Responding to Risk through Behavioral Intervention

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Abstract
Managing risk appropriately is a concern for us all. This article describes the Behavioral Intervention Team model used in many parts of North America.

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Introduction
As counselors, therapists, and other professionals in United Kingdom student services, we are skilled and, sadly, experienced in working with students who are troubled by suicidal ideation. However, I have noted through communications with practitioners from other educational establishments on various JISCmails (National Academic Mailing List Service), or at conferences I have attended, that there appears to be a growing expectation that student services staff also work with other aspects of behavioral risk, such as risk to self, risk to others, or risk from others, as well as risk in relation to the retention of students. In this context, there is also the government’s PREVENT¹ Agenda (violent extremism prevention) to take into consideration. Yet student services professionals may not always be best equipped to work with individuals who are at risk. In addition, there are barriers to effectively working with students at risk, such as silo thinking between departments on campus, with fear of crossing a line in relation to confidentiality possibly preventing the sharing of important information. This can lead to confusion, to duplication of work if two different departments offer simultaneous interventions, or to concerns that slip through the net when assumptions are made that another department will deal with a situation.

In the United States, organizations such as the National Behavioral Intervention Team Association (NaBITA)² fill the gap, with a wealth of knowledge and expertise supporting the development, implementation, and practice of Behavioral Intervention Teams (BITs). In some states, there is a statutory duty to have a BIT on campus. In the latest NaBITA survey of more than 500 colleges and universities, the highest category of BIT referrals was for psychological issues, making up 45 percent of the caseload, compared to 24 percent for minor conduct issues and 11 percent for major conduct issues. This provides a clear reason as to why 92 percent of BITs had counselor representation, compared to police/campus security at 88 percent, Deans of Students at 75 percent, and residence life staff at 59 percent.

The aims and objectives of NaBITA are: “…to make campuses safer environments where development, education, and caring intervention are fostered and encouraged.” It “brings together professionals from multiple disciplines who are engaged in the essential function of behavioral intervention in schools, college, and university campuses, for mutual support and shared learning.”³ This tells us that BITs should take a multidisciplinary approach to working with student risk, and this has been a way of organizing whole-campus support, which I find particularly helpful.

Conference Report
I was invited to speak at the Seventh Annual NaBITA Conference in San Antonio, Texas, in November of 2015. Delegates included Deans of Student Affairs, campus law enforcement officers, counselors, disability service staff, welfare advisors, case managers, faculty, and other staff, including from Title IX. The conference focused on issues of campus threat assessment and behavioral intervention, with speakers from the U.S. and the U.K.

One workshop looked at how psychotherapists or counselors can work confidentially with students while being effective team players within a BIT. A particular focus of that session was navigating two particular laws equivalent to our Data Protection Act (1998), which affect campus counseling services in the U.S. Another consideration was the ethical framework that therapists adhere to as part of the licensing of practitioners (a statutory regulation in the U.S., somewhat different from the situation in the U.K.). The workshop suggested options for balancing the needs of the students with the needs of the community and campus.

A useful and thought-provoking session was titled, “Suicide on Campus: An Overview of Evidence-Based Practices in Prevention, Assessment, and Postvention.” The presenters discussed the “three pillars of suicidology:” prevention, intervention, and postvention. Suicide is the second highest cause of death among college students in the U.S. (only accidents are higher).⁴ In the wider population, more young people die from suicide than from all medical illnesses pooled together. Yet, 79 percent of college students who die from suicide have never received any campus-based support.⁴ There was a clear message throughout the presentation about creating a “community of caring” — in which all members of the university community see suicide prevention as part of their job.

Microsoft Word spellcheck does not currently recognize the word “postvention,” yet postvention is prevention for the next generation. It mostly focuses on the immediacy of supporting the bereaved, but in my
view, should include more concrete, longer-term considerations. Very few schools and colleges currently have postvention plans, but such plans are key to making sure that correct processes are followed. They help with the healing of the community and can reduce the risk of further suicide incidents. How suicide is handled affects risk factors for others, especially adolescents. Postvention plans should span the immediate, short term, and longer term.

