Second Generation
Behavioral Intervention Best Practices

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Many hands make light work.

—John Heywood (1497–1580), English Playwright and Poet

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Abstract: Since the tragedy of the shooting that took place at Virginia Tech in 2007, colleges and universities across the country have experienced a massive push to identify troubling behavior earlier and proactively prevent such tragedies from taking place in the future. However, what is the best method of identifying potentially harmful behavior, communicating that behavior to the right people, and, when needed, acting to prevent harm to others? This article focuses on how Behavioral Intervention Teams can help empower cultures of reporting on campus, ensure information about potential threats gets to the right people in an effective manner, and assist campuses in acting to protect students, faculty, and staff. The article also outlines the 12 best practices for behavioral intervention teams.

Introduction

The post-Virginia Tech era shows a dramatic shift to proactive prevention of dangerous or potentially harmful behavior in institutions of higher education as the majority of campuses move to implement or update behavioral intervention team practices. This is a gratifying trend to those of us who pushed strongly back against the text message system hysteria following the Virginia Tech shootings and the classroom door lock hysteria of the period after the Northern Illinois University shootings. While reactive measures do have worth, the job of higher education leaders and risk managers is to focus also on proactive prevention of such events.

Why is behavioral intervention the right approach? We know from the research that most perpetrators of school violence do not emerge from the ether with surprise attacks no one saw coming. Instead, it is quite the opposite. They give clues. They cause concern amongst friends, colleagues, and even online acquaintances. They make people uncomfortable. These clues, signs, and concerns are the best chances to head off violence before it occurs. If we can empower cultures of reporting on our campuses, friends, colleagues, family members, professors, sorority sisters, roommates, and resident assistants (RA) can share what they know. However, they need to know who to tell. For that, they need a behavioral intervention team (BIT). They need to know what to report. For that, they need a BIT. The information must be centralized to break down the information silos in which members of our communities have pieces of the puzzle, but no one team or group gets to see the whole picture. For that, they need a BIT. Once the information is assimilated, a caring and effective intervention must be orchestrated. For that, they need a BIT.

Hundreds of intervention teams have been created across the United States since April of 2007. The question to ask is whether your team is just an informal administrative comparing of notes about concerning behaviors, or is it a formalized BIT operating according to policies, procedures, and protocols that reflect the best practices that are evolving in our field? That question represents the heart of this article. First, though, another essential point must be made. Regardless of what form an intervention team takes, members of the BIT should be well-trained so that they know for what behavioral indicators they are looking. NCHERM's 2008 white paper[1] focused on the need to make sure teams are cognizant of the research on patterns of violence. Since then, it has become apparent that, while that cognizance is important, stereotypes of violence are dominating our public conversations. The CNN Special on campus violence was called "Campus Rage."[2] We have replaced "going postal" as a catch phrase with the campus version, "active shooter." That terminology begs the question: is there such a thing as a passive shooter?

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To effectively protect our higher education institutions and communities, this article will move past the hype and dispel the myth of the "active shooter."

Who should be included in a BIT? If a team is student-focused, it is often comprised of a dean of students or other student affairs administrator, who usually serves as Chair. Additionally, the team may include administrators from housing and residential life if the campus is residential. It may also include a counseling center director or other counselor or mental health professional. The same is true if there is a health center. The Director of Disability Services is a common choice, as is a director or other representative from campus law enforcement. When the team also includes staff in its scope, it is common to add a human resources representative.

The Myth of the Active Shooter

What mental picture comes into your mind's eye when you hear the term, "active shooter?" What do you see? Describe him or her. What is he or she doing? What does he or she look like?

If your mental image was an angry man dressed in black, you have bought the media-driven stereotyping. What is worse, if you imagined an Asian-American, the actual images of the Virginia Tech shootings have created a stereotype of their own. What else did you see? Was he sweating, out-of-control, and about to snap? Was he actively shooting in your mental image? Was he enjoying it? What was the expression on his face? Was it vengeance? Was it rage?

