UC Irvine’s Consultation Team: A Model for Effective Behavioral Intervention

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Abstract
This paper reviews national practices for Behavioral Intervention Team activity and discusses the structure of the Consultation Team at the University of California, Irvine. The paper illustrates the key concept of the least-intrusive level of intervention in the consultative process and describes the role that each core member of the Consultation Team plays. It also provides a rare opportunity to reflect on work that is often performed on an urgent basis.

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Introduction

Our campus has had a “Consultation Team” for over two decades; it was the brainchild of our current Vice Chancellor of Student Affairs, Thomas A. Parham, Ph.D. and has served our community of nearly 30,000 students, over 15,000 employees, and countless visitors well. Too often, we read about national Behavior Intervention Team standards without learning how an actual team has put them into place, reflected on their practices, and handled cases. As campuses come together, they may discuss major incidents from the year but rarely the weekly, more mundane operations of their team. This article allows more campuses to serve their communities as well as we hope our team has served ours. We pull back the curtain in this article and share our processes in the hope of sparking discussion, sharing, and learning from others.

The National Context

Many campuses across the nation have a team to address behavioral issues with members of their campus community. Those teams might be called a Behavioral Intervention Team, a Behavioral Assessment Team, a Crisis Management Team or any one of numerous other titles.

Sokolow, Lewis, Manzo, Shuster, Byrnes, & Van Brunt, (2011) argue that the conceptual purpose of a BIT is “caring, preventive, early intervention with students whose behavior is disruptive or concerning” (p. 8). Practically, as they continue, BITs should have a permanent chair who is a chief/senior student affairs officer or dean of students, a licensed psychologist, the director of campus law enforcement/public safety, or his or her representative, and should include an “inner circle” comprised of other members such as a senior health service administrator, senior housing/residence life administrator, and a senior disability services administrator. In addition, according to the authors, “outer circle” members can include other personnel such as legal counsel, a case manager, a faculty representative, Human Resources and other campus personnel, and external consultants, such as a consulting behavioral assessment expert and/or criminologist (Sokolow, et al., 2011).

A 2012 survey of over 600 colleges and universities revealed that 92% of respondents had some sort of Behavioral Intervention Team (Van Brunt, Sokolow, Lewis & Schuster, 2012). The same survey found that most teams take an active approach and meet regularly: 38% meet weekly, 15% meet monthly, and 2% meet each semester.

Perhaps reflecting that most teams focus on student issues, with few exceptions, Van Brunt and colleagues’ survey (2012) reported that the teams are typically led by Student Affairs professionals: 44% by the campus’s Dean of Students, 22% by the Vice President of Student Affairs, 9% by student conduct, and 7% by counseling. Only 4% of campus teams are led by academics and 3% by campus police or safety officers. Though generally led by Student Affairs, teams count among their members a broad cross-section of campus professionals, including colleagues from counseling (87% of teams), police or campus safety (82% of teams), the dean of students (72% of teams), residential life personnel (63% of teams), academic affairs professionals (49% of teams), health
services (42% of teams), vice president of student affairs (41% of teams), legal counsel (22% of teams), student activities staff (22% of teams), faculty (27% of teams), human resources (19% of teams), a case manager (18% of teams), athletics (13% of teams), admissions (9% of teams), Greek life (5% of teams), and a student representative (2% of teams) (Van Brunt, et al., 2012). There is a variety of team configurations, and personnel across the country are often involved in threat management activities in addition to the original jobs for which they were hired.

Behavioral intervention teams have evolved considerably over the past decade. Sokolow and Lewis (2009) discuss the campus behavioral intervention teams that existed prior to the Virginia Tech campus shooting in April 2007. They refer to these earlier teams as “first generation teams.” First generation teams did not typically have a formal mechanism for tracking student behaviors over time and they lacked the ability to see trends in behavior. In contrast, “second generation teams” use formalized approaches, see their role as addressing threats and providing resources to students, use mandated psychological assessment, and have the authority to invoke medical and psychological withdrawal policies. Sokolow and Lewis write that the modern behavioral intervention teams utilize sophisticated threat assessment techniques and risk rubrics to classify threats. Modern teams foster a comprehensive reporting culture on campus and they train and educate the community on what to report and how. Further, modern teams use databases that allow the team to have a longitudinal view of a student’s behavior over time (Sokolow & Lewis, 2009). Indeed, in the post-Virginia Tech environment, there is an increasing need to have a more sophisticated threat assessment or behavioral intervention team. The modern threat assessment team utilizes the collective wisdom of national organizations devoted to campus threat management, and must continually evolve.

