance that has a major impact on the student's academic, social, and peer interactions. The individual has clear target for their threats and ultimatums, access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as an SRO, law enforcement, or psychiatric hospitalization), it is likely violence will occur. There may be leakage about the attack plan (social media posts that say, "I'm going to be the next school shooter," or "telling a friend to avoid coming to campus on a particular day). There may be stalking behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response.

ELEVATED

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

MODERATE

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around school, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be fearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. This is beyond the developmentally appropriate fluctuation in emotion.

MILD

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

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 costumes 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, possibly developing schematics or detailed floorplans, employing counter-surveillance measures, access to lethal means; there is a sense of remorse to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations
- ▲ Killing of animals outside of hunting, displaying kills, practicing skills to cause lethal harm

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; extremist peers or adults may exploit vulnerability and move them toward action; encouraging violence; further isolation and/or group forming
- Use of graffiti or other artistic, divisive writings or projects that can be seen as approach behaviors (with narrowing focusing to real life people or place they have connection)
- Harming or intimidating animals or those seen as "less than" as practice
- Threats and ultimatums may be vague or direct, but are motivated by a definitely 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
- Increased isolation from others; or joining a group with shared marginalization within the community (outsiders)
- Writing in class assignments that highlights violence or negative themes that is incongruent with the assignments
- When frustrated, storms off; disengages; may create signs or troll on social media
- Frequent interruptions during class as they are vocal about their point of view
- Argues with others with intent to embarrass, shame, or shut-down
- Drawing or doodling violent themes or scenes that are shared more directly with others for a reaction
- 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 (ex. throwing old phone on ground or slamming lockers while storming off)
- Engages in and/or is victim of verbal, social, or cyber aggression such as exclusion,

EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic progress, money/power, social justice, sports involvement, or relationships; may echo parents' beliefs
- ◆ Expression of differences with others outside of normal, developmental thoughts and behaviors
- ◆ Drawing or doodling violent themes or scenes without specific reference to someone or someone in their life
- ◆ 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

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The D-Scale: This scale assesses issues of life stress and emotional health through a series of four progressive levels, including: 1) Developing, 2) Distressed, 3) Deteriorating, and 4) Decompensating. As the levels increase, there are more concerning and serious emotional and behavioral health-related risks, affective violence, and aggression.

The E-Scale: This scale assesses issues of hostility and violence to others through a series of four progressive levels: 1) Empowering Thoughts, 2) Escalating Behaviors, 3) Elaboration of Threat, and 4) Emergence of Violence. The levels increase to address more concerning risk factors for targeted/instrumental violence, hostility, and threats to others.

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

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

The D-Scale: Life Stress and Emotional Health

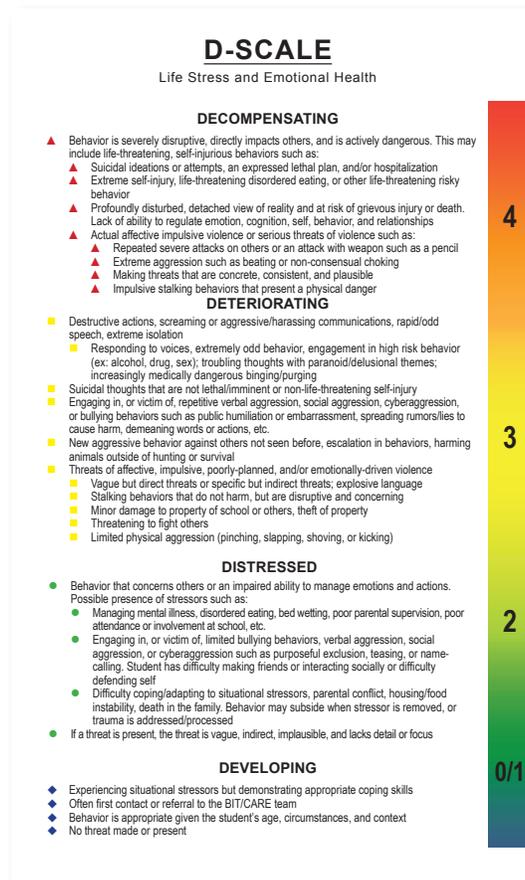
BITs are designed to have an integrated approach to addressing disruptive and concerning behaviors, mental health risk, student discipline, drug/substance use, disability, life adjustment (e.g., family distress, homelessness, difficult friendships/peer relationships), and threat assessment cases (Van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

BITs are designed to have an integrated approach to addressing disruptive and concerning behaviors, mental health risk, student discipline, drug/substance use, disability, life adjustment, and threat assessment cases.

