NaBITA K-12 Risk Rubric D-SCALE

Life Stress and Emotional Health

DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
 - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
 - ▲ Extreme self-injury, life-threatening disordered eating, or other life-threatening risky behavior
 - Profoundly disturbed, detached view of reality and at risk of grievous injury or death. Lack of ability to regulate emotion, cognition, self, behavior, and relationships
 - ▲ Actual affective impulsive violence or serious threats of violence such as:
 - A Repeated severe attacks on others or an attack with weapon such as a pencil
 - ▲ Extreme aggression such as beating or non-consensual choking
 - Making threats that are concrete, consistent, and plausible
 Impulsive stalking behaviors that present a physical danger

DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation
 - Responding to voices, extremely odd behavior, engagement in high risk behavior (ex: alcohol, drug, sex); troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
- Suicidal thoughts that are not lethal/imminent or non-life-threatening self-injury
- Engaging in, or victim of, repetitive verbal aggression, social aggression, cyberaggression, or bullying behaviors such as public humiliation or embarrassment, spreading rumors/lies to cause harm, demeaning words or actions, etc.
- New aggressive behavior against others not seen before, escalation in behaviors, harming animals outside of hunting or survival
- Threats of affective, impulsive, poorly-planned, and/or emotionally-driven violence
 Vague but direct threats or specific but indirect threats; explosive language
 - Stalking behaviors that do not harm, but are disruptive and concerning
 - Minor damage to property of school or others, theft of property
 - Threatening to fight others
 - Limited physical aggression (pinching, slapping, shoving, or kicking)

DISTRESSED

- Behavior that concerns others or an impaired ability to manage emotions and actions. Possible presence of stressors such as:
 - Managing mental illness, disordered eating, bed wetting, poor parental supervision, poor attendance or involvement at school, etc.
 - Engaging in, or victim of, limited bullying behaviors, verbal aggression, social aggression, or cyberaggression such as purposeful exclusion, teasing, or namecalling. Student has difficulty making friends or interacting socially or difficulty defending self
 - Difficulty coping/adapting to situational stressors, parental conflict, housing/food instability, death in the family. Behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

DEVELOPING

- Experiencing situational stressors but demonstrating appropriate coping skills
- Often first contact or referral to the BIT/CARE team
- Behavior is appropriate given the student's age, circumstances, and context
- No threat made or present

OVERALL SUMMARY

CRITICAL

In this stage, there is a serious risk of suicide, life-threatening self-injury, life-threatening risk-taking (ex. pressing on another student's chest until they pass out, jumping from dangerous height on playground, playing pinfinger or bishop knife game). They may display racing thoughts, life-threatening substance use or dependence, intense anger, and/or perceived unfair treatment or grievance that has a major impact on the student's academic, social, and peer interactions. The individual has clear target for their threats and ultimatums, access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as an SRO, law enforcement, or psychiatric hospitalization), it is likely violence will occur. There may be leakage about the attack plan (social media posts that say, "I'm going to be the next school shooter," or telling a friend to avoid coming to campus on a particular day). There may be stalking behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response.

ELEVATED

Behavior at the elevated stage is increasingly disruptive (with multiple incidents) and involves multiple units such as student discipline, SRO/law enforcement, and counseling. The student may engage in suicidal talk, self-injury, and/or substance use or abuse. There may be acts of affective violence, often emerging as the first time an individual engages in such violence. Threats of violence and ultimatums may be vague but direct, or specific but indirect. A fixation and focus on a target often emerge (person, place, or system) and the individual continues to attack the target's self-esteem, public image, and/or access to safety and support. This may be towards a teacher, coach, or other authority figures. Others may feel threatened around this individual, but any threat lacks depth, follow-through, or a narrowing against an individual, office, or community. More serious social, mental health, academic, and adjustment concerns occur, and the individual is in need of more timely support and resources to avoid further escalation. Conditional ultimatums such as "do this or else" may be made to teachers, peers, coaches, and staff.