Becoming a Student of Aggression

To understand attributes and characteristics of the active shooter, you need to become a student of aggression. According to John Byrnes, the President of the Center for Aggression Management, there are two types of aggressors: the Primal Aggressor and the Cognitive Aggressor.[3] The Primal Aggressor comes home to find his or her partner in bed with someone else and just snaps. Anger, rage, and humiliation feed his or her aggression. This is the stereotype of the active shooter, and it is accurate if an

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active shooter is a Primal Aggressor. The problem is that school shooters are almost never Primal Aggressors. They are Cognitive Aggressors. Cognitive Aggressors plan their aggression and methodically execute it. At the highest levels of Cognitive Aggression, the point where a school shooting is possible, the aggressor is willing to give up his life for his cause. According to Byrnes, this aggressor experiences a profound disconnection from his own well-being. His body loses animation. His face loses expression. In fact, the "active shooter" is not outwardly angry at all.

Our behavioral intervention teams need to assess threat accurately. If they are looking for the angry aggressor who is about to explode, they will be playing to profiling, not to the clear research that is available. Behavioral intervention teams must have a better understanding of aggression to accurately assess threat.[4]

The Evolution of Behavioral Intervention
First Generation Intervention Teams

As behavioral intervention teams evolve and become more sophisticated, what best practices are evolving and what future transformations are on the horizon?

Campus assessment, response, and evaluation (CARE) teams and behavioral intervention functions existed on college campuses before Virginia Tech, but their nature, composition, and function are changing dramatically as campuses adjust to new complexities of student mental illness and increasing violence. Revised models have evolved as a direct response to the Governor's Panel Report on the Virginia Tech shootings and other national panel and internal review recommendations.

First generation teams—those that existed before Virginia Tech—generally had some commonality. They were often informal, and their scope and function was narrow. We refer to them as the "Resolve Carpet Cleaner" model. Are you familiar with this miraculous substance? The authors have four children under age five between them, so we are intimately familiar with and grateful for Resolve. Spray it on anything your kids leave behind, and seconds later, the stain is gone from your carpet. Similarly, first

generation teams were spot problem solvers. If they had a problem, they sprayed on an intervention and then moved on to the next stain. Rarely did they have the capacity for longitudinal tracking of student behaviors over time. They also lacked the ability to track and view trends in behavior, both individually and collectively. This short-term, problem solving focus proved to be a fatal flaw—quite literally—in first generation team design.

Second Generation Behavioral Intervention Team Best Practices

Many distinguishing characteristics set second generation models apart from prior intervention models, but the most salient are 12 key elements, listed briefly below and then expanded upon in the remainder of this article:

1. Second generation behavioral intervention teams use formalized protocols of explicit engagement techniques and strategies.
2. Second generation behavioral intervention teams see their role as nominally to address threat and primarily to support and provide resources to students.
3. Second generation behavioral intervention teams utilize mandated psychological assessment.
4. Second generation behavioral intervention teams have the authority to invoke involuntary medical/psychological withdrawal policies.
5. Second generation behavioral intervention teams are undergirded by sophisticated threat assessment capacity, beyond law enforcement and psychological assessment tools.
6. Second generation behavioral intervention teams use risk rubrics to classify threats.
7. Second generation behavioral intervention teams foster a comprehensive reporting culture within the institution.
8. Second generation behavioral intervention teams train and educate the community on what to report and how.
9. Second generation behavioral intervention teams are technologically advanced and are supported by comprehensive databases that allow the team to have a longitudinal view of a student's behavior patterns and trends.
10. Second generation behavioral intervention teams focus not only on student-based risks but on faculty

and staff as well.
11. Second generation behavioral intervention teams intentionally integrate with campus risk management programs and risk mitigation strategies.
12. Second generation behavioral intervention teams have a mechanism for "minding the gap."

#1. Second generation behavioral intervention teams use formalized protocols of explicit engagement techniques and strategies.

When we discuss the informal nature of first generation teams, we don't only mean that they met ad hoc, bringing the interested parties for each case to the table as needed. The informal organization of these teams also meant that interventions were not performed using a consistent set of standards. By contrast, second generation teams have fixed membership, regular meeting times, and standardized procedures.

The high expectations that are particular to safety and security on campus have highlighted the importance of using formalized protocols and procedures. When a factory or other workplace experiences a shooting, does anyone convene a Governor's Panel to investigate? Does the President of the United States command a report of what went wrong or how it could have been prevented? When the same kind of violence touches a college campus or any school, the president, the governor, the state legislature, and law enforcement investigators all demand answers. They ask, how could campus administrators let this happen? Higher education is held to a higher standard because the societal expectation is that colleges are relatively immune from violence. When it impacts us, we have to answer to everyone and their aunt. Thus, second generation teams have seen the benefit of clear operating protocols. When the Governor's Panel asks why we did what we did, we can point to established policies and answer that we did what we did because this is what we always do when faced with a threat of this nature. Second generation teams are consistent, use research and data-driven measures of risk, treat all similarly-situated students similarly and with fairness, and are comprehensive in their engagement. While teams cannot prevent every act, second generation teams are much more than carpet cleaner.