This revision of the D-Scale addresses the need for BITs to assess a wide range of presenting concerns and to ensure focus on early identification of concerning behaviors. Further, BITs are administrative and consultative bodies and not diagnostic teams. The new D-Scale responds to this administrative function and provides BITs with better clarity and language useful for assessing life stress and emotional health – which may often overlap with mental health – without using diagnostic or clinical language. In doing this, we maintained the core elements of the 2014 D-Scale, as they remain rooted in relevant research and writing (Delworth, 1989; Dunkle, Silverstein & Warner, 2008; Jed Foundation, 2013; Eells & Rockland-Miller, 2011; Van Brunt, 2013). However, we adjusted some of the clinical terminology to reflect the administrative function of the team and broadened the scope of risk factors in the scale to reflect the preventative nature of BITs. Additionally, risk indicators were adjusted from the College and University Edition to better reflect the factors that would present in a K-12 population.

The Children's Global Assessment Scale (CGAS) provides a framework for the categorization of risk in the revised D-Scale. The CGAS is a numerical scale ranging from 1-100, used by clinicians and physicians to rate the social, behavioral, and mental health functioning of individuals (Schafer et al., 1983). Relevant to the NaBITA Risk Rubrik D-Scale, the CGAS scores are grouped into 10 different ranges, each indicating a different level of functioning or risk. These levels have been widely accepted in the clinical field as a way of conceptualizing an individual's functioning and for developing intervention measures to enhance their functioning (Aas, 2010). The CGAS is an adaptation of the adult Global Assessment of Functioning (GAF). The GAF was not included in the newest version of the Diagnostic Statistical Manual, but this decision for exclusion was based on reliability issues when the GAF was applied in clinical settings and used to determine diagnosis and treatment. Given that our application of the CGAF was in providing a framework for revising the new D-Scale, the clinical reliability issues were avoided as we focused on the GAF as a model for administrative teams in categorizing risk and developing interventions.

The D-Scale is also based on the concept of affective violence, an adrenaline-driven biological reaction to aggression that leads to the production of adrenaline, an increase in heart rate, and the resulting body language, behavior, and communication indicators. This allows the BIT to better identify and measure these observable behaviors (Howard, 1999; Grossman, 1996; 2000; Hart & Logan, 2011; Hart, Sturmey, Logan, & McMuran, 2011); Grossman and Siddle, 2000; Meloy, 2000; 2002; 2006). In the higher stages, this violence is reactive and impulsive, driven by perceived or actual threats or fear. An individual trying to manage and respond to this mixture of vulnerability and physiological responses, prompted largely by the release of adrenaline, often responds with unpredictable, spontaneous, affective violence (Howard, 1999).



The following section offers a summary of the D-Scale.

DECOMPENSATING – Critical

- 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, or other life-threatening risky behavior.
 - Profoundly disturbed, detached view of reality and at risk of grievous injury or death. Lack of ability to regulate emotion, cognition, self, behavior, and relationships.
 - Escalating aggressive behavior, building skills to cause lethal harm, killing animals, brandishing kills to intimidate.
 - Actual, affective impulsive violence or serious threats of violence such as:
 - Repeated severe attacks on others or an attack with a weapon such as a pencil.
 - Extreme aggression such as choking or beating,
 - Making threats that are concrete, consistent, and plausible.
 - Impulsive stalking behaviors that present a physical danger.

DETERIORATING – Elevated

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation.
 - Responding to voices, extremely odd behavior, engagement in high-risk behavior (e.g., alcohol, drugs, sex); troubling thoughts with paranoid/delusional themes; increasingly medically dangerous bingeing/purging.
- Suicidal thoughts that are not lethal/imminent or non life-threatening self-injury.
- Engaging in, or victim of, repetitive verbal aggression, social aggression, cyberaggression, or bullying

behaviors such as public humiliation or embarrassment, spreading rumors/lies to cause harm, demeaning words or actions, etc.

- New aggressive behavior against others not seen before, escalation in behaviors, harming animals outside of hunting or survival.
- Threats of affective, impulsive, poorly planned, and/or emotionally driven violence.
 - Vague but direct threats or specific but indirect threat; explosive language.
 - Stalking behaviors that do not harm, but are disruptive and concerning.
 - Minor damage to property of school or others, theft of property.
 - Threatening to fight others.
 - Limited physical aggression (pinching, slapping, shoving, or kicking).

DISTRESSED – Moderate

- Behavior that concerns others or impaired ability to manage their emotions and actions. Possible presence of stressors such as:
 - Managing mental illness, disordered eating, bed wetting, poor parental supervision, poor attendance or involvement at school, etc.
 - Engaging in, or victim of limited bullying behaviors, verbal aggression, social aggression, or cyberaggression such as purposeful exclusion, teasing, or name-calling. Student has difficulty making friends or interacting socially or difficulty defending self.
 - Difficulty coping/adapting to situational stressors, parental conflict, housing/food instability, death in the family. Behavior may subside when stressor is removed, or trauma is addressed/processed.
- If threat is present, the threat is vague, indirect, implausible, and lacks detail or focus.