In addition to considering cases, modern threat assessment teams need to engage in active outreach programming (Deisinger, Randazzo, & Nolan, 2014). Moreover, because there is significant turn-over in higher education settings, the team should provide frequent reminders of the consultative process because referrals might come from a variety of other sources.

Over the years, UC Irvine’s behavioral intervention team, known as the Campus Consultation Team, has evolved to risk-manage a variety of situations, from frequent hospitalizations for suicidal ideation, to stalking, campus violence, and threats from individuals who are not affiliated with the University.

**UC Irvine’s Team**

UC Irvine’s team is called the Consultation Team to highlight its function as a source of consultation for units on campus who are faced with behavioral intervention needs. It was established over 20 years ago by Thomas A. Parham, Ph.D., then the Director of the Campus Counseling Center and now our campus’s Vice Chancellor of Student Affairs. The name quite literally reflects the activity: rather than produce an automatic assumption that there will be an intervention, that we will prevent violence from occurring, or that we only manage situations that have been deemed
somehow as a “threat,” our name conveys that we are open for consultation about a range of concerns.

UC Irvine is a public research university campus, one of the ten campuses of the University of California, founded in Irvine, California, in 1964. The campus, and its satellite site in nearby Orange that houses the medical center and hospital, is home to over 28,000 students and over 15,000 employees. In addition, as a public research university, the campus hosts a large number of non-affiliates daily.

The UC Irvine team is unusual, compared to the teams surveyed by Van Brunt, et al. (2012), in a number of respects. First, the team addresses a broad array of issues involving not only students, but also faculty, staff, and community members. In our experience, this approach best allows for a comprehensive approach to campus safety and well-being. Although students may be aggressive toward other students, they are occasionally aggressive toward staff and faculty members, and staff and faculty issues can easily affect the wellbeing and safety of students and other staff. Our Team consults on a broad range of individuals. During 2010 to 2013, our cases can be classified as follows: undergraduates (47-56%), graduate students (26-32%), staff (5-11%), faculty (4-7%), alumni (1-6%), affiliates (e.g., extension students) (4-8%), and non-affiliates (e.g., job applicants) (5-6%). The presenting issues are similarly wide-ranging and have included a variety of topics, including mental health, danger to self, substance abuse, and danger to others, domestic violence, sexual assault, stalking, other concerning behavior, student death, and victims of crime.

Second, the Team includes members from almost all functions on the campus. Figure 1 illustrates the core team and “activated” members. The core Team, led by the Assistant Vice Chancellor of Health, Wellness and Counseling, includes the Dean of Students, along with the Student Conduct Officer (represented by the Dean of Students position on Figure below), the Campus Clinical Social Worker, a representative from the Counseling Worker, a representative from the UC Irvine Police Department, and a representative from the Office of Campus Counsel.

[Image of a chart showing the core team and activated members]

These six offices are present at every meeting. Additional members join the team as needed from across the campus, including: Human Resources, Housing, Communications, Risk Management, Academic Personnel, Student Health Services, Environmental Health and Safety, CARE (Campus Assault Resources and Education), and OEOD (Office of Equal Opportunity and Diversity). The Team also invites faculty and staff from affected units—including academic deans, faculty
members, and department supervisors—to its meetings at which individuals in those units will be discussed. When it is warranted, the Team employs the services of an outside forensic psychologist, consistent with national best practices.

Third, the Team meets weekly and is convened as needed for additional meetings. The number and frequency of our meetings has increased over time. During the 2010-2011 academic year, we met 26 times to discuss 25 individuals. In 2011-2012, we met 42 times to discuss 47 individuals. And during 2012-2013 (the last full year for which we have statistics), we met 63 times to discuss 74 individuals.

Most importantly, the Team seeks both to provide consultation to the affected offices and to follow the prime directive identified by our founder, Thomas Parham, to intervene at the least-intrusive level. This approach affects how the team addresses virtually every step in the process, from how the team is activated to how the campus interacts with the affected individuals. Consistent with Mohandie (2014), who discusses a range of available interventions in his chapter “Threat Assessment in Schools,” “intervention should match the level of apparent threat” (p. 138). Just as there are risks to underreacting in the face of a threat, overreacting can also unnecessarily exacerbate a situation that could be resolved at a far less intrusive level.