#2. Second generation behavioral intervention teams see their role as nominally to address threat and primarily to support and provide resources to students.

One of the challenges of introducing a behavioral intervention team to your community is that you need to market it successfully and create effective buy-in. Including "threat" in the name of your team, such as Threat Assessment Team (TAT) or Threat Assessment Group (TAG), is not going to help. Although this is what the Virginia Tech Governor's Panel suggested, it is not a best practice in our view. Members of our communities are sensitive to how these teams will function, and we convey through a team's name, in part, what the intended goals of the team are. Naming your team a TAT or TAG tells members of your community that the subjects of your team's caseload are threats. Members of our communities are willing to sacrifice some autonomy for greater security, but they aren't willing to submit to a Big Brother who expels every suicidal student. Using "threat" in a team's name conveys the wrong message about who is being protected, from whom, and how. It tells the members of your community to report threats, rather than the concerning behaviors that may give you the chance to get out ahead of the threat. Choose a name that conveys that your team is about supportive and caring intervention. Examples of names that convey a more appropriate tone include campus assessment, response, and evaluation (CARE) teams, students of concern (SOC), and behavioral intervention teams (BIT). Ultimately, teams will have to address some threats, but they will be rare. More often, the team will be engaged in the early intervention and support that prevents a behavioral concern from rising to the level of a threat or crisis.

#3. Second generation behavioral intervention teams utilize mandated psychological assessment.

This one is a non-negotiable best practice. Your team

> **Your team will have one arm tied behind its back if you refuse to mandate students to be assessed for their potential for self-harm.**

will have one arm tied behind its back if you refuse to mandate students to be assessed for their potential for self-harm. Assessment is not an end in itself, but it can point the way toward a more successful intervention. It can also encourage a student into a long-term and potentially life-saving therapeutic relationship. Legally, teams are entitled to mandate assessment where there are reasonable grounds to believe a student may be a threat of harm to themselves or others. Some might argue that assessment is a form of counseling and that it is unethical to mandate counseling. However, mandating assessment is an ethical counseling practice, and, while individual counselors have the right to determine whether their professional ethics prevent them for evaluating "coerced" clients who are under a mandate, that does not mean your team has to abandon the practice of imposing this mandate when necessary. If you do not have a campus counseling center, create a contract with an outside provider or agency who feels comfortable with this practice. If your campus counseling center refuses mandated assessments, again you can look to outside providers, or you can hire new staff as there is turnover in the counseling center who indicate a willingness to engage in this practice even if your current counseling staff is not.

Sometimes, even if your campus counselors are willing to accept mandates, your counseling center director may block the practice by center policy. Work with your center director to learn what his or her specific objections are and whether compromise is possible. Having your center's director on your team may allow that individual better insight into the team's mission, purpose, and challenges. With the counseling center director as a team ally or, better still, a team member, you might be able to more effectively problem solve by getting to the root of the issue. For instance, perhaps the center staff feels inundated by mandated assessments. Evaluations usually take no more than a session or two, but many teams mandate four sessions, emulating the University of Illinois,

Urbana-Champaign model. Perhaps your director disagrees with this model or just wasn't consulted about implementation of it. You may need to build some bridges. Most often, counseling center directors tell us that, if they are going to accept mandated assessments, they need expanded staff to handle the caseload those assessments will bring. If your team can effectively advocate for expanded capacity on behalf of the counseling center, the counseling center may become a more willing participant in mandated assessment.

Regardless of whether the assessor is internal or external, there are some important decisions to be made *by the team*. Who will choose the assessor? Will it be your team or the student? If your team will decide, it needs to identify who will conduct the assessment. Will it be a social worker? A psychologist? A psychiatrist? You need to choose a provider you trust and in whose diagnostic capabilities you have faith. Who will pay for the sessions? How soon must the evaluation be completed? Will the student be on interim suspension pending the results of the evaluation? Will you require the student to permit you to communicate with the provider to gain access to the findings of the evaluation? What consequences will you impose if the student fails to grant this permission to your team? What will you do if the student fails to complete the evaluation in time or does not participate in good faith in the assessment? All of this should be clearly spelled out in a policy that enables the team to mandate assessment and in a protocol that spells out how.