Developing – Mild

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

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

DECOMPENSATING

This level contains either imminent risk of harm or harm that has already occurred. This includes both self-harm and affective violence. Individuals at risk for or engaging in self-harm are either acutely suicidal or are engaging in life-threatening self-harm or other aggressive and risky behavior such as killing animals and brandishing them to intimidate others, acquiring or building the skills to cause lethal harm to others, or engaging in potentially life-threatening games/activities. Individuals who are acutely suicidal have a plan to kill themselves, which includes both the intent and the means to follow through on this plan. This plan has been communicated, and it is likely that the individual is going to carry it out.

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

The imminent risk of harm or harm that has already occurred also applies to individuals engaging in or threatening affective, impulsive violence. Affective, or impulsive, violence is reactive and fueled by emotion. Individuals engaging in affective violence at the decompensating level have already engaged in the harmful behavior. This behavior could include repeated and severe attacks using a weapon of any kind, such as a pencil, choking, or beating another in a physical altercation, engaging in stalking behaviors that put the target in physical danger, or destroying property that creates a significant safety concern.

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

DETERIORATING

While deteriorating is one step down the scale, we still have some concern for safety, but it is not as imminent or life-threatening. Here, we have individuals who are engaging in behavior that is increasingly disruptive or concerning. Their behavior is disruptive in that it is starting to impact others and affect others' ability to be successful personally or academically. This could be through repeatedly interrupting class or causing disruptions in the hallways, on the bus, or after school.

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

At the deteriorating level, the individual may also be engaging in, or the victim of, repetitive verbal, social, or cyber aggression or bullying behaviors that serve to publicly humiliate, shame, or embarrass. This can include using, or being the victim of, degrading language, name-calling, objectifying language, or other tactics that serve to degrade or diminish the individual's self-worth.

The threat of harm at the deteriorating level is less imminent and life-threatening. The threat is still present, but it is less concrete. Individuals experiencing threats of harm to self, or suicidal ideation, they lack a plan or have a plan which would not be lethal. If they are engaging in self-harm or risky behavior it is concerning and/or disruptive, but not life-threatening. Examples of this behavior would be cutting that results in surface wounds or disordered eating that is not causing medical complications. Similarly, individuals threatening affective violence at this stage are likely to make statements that are either vague but direct ("I'm going to make my teacher's life a living hell"), or specific but indirect ("Someone should go all postal on this place"). These threats lack realism and are not likely to be carried out as the plan is not consistent. While individuals at this level may make others feel threatened, and their behavior is aggressive and hostile, they do not pose an imminent threat.

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

DISTRESSED

At distressed, we see individuals who are experiencing a mental health issue, familial discord, or situational stressor that is causing some difficulty in their life as they are not coping or adapting well. These students may experience difficulty regulating their emotions (panic attacks, episodes of tearfulness at inappropriate or unexpected times, etc.) and/or difficulty performing at their best socially, emotionally, or academically. Students at distress might demonstrate poor attendance, diminished hygiene, and/or bedwetting. Students at the distressed level may be experiencing challenges related to common student development tasks or life stressors such as familial discord, feelings of isolation, etc., and are having difficulty in other areas (social, mood, academics, etc.) as a result. This impact, however, is likely due to the unaddressed presence of a mental health issue or situational stressor, and the behavior or impact on life may subside once the stressor or mental health issue is addressed.

At the distressed level, any engagement in or experience of bullying behaviors is limited in scope and severity. While there may be the presence of verbal, social, or cyber aggression, it is not repeated or pervasive and it typically takes the form of excluding from group activities, name-calling, or teasing that is isolated in occurrence.

If the student is disruptive to others, it is likely to a small group of people closest to them and is not repeated behavior of disruption. Additionally, if a threat is present, it is vague and indirect without consistency or detail. Often this type

of threat is described as passive suicidal ideation, where a person experiences vague thoughts like “I wish I wasn’t here anymore” or “I wish it would all just end”, but they do not have any intent or plan to kill themselves. Although the threat is vague, it still presents a risk as students at the distressed level are likely experiencing stressors or mental health issues that make them vulnerable and in need of support.