UC Irvine’s Consultation Team is typically activated when a subject’s behavior is sufficiently pervasive or severe to alert someone on campus that a coordinated approach is necessary. In order to ensure that the campus community knows how to make such an assessment and what to do once it has, our Team markets heavily. We conduct regular trainings for faculty and staff employees and coordinate with the Counseling Center, which offers suicide prevention training and bystander intervention training for faculty and staff. We distribute a red manila folder titled “Assisting Students in Distress” that provides information about identifying a student in distress, responding to a student in distress, and activating other resources on campus, including the Consultation Team, to help a student. Recently, we released the “red folder” as a smartphone app, and an electronic copy is available on the Assistant Vice Chancellor’s website. Because we widely distribute information about the Consultation Team and its benefits via regular trainings and other communications, our campus partners know what conduct to look for and know to activate our Team when they see it. Any member of our campus community can call any member of the Consultation Team to ask for assistance at any time. Consistent with Deisinger, et al.’s (2014) advice to teams to market, these trainings occur every year, multiple times per year, to account for staff turnover.

Phone calls and e-mails from concerned community members are typically first funneled to the Assistant Vice Chancellor of Health, Wellness and Counseling. In keeping with the least intrusive approach model, the Assistant Vice Chancellor first speaks directly with senior leaders in the affected unit. For example, she may speak with the Chair of an academic department or the manager of an administrative office to learn more about the behavior in which the subject is engaging. If that behavior can be addressed after consultation with the
Assistant Vice Chancellor (the least intrusive approach), then that is the course the leader will take, and the Consultation Team will not engage in a full discussion of the subject at its next meeting. If the Assistant Vice Chancellor determines, based on the conversation, the issue is more complex and a more comprehensive approach should be taken, the Consultation Team will discuss the subject at our next regular weekly meeting (the next least intrusive approach). When matters are more urgent, an emergency meeting will be called to discuss the individual, and multiple additional stakeholders might be activated (a more intrusive approach).

When the Consultation Team meets to discuss an individual, we follow a protocol. First, we invite those members of our community who are directly affected by the behavior to our meeting (unless they are students, in which case we invite the employee who has spoken most extensively with those students to relay the students’ concerns). Before those employees come to the meeting, they receive a written description of the meeting protocol so that they know what to expect and how to prepare. Appendix A is an example of the email visitors receive prior to the meeting being convened. For example, if there have been email communications from the subject that have made some employees or students afraid, copies of those communications should be brought to the meeting so that the team can review them directly rather than hearing about them second-hand. We implemented this procedure in the 2013-2014 academic year and found that community members have been much more prepared for their initial meeting with the Consultation Team, understand the ramifications of taking notes, and understand what is expected of them in the meeting.

After introductions, we begin the meeting by asking our guests to describe what they have observed about the subject, his or her situation, and the effect the subject’s behavior has had on them and others involved. After our guests have fully briefed the Team, each member of the Team begins to respond as appropriate based on his or her clearly defined role.

**Counseling Center**

The Counseling Center representative’s role is to serve as a mental health consultant, providing a mental health context to help the Team better understand the situation. When the subject is a student, the Counseling Center also can be made available as a resource for the student to be assessed and either supported for short-term assistance or provided referrals for long-term assistance. In addition, the Counseling Center often visits offices or other spaces (e.g., residence halls) to provide support for groups who have been affected by the subject’s behavior.

The Counseling Center strives to reduce the stigma that is often associated with its services so that our students view it as a safe and appropriate place to seek help. Maintaining the confidences of its clients is just one way in which the Counseling Center works toward that acceptance; unless a client has given consent for it to do so or is posing imminent risk, the Counseling Center will not release information about a client, even during Consultation Team meetings. Although this may be frustrating at times, maintaining confidentiality is absolutely essential. The purpose of Counseling
Center representation is not necessarily to provide information about the subject we are discussing; the purpose is to provide expertise about ways of understanding and addressing potential mental health issues and ways of sensitively addressing community concerns in a compassionate way.

**UC Irvine Police Department**

As one of the ten campuses of the University of California system, UC Irvine has its own sworn police force. UCIPD’s role is to keep our campus community safe and to advise the Team about law enforcement and safety matters. Based on crime or incident reports that it takes, UCIPD investigates criminal allegations made both by and against the subject. Based on that assessment, UCIPD performs a wide variety of services for our campus and to the Team.