#4. Second generation behavioral intervention teams have the authority invoke involuntary medical/psychological withdrawal policies.

Although this policy should only be invoked in the most extreme and rare cases, you will need it in place as a point of leverage and as the ultimate last resort for those rare times that a last resort is the only option. There are going to be times when it is best for your college or university and for the student to be separated for some period of time. Usually, you can help this process go more smoothly by encouraging the student to voluntarily withdraw. Often, you

can work with parents and community resources to facilitate this transition. Some students may need assistance with refunds, class withdrawals, or grades to make it easier for them to choose to withdraw. Your policy should spell out what your authority is in making it possible for a student who needs help to withdraw without penalties to his or her financial health and academic future.

However, there will be rare times where a student refuses to withdraw, parents or families refuse to take him or her home, or the student lacks capacity to make the decision to withdraw. At that point, you need to separate that student involuntarily. If the behavior is not disability-based, you can often accomplish this under the conduct code. If the behavior is disability-based, as in the case of suicidality, disability law is in play, and you can only separate the student from housing or from the university if you determine them to be a direct threat, as defined under Section 504 of the Rehabilitation Act.[5] You can make a direct threat determination under your code of conduct, if you have direct threat as a codified violation, but most of our codes lack this provision, and there are procedural reasons why this can be a hairy approach.

Instead, most campuses have developed a separate procedure for involuntary withdrawal on a medical or psychological basis. This is an area that requires diligent research and consultation with your legal advisors. Again, you will rarely need to use this policy, but it is essential that you have it in place.

#5. Second generation behavioral intervention teams are undergirded by sophisticated threat assessment capacity, beyond law enforcement and psychological assessment tools.

When NCHERM created the College and University Behavioral Intervention Team (CUBIT) model,[6] we knew it would need to incorporate a body of threat assessment knowledge that would enable teams to accurately and quickly assess threat and risk. However, no such body of knowledge existed at the time in a digestible, easily-packaged form that could be readily implemented by teams. While many experts and approaches had pieces of how to do it, we needed to synthesize the body of knowledge that was out there

to create the model. It incorporates measures for harm to self, harm to others, and generalized risk. A multidisciplinary Threat Assessment Tool is included in the NaBITA white paper, *Threat Assessment in the Campus Setting,* under "Threat Assessment."[7] This free resource will help your team, whether you use the CUBIT model or another approach.

#6. *Second generation behavioral intervention teams use risk rubrics to classify threats.*
The CUBIT Risk Rubric provides a five-level risk tool for every situation that comes to the attention of the team. The job of the team is to classify the situation as accurately as possible, given the information known at the time, and then to take action accordingly. Whether you use this rubric or one of your own devising, the key is that you use one to enable a consistency of classification and response. A rubric should include not only a taxonomy for classifying risk but also a "Tools in the Toolbox" portion that suggests support mechanisms, resources, and appropriate levels of intervention to deploy for the given level of risk or threat that is perceived by the team.

#7. *Second generation behavioral intervention teams foster a comprehensive reporting culture within the institution.*
Some of us are lucky. Members of some campus communities actively report concerns without delay. This is more common on small campuses or on campuses where a high level of training has instilled in faculty and staff the need to report concerning behaviors that they see and hear.

Some of us are too lucky, and, on some campuses, behavioral intervention team members hear about everything, to an extreme. Rather than manage classrooms, offices, residence halls, or other facilities, faculty and staff use the intervention team as a crutch. Members of these communities often see threats in

Campuses that do not have a widespread culture of reporting need to intentionally create one. Public relations campaigns introducing your team to the community will help.

everything, and wonder why the team does not make each concern reported a high priority.

Some of us are unlucky. On unlucky campuses, members of the community may not take threats and concerning behaviors seriously, try to conduct interventions on their own without team input, do not know what to report or to whom, and fail to help the team to connect the dots that would help avert an impending crisis. These communities have no culture of reporting.