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

DEVELOPING

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

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

The E-Scale: Hostility and Violence to Others

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

Such violence and hostility typically develop over time, with those planning such attacks often “leaking” information about their plans to others (O’Toole, 2014). Such leakage and the nature of stage-by-stage progression provide behavioral intervention and threat assessment teams the potential opportunity to prevent the harm. Targeted violence

The levels outlined in this Risk Rubric offer delineated points of opportunity to engage with the individual, intervene, and move them off the “pathway to violence,”

may be a bit of a misnomer in the sense that the term does not imply a specific target, but instead references threats that are premeditated, planned, and methodically executed, rather than those that are spontaneous and more likely to emerge without leakage and therefore without warning.

O’Toole (2014) describes those intending targeted violence as individuals who are mission-oriented. “Mission-oriented shootings are hardly impulsive crimes. They are well planned and can involve days, weeks, months, even years of making preparations and fantasizing about the crime. The planning is strategic, complex, detailed, and sufficiently se-

cretive to minimize the risk of being detected and maximize the chances for success. The planning does not occur in a vacuum — during this phase, mission-oriented shooters make many decisions, including the types of weapons and ammunition they will use and where to obtain it, the clothes they will wear, the location of the assault, who the victims will be, what they will do at the location, and the date and time of the shooting.”

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

Previous versions of the NaBITA Triage Tool built upon Glasl’s (1999) model of crisis escalation. This model provided a useful framework in understanding the progressive acceleration that occurs with students prior to such a targeted violent episode. In this update, NaBITA created four stages built upon the research and practical experience training BITs and CARE and threat assessment teams from around the world to improve the rubric’s clarity, ease of application, and research support.

E-SCALE	
Hostility and Violence to Others	
4	<p>EMERGENCE OF VIOLENCE</p> <ul style="list-style-type: none"> ▲ 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, possibly developing schematics or detailed floorplans, 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 ▲ Killing of animals outside of hunting, displaying kills, practicing skills to cause lethal harm
3	<p>ELABORATION OF THREAT</p> <ul style="list-style-type: none"> ■ 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; extremist peers or adults may exploit vulnerability and move them toward action; encouraging violence; further isolation and/or group forming ■ Use of graffiti or other artistic, divisive writings or projects that can be seen as approach behaviors (with narrowing focusing to real life people or places they have connection) ■ Harming or intimidating animals or those seen as "less than" as practice ■ Threats and ultimatums may be vague or direct, but are motivated by a definitely hardened viewpoint; potential leakage around what should happen to fix grievances and injustices ■ There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated.
2	<p>ESCALATING BEHAVIORS</p> <ul style="list-style-type: none"> ● Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective ● Increased isolation from others; or joining a group with shared marginalization within the community (outsiders) ● Writing in class assignments that highlights violence or negative themes that is incongruent with the assignments ● When frustrated, storms off, disengages, may create signs or troll on social media ● Frequent interruptions during class as they are vocal about their point of view ● Argues with others with intent to embarrass, shame, or shut-down ● Drawing or doodling violent themes or scenes that are shared more directly with others for a reaction ● 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 (ex: throwing cell phone on ground or slamming lockers while storming off) ● Engages in and/or is victim of verbal, social, or cyber aggression such as exclusion,
0/1	<p>EMPOWERING THOUGHTS</p> <ul style="list-style-type: none"> ◆ Passionate and hardened thoughts; typically related to religion, politics, academic progress, money/power, social justice, sports involvement, or relationships; may echo parents' beliefs ◆ Expression of differences with others outside of normal, developmental thoughts and behaviors ◆ Drawing or doodling violent themes or scenes without specific reference to someone or someone in their life ◆ 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

The following section offers a summary of the E-Scale.

Emergence of Violence

- Behavior is moving toward 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.
- Further isolation and/or rapid change in behavior; "going dark" prior to an 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, possibly developing schematics or detailed floorplans, employing countersurveillance 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.
- Killing of animals outside of hunting, displaying kills, practicing skills to cause lethal harm.

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; extremist peers or adults may exploit vulnerability and move them toward action; encouraging violence; further isolation and/or group forming.
- Use of graffiti or other artistic, divisive writings or projects that can be seen as approach behaviors (with narrowing focusing to real life people or places they have connection).
- Harming or intimidating animals or those seen as "less than" as practice.
- Threats and ultimatums may be vague or direct but are motivated by a definitely 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.
- Increased isolation from others; or joining a group with shared marginalization within the community (outsiders).
- Writing in class assignments that highlights violence or negative themes that is incongruent with the assignments.
- When frustrated, storms off, disengages, may create signs or troll on social media.
- Frequent interruptions during class as they are vocal about their point of view.
- Argues with others with intent to embarrass, shame, or shut down.
- Drawing or doodling violent themes or scenes that are shared more directly with others for a reaction.
- Physical violence, if present, is impulsive, nonlethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress (e.g., throwing cell phone on ground or slamming lockers while storming off).
- Engages in and/or is victim of verbal, social, or cyberaggression such as exclusion, name calling, bullying, etc. that is rooted in passionate or hardened beliefs.

