Behavioral Assessment Intervention Team (BAIT)

Date: March 8, 2022

Century College
3300 White Bear Avenue
White Bear Lake, MN 55110
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Behavioral Assessment Intervention Team

Mission
Interdisciplinary team intended to bring together multiple sources of campus information on a student, form a more complete picture of the student’s behavior, and determine options.

Membership
The team is composed of the following individuals, representing various functional areas of the College:

Committee Members
- Student Affairs, Kristin Hageman, Dean of Students; Title IX Coordinator
- Student Affairs, Dr. Jennifer Rassett, Director for Student Life and Leadership Development; Deputy Title IX Coordinator
- Student Affairs, Colleen Cahill, Assistant Director for Student Life and Leadership; Conduct Officer
- Student Affairs, Christine Morrison, Student Affairs Dean's Assistant; Conduct Assistant
- Student Affairs, Janet Wacker, Counselor
- Student Affairs, Crystal De Kam, Counselor
- Student Affairs, Melissa Traxler, Access Services Coordinator
- Academic Affairs, Beth Hein, Academic Dean
- Faculty, Cathy Crea, Reading/Student Success
- Public Safety, Jason Philipp, Director of Public Safety
- Public Safety, Nathan Mens, Lead Campus Security Officer & Clery Compliance Officer

As a BAIT Team member, you have been identified as a Campus Security Authority in compliance with the Clery Act. This role requires you to receive and participate in specialized training on this responsibility. You are considered a mandatory reporter of crimes and other actions that are reportable in compliance with the Clery Act and Violence Against Women Act requirements.

Process
Initial Inquiry
Primary
1. Was there a specific or direct threat of violence communicated?
2. Was a possible target (person or place) identified?
3. Has the individual shared any aspects of a specific plan for violence?
4. Has the individual begun any action towards enacting a plan for violence?
5. Has the individual acquired or attempted to acquire weapons or other means?
6. Has the individual shared any thoughts/veiled threats of violence?
7. Any communication of suicidal thoughts, plans, or attempts?
8. Are there behaviors that are significantly disruptive to the campus?

Gather Information
• Faculty and staff members
• Conduct records
• Faculty and staff grievances
• Access Center
• Campus Security

• Local law enforcement
• Previous school
• Email/internet information
• Counseling Center
• Person of Concern
Behavior Assessment & Intervention Team (BAIT)

Assessment Guide

Summary of concern:

Information

Name: ____________________________ Date: ____________________________

ID#: ____________________________ DOB: ____________________________

Contact Info: ____________________________ Person Reporting: ____________________________

Other: ____________________________

Status:

☐ Student  ☐ Faculty  ☐ Staff  ☐ Other: ____________________________

Team Members Present:

Date of Review: ____________________________

• ____________________________

• ____________________________

• ____________________________

• ____________________________
Background Checklist

☐ ISRS ☐ Transcript ☐ Other Institutions ☐ Maxient

☐ Access Center

☐ Hobsons (Advisor Notes)

☐ MN Courts

☐ Social Media (Facebook, Twitter, Tumblr, YouTube, Twitter)

1. Communication

Regarding self, person or entity:

☐ Direct threat ☐ Veiled threat

☐ Indirect threat ☐ Conditional threat

Notes:

2. Leakage

☐ Communication revealing clues of potential self-harm, attack (e.g. homework, email, etc.)

☐ Others reporting concern (range from odd discomfort to a complete list of details)

☐ Feelings, thoughts, fantasies, shared with others

☐ Web search: Social media, YouTube, Facebook, etc.

Notes:
3. Pathway—Warning Behavior
☐ Research/planning
☐ Rehearsal/practice
☐ Acquisition of weapons/methods for self-harm
☐ Probing location
☐ Taken steps toward a plan
☐ Energy burst
☐ Other

Notes: ________________________________________________________________
____________________________________________________________________
____________________________________________________________________

4. Fixation/Identification
☐ Homicidal ideation
☐ Suicidal ideation
☐ Externalizing blame
☐ Social isolation
☐ Preservation on person, cause, location, entity or situation
☐ Lacking empathy, guilt, love, sympathy
☐ Stalking
☐ Groups, heroes, affiliations
☐ Pseudo-commando/warrior mentality
☐ Drastic/unexplained behavior changes
☐ Weapons fascination

Notes: ________________________________________________________________
____________________________________________________________________
____________________________________________________________________

5. Last Resort
☐ Hopelessness/desperate
☐ Lack of options (feels trapped)
☐ Suicidal ideation
☐ Violence as a way to solve the issue/problem
☐ Consequences are justified
☐ Upcoming events (graduation, anniversary dates, law suit, etc.)
☐ Humiliation/failure
☐ Coping skills
☐ Externalizing blame
☐ Injustice collector

Notes: ________________________________________________________________
____________________________________________________________________
____________________________________________________________________

6. Mitigators/Inhibitors
☐ Identify positive supports
☐ Future goals/aspirations
☐ Positive personal health
☐ Financial counseling/support
☐ Hobbies/areas of interest
☐ Employment support (vocational rehabilitation)
☐ Counseling support
☐ Faith-based resources
☐ Veteran’s resources
☐ Child-care resources

Notes: ________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Team Discussion/Action

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NaBITA Threat Assessment Tool

Pathway to Violence

- Grievance
- Violent Ideation
- Research & Planning
- Pre-attack Preparation
- Probing & Breaches
- "Heat"
- Attack
- De-escalation
- Motivation

Modified from Calihan & Wettera 2003
NaBITA THREAT ASSESSMENT TOOL

MENTAL & BEHAVIORAL HEALTH, "THE D-SCALE"

