

(Behavior Assessment Team (BAT) Threshold Rubric

This rubric is designed to assist BAT members in determining if a case meets the elements to be managed through the BAT or if more appropriately managed through NCSU Cares. It is important to note that Threat Assessment Teams do not predict violence but must be aware of risk factors that may indicate future need for assessment and intervention.

Reporting Structure: Incident reports currently can be reported through: DSCS, PD, RACM/VPTM, & ER/HR

Maxient Reports by 3rd Parties - All incident reports will be reviewed by RACM/VPTM, PD, & DSCS Student Behavioral Case Manager (for student cases). Consultation will occur to determine who would take the lead/follow up.

If any office receives a new report directly, notification will occur ASAP. The RACM/VPTM and DSCS Student Behavioral Case Manager (for student cases) will determine if case will be referred to the NCSU Cares or BAT. If any one representative of either team determines the case would need to be managed by the BAT then it will be an automatic assignment.

BAT vs. NCSU Cares

BAT	NCSU Cares (Students Only)
<p>Includes; but is not limited to:</p> <ul style="list-style-type: none"> ● Violent Behavior (i.e., stalking, harassment, domestic/dating violence, threats, bizarre behavior*), ● Property damage* (i.e, punching holes in the walls), ● Assault, ● Aggressive behavior (ex. crosses the line from disruptive or frustrating behavior into dangerous and violent), ● Sexual assault*, ● Suicidal With Other Risk Factors*, ● Protective order in place, ● Homicidal ideation, ● Historical pattern of violence, ● Any information presented to ABRIC/employment screening/ or other entity where there is known history of significant violence (ex. murder, attempted murder, sexual assault/rape, etc) ● Severe Agitation (ex. pacing, fidgeting, socially inappropriate and bizarre behaviors) ● Behaviors that may be indicative of psychosis (e.g., Disorganized speech & behaviors, Delusions (Belief process that does not appear to be connected with reality), Hallucinations (seeing, tasting, hearing, feeling things that are not real), 	<ul style="list-style-type: none"> ● Suicidal Without Other Risk Factors* ● Individuals in distress, ● Academic issues, ● Housing concerns(ex. homeless), ● Adjustment issues, ● Chronic mental health crisis', ● Substance abuse issues*, ● Students missing classes ● Sexual assault*, ● Disruptive classroom behavior (violence and potential danger not noted) ● Other concerns not covered by BAT (that are not related to potential violence concerns)

<p>Sense of being controlled by outside sources)</p> <ul style="list-style-type: none"> Any additional concerns that may be similar in nature but is not exactly listed above. <p>(Van Brunt, 2012; ASIS/SHRM, 2011; NC State Campus/Workplace Violence Prevention Regulation)</p>	
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Suicidality

NOTE - Just suicide attempt or thoughts - without the additional below risk factors - straight to NCSU Cares. Factors based on Eliason, Scott. (2009). Murder-suicide a review of recent literature. Journal American Academy of Psychiatric Law (37), 371-376.

	YES	NO
Recent or Impending Relationship Loss?	BAT	CARE
Domestic/Dating Violence or add'l interpersonal violence history?	BAT	CARE
History of violence or recent impulsivity?	BAT	CARE
Present psychosis* and/or command hallucinations?	BAT	CARE
Recent Angry/Hostile/Violent behaviors?	BAT	CARE

* **Bizarre Behavior - depends on the context and details**

* **Sexual Assault**

- Are there concerns of a predator?
- If there are no concerns regarding an ongoing predator and there is only a need to provide survivor support and connection to resources - case is managed through NCSU Cares.

* **Property Damage**

- Ex. as it relates to aggressive response

Notes: Initial assessment by the BAT does not necessarily mean that the BAT would provide ongoing management. Ongoing management is dependent on several issues, including but not limited to: potential for future violence, severity of actions, one time incident (no other risk factors), etc.

Risk Factors to Consider (place a checkmark in the appropriate box)

Risk Factors	Yes	No	Unknown
Past history of violence			
Concealed weapon or flashing a weapon			
Odd or veiled threats			
Perception of no options			
Direct or veiled threats			
History of impulsivity and/or low frustration tolerance			
Obsessed with a grudge or beliefs are related to revenge, entitlement, and/or grandiosity			
Drug use (methamphetamines, alcohol, cocaine, steroids)			
History of suicide attempts, thoughts, statements and gestures			
Prior involuntary or voluntary commitments			
Negative response to authority and limit setting			
References to groups, heroes, community attachments and affiliations			
Fascination with weapons, violent themes around revenge, fascination with violent incidents			
Victim mindset - chronic unsubstantiated complaints about injustice			

(ATAP, 2007; USPS, 2010; ASIS/SHRM, 2011; Van Brunt, 2012)