Empowering Thoughts

- Passionate and hardened thoughts; typically related to religion, politics, academic progress, money/power, social justice, sports involvement, or relationships; may echo parents' beliefs.
- Expression of differences with others outside of normal, developmental thoughts and behaviors.
- Drawing or doodling violent themes or scenes without specific reference to someone or someplace in their life.
- 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.

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

Emergence of Violence

The early portion of this phase involves test runs at carrying out the attack plan to the target. These may include destroying the target's possessions, invasive monitoring of the target, gathering information to better harm the target, or development of an attack plan. As the planning moves forward, the attacker increasingly uses militaristic and tactical language, developing strategies to carry out their plan. They may desire to live after an attack to continue to spread their message or have growing awareness they will die in the attack. They are often full of hopelessness, desperation, and suicidal thoughts and have a sense of inevitability related to their attack plan. They justify their violence based on their hardened perspective. At this level, the student has made a direct threat of lethal harm and has the intent and means to carry it out.

References: Meloy & Hoffman, 2014; O'Toole, 2014; Van Brunt, 2012; Meloy et al., 2011; Sokolow et al, 2011; ATAP, 2006; Turner and Gelles, 2003; O'Toole and Bowman, 2011; Van Brunt, 2012; U.S. Postal Service, 2007; ATAP, 2006; O'Toole, 2002; Glasl, 1999; Vossekuil et al., 2000; 2002.

Elaboration of Threat

Here, there is a crystalizing of a target and a fixation and focus on an individual or group. They find others who support their beliefs by joining groups or clubs, organizations, sports teams, reading books or accessing online resources. They seek to confirm their ideas and find ways to intimidate and confront others beyond verbal arguments. This may take the form of graffiti or other artistic expression like creative writing, etc., that has a narrowing focus to real-life people or places. There is a shaming or embarrassing of the target and a desire to "unmask" them in the community.

There is further objectifying and depersonalizing of the target's feelings, thoughts, and actions. This may include the use of signs and posters, social media posts, and the harming of animals or others that are seen as "less than." They may challenge the target with a "do this or else" conditional ultimatum. There may be a threat of punishment if they do not comply with the threats and demands. Threats are infused with credibility, but there is rarely physical violence at this stage and only an increase in threatening language. If there is physical violence, it mirrors the affective violence on the D-scale, and it is impulsive and nonlethal, expressive, and reactive.

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

Escalating Behaviors

Individuals at the escalating level begin to argue and confront others around them in harmful debate, intended to polarize. Being right supersedes the facts. They frequently engage in confrontations with others. The individual finds their previous arguments and discussions unsatisfactory and begins to storm off or become aggressive when challenged. This leads to an increase in nonverbal behaviors that communicate their frustration and anger and interrupt or disrupt class as they are vocal about their point of view. There is a move away from debate and dialogue and a move toward further objectification and depersonalization. The individual at the escalating behaviors level may engage in drawing, writing, or doodling with violent themes that are intentionally shared with others for a reaction, but they are not connected to real life people, places, or events. If there is any physical violence at this phase, it is impulsive, nonlethal and brief. This acting out looks similar to affective violence on the D-Scale, but here it is driven by a strongly held perspective and/or belief set rather than a mental health condition or reaction to environmental stress.

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

Empowering Thoughts

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

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

Overall Summary

For each case that comes to the team, the NaBITA Risk Rubric should be used as an initial assessment to determine the next steps for further data collection, assessment, and/or intervention. It is useful to use both the D and E-Scales first and then confirm the overall category by referencing the Overall Summary. Each case is different, so every element of the summary may not apply to each case. Instead, the summary offers a narrative description to help the team better evaluate the risk. Teams should use an additional descriptor to address movement or trajectory (-, +) when assigning an individual to a Mild, Moderate, Elevated, or Critical level. Our goal is to keep the NaBITA Risk Rubric straightforward and easily understood so that it can be applied to each case. These visual descriptions of trajectory were designed to help teams better capture individuals who are getting worse (+) and moving up the scale, getting better (-) and moving down the scale, or remaining the same.

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

OVERALL SUMMARY

CRITICAL

In this stage, there is a serious risk of suicide, life-threatening self-injury, life-threatening risk-taking (ex. pressing on another student's chest until they pass out, jumping from dangerous height on playground, playing pinfinger or bishop knife game). They may display racing thoughts, life-threatening substance use or dependence, intense anger, and/or perceived unfair treatment or grievance that has a major impact on the student's academic, social, and peer interactions. The individual has clear target for their threats and ultimatums, access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as an SRO, law enforcement, or psychiatric hospitalization), it is likely violence will occur. There may be leakage about the attack plan (social media posts that say, "I'm going to be the next school shooter," or telling a friend to avoid coming to campus on a particular day). There may be stalking behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response.