First, UCIPD assesses the risk posed by the subject. This may include checking for outstanding warrants, registered firearms, prior arrests, and prior contacts with UCIPD and other area law enforcement. Second, if the subject is a danger to self or others, or is gravely disabled, the police department may take the subject into custody for assessment and evaluation at a designated medical facility (California Welfare and Institutions Code § 5150 (2014)). The statutory threshold for such an involuntary assessment is high, and not all subjects meet it, but it can provide both treatment and safety to the individual, and relief and safety to the community. Third, UCIPD can connect the individual with mental health resources on or off campus. Fourth, UCIPD can provide safety planning advice to members of the campus community affected by the individual, whether in on-campus housing, an academic unit, or an administrative or other office.

Fifth, UCIPD can walk the Team through a threat assessment to determine the risk posed by the individual. Our Team uses the Workplace Assessment of Violence Risk (WAVR-21) threat assessment tool developed by White and Meloy, but many others also are available, including the Sivra-35, and the NaBITA Threat Assessment tool. Please see Van Brunt (2013) for a comparative look at a variety of threat assessment tools. The Team’s threat assessment often will determine whether we ask an outside forensic psychologist to perform a further evaluation of the individual. Finally, if the subject is a student, UCIPD works closely with the Office of Student Conduct to begin the student conduct process. The police department may receive information about a student’s behavior that, while it does not rise to the level of criminal conduct, may be a violation of the student code of conduct.

**Office of the Dean of Students/Stu dent Conduct**

The Dean of Students, along with the Student Conduct Officer, coordinates with the Team with respect to student conduct issues. The Dean of Students brings a student-centered perspective to the table. The Student Conduct Officer, reporting to the Dean of Students, also sits in on meetings to provide a perspective about any potential violations in our code of conduct. In these cases, our campus takes a behavior-focused approach. For example, if a student is violating a provision in the student code of conduct, intervening at the least-intrusive level might mean that the
first step is an informal meeting between the student and the Student Conduct office in which the Student Conduct Officer identifies the offending conduct and asks the student to stop it. In some cases, this resolves the issue. If this approach is not successful, it allows the campus to slowly escalate its intervention with the student until the issue is resolved.

In meeting with a student, the Student Conduct Officer will consider the student’s previous conduct history and will seek to engage with the individual in a way that helps the student understand the impact of his or her behavior on others (e.g., roommates, classmates, other students, faculty, or staff). If the conduct raises criminal issues, the Student Conduct Officer will take those issues into account, as well. If the student’s behavior raises safety concerns, the Student Conduct Officer will take steps to hold the meeting in a safe place and manner. For example, our Student Conduct Officer has met with some students with plain clothes officers nearby and with other students in a conference room at the city police department. When conduct or alleged conduct has been particularly egregious or has resulted in a court-issued restraining order, these measures are essential.

The Student Conduct office also will explore with the Team whether interim measures might be appropriate to temporarily ameliorate the situation. Such measures might include changing the class schedule of the individual or of others affected, making housing changes, issuing no contact or stay away orders to prevent the individual from interacting with certain others on campus, or, in extreme cases, placing the individual on interim suspension pending a thorough student conduct process.

Legal Counsel

Legal Counsel’s role is to provide legal consultation and risk management advice to the Team. The range of legal issues that arise in the course of the Team’s work is broad and can include privacy questions (e.g., under Family Education Records Privacy Act and other statutes, when and with whom may the University share information); eviction law, when a student’s behavior puts other clients in University housing at risk; visa and immigration questions, when the student is one of our campus’s many international students; employment law questions, when the individual at issue is a student employee, faculty, represented staff, or non-represented staff employee; and compliance questions (e.g., what actions may the University take to address an individual’s conduct without discriminating against him or her). In addition, while our counsel have obtained restraining orders when needed in some cases, more often we serve as a liaison to outside counsel whom the campus retains to do that work.

The range of risk management issues that arise in the course of the Team’s work is similarly diverse. For example, because UC Irvine is a public university, the campus may not take any action against a student or employee without providing the affected individual due process. Our counsel are regularly called upon to ensure that we provide that protection. Counsel also can also advise the team on issues as diverse as potential research misconduct or other compliance issues.
Social Worker

The social worker’s role is to provide a comprehensive view of the options and resources available to an individual to both that individual and to the Team. With a full understanding of the resources a subject might use, the Team can advise about a comprehensive solution. The Team’s social worker, who also serves as one of our campus case managers, is knowledgeable about the resources available on campus, which include mental health services available to students and to employees, housing options for students, academic options for students, financial and billing services for students who need them, and personnel resources for employees (Human Resources for staff and Academic Personnel for faculty). Our social worker is equally conversant with off-campus resources, including emergency housing, referrals for medical care, referrals for legal assistance, and coordination of releases from a temporary involuntary custody hold.

