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*What does this mean for me?*

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A Practical Application of How to Collaborate with  
Behavioral Intervention Teams



*Technical Difficulties?*

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- *Attempt the alternate audio option provided*
- *Send us a question through the GoToWebinar control panel*
- *Contact GoToWebinar Support Center at 866.926.6492*

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 **Presenter Information**

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BALL STATE  
UNIVERSITY



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 **Presenter Information**

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FRATERNITY  
*for hope, for strength, for life.*



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## → About The Program

- Expand upon your knowledge of behavioral intervention teams and identify ways in which you can integrate best practices into your daily work.
- Provide practical application examples and discussion from both the campus-based and the HQ professional's perspectives.
- Outline a collaborative functioning and process of the BIT to address concerning student behavior.
- Explore the role of fraternity and sorority professionals on the BIT.

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## → Overview of Presentation

- Review the structure, purpose and membership of Ball State's BIT (example from one institution)
  - Practical examples of how BIT functions at Ball State
  - Now What - Considerations for BIT involvement
  - How fraternity and sorority life staff on campus can advocate for BIT involvement

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## Overview of Presentation

- Review the recently developed Mental Health Response Procedures of Delta Gamma (example from one HQ)
  - Background and context of how this came to be
  - Overview of the process the group utilized
  - Sharing the outcomes, including how we collaborate with university BITs and utilize a custom threat assessment rubric.

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*Ball State University*

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BIT Examples & Collaboration with FSL

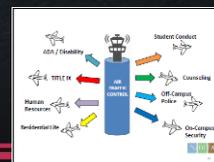
## Ball State's BIT

- Purpose - to advance a supportive and caring response to students in distress. We only focus on students of concern; risk of threat to self and others
- Renamed Behavioral Intervention Team (BIT) effective this fall 2014 (CIRT – Critical Incident Response Team)
- Group was established in 2002 (Before the VA Tech Shooting in 2007)
- Meets weekly (Fridays) for 1 hour during academic year and biweekly during the summer months

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## Who are we – Membership

- *Student Affairs*
  - Student Conduct
  - Title IX
  - Greek Life
  - Student Life
  - Disability Services
  - Housing and Residence Life
  - University Police Department
- Counseling Center
- Health Center
- Multicultural Center
- *Academic Affairs*
  - Office of the Provost
  - Online and Distance Education
  - Rinker Center for International Programs



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## *BIT Referrals (How we get reports)*

- Online
- Call
- Email
- In-person
- BIT members
- Faculty
- Staff
- University Police
- Students
- Parents/Family

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## *What we do*

- Serve as the central point of contact for reviewing reports of concerning student behavior
- Analyze information received (patterns, trends, recurrence)
- Assess risk of threat to self and others (NaBITA Threat Assessment Tool)
- Determine appropriate intervention and act accordingly
- Monitor ongoing behavior of individuals who have displayed disruptive or concerning behavior

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### NaBITA THREAT ASSESSMENT TOOL

HARM TO SELF MENTAL & BEHAVIORAL HEALTH, "THE D-SCALE"	OVERALL & GENERALIZED RISK RUBRIC	HARM TO OTHERS NINE LEVELS OF HOSTILITY AND VIOLENCE
<p><b>DYSREGULATION/DECOMPENSATION</b></p> <ul style="list-style-type: none"> <li>▲ Acutely suicidal (thoughts, feelings, expressed intentions and desires)</li> <li>▲ Para-suicidal (extreme self-harmful behavior, eating disorder, personality disorder) at life-threatening levels</li> <li>▲ Engaging in risk taking behaviors (e.g. substance abuse)</li> <li>▲ Hostile, aggressive, relationally abusive</li> <li>▲ Deficient in skills that regulate emotion, cognition, self-behavior and relationships</li> <li>▲ Profoundly dissociated, detached view of reality</li> <li>▲ Unable to care for themselves (poor self-care, protection/judgment)</li> <li>▲ At risk of previous injury or death without intent to self-harm</li> <li>▲ Often seen in psychotic breaks</li> </ul> <p><b>DISTURBANCE</b></p> <ul style="list-style-type: none"> <li>■ Increasingly disruptive or concerning behavior, unusual and/or bizarre acting</li> <li>■ May be destructive, apparently harmful or threatening to others</li> <li>■ Substance misuse and abuse of self-medication, erratic medication compliance</li> </ul> <p><b>DISTRESS</b></p> <ul style="list-style-type: none"> <li>● Emotionally troubled (e.g. depressed, manic, unstable)</li> <li>● Individuals impacted by situational stresses and traumatic events that cause disruption or concern</li> <li>● May be psychologically symptomatic if not coping/adjusting to stressors/trauma</li> <li>● Behavior may subside when stressor is removed or trauma is addressed/processed</li> </ul>	<p style="text-align: center;">TRAJECTORY? ←      → TRAJECTORY</p>	<p><b>9 PLUNGING TOGETHER INTO THE ABYSS</b></p> <p><b>8 FRAGMENTATION OF THE ENERGY</b></p> <p><b>7 LIMITED DESTRUCTIVE BLOWS</b></p> <p><b>6 STRATEGIES OF THREAT</b></p> <p><b>5 LOSS OF FACE</b></p> <p><b>4 IMAGES AND COALITIONS</b></p> <p><b>3 ACTIONS NOT WORDS</b></p> <p><b>2 DEBATE AND CONTENTIOUS ARGUMENTS</b></p> <p><b>1 HARDENING</b></p>
	<p><b>EXTREME</b></p> <p><b>SEVERE</b></p> <p><b>ELEVATED</b></p> <p><b>MODERATE</b></p> <p><b>MILD</b></p>	