ELEVATED

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

MODERATE

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around school, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. This is beyond the developmentally appropriate fluctuation in emotion.

MILD

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

Critical

In this stage, there is a serious risk of suicide, life-threatening self-injury, life-threatening risk-taking (e.g., pressing on another student's chest until they pass out, jumping from a dangerous height on the playground, playing pinfinger or bishop knife game). They may display racing thoughts, life-threatening substance use or dependence, intense anger, and/or perceived unfair treatment or grievance that has a major impact on the student's academic, social, and

peer interactions. The individual has a clear target for their threats and ultimatums, access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as an SRO, law enforcement, or psychiatric hospitalization), it is likely violence will occur. There may be leakage about the attack plan (social media posts that say, "I'm going to be the next school shooter" or telling a friend to avoid coming to school on a particular day). There may be stalking behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response.

Elevated

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

Moderate

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in nonverbal behaviors or begin to post things on social media, put up posters around the school, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. This is beyond the developmentally appropriate fluctuation in emotion.

Mild

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

Interventions

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

To guide the decision-making related to interventions, the NaBITA Risk Rubric identifies a pool of interventions appropriate at each risk level

K-12 STUDENT INTERVENTIONS

CRITICAL (4)

- Perform wellness check/initiate evaluation for involuntary hold/initiate suicide protocols
- Contact parent/emergency contact
- Communicate 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.
- Coordinate transitions at beginning and end of in-school or out-of-school suspensions.
- Evaluate need for emergency notification to school community or to specific, impacted parties
- Initiate mandated assessment once immediate safety has been established
- Connect with off-campus resources as appropriate such as: case manager, child protective services, juvenile justice department, etc.
- Provide guidance, support, and safety planning to impacted parties, such as teachers and other students

ELEVATED (3)

- Evaluate the need to establish immediate safety through welfare/safety check with in-house counseling staff or SRO
- Initiate suicide or bullying protocols as appropriate
- Meet with student and parent/guardian to engage in assessment and action planning
- Deliver follow-up and ongoing services to support student both within and outside the school community
- Determine the need for mandated assessment (SIVRA-35, psychological assessment, other violence risk assessment)
- Coordinate referrals for counseling, mental health treatment, student discipline process, disability assessment/services, other support resources
- Coordinate transitions at beginning and end of in-school or out-of-school suspensions
- Connect with off-campus resources as appropriate, such as case manager, child protective services, juvenile justice department, etc.
- Coordinate with school resource officer, local law enforcement, etc. to discuss plan for safety, community, response, etc.
- Coordinate with IEP process

MODERATE (2)

- Provide guidance and education to a referral source for care (community therapist, in-school referral to guidance or school counseling)
- Bring student in for an individualized meeting to identify a safety plan in coordination with the student and/or parent/guardian. Should include discussion of reducing trigger events, building protective factors and be reviewed and adjusted regularly for effectiveness
- Coordinate care and/or make referrals to reduce silos among classroom, student discipline, counseling, social services, mental health treatment, and off-campus law enforcement
- Engage and establish rapport with parent/guardian as a partner to create transparency and educate them about the process
- Develop student support and comprehensive and holistic behavior intervention plan (separate from IEP)
- Refer for student discipline process and/or behavior management process; address emerging behaviors under an academic disruption or student discipline policy
- Engage in skill building related to social and emotional learning, conflict management, interpersonal conflict resolution, problem-solving
- Evaluate for referral for disability/accessibility assessment and coordinate with IEP processes
- Continually assess the effectiveness of interventions or other academic/learning plans
- Initiate bullying protocols as appropriate

MILD (0/1)

- Possibly no direct action
- Provide guidance and education to referral source
- Reach out to student for a meeting to assess situation and determine needs
- Connect with teachers, school support resources, etc., to either enlist as a support or to gather more information
- Provide resources to student as appropriate

The following section offers a summary of the interventions offered in a K-12 school environment.

Critical Interventions

- Perform wellness check/initiate evaluation for involuntary hold/initiate suicide protocols.
- Contact parent/emergency contact.
- Communicate 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.

- Coordinate transitions at beginning and end of in-school or out of school suspensions.
- Evaluate need for emergency notification to school community or to specific, impacted parties.
- Initiate mandated assessment once immediate safety has been established.
- Connect with off-site resources as appropriate such as case manager, child protective services, juvenile justice department, etc.
- Provide guidance, support, and safety planning to impacted parties, such as teachers and other students.

