BEHAVIORAL INTERVENTION IN TURBULENT TIMES

COLLIN COLLEGE | SOBI Strategies Of Behavioral Intervention

FALL 2019

CARE TEAM, BIT TEAM, THREAT ASSESSMENT TEAM: WHAT'S THE DIFFERENCE?

- **SOBI is** a combination of a **CARE Team <u>and</u>** a **BIT.**

- **Campus Assessment, Response, and Evaluation (CARE) Team:**

  The CARE Team provides a safe and supportive learning environment by engaging troubled students as early as possible to help them receive appropriate on- and off-campus resources and referrals.

- **Behavioral Intervention Team (BIT):**

  The BIT assesses, evaluates, and responds to reports of individuals who present disruptive or concerning behaviors. These behaviors likely do not rise to the level of threatening behaviors that could result in student disciplinary or law enforcement actions. Much like the CARE Team, the BIT assists students with receiving appropriate on- and off-campus resources and referrals.

- **Threat Assessment Team (TAT):**

  The TAT primarily detects and monitors potentially violent individuals. The TAT uses structured violence risk assessment tools to evaluate and assess the nature, severity, and level of threat displayed by an individual's behaviors and the risk to the campus community. The TAT is typically not involved in pre-incident activity or action, and is utilized after an incident occurs. The TAT is responsible for determining what course of action the college or university will take to mitigate the situation and ensure the safety of the entire campus community.

ACTIVE SHOOTER EVENTS: LESSONS GLEANED IN THE 21ST CENTURY

- Active Shooter: An individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms and there is no pattern or method to their selection of victims.[1]

- Mass Shooting: There is no widely accepted or official definition. However, it is typically understood to be an incident in which three (3) or more people, not including the perpetrator, are killed and the perpetrator predominantly uses firearms.[2]

1 U.S. Department of Homeland Security (DHS), *Active Shooter How to Respond*, https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf

2 Wikipedia, *Mass* Shooting, https://en.wikipedia.org/wiki/Mass_shooting, and ABC News, *There Have Been at Least 17 Deadly Mass Shootings in the U.S. So Far in 2019*, https://abcnews.go.com/US/deadly-mass-shootings-month-2019/story?id=63449799

ACTIVE SHOOTER EVENTS: LESSONS GLEANED IN THE 21ST CENTURY (CONTINUED)

- There is **no profile** for these perpetrators. However, they are primarily white males (63%).
- They take time to **plan and prepare** for their attacks – most plan for at least one (1) week – and they tend to **discuss their plans** with other individuals ahead of time.
- The majority of them **obtain** their **firearms legally**.
- The majority of them have **not** been diagnosed with a mental illness. In fact, it is more likely individuals who have been diagnosed with a mental illness will be victims of an act of violence rather than perpetrators.
- They typically experience **multiple stressors** (e.g., academic stress, financial stress, relationship/family stress, adverse interpersonal or employment action) in the year before they attack.
- They tend to display **multiple concerning behaviors** over time that are observable by others.
- In many cases, **at least one (1)** of the victims is specifically targeted.

Silver, J., Simons, A., & Craun, S. (2018). A Study of the Pre-Attack Behaviors of Active Shooters in the United States Between 2000 – 2013. Federal Bureau of Investigation, U.S. Department of Justice, Washington, D.C. 20535

SUICIDAL IDEATION

- Thinking about, considering or planning suicide (ranges from fleeting thoughts, to extensive thoughts, to detailed planning).
- Most people who have suicidal thoughts do not go on to attempt suicide, but suicidal thoughts are considered a risk factor.
- Suicidal ideation is generally associated with depression and other mood disorders; however, it seems to have associations with many other mental disorders, and life events.
- Past suicidal behavior or previous attempts are strongest risk factors for future attempts.

SUICIDAL IDEATION ASSESSMENT

- **Non-Specific Active Suicidal Thoughts**
  - General non-specific thoughts of wanting to end one's life (e.g. "I've thought about killing myself").
  - The individual does not have specific thoughts of ways to kill oneself, associated methods, intent, or a plan.
  - Many individuals have these thoughts on a daily basis. They do not necessarily mean the person intends to commit suicide.
- **Active Suicidal Ideation without Intent to Act**
  - Endorses thoughts of suicide and has thought of at least one method (e.g., "I thought about overdosing but I never made a specific plan as to when, where or how I would actually do it… and I would never go through with it.").
  - This is different than having a specific plan with time, place, or method details worked out.