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CLASSIFYING RISK	INTERVENTION TOOLS TO ADDRESS RISK AS CLASSIFIED
<p><b>MILD RISK</b></p> <ul style="list-style-type: none"> <li>• Disruptive or concerning behavior</li> <li>• May or may not show signs of distress</li> <li>• No threat made or present</li> </ul>	<p><b>MILD RISK</b></p> <ul style="list-style-type: none"> <li>• Meeting/mandated referral by reporter</li> <li>• Behavioral contract or treatment plan with student or employee (if at all, only for low-level concerns)</li> <li>• Student contact or IIR response</li> <li>• Evaluate for disability services and/or medical referral</li> <li>• Conflict management, mediation, problem-solving</li> </ul>
<p><b>MODERATE RISK</b></p> <ul style="list-style-type: none"> <li>• More involved or repeated disruption. Behavior more concerning. Likely distressed or low-level disturbance</li> <li>• Possible threat made or perceived</li> <li>• Threat is vague and indirect</li> <li>• Information about threat or threat itself is inconsistent, implausible or lacks detail</li> <li>• Threat lacks realism</li> <li>• Content of threat suggests threatener is unlikely to carry it out</li> </ul>	<p><b>MODERATE RISK</b></p> <ul style="list-style-type: none"> <li>• Meeting/soft referral by reporter</li> <li>• Behavioral contract or treatment plan with student (if at all, only for low-level concerns)</li> <li>• Student contact or IIR response</li> <li>• Evaluate for disability services and/or medical referral</li> <li>• Conflict management, mediation (not if physical/violent), problem-solving</li> </ul>
<p><b>ELEVATED RISK</b></p> <ul style="list-style-type: none"> <li>• Seriously disruptive incident(s)</li> <li>• Exhibiting clear distress, more likely disturbance</li> <li>• Threat made or present</li> <li>• Threat is vague and indirect, but may be repeated or shared with multiple reporters</li> <li>• Information about threat or threat itself is inconsistent, implausible or lacks detail</li> <li>• Threat lacks realism, or is repeated with variations</li> <li>• Content of threat suggests threatener is unlikely to carry it out</li> </ul>	<p><b>ELEVATED RISK</b></p> <ul style="list-style-type: none"> <li>• Meeting/mandated referral by reporter</li> <li>• Evaluate parental/guardian notification</li> <li>• Obtain and assess medical/educational and other records</li> <li>• Consider interim suspension if applicable</li> <li>• Evaluate for disability services and/or medical referral</li> <li>• Consider referral or mandated assessment</li> <li>• SWRA-33 or other violence risk assessment</li> </ul>
<p><b>SEVERE RISK</b></p> <ul style="list-style-type: none"> <li>• Disturbed or advancing to dysregulation</li> <li>• Threat made or present</li> <li>• Threat is vague, but direct, or specific but indirect</li> <li>• Likely to be repeated or shared with multiple reporters</li> <li>• Information about threat or threat itself is consistent, plausible or includes increasing detail of a plan (time, place, etc.)</li> <li>• Threat likely to be repeated with consistency (may try to convince others they are serious)</li> <li>• Content of threat suggests threatener may carry it out</li> </ul>	<p><b>SEVERE RISK</b></p> <ul style="list-style-type: none"> <li>• Possible confrontation by reporter</li> <li>• Parental/guardian notification obligatory unless contraindicated</li> <li>• Evaluate emergency notification to others</li> <li>• No behavioral contacts</li> <li>• Recommend interim suspension or paid/unpaid leave</li> <li>• Possible liaison with local police to compare red flags</li> <li>• Deploy mandated assessment</li> <li>• Evaluate for medical/psychological transport</li> <li>• Evaluate for out-of-hold</li> <li>• Consider voluntary/involuntary medical withdrawal</li> <li>• Direct threat eligible</li> <li>• Law enforcement response</li> <li>• Consider eligibility for involuntary commitment</li> <li>• SWRA-33 or other violence risk assessment</li> </ul>
<p><b>EXTREME RISK</b></p> <ul style="list-style-type: none"> <li>• Dysregulated (way off baseline) or medically disabled</li> <li>• Threat made or present</li> <li>• Threat is concrete specific or direct</li> <li>• Likely to be repeated or shared with multiple reporters</li> <li>• Information about threat or threat itself is consistent, plausible or includes specific detail of a plan (time, place, etc.), often with steps already taken</li> <li>• Threat may be repeated with consistency</li> <li>• Content of threat suggests threatener will carry it out (reference to weapons, means, target)</li> </ul>	<p><b>EXTREME RISK</b></p> <ul style="list-style-type: none"> <li>• Possible confrontation by reporter</li> <li>• Parental/guardian notification obligatory unless contraindicated</li> <li>• Evaluate emergency notification to others</li> <li>• No behavioral contacts</li> <li>• Interim suspension or paid/unpaid leave if applicable</li> <li>• Possible liaison with local police to compare red flags</li> <li>• Too serious for mandated assessment</li> <li>• Evaluate for medical/psychological transport</li> <li>• Evaluate for out-of-hold</li> <li>• Initiate voluntary/involuntary medical withdrawal</li> <li>• Law enforcement response</li> <li>• Consider eligibility for involuntary commitment</li> </ul>