In keeping with the principle of initially adhering to the least-intrusive level of intervention, it often is easiest for our subject to have a single point of contact with whom to consult about these resources and with whom to coordinate follow-up. Typically, that single point of contact is our social worker, who also serves as the Team’s record keeper.

Group Consultation

During our meetings, each member of the Team will provide a brief assessment of the issue(s) from the perspective of his or her expertise, often engaging our guests by asking for additional information or by answering our guests’ questions. Through this consultative process, the Team provides options to address the behavior and resolve the situation. As the leaders select from and implement those options, members of the Team remain available to answer additional questions or otherwise assist. In many instances, the Team will have follow-up meetings to discuss the progress with a particular subject. It is important to keep in mind that the Team provides advice and consultation; the responsible university official always has a choice about whether they wish to implement the advice.

In every instance, the Team’s goal is to protect the campus community and meet the subject’s needs through the least intrusive means possible. We believe our Team’s approach is broadly successful although, as with many public safety endeavors, our success is largely measured by the absence of incidents. Indeed, our charge is one of risk management, not prediction; we can provide consultation intended to serve the campus, but we cannot, unfortunately, predict or prevent incidents from occurring. As Reid Meloy has stated (2014), “We do not attempt to predict what the subject will do in the future; instead, we risk manage what he is doing now.” This advice has been crucial to how we understand the operations of our Team.

Assessment

In the past year, we have created a culture of assessment for our Consultation Team. Inspired by the 2013 Higher Education Case Managers Association (HECMA) meeting, the Assistant Vice Chancellor and the Social
Worker brought a self-assessment rubric adapted from Duke University back to the Consultation Team for consideration. In Fall 2013, we conducted the first, formal self-assessment of the team during a retreat. Appendix B is the rubric used. Team members arrived having prepared their own answers to the questions, and we discussed how to make the Team stronger, more responsive and more efficient.

Our self-assessment retreat allowed us to share perspectives on how the Team works without the pressure of discussing a particular case. The self-assessment allowed us to share perspectives on doing this important work. For example, because of their positions, some individuals on the Team interact directly with the subjects we discuss, whereas others do not. Some may feel at a disadvantage, at times, when providing consultation because certain members of the Team have not had direct experience with the subject of the consultation. In addition to having an opportunity to support one another, which is an important, often-forgotten aspect of behavioral intervention team work, the meeting allowed us to refine our processes, acknowledge team members’ different learning styles, and consider whether to add additional members to the core team. In assessing strengths and weaknesses of the Team, we had an opportunity to reflect on what kinds of trainings we would like to pursue in the future. We discussed the importance of hearing more directly from the individuals who seek our consultation. From this retreat, we created a survey to be sent out to individuals who bring cases for consultation. We decided to query community members about their experiences with the Consultation Team at the end of each quarter, and we developed the questions during this self-assessment retreat, thus launching the next stage of creating an assessment culture on the Consultation Team.

The Winter quarter of 2014 was the first quarter in which the survey was distributed. We asked individuals who had brought cases to consultation whether they found the Consultation Team invitation e-mail useful. We also asked them to reflect on their expectations prior to the consultation. Individuals were asked whether their expectations were met, whether the Team’s recommendations were helpful and whether there was anything else about their involvement he or she wishes to share.

There were 19 participants who were asked to reflect on their experiences. With a 47% response rate (9 participants), we learned that, in general, individuals were very pleased with the consultation they received. Eight-eight percent found the Team’s recommendations helpful, and 88% of participants found that their expectations were met. Some feedback involved requests to be more explicit about “action items” following each meeting. Participants appreciated assistance with analyzing the level of risk a subject posed, and expressed appreciation about the process of consultation. We plan to continue quarterly surveys, quarterly reviews of cases, and ongoing refinement of our processes and procedures.

Discussion and Recommendations

By sharing our processes in this article, we hope to spark a conversation about best practices, tactics and strategies that have
been successful. The characteristics of a behavioral intervention team noted here are: (1) addressing the behavior of all members of our community; (2) creating a multi-disciplinary team; (3) meeting regularly; and (4) intervening at the least-intrusive level. These protocols have helped our campus plan for and allocate resources and assisted faculty, staff, students, and community members by identifying the resources they need to continue their work or academic studies while identifying and mitigating risk to the campus. A culture of assessment, in which we solicit feedback from both team members and guests, helps us refine our processes and deliver the highest quality service to our community.