Of course, each of our campuses has elements of all three types. Some people over report, some underreport, and some know just what to do. If you are unlucky or too lucky, you need a better balance for your campus. Campuses with over reporting do not want to squelch that; reporting is good. The challenge for these teams is to teach members of the community what is within the scope of the team and what needs to be addressed elsewhere or by the reporter themselves. Often, the team can coach the reporter on how to quell disruption, set boundaries, or otherwise manage a minor situation without relying on the team for assistance.

Campuses that do not have a widespread culture of reporting need to intentionally create one. Public relations campaigns introducing your team to the community will help. Marketing your team's existence and function will answer questions many members of your community have been asking: "What do I tell, to whom, when, and how?" We recommend that you teach your risk rubric to your community, distribute brochures, create a team website, and educate your community with mental health, disability, disruptive student, and suicide gatekeeper trainings. The goal is to create a common language for your community to understand what is concerning and what the team can do about it. Here are a few other suggestions that may help you to empower a culture of reporting:

+ Mandate reporting by all employees

- Create an online reporting system
- Enable anonymous reporting
- Accept reports from outside your campus
- Create an amnesty policy to minimize any stigma associated with reporting

#8. Second generation behavioral intervention teams train and educate the community on what to report and how.

The associate athletic director notices that Troy has missed three successive practices, and his excuses are flimsy. Troy's roommate notices that Troy is having some unusually erratic mood swings. Troy's organizational dynamics professor has two encounters with Troy over inappropriate classroom conduct. Troy's RA notices a profusion of prescription drug containers in Troy's Dopp kit when he uses the hall bathroom. None of these members of your community reported the behavior they observed to the behavioral intervention team, because each of them believed the observed behavior was minor and isolated. Each of these members of the community failed to report important information because they did not know it was important. That failure is our failure, not theirs. The team needs to provide training and communicate to the members of our community that, no matter how minor the behavior or incident, the intervention team needs to know. Four minor incidents all within the same period of time are not minor anymore. They indicate a pattern or trend and, when taken together, could be an indicator of an individual in a serious situation. We need to train members of our community that threat assessment is not their job, but the job of the behavioral intervention team. Therefore, they need to pass everything along, so that the team can connect the dots and see the patterns that individual reporters may miss.

It is important that you train the campus community to use a common language in identifying and reporting behaviors. For instance, NCHERM uses the "D scale," which provides straightforward definitions of four increasing levels of mental health-related risk that can help members of your community better understand what they are seeing and experiencing, and what needs to be reported to the behavioral intervention team. The four levels of the D scale are distress, disturbance, dysregulation, and medical disability.[8]

#9. Second generation behavioral intervention teams are technologically advanced and are supported by comprehensive databases that allow the team to have a longitudinal view of a student's behavior patterns and trends.

Teams that pre-dated Virginia Tech frequently did not track individuals longitudinally, or from what W. Scott Lewis calls "the 50,000 foot view." While there is a need to problem solve for the behavior the individual is exhibiting now, there is also a need to see how that individual is doing over time. How are they responding to the intervention? Is medication helping? Is parental involvement effective? The sheer volume of student issues and the need for complex recordkeeping has conspired to create the need to make a behavioral intervention team database a best practice. A spreadsheet will not be sufficient for you to track reports and behaviors adequately. Lobby to allocate some of the money being spent on door locks, multi-modal text message systems, sirens, public address systems, National Incident Management System (NIMS) training, or security cameras for a well-developed database. Database providers like Maxient and RiskAware build reasonably priced databases specific to behavioral intervention. Maxient has the most flexibility, because of its ability to interact with other campus information systems and populate data from those systems. It also allows for greater customization and provides extensive product support. RiskAware's "Red Flag" platform is more affordable and is really a single-purpose product. Both have their relative merits, and both will cost you less than building a comparable system in-house.

#10. Second generation behavioral intervention teams focus not only on student-based risks but on faculty and staff as well.

Rebecca Griego was shot and killed in her office at the University of Washington in April of 2007 by an ex-boyfriend.[9] In October 2008, a librarian at Northeast Lakeview College in San Antonio, Texas, shot and killed another librarian in the college library.[10]

We cannot continue to live under the illusion that it is only students who perpetrate campus violence. Therefore, we must ask whether our behavioral intervention teams need a broader scope to include non-students. A team at the University of Washington could have been informed of the restraining order Rebecca had against her ex-boyfriend. Northeast Lakeview College's team might have been informed of and tracked any conflict or aberrant behavior by the aggressor librarian before it happened. While we do not necessarily recommend that every team have a campus-wide scope from its inception, a broad scope should be an eventual goal. However, gradual implementation may enhance campus buy-in, especially as faculty members learn of a team that intends to track their behaviors. There is a potential political minefield there, and many campuses elect to implement the student-focused team first and allow it to gain credibility and the respect of the community.