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## *We Also...*

- Develop a culture of reporting and educate the campus community about behaviors of concern
- Support individuals with appropriate campus and community resources
- Establish networks with campus and community resources to maximize the effectiveness of interventions
- Provide support to faculty, staff, and students who are assisting students who present concerning or disruptive behavior
- Assess long-term success of individual interventions recommended by the BIT

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## *Role of BIT members*

- Source of information and insight
- Contribute to assessment of risk based on information available to the team
- Help determine the appropriate intervention
- Intervene as needed
- Continue to monitor students and provide updates to BIT
- Student success advocates... care for all students

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## Examples of BIT at work

- *“Living in Fear”*
  - Sorority member
  - Multiple incidents of threat to self
  - Concern for individual and group
  - Intervention and support for individual and group
  - Support for staff
- *“Creepy” Guy*
  - Pursuit of relationships with sorority members
  - Lack of appropriate reporting and use of campus resources
  - Effect of social media
  - Incident De-escalation – education
  - Perpetrator intervention
  - Title IX implications

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## Now What

- Does your institution have a BIT , CARE or Threat Assessment Teams (TAT) and what is the purpose?
- Who convenes the team?
- How has/can/will the BIT, CARE or TAT provide support to fraternity and sorority life staff?
- Does your institution have employee reporting requirements regarding student reports of threat to self and threat to others?
- Is there a defined role for fraternity and sorority life professionals?

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 *Making a case for BIT membership*

- Do your research – NaBITA Standards
- Talk with your supervisor – you will need an advocate
- Meet with BIT convener – you will want to understand the context of your institution
- Consider what level of membership may be most appropriate; core, inner, middle, and outer
- Define and articulate how membership may be value adding to the team: fraternity and sorority life staff possess relevant skill, knowledge, and experiences
- Consider how to relate request for membership consideration to unique institutional needs, values, and national trends
- Risk assessment, management, and intervention
- Access to students and student information- people of influence, intervention, education

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*Delta Gamma Fraternity*

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Mental Health Response Procedures & Collaboration with BITs

## *Background & Context*

- *Increase in significant mental health concerns within chapters*
  - Multiple suicide attempts in chapter housing, etc.
- *Volunteers were seeking “what to do” and going directly to our General Counsel.*
  - She is an attorney, not a mental health professional.
- *We knew we need to think about this intentionally and have the right people “at the table”.*

