# **CONTEXT, ASSESS, STABILIZE, EVALUATE (C.A.S.E.) Processing**



## A Model for Behavioral Intervention and Threat Assessment Teams

C.A.S.E. processing promotes communication and involvement across team members with effective, objective, consistent, and efficient action for every case. Activities related to new and previous cases are outlined below along with preparation questions for each step.

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The first step of the CASE model is to establish the CONTEXT of the case by sharing information from across the team. The chair should share a brief overview of the case, including how the report was received and the basic nature of the reported behavior. Each member should share information from the perspective of their role/position on the team and receive information from others in order to use their specific lens to assist with identifying the level of risk and related interventions. For cases previously discussed, members should prepare to share any updated information or new behaviors.

- Does each member have access to review the case file to understand the context of the report prior to arriving to the meeting?
- > Does each member know what information they are responsible for sharing with the team?
- Does each member know what to expect from other positions related to sharing information?
- Does each member know how others on the team are possibly constrained by limitations related to HIPAA, FERPA, or ADA confidentiality, are bolstered through the use of waivers or informed consents, or are able to share within exemption and disclosure limitations in law and policy?

ASSESS the level of risk by applying information gathered to an objective risk rating tool or rubric, such as Pathways, rather than using a "wing-it" approach to assessment. The risk level should be consistently documented each time a case is discussed. For cases previously discussed, new information or new behaviors should be considered in order to reevaluate the level of risk.

- What observed behaviors or concerns are being discussed?
- What is the impact of the behavior being discussed? Does the impact seem limited to the individual, to specific others, or to the campus community as a whole? Does the impact create disruption to individual activities and functions and/or the activities and functioning of others?
- Is there a need to gather additional information through a more in-depth violence risk and threat assessment or other advanced assessment tool? What other information is needed to help determine the level and nature of risk?
- > Are there any changes in the behaviors and concerns? When did these changes occur? Are there any known triggers?

# CONTEXT

STABILIZE the risk with interventions to reduce risk factors and promote protective