Elevated Interventions

- Evaluate the need to establish immediate safety through welfare/safety check with in-house counseling staff or SRO.
- Initiate suicide or bullying protocols as appropriate.
- Meeting with student and parent/guardian to engage in assessment and action planning.
- Deliver follow-up and ongoing services to support student both within and outside the school community.
- Determine the need for mandated assessment (SIVRA-35, psychological assessment, other violence risk assessment).
- Coordinate referrals for counseling, mental health treatment, student discipline process, disability assessment/services, other support resources.
- Coordinate transitions at beginning and end of in-school or out-of-school suspensions.
- Connect with off-site resources as appropriate such as case manager, child protective services, juvenile justice department, etc.
- Coordinate with school resource officer, local law enforcement, etc., to discuss plan for safety, community, response, etc.
- Coordinate with IEP process.

Moderate Interventions

- Provide guidance and education to a referral source for care (community therapist, in-school referral to guidance or school counseling).
- Bring student in for an individualized meeting to identify a safety plan in coordination with the student and/or parent/guardian. Should include discuss of reducing trigger events, building protective factors and be reviewed and adjusted regularly for effectiveness .
- Coordinate care and/or make referrals to reduce silos among classroom, student discipline, counseling, social services, mental health treatment, and off-campus law enforcement.
- Engage and establish rapport with parent/guardian as a partner to create transparency and educate them about the process .
- Develop student support and comprehensive and holistic behavior intervention plan (separate from IEP).
- Refer for student discipline process and/or behavior management process; address emerging behaviors under an academic disruption or student discipline policy.
- Engage in skill-building related to social and emotional learning, conflict management, interpersonal conflict resolution, problem-solving.
- Evaluate for referral for disability/accessibility assessment and coordinate with IEP processes.
- Continually assess the effectiveness of interventions or other academic/learning plans. Initiate bullying protocols as appropriate.

Mild Interventions

- Possibly no direct action.
- Provide guidance and education to referral source.
- Reach out to student for a meeting to assess situation and determine needs.
- Connect with teachers, school support resources, etc., to either enlist as a support or to gather more information.
- Provide resources to student as appropriate.

The following section offers a more detailed description of the interventions.

Critical Interventions

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

In instances of threats of harm to others, the interventions will be aimed at stopping the individual from engaging in violence and protecting the target of violence. Again, at this level, it is likely that the individual will be hospitalized and/or arrested given the severity of the behavior and the imminence of the threat present. To also protect the safety of the target of the violence, teams should coordinate with the school resource officer, local law enforcement, FUSION center, student discipline, etc., to evaluate the need for emergency notification to the community or to an individual target. Again, teams should deploy these interventions immediately and call an emergency team meeting to coordinate all of the safety measures.

Given the severity of the concerns and the intensity of the interventions, it is necessary to involve the parent or guardian at the critical level of risk. Due to the imminent concern for the health and safety of the student, and the potential for harsh consequences, teams have an obligation to notify the student's parent(s)/guardian(s) to discuss the behavior and concerns for safety. Teams should use this opportunity to build alliances with the parents and engage them as allies in the process of establishing safety.

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

Given the severity of the behavior and threat at the critical level, it is likely that the individual will need to be separated from the school. Separating a student from the school through suspension does not eliminate the threat to the community. Teams should be prepared to develop continuing and ongoing support for students during and after their transition to attempt to reduce the risk. Partnering with the parent(s)/guardian(s)/emergency contact, as well as local law enforcement and support resources, is key in bridging the continuity of risk assessment and management.

References: Eells & Rockland-Miller, 2011; Dunkle, Silverstein, & Warner, 2008; Jed Foundation, 2008, 2013; Deisinger, Randazzo, O'Neill & Savage, 2008; Nolan, Randazzo, & Deisinger, 2011; Deisinger & Scalora, 2016; Drum, Brownson, Denmark, & Smith, 2009; Hollingsworth, Dunkle, & Douce, 2009; National Threat Assessment Center, 2018.

Elevated Interventions

These interventions are designed to mitigate the concern, provide support, and further assess the individual. Perhaps the most useful tool in your toolbelt at the elevated level is a mandated assessment. A mandated assessment gives teams an opportunity to seek an evaluation for a student to better determine the student's functioning, risk factors present, and ongoing interventions that may reduce the risk. The results of a mandated assessment provide teams with the critical information they need in determining what interventions to use moving forward.

Teams must also evaluate the need to initiate a welfare/wellness check, parent/guardian/emergency contact notification, and/or a referral to student discipline or for a disability assessment. Additionally, depending on the risk factors present, the school's suicide or bullying protocol may need to be initiated at the elevated level. Each case will vary.