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## *Process*

- *Assembled an interdisciplinary Working Group*
  - Overview of representatives
- *Outlined Key Objectives in the Working Group Charter*
  - Overview of key objectives, reflective of call structure.
- *Met via teleconference from June-October 2017*
  - Calls occurred every other week, on average.
  - Final proposal endorsed Oct. 2017

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## The Outcome

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- *Four overarching recommendations pertaining to:*
  - Our responsibility
  - Housing implications
  - Reporting to Emergency Contacts
  - Reporting to BITs



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### Our Rubric

- The right column remains the exact same as the NaBITA rubric
- The middle column includes examples that align
- The left column outlines the Delta Gamma response procedures.



CLASSIFYING RISK	EXAMPLES	ACTION STEPS
<b>MILD RISK</b> • Disruptive or concerning behavior. • May or may not show signs of distress. • No threat made or present.	<b>MILD RISK</b> • Causes roommate disturbances or conflict amongst friends. • Uncharacteristically misses classes or chapter events. • Begins to fall behind on membership responsibilities. • Stopped coming to dinner and only eats in their room.	<b>MILD RISK</b> • Review the "Be Her Champion" resources as an Honor Board. • Reach out to the member to let her know you miss her at chapter events and share your concern. • If necessary, follow the steps outlined in the Recommended Practices for Managing Individual Emotional/Mental Health Concerns document in the website library. • File any necessary APNs or SORs. • Notify your HBA of your concerns, if she's not already aware.
<b>MODERATE RISK</b> • More involved or repeated disruption. Behavior more concerning. Likely distressed or low-level disturbance. • Possible threat made or perceived. • Threat is vague and indirect. • Information about threat or threat itself is inconsistent, implausible or lacks detail. • Threat lacks realism. • Content of threat suggests threatener is unlikely to carry it out.	<b>MODERATE RISK</b> • Continuously yells at roommates and friends. • Frequently misses classes or chapter events. Grades begin to suffer. • Falls significantly behind on membership responsibilities. • Uncharacteristic drug or alcohol use. • Noticeable change in relationship with food/diet/exercise or a history of disordered eating behaviors. • Previously engaged in self-harm or cutting behaviors. • Makes comments like, "I am going to punch someone." • Hot and cold. "One day she is	<b>MODERATE RISK</b> • Consult your chapter's Campus Resource Sheet and review options with the member. • Encourage member to consider options for support through counseling (cannot be mandated or imposed as a sanction by HB). • Follow the steps outlined in the Recommended Practices for Managing Individual Emotional/Mental Health Concerns document in the website library. • File any necessary APNs or SORs. • Continuing working with your HBA and notify your ATC of your concerns, if she's not already aware.