References


Appendix A

Email sent to new consultation meeting participants

Hello and welcome to the UCI Consultation Team. We look forward to consulting with you on the situation that has been brought to our attention. During our meeting, we would like to invite you to consider the following information, designed to increase the likelihood of addressing your needs as effectively as possible:

1. What we share in the consultation meeting is generally confidential. There are, however, exceptions. For example, the UCI PD is represented on the team so if you report facts that appear to be a crime, such as a sexual assault or other physical violence, UCI PD is compelled to act on that information. We do ask that you not share information with others outside the room without first discussing with the team members.

2. Please be aware that notes taken during consultation team meetings may be available in legal proceedings, or even in redacted form, under the Public Records or Information Practices Acts. Please make your note-taking decisions accordingly. You may choose not to take any notes at all. If your notes reflect legal advice of counsel, please specifically so indicate.

3. Please bring as much information as possible about the individual(s) to be discussed. The Consultation Team will want to know demographics such as the age, marital status, address or other identifying information of individuals discussed. We will start our meeting by discussing the biographical information that we have. At some point, to inform our assessment, we may discuss stressful or stabilizing factors the individual is facing, so any information you might have will be helpful.

4. If you have e-mails, notes, photographs, or other materials about the individual(s), please bring them.

5. If this is an issue involving the “safety of others”, we need to know if any individual feels unsafe. If so, you and I might explore whether it would be helpful to have that person attend our meeting to provide further context. We would want to have that person attend to avoid “filtering” or minimizing his/her safety concerns. Hearing first-hand accounts of behavior has been invaluable to us as we assess next steps. That person should bring notes, e-mails, etc. to help inform the discussion.

6. Sometimes, individuals may feel that the small details are unimportant and therefore not worth sharing. Please feel free to share any and all information, even if you are concerned that it might not be relevant. The information you share is confidential, and a small piece may help us put together a larger, more coherent plan.

We look forward to a timely and collaborative resolution to the matter you would like to discuss.
Appendix B

Self-assessment Rubric

Section 1:

**Self- Assessment**
What skills do you bring to the team?

How do you perceive your involvement in the team?

What do you need (skills, training, support, resources, etc.) to enhance your contributions to the team?

**Role assessment**
What informational resources does your position bring to the team?

What tools/follow-up can your position facilitate?

How could your role on the team be strengthened?

**Team Assessment**
What is working well on the team?

What are the key challenges facing the team and what needs to be improved?

What are your recommendations for making improvements to the team?

What skill sets or roles are missing and how could they be better incorporated?

How could the process (used by the team) be improved for effectiveness?

What policies/procedures need to be developed or improved?

What is working well about how community members are aware of the team and know how to access services?

What does the team need (skills, support, training, resources, etc.) to enhance its contribution to the community?

How does the team contribute to the broader safety initiatives?

What recommendations do you have for the facilitation/group process of the meetings?

What other thoughts or concerns about the team would you like to share or have addressed?
Section 2:

Please review each factor. Then indicate the extent to which you agreed that it is true about your team according to the following scale:

1. Strongly Disagree
2. Disagree Somewhat
3. Neither Disagree or Agree
4. Agree Somewhat
5. Strongly Agree

1. Goals: We have clear performance goals
2. Climate: The atmosphere is informal and relaxed
3. Roles: Everyone is clear about what is expected of them on the team
4. Participation: Everyone participates in team discussions and decisions
5. Resources: The team has sufficient resources to do the work
6. Communication: Members feel free to express themselves on all issues
7. Support: Management provides a sufficient degree of support for the team
8. Meetings: The meetings are well planned and carried out
9. Interfaces: The team has effective relationships with people outside of the team
10. Disagreements among team members are resolved quickly and effectively

Score = _______

Section 3:

Signs of stagnation
Look at the following checklist. Then indicate the extent to which you see these signs according to the following scale.

1. Not at all
2. To a little extent
3. To some extent
4. To a great extent
5. To a very great extent

1. Members are absent from meetings
2. Members come late and/or leave early
3. Members send substitutes to the meeting
4. There is a lot of chronic complaining
5. Action items are not completed
6. People drop out/space out during meetings
7. Irrelevant conversations are common
8. Side conversations are the norm
9. Members criticize the team to outsiders
10. Members question previous decisions