DYSREGULATION/MENTALLY DISABLED*
- Suicidal
- Pervasive (e.g., cutting, eating disorders)
- Individuals engaging in risk-taking behaviors (e.g., substance abuse)
- Hostile, aggressive, relationally abusive
- Individuals deficient in skills that regulate emotion, cognition, self, behavior, and relationships

DISTURBANCE
- Behaviorally disruptive, unusual and/or bizarre acting
- Destructive, apparently harmful to others
- Substance abusing

DISTRESS
- Emotionally troubled
- Individuals impacted by situational stressors and traumatic events
- May be psychiatrically symptomatic

*Medically Disabled is a clinical term, as it's a psychosocial break.
<table>
<thead>
<tr>
<th>CLASSIFYING RISK</th>
<th>INTERVENTION TOOLS TO ADDRESS RISK AS CLASSIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MILD RISK</strong></td>
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<tr>
<td>- Disruptive or concerning behavior</td>
<td>- Confrontation by reporter</td>
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<tr>
<td>- Student may or may not show signs of distress</td>
<td>- Behavioral contract or treatment plan with student</td>
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<tr>
<td>- No threat made or present</td>
<td>- Student conduct response</td>
</tr>
<tr>
<td><strong>MODERATE RISK</strong></td>
<td><strong>MODERATE RISK</strong></td>
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<tr>
<td>- More involved or repeated disruption. Behavior more concerning</td>
<td>- Confrontation by reporter</td>
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<tr>
<td>- Likely to be disruptive or low-level disturbance</td>
<td>- Behavioral contract or treatment plan with student</td>
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<tr>
<td>- Possible threat made or present</td>
<td>- Student conduct response</td>
</tr>
<tr>
<td>- Threat is vague and indirect</td>
<td>- Evaluate for disability services and/or medical referral</td>
</tr>
<tr>
<td>- Information about threat or threat itself is inconsistent, in plausible or/and illogical detail</td>
<td>- Conflict management, mediation, problem-solving</td>
</tr>
<tr>
<td>- Threat lacks realism</td>
<td><strong>ELEVATED RISK</strong></td>
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<tr>
<td>- Content of threat suggests threatener is unlikely to carry it out</td>
<td><strong>SEVERE RISK</strong></td>
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<tr>
<td><strong>ELEVATED RISK</strong></td>
<td>- Confrontation by reporter</td>
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<tr>
<td>- Serial or disruptive incidents</td>
<td>- Evaluate parents/guardian notification</td>
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<tr>
<td>- Exhibiting clear distress, more likely disturbance</td>
<td>- Evaluate need to request permission from student to reserve medical/educational records</td>
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<tr>
<td>- Threat made or present</td>
<td>- Consider interim suspension if applicable</td>
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<tr>
<td>- Threat is vague and indirect, but may be repeated or shared with multiple reporters</td>
<td>- Evaluate for disability services and/or medical referral</td>
</tr>
<tr>
<td>- Information about threat or threat itself is inconsistent, in plausible or/and illogical detail</td>
<td>- Consider referral to mandated assessment</td>
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<tr>
<td>- Threat lacks realism, or is repeated with variations</td>
<td><strong>SEVERE RISK</strong></td>
</tr>
<tr>
<td>- Content of threat suggests threatener is unlikely to carry it out</td>
<td>- Consider voluntary/involuntary medical withdrawal</td>
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<tr>
<td><strong>SEVERE RISK</strong></td>
<td>- Possible confrontation by reporter</td>
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<tr>
<td>- Distorted or advancing to dysregulation</td>
<td>- Parents/guardian notification obligatory unless contraindicated</td>
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<tr>
<td>- Threat made or present</td>
<td>- Evaluate emergency notification to others (FERPA/HIPAA/Clary)</td>
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<tr>
<td>- Threat is vague, but direct, or specific but indirect</td>
<td>- No behavioral contracts</td>
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<tr>
<td>- Likely to be repeated or shared with multiple reporters</td>
<td>- Inconclude interim suspension if applicable</td>
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<tr>
<td>- Information about threat or threat itself is consistent, plausible or includes increasing detail of plan (time, place, etc.)</td>
<td>- Possible liaison with local police to compose red flags</td>
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<td>- Threat likely to be exported with consistency</td>
<td>- Deploy mandated assessment</td>
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<tr>
<td>- Threat likely to be exported with consistency may try to convince listener they are false</td>
<td>- Evaluate for medical/psychological transport</td>
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<tr>
<td>- Content of threat suggests threatener may carry it out</td>
<td>- Evaluate for custodial hold</td>
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<tr>
<td><strong>EXTREME RISK</strong></td>
<td>- Consider voluntary/involuntary medical withdrawal</td>
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<tr>
<td>- Student is dysregulated (way off baseline) or medically disabled</td>
<td>- Direct threat eligible</td>
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<tr>
<td>- Threat made or present</td>
<td>- Law enforcement response</td>
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<tr>
<td>- Threat is direct (specific or direct)</td>
<td>- Consider eligibility for involuntary commitment</td>
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<tr>
<td>- Likely to be repeated or shared with multiple reporters</td>
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Meeting Guidelines

• Meet a minimum of once a month and as frequently as needed
• All members shall sign an annual Confidentiality Agreement
• All visitors that attend any committee meeting(s) shall sign a Visitor Confidentiality Agreement

Data Collection

• Maxient

Resources

• The National Behavioral Intervention Team Association (NABITA) – nabita.org
• The Association of Threat Assessment Professionals (ATAP) – atapworldwide.org
• Margolis Healy & Associates – campusthreatassessment.org
• The JED Foundation – jedfoundation.org
• Calhoun and Weston, 2003
• Additional resources located on I:\BAIT