*Our Rubric*

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	fire and the next day she screamed at me when I asked her a question."	
<b>ELEVATED RISK</b>	<b>ELEVATED RISK</b>	<b>ELEVATED RISK</b>
<ul style="list-style-type: none"> <li>• Seriously disruptive incident(s).</li> <li>• Exhibiting clear distress, more likely disturbance.</li> <li>• Threat made or present.</li> <li>• Threat is vague and indirect, but may be repeated or shared with multiple reporters.</li> <li>• Information about threat or threat itself is inconsistent, implausible or lacks detail.</li> <li>• Threat lacks realism, or is repeated with variations.</li> <li>• Content of threat suggests threatener is unlikely to carry it out.</li> </ul>	<ul style="list-style-type: none"> <li>• Roommates and friends are vocal about their concerns for the member's well-being.</li> <li>• Does not seem to care about academic, personal, or chapter responsibilities.</li> <li>• Frequent drug or alcohol misuse/abuse.</li> <li>• Use of prescription medication without a prescription.</li> <li>• Exhibiting signs of disordered eating behaviors.</li> <li>• Exhibiting minor changes in physical appearance or self-care (e.g. sleeping, bathing, grooming).</li> <li>• Engages in self-harm or cutting behaviors but is behaving "normally" otherwise.</li> <li>• Prior suicide attempt.</li> <li>• Extreme overreactions (loud tone and harsh language) to items you think are "normal".</li> <li>• Makes comments like, "I wish we could run over pedestrians, I hate waiting for them."</li> <li>• Makes comments like, "What's the point? Life doesn't matter anyway."</li> </ul>	<ul style="list-style-type: none"> <li>• Consult your chapter's Campus Resource Sheet and review options with the member.</li> <li>• Strongly encourage the member to consider options for support through counseling (cannot be mandated or imposed as a sanction by HB).</li> <li>• Follow the steps outlined in the Recommended Practices for Managing Individual Emotional/Mental Health Concerns document in the website library, if you've not already done so.</li> <li>• File any necessary APNs or SORs.</li> <li>• Continue to work you're your HBA and ATC, and notify your RCS/NCC/CAC of your concerns, if she's not already aware.</li> <li>• Contact your Collegiate Development Specialist (CDS) at Executive Offices regarding next steps. EO will alert the relevant college/university staff/counselors, if appropriate.</li> </ul>
<b>SEVERE RISK</b>	<b>SEVERE RISK</b>	<b>SEVERE RISK</b>
<ul style="list-style-type: none"> <li>• Disturbed or advancing to dysregulation.</li> <li>• Threat made or present.</li> <li>• Threat is vague, but direct, or specific but indirect.</li> <li>• Likely to be repeated or shared with multiple reporters.</li> <li>• Information about threat or threat itself is consistent, plausible or includes increasing detail of a plan (time, place, etc.)</li> <li>• Threat likely to be repeated with</li> </ul>	<ul style="list-style-type: none"> <li>• Roommates and friends are fearful of member's behavior.</li> <li>• May be MIA from academic, personal, or chapter responsibilities.</li> <li>• Consistent abuse of drugs and alcohol.</li> <li>• Exhibiting major changes in physical appearance or self-care (e.g. sleeping, bathing, grooming).</li> <li>• Appears they are not getting much sleep or have gone a long</li> </ul>	<ul style="list-style-type: none"> <li>• Call 911 if immediate risk is present.</li> <li>• Immediately contact your Collegiate Development Specialist (CDS) at Executive Offices regarding next steps. EO will alert the member's emergency contact and the college/university, if appropriate.</li> </ul>

*Our Rubric*

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- The left column outlines the Delta Gamma response procedures.

consistency (may try to convince listener they are serious).	period of time without sleep.	
<ul style="list-style-type: none"> <li>• Content of threat suggests threatener may carry it out.</li> </ul>	<ul style="list-style-type: none"> <li>• Engages in self-harm or cutting behaviors with increasing severity.</li> <li>• Makes non-committal comments about giving her belongings away and/or begins shutting down social media accounts.</li> <li>• Makes comments about not wanting to live or examples of how they would take their own life.</li> <li>• Makes comments like, "If I can't go to the date party next week, I am going to hurt someone."</li> <li>• Makes comments like "No one would care if I died."</li> </ul>	
<b>EXTREME RISK</b>	<b>EXTREME RISK</b>	<b>EXTREME RISK</b>
<ul style="list-style-type: none"> <li>• Dysregulated (way off baseline) or medically disabled.</li> <li>• Threat made or present.</li> <li>• Threat is concrete (specific or direct).</li> <li>• Likely to be repeated or shared with multiple reporters.</li> <li>• Information about threat or threat itself is consistent, plausible or includes specific detail of a plan (time, place, etc.), often with steps already taken.</li> <li>• Threat may be repeated with consistency.</li> <li>• Content of threat suggests threatener will carry it out (reference to weapons, means, target).</li> </ul>	<ul style="list-style-type: none"> <li>• Roommates and friends are actively seeking assistance with how to help the member's safety and wellbeing.</li> <li>• Member is MIA from academic, personal, or chapter responsibilities.</li> <li>• Constant misuse/abuse of drugs and alcohol.</li> <li>• Begins giving her belongings away or openly discusses who will get certain possessions.</li> <li>• Recent/current suicide attempt.</li> <li>• Makes comments like "I wouldn't care if I died" or "I hope I never wake up."</li> <li>• Says, "I am going to kill myself" and has outlined specific details of how/when it would occur.</li> </ul>	<ul style="list-style-type: none"> <li>• Call 911 if immediate risk is present.</li> <li>• Immediately contact your Collegiate Development Specialist (CDS) at Executive Offices regarding next steps. EO will alert the member's emergency contact and the college/university.</li> </ul>

Adapted from the NaBITA Threat Assessment Tool, The NCHERM Group, LLC, 2014 ©

*Questions & Answers*

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*Thank you for participating*