This is an opportunity for teams to tailor the approach to the specific needs of the case. In cases where safety is a concern, teams may need to either call the student and make immediate contact to establish safety or initiate a wellness check by a mental health professional, the local crisis unit, or law enforcement. If the case involves disruption to other students or a violation of school policy, it may be appropriate to refer the case for disciplinary action. Teams need to find a balance between referring every policy violation present in the case for disciplinary action and ensuring that students are held accountable for their behavior so as to mitigate future escalation or worsening behavior. Teams should also consider parental/guardian/emergency contact notification at the elevated level. Parents should be seen as allies in the process and engaged early when appropriate.

At elevated, it is critical that the student receives ongoing support and case management. Whether this comes from a full-time case manager dedicated to the team – or from individual team members serving as case managers to students referred to the team – will vary based on institutional resources. In either case, someone needs to be assigned to the case who is responsible for meeting with the student, assessing their needs, connecting them with resources, and providing follow up support to ensure ongoing connection. This reach out to the student should happen quickly. At the elevated level, contact with the student should be coordinated within hours of receiving the referral. Additionally, given the level of concern at the elevated level, case management cannot be a “one-and-done” approach. In many cases, the ongoing support will involve multiple meetings, facilitating referrals, and ensuring connection with resources like mental health treatment, disability assessment and support, child protective services, juvenile justice department, tutoring or other academic support, and/or psychiatric care. Releases of information should be secured where needed so that the case manager and/or the team can receive updates about how the individual is doing and whether they remain connected with the resource.

References: Dunkle, Silverstein, & Warner, 2008; Jed Foundation, 2008, 2013; Hollingsworth, Dunkle & Douce, 2009; NaBITA & ACCA, 2012; Adams, Hazelwood, & Hayden, 2014; Drum, Brownson, Denmark, & Smith, 2009.

Moderate Interventions

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

Referrals will be based on individual student needs and could include mental health treatment, academic tutoring or support, student activities or clubs, familial services, or social support such as food pantries, housing assistance, etc. At the moderate level, teams should work together with the student to identify the resources most appropriate for their needs and then assist the student in connecting with the resources. Again, this is not a one-and-done approach. Follow-up in the form of additional meetings, coordination with the family, partnering with teachers and behavior management plans, etc., can be helpful in bridging the student to the support resources and ensuring they are connected.

The goals of working with the student should be to reduce triggering events, building protective factors, and skill-building related to social and emotional learning, conflict management, problem-solving, etc. The case manager should coordinate with any disability services, IEP processes, etc.

At a moderate level of risk, teams also have an opportunity to engage their outer circle members or the referring teacher/staff member in providing support to the student. Often, the referring party or another outer circle member may have a preexisting relationship with the student, which can be leveraged in connecting the student with resourc-

es or in reducing the behavior of concern. Teams can coach the referring party on how they can engage with the student and can offer strategies for preventing a recurrence of the behavior.

Mild Interventions

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

Similar to what is suggested at the moderate level, here teams have an opportunity to partner with the referral source, or other known supports to connect the student with resources and to observe their behavior for any signs they are escalating. Individuals at the mild level are likely to be successful once connected to supports. In many cases, coaching to the referral source might be helpful in guiding them in responding to or supporting the student. For example, an intervention for a student referred by a teacher for mild disruptive behavior in the classroom might be to coach the teacher on some classroom and behavioral management strategies to assist the student.

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

Applying the NaBITA Risk Rubric

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

Whether you apply the D-Scale, the E-Scale, or both, the risk is determined based on the type of concerns present in the case. Cases involving an emotional health issue, life stressor, suicide or self-harm, affective violence, or other general well-being concern will be assessed on the D-Scale while cases involving hostility, aggression, predatory violence, or threats of harm to others will be assessed on the E-Scale. The D-Scale and the E-Scale provide detailed and specific indicators of risk and threat, allowing teams to make an accurate assessment of where the student falls on the Overall Summary Scale. Once this has been determined, teams select interventions from the corresponding risk level.

Having the NaBITA Risk Rubric readily available during team meetings can be instrumental in keeping team members on task and focusing the discussion on the objective assessment of risk.

Having the NaBITA Risk Rubric readily available during team meetings can be instrumental in keeping team members on task and focusing the discussion on the objective assessment of risk. One practical way of doing this is to print and laminate color copies of the rubric and have the chair bring them to each meeting. The chair can then easily direct the conversa-

tion and team member's attention to the rubric during case discussions. Once the risk level is determined by the team, it should be documented in the individual's electronic record along with a note about the interventions the team has decided to deploy. It is important to note that risk is not stagnant. An individual's level of risk will shift over time, and teams should reassess the level of risk using the NaBITA Triage Tool, noting any changes in risk in the electronic record.

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