SUICIDAL IDEATION ASSESSMENT

- **Active Suicidal Ideation with Some Intent to Act, without a Specific Plan**
  - The individual has active thoughts of killing oneself and reports having some intent to act on these thoughts.
- **Active Suicidal Ideation with Specific Plan and Intent**
  - The individual has active thoughts of killing oneself with details of a plan fully or partially worked out, and intends to carry out this plan.
  - Warning signs include, but are not limited to: collecting pills, obtaining a gun, giving away valuables, and writing a suicide note.
  - It is very likely an individual at this stage will attempt suicide.

OTHER FACTORS THAT IMPACT SUICIDAL BEHAVIOR

Risk Factors	Protective Factors
❖ Hopelessness, helplessness, feeling trapped ❖ Major depressive episode ❖ Highly impulsive behavior ❖ Substance abuse/dependence ❖ Agitation or severe anxiety ❖ Individual perceives him- or herself to be a burden on family or others ❖ Aggressive behavior toward others ❖ Method of suicide available (e.g., guns, pills, etc.) ❖ Family history of suicide ❖ Current or pending isolation or feeling alone	❖ Identifies reasons for living and reasons not to kill oneself, future-oriented thinking ❖ Sense of responsibility to family or others, living with family ❖ Supportive social network or family ❖ Fear of death or dying due to pain and suffering ❖ Belief that suicide is immoral, high spirituality ❖ Engagement in school or work

NON-SUICIDAL SELF-INJURY

- Intentional self-inflicted damage to the surface of one's body with the expectation that the injury will lead only to minor or moderate physical harm (e.g., cutting, burning, stabbing, hitting, excessive rubbing).
- **No suicidal intent.**
- While non-suicidal self-injury does not present a high risk for suicidal ideation or behavior when it first manifests, it may be considered a risk factor if it co-occurs with other suicide risk factors.
- Individuals may engage in non-suicidal self-injury to:
  - Obtain relief from a negative feeling or cognitive state
  - Resolve an interpersonal difficulty
  - Induce a state of positive feelings

RECOGNIZING A STUDENT IN CRISIS

Outreach and Monitoring	Take Immediate Action
❖ Social withdrawal ❖ Hyperactivity/Rapid speech ❖ Requests for special consideration ❖ Changes in attendance ❖ Changes in academic performance ❖ Falling asleep in class ❖ Marked change in personal dress, hygiene, eating or sleeping routines ❖ Depressed or lethargic mood ❖ Unusual or exaggerated emotional response to events	❖ Overtly suicidal thought (referring to suicide as a current option ❖ Homicidal threats (written or verbal) ❖ Destruction of property or other criminal acts ❖ Extreme anxiety resulting in panic reactions ❖ Inability to communicate (garbled or slurred speech, disjointed thoughts) ❖ Loss of contact with reality (seeing or hearing things that are not there) ❖ Highly disruptive behavior (e.g. hostile, aggressive, violent)

BOUNDARIES

- A “boundary” is the edge of appropriate professional behavior which defines the expected and accepted psychological and social distance between faculty or staff members and students.[1]
- Create classroom, office, and syllabus policies you are comfortable with and willing and able to enforce.
- Adhere to your policies and mean “no” when you say it.
- Be **very clear** about your expectations, when and how students should contact you, what you are willing to discuss with students, and what you can and cannot do.
- Even if you are a licensed mental health professional, as a faculty or staff member of Collin College that is not your primary job duty. Do not attempt to counsel or diagnose a student.

1Guthiel, T.G., and Simon, R.I. (2002). Non-sexual boundary crossings and boundary violations: The ethical dimension. *Psychiatric Clinics of North America*, 25, 585-592.

BOUNDARIES (CONTINUED)

- "I am no longer the best person to help."
- "I will continue to care and be concerned."
- **Don't promise confidentiality**, but do protect the student's privacy as much as possible.
- Beware: "I've never told anyone this before…" and "I want to tell you something, but you can't tell anyone else…"
- Keep your work/public and private lives separate.
- **Do not** give students your personal home or cell phone numbers.

WHERE DO WE GO FROM HERE: THE FUTURE OF BIT TEAMS

- Behavioral intervention and threat assessment are dynamic, fluid processes.
- SOBI learns new information, techniques, and methods of handling concerning behaviors from each intervention, and strives to incorporate these lessons as we move forward.
- SOBI will continue to be proactive in addressing the growing needs of the Collin College community by acting as a centralized, coordinated, caring, developmental intervention for students in need, prior to a crisis.


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SOBI CONTACT INFORMATION

- SOBI Referral: https://bit.ly/2uhYeyc
- Website: https://www.collin.edu/studentresources/SOBI/
- Email: sobi@collin.edu
- Collin College Police Department: **972.578.5555**
- Dean of Students Office: 972.881.5604 or dos@collin.edu
- Counseling Services: 972.881.5126 or personalcounseling@collin.edu