We are asked frequently whether an employee-focused team can overlap with a student-focused team in terms of membership, records, and intervention techniques. The answer is that your campus could use one team for both student and employee intervention, though the membership would have to expand to include human resources representatives and potentially employee assistance programs and union representatives. In some states, you cannot comingle employee and student records, which may impact recordkeeping. While the main techniques of intervention are common, it may also make more sense to have one student-focused team and one faculty/administration/staff-focused team. No clear best practice has emerged on this question yet.

#11. Second generation behavioral intervention teams intentionally integrate with campus risk

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management programs and risk mitigation strategies.

A key advantage of a second generation behavioral intervention team is that its formality and defined incorporation into the campus fabric make it possible for advanced team capacities to come into play. We recommend that you integrate your second generation behavioral intervention team with pre-existing or newly forming campus and community resources, such as crisis management plans, emergency response procedures, and critical incident stress debriefing teams protocols. For example, the NIMS Incident Command System (ICS) training that all colleges are using to ensure the quality of emergency response requires us to clearly define who has incident command jurisdiction in a given situation. Thus, you can integrate campus emergency and crisis protocols with behavioral intervention team protocols to ensure that when the Team Chair and the Emergency Incident Commander both arrive on site, there is clarity about their roles in handling the incident.

You can also integrate team protocols with existing campus risk management programs addressing sex offenders, criminal background checks, and admissions screenings. For example, if your admissions staff admits a known sex offender, that fact should be logged and tracked in the behavioral intervention team database. If your campus has a felony review process for admissions, you may also explore the level of training that committee has received in threat assessment and pattern violence. It may make sense to use your intervention team to train that committee or to actually have team members serve on this committee because of its knowledge and expertise.

While it makes sense to ask admissions screening questions, it is only useful if you have the capacity to do something when an applicant indicates a criminal history. A behavioral intervention team can ensure that you have the capacity to react when and if you

move to ask these important admissions screening questions. Campus risk managers should build communication with the intervention team to discover how both offices can work together to reinforce risk management and risk mitigation initiatives that may parallel behavioral intervention team initiatives.

#12. Second generation behavioral intervention teams have a mechanism for "minding the gap." In London, there is a space between the platform and the train in the Tube (subway) stations. A soothing voice cautions you to "mind the gap" as you board, lest you misstep and wind up in the gap. We have adapted this caution for behavioral intervention team purposes, and encourage teams to mind their gaps. Gaps for these teams are periods of time in which a problematic student goes inexplicably quiet, as Seung-Hui Cho largely did at Virginia Tech after the fall of 2005. Using the database to remind you, the key is to monitor those who have fallen off the radar screen.

This is a huge distinction between first generation and second generation teams. If a student was causing problems, a first generation team would just spray on the carpet stain remover and move on to another student. No one would ask why the spot was gone; everyone was just relieved that it was, freeing up time to move onto the next one. However, do stains come back faintly over time, depending on the nature of the stain? Having a mechanism for "minding the gaps" means monitoring periods where a student in distress goes dormant. The role of a behavioral intervention team is determining whether such quietude calls for increased or decreased monitoring needs and acting accordingly. Team members should debrief interventions as a team. Once support structures are in place and resources are deployed, the team should determine how long a period of quietude has been sustained. The team then needs to question whether the gap is explained by the effective deployment of supports and resources or whether the gap is unexplained:

- Is the student continuing in a course of therapy?
- Are parental supports ongoing?
- Are friends helping to monitor?

- Is a medical regimen working?
- Are other inhibitors to harm or self-harm in place?

If the answers to the above questions are yes, quietude is not necessarily cause for alarm. However, if follow-up and check-in reveals a student who is untethered from the mechanisms of intervention, the gap may be an indicator of a greater need for observation or further intervention. What might that quiet student be planning? A second generation BIT asks and acts on that question rather than focusing on treating the next stain.

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Endnotes

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Coming together is a beginning. Keeping together is progress. Working together is success.

—Henry Ford (1863–1947), Founder of the Ford Motor Company and Father of the Modern Assembly Line

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