MODERATE

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around school, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. This is beyond the developmentally appropriate fluctuation in emotion.

MILD

The student here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to classes, making friends, or may rub people the wrong way. They alienate others through their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the student will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

E-SCALE

Hostility and Violence to Others

EMERGENCE OF VIOLENCE

- Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all-or-nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- Increased research on target and attack plan, possibly developing schematics or detailed floorplans, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations
- Killing of animals outside of hunting, displaying kills, practicing skills to cause lethal harm

ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; extremist peers or adults may exploit vulnerability and move them toward action; encouraging violence; further isolation and/or group forming
- Use of graffiti or other artistic, divisive writings or projects that can be seen as approach behaviors (with narrowing focusing to real life people or place they have connection)
- Harming or intimidating animals or those seen as "less than" as practice
- Threats and ultimatums may be vague or direct, but are motivated by a definitely hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated.

ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- Increased isolation from others; or joining a group with shared marginalization within the community (outsiders)
- Writing in class assignments that highlights violence or negative themes that is incongruent with the assignments
- When frustrated, storms off, disengages, may create signs or troll on social media
- Frequent interruptions during class as they are vocal about their point of view
- Argues with others with intent to embarrass, shame, or shut-down
 - Drawing or doodling violent themes or scenes that are shared more directly with others for a reaction
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective
 violence, but driven here by a hardened perspective rather than mental health and/or
 environmental stress (ex: throwing cell phone on ground or slamming lockers while storming off)
- Engages in and/or is victim of verbal, social, or cyber aggression such as exclusion,

EMPOWERING THOUGHTS

- Passionate and hardened thoughts; typically related to religion, politics, academic progress, money/power, social justice, sports involvement, or relationships; may echo parents' beliefs
- Expression of differences with others outside of normal, developmental thoughts and behaviors
- Drawing or doodling violent themes or scenes without specific reference to someone or somplace in their life
- Rejection of: alternative perspectives, critical thinking, empathy, or perspective-taking
- Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- No threats of violence

TRAJECTORY?

TRAJECTORY?

BASELINE

K-12 STUDENT INTERVENTIONS

CRITICAL (4)

- Perform wellness check/initiate evaluation for involuntary hold/initiate suicide protocols
- Contact parent/emergency contact
- Communicate process of assessment and action planning with parent/guardian
- Coordinate w/necessary parties (school resource officer, local law enforcement, FUSION center, discipline, legal and/or threat consult, etc.) to create plan for safety, response, interventions, suspension, etc.
- Coordinate transitions at beginning and end of in-school or out-of-school suspensions.
- Evaluate need for emergency notification to school community or to specific, impacted parties
- Initiate mandated assessment once immediate safety has been established
- Connect with off-campus resources as appropriate such as: case manager, child protective services, juvenile justice department, etc.
- Provide guidance, support, and safety planning to impacted parties, such as teachers and other students

ELEVATED (3)

- Evaluate the need to establish immediate safety through welfare/safety check with in-house counseling staff or SRO
- Initiate suicide or bullying protocols as appropriate
- Meet with student and parent/guardian to engage in assessment and action planning
- Deliver follow-up and ongoing services to support student both within and outside the school community
- Determine the need for mandated assessment (SIVRA-35, psychological assessment, other violence risk assessment)
- Coordinate referrals for counseling, mental health treatment, student discipline process, disability assessment/services, other support resources
- Coordinate transitions at beginning and end of in-school or out-of-school suspensions
- Connect with off-campus resources as appropriate, such as case manager, child protective services, juvenile justice department, etc.
- Coordinate with school resource officer, local law enforcement, etc. to discuss plan for safety, community, response, etc.
- Coordinate with IEP process

MODERATE (2)