In the immediate, acute phase, coordination is key and should include protecting and respecting the privacy rights of the deceased (not always an easy task in the era of social media) and their immediate family, while offering practical assistance to the family. The short-term phase is about helping with recovery. This involves identifying students and colleagues who are most likely to be affected by the death, and linking them to additional support resources, or referring them to counseling services. It also involves supporting healthy grieving for those who have been impacted by the loss, thus helping to restore equilibrium and optimal functioning. Eventually, things need to get back to normal, even if it is a new normal. Key here is having clear confidence from leaders on campus to help build and sustain trust. Longer-term, in the reconstruction phase, the focus should be on preparation for anniversary reactions or other milestone dates (such as graduation). Having a transitional phase from postvention to suicide prevention is valuable.

BIT Foundations Certification Course

Within days of my return to the U.K., the University of Cumbria hosted a BIT Foundations Certification Course, the first in the U.K. that NaBITA had run. More than 20 attendees from across the U.K. and the Republic of Ireland included counselors, disability staff, mental health advisors, and Deans of Student Services. A broad overview was given, which covered the functions of a BIT:

- Collecting data from the campus community;
- Scrutinizing data using objective rubrics, tools, and assessments; and
- Providing appropriate interventions based on level of risk resulting from the assessment process.

Among the takeaways was that BIT membership usually consists of student services staff, faculty, campus police/security, and administrators who meet weekly to discuss and intervene with students (and sometimes staff) when there is risky behavior. There are usually no additional staffing costs unless the BIT employs a case manager. BITs should meet regularly, as ad hoc meetings can leave teams struggling to overcome interprofessional barriers, and to understand each other’s ethical viewpoints. If there are no cases to discuss, time can be used for the professional development of the team, for discussing hypothetical cases, or for reviewing policies and procedures.

Another takeaway was that it is important to promote BIT values and philosophy campuswide among staff and students. Particular emphasis should be placed on reporting that isn’t only about extreme concerns, but that also encompass lower-level issues. Additionally, communicating the concept that for students, reporting isn’t about “grassing on your mate” (snitching on a friend), but rather about helping those about whom concern has been expressed and showing compassion so they get the help they need. Issues for students to share include suicidal ideation, eating disorders, odd or strange behavior, substance misuse, depression and anxiety, constant frustration, disruption in class, and sexual harassment. The emphasis is on reporting these concerns early and establishing that everyone has a responsibility to keep campuses safe. As part of the routine induction of new staff members, there should be an overview of what the BIT does, and how and when to refer individuals.

A recommendation from the course is that the team in each and every case, not just in cases considered to be serious, should use a risk rubric. Having risk levels assigned to each student or staff member about whom concerns have been expressed creates a consistent process and documentation. Rubrics can also be used as part of the referral pathway. As part of the training session, delegates were shown Window into BIT, a role-play video acted by real and experienced BIT professionals who have worked in various campus teams or for NaBITA.

In the role-play, we saw typical examples of the kind of students with whom BITs work. It was particularly useful to see how the counselor role fits into this, and can work within such a team without breaking confidentiality.

Conclusion

I am enthusiastic about the BIT model. It can help with the full range of behavioral issues on any college.
or university campus. The focus at the U.S. conference was on more extreme behavior, such as campus shootings. However, at both the U.S. conference and the University of Cumbria’s training days, there was discussion about concerns at the other end of the spectrum — the student who constantly texts in class, who is antisocial, who produces dark/disturbing essays, whose attendance suddenly drops, who stalks another student on social media, or who feels suicidal. All of these behaviors can lead to poor grades, can impact other students and staff, or in a worst-case scenario, lead to a death. The BIT model can facilitate timely and efficient interventions to reduce stress and resolve issues before they get out of hand.

About the Author
A qualified social worker, Dave Wilson has worked in the higher education sector for nine years, previously as a Mental Health Advisor and currently as a Psychological Wellbeing Manager. Previously, he worked primarily within National Health Service settings. He has a special interest in behavioral interventions and risk/safety management.

Endnotes/References


