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# RESPONDING TO RISK THROUGH BEHAVIOURAL INTERVENTION TEAMS

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Managing risk appropriately is a concern for us all.

**Dave Wilson** describes the Behavioural Intervention Team model used in many parts of North America



As counsellors, therapists and other professionals in UK student services, we are skilled and, sadly, experienced in working with students troubled by suicidal ideation. However, I have noted through communications with practitioners from other educational establishments on various JISC Mails, or at conferences I have attended, that there appears to be a growing expectation that student services staff should also work with other aspects of behavioural risk, such as risk to self, risk to others, or risk from others, as well as risk in relation to retention of students. In this context there is also the Government's PREVENT<sup>1</sup> agenda to take into consideration. Yet student services professionals may not always be best equipped to work with individuals at risk. In addition, there are barriers to effective working with students at risk, such as silo thinking between services on campuses, where fears of crossing a line in relation to confidentiality may prevent 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 US, organisations such as the National Behavioral Intervention Team Association (NaBITA)<sup>2</sup> fill the gap, with a wealth of knowledge and expertise supporting the development, implementation and practice of Behavioural Intervention Teams – or BITS. In some states, there is a statutory duty to have a BIT on campus. In the latest NaBITA survey of over 500 colleges and universities,<sup>3</sup> the highest category of BIT referrals was for psychological issues, making up 45 per cent of the caseload, compared to 24 per cent for minor conduct issues, and 11 per cent for major conduct issues. This provides a clear reason as to why 92 per cent of BITS had counsellor representation compared to police/campus security at 88 per cent, Deans of Students at 75 per cent and Residents' Life at 59 per cent.

The aims and objectives of NaBITA are:

*'...to make campuses safer environments where development, education, and caring intervention are fostered and encouraged. NaBITA brings together professionals from multiple disciplines who are engaged in the essential function of behavioural intervention in schools, college and university campuses, for mutual support and shared learning.'*<sup>3</sup>

In other words, BITS encourage a multidisciplinary approach to working with student risk, and this has been a way of organising whole-campus support which I find particularly helpful.

## Conference report

I was invited to speak at the 7th Annual NaBITA Conference at San Antonio, Texas, in November 2015. Delegates included deans of student affairs, campus law enforcement officers, counsellors, disability

service staff, welfare advisors, case managers, faculty staff and Title IX staff (Title IX is a specific legal duty on US higher education institutions to reduce

sexual harassment, sexual assault and rape on campuses). The conference focused on issues of campus threat assessment and behavioural intervention, with speakers from the US and the UK.

One workshop looked at how psychotherapists or counsellors can work confidentially with students, while being an effective team player within a BIT. A particular focus of the session was navigating two particular laws equivalent to our Data Protection Act (1998) which affect campus counselling services in the US. Another consideration was the ethical framework that therapists adhere to as part of the licensing of practitioners (a statutory regulation in the US, somewhat different from the situation in the UK). 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 '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 in college students in the US (only accidents are higher).<sup>4</sup> In the wider population, more young people die from suicide than from all medical illnesses pooled together. Yet 79 per cent of college students who die from suicide have never received any campus-based support.<sup>4</sup> There was a clear message throughout the presentation about creating a 'community of caring' – where all members of the university community see suicide prevention as part of their job.

Microsoft Word spellcheck does not currently recognise 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 have more concrete longer-term considerations. Very few schools and colleges currently have postvention plans, but they are key to making sure 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, co-ordination 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 most likely to be affected by the death, and linking them to additional support resources or referring them to counselling 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. The longer-term, or reconstruction phase focuses on preparation for anniversary reactions or other milestone dates (such as graduation). The focus of support should have a transitional phase from postvention to suicide prevention.

## BIT foundations certification course

Within days of my return to the UK, the University of Cumbria hosted a BIT Foundations Certification Course, the first in the UK that NaBITA had run. More than 20 attendees from across the UK and the Republic of Ireland included counsellors, 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
- Scrutinising data using objective rubrics, tools and assessments
- Providing appropriate interventions based on level of risk resulting from the assessment process.

BIT membership usually consists of student services staff, faculty staff, campus police/security and administrators, who meet weekly to discuss and intervene with students (and sometimes staff) where there is risky behaviour. There are usually no additional staffing costs unless the BIT employs a case manager. BITs should meet regularly. *Ad hoc* meetings can leave teams struggling to overcome

## ...POSTVENTION IS PREVENTION FOR THE NEXT GENERATION

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, discussing hypothetical cases instead, or reviewing policies and procedures.

It is important to promote BIT values and philosophy campus-wide to staff and students. Particular emphasis should be placed on reporting that isn't only about extreme concerns, but which can encompass lower level issues. Additionally, communicating the concept that, for students, reporting isn't about 'grassing on your mate' but is 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, potentially, suicidal ideation, eating disorders, odd or strange behaviour, substance misuse, depression and anxiety, constant frustration, disruption in class, 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 there should be an overview of what the BIT does, and how and when to refer.

A recommendation from the course is that a risk rubric should be used by the team in each and every case, not just in cases considered to be serious. 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*,<sup>5</sup> a role-play 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 BITs work with. It was particularly useful to see how the counsellor role fits into this, and can work within such a team without breaking confidentiality.

I am enthusiastic about the BIT model. It can help with a full range of behavioural issues

on any college or university campus. The focus at the US conference was on more extreme behaviour, such as campus shootings. However, at both the US conference and the University of Cumbria training

days there was discussion about concerns at the other end of the spectrum – the student who constantly texts in class, who is antisocial, produces dark/disturbing content in essays, whose attendance suddenly drops, who stalks another student on social media, or who feels suicidal. All these behaviours can lead to poor grades, can impact on 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 in staff, and resolve issues before they get out of hand. ●



#### ABOUT THE AUTHOR

A qualified social worker, **Dave Wilson** has worked in the HE sector for nine years, previously as a mental health advisor and currently as a psychological wellbeing manager. Previously, Dave worked primarily within NHS settings and he has a special interest in behavioural interventions and risk/safety management.

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**THERE WAS A CLEAR MESSAGE THROUGHOUT THE PRESENTATION ABOUT CREATING A 'COMMUNITY OF CARING' – WHERE ALL MEMBERS OF THE UNIVERSITY COMMUNITY SEE SUICIDE PREVENTION AS PART OF THEIR JOB**