- Provide guidance and education to a referral source for care (community therapist, inschool referral to guidance or school counseling)
- Bring student in for an individualized meeting to identify a safety plan in coordination with the student and/or parent/guardian. Should include discussion of reducing trigger events, building protective factors and be reviewed and adjusted regularly for effectiveness
- Coordinate care and/or make referrals to reduce silos among classroom, student discipline, counseling, social services, mental health treatment, and off-campus law enforcement
- Engage and establish rapport with parent/guardian as a partner to create transparency and educate them about the process
- Develop student support and comprehensive and holistic behavior intervention plan (separate from IEP)
- Refer for student discipline process and/or behavior management process; address emerging behaviors under an academic disruption or student discipline policy
- Engage in skill building related to social and emotional learning, conflict management, interpersonal conflict resolution, problem-solving
- Evaluate for referral for disability/accessibility assessment and coordinate with IEP processes
- Continually assess the effectiveness of interventions or other academic/learning plans
- Initiate bullying protocols as appropriate

MILD (0/1)

- Possibly no direct action
- Provide guidance and education to referral source
- Reach out to student for a meeting to assess situation and determine needs
- Connect with teachers, school support resources, etc., to either enlist as a support or to gather more information
- Provide resources to student as appropriate



ELEVATED

MODERATE





K-12 STUDENT INTERVENTIONS

CRITICAL (4)

- Perform wellness check/initiate evaluation for involuntary hold/initiate suicide protocols
- Contact parent/emergency contact
- Communicate process of assessment and action planning with parent/guardian
- Coordinate w/necessary parties (school resource officer, local law enforcement, FUSION center, discipline, legal and/or threat consult, etc.) to create plan for safety, response, interventions, suspension, etc.
- Coordinate transitions at beginning and end of in-school or out-of-school suspensions.
- Evaluate need for emergency notification to school community or to specific, impacted parties
- Initiate mandated assessment once immediate safety has been established
- Connect with off-campus resources as appropriate such as: case manager, child protective services, juvenile justice department, etc.
- Provide guidance, support, and safety planning to impacted parties, such as teachers and other students

ELEVATED (3)

- Evaluate the need to establish immediate safety through welfare/safety check with in-house counseling staff or SRO
- Initiate suicide or bullying protocols as appropriate
- Meet with student and parent/guardian to engage in assessment and action planning
- Deliver follow-up and ongoing services to support student both within and outside the school community
- Determine the need for mandated assessment (SIVRA-35, psychological assessment, other violence risk assessment)
- Coordinate referrals for counseling, mental health treatment, student discipline process, disability assessment/services, other support resources
- Coordinate transitions at beginning and end of in-school or out-of-school suspensions
- Connect with off-campus resources as appropriate, such as case manager, child protective services, juvenile justice department, etc.
- Coordinate with school resource officer, local law enforcement, etc. to discuss plan for safety, community, response, etc.
- Coordinate with IEP process

MODERATE (2)

- Provide guidance and education to a referral source for care (community therapist, inschool referral to guidance or school counseling)
- Bring student in for an individualized meeting to identify a safety plan in coordination with the student and/or parent/guardian. Should include discussion of reducing trigger events, building protective factors and be reviewed and adjusted regularly for effectiveness
- Coordinate care and/or make referrals to reduce silos among classroom, student discipline, counseling, social services, mental health treatment, and off-campus law enforcement
- Engage and establish rapport with parent/guardian as a partner to create transparency and educate them about the process
- Develop student support and comprehensive and holistic behavior intervention plan (separate from IEP)
- Refer for student discipline process and/or behavior management process; address emerging behaviors under an academic disruption or student discipline policy
- Engage in skill building related to social and emotional learning, conflict management, interpersonal conflict resolution, problem-solving
- Evaluate for referral for disability/accessibility assessment and coordinate with IEP processes
- Continually assess the effectiveness of interventions or other academic/learning plans
- Initiate bullying protocols as appropriate

MILD (0/1)

- Possibly no direct action
- Provide guidance and education to referral source
- Reach out to student for a meeting to assess situation and determine needs
- Connect with teachers, school support resources, etc., to either enlist as a support or to gather more information
- Provide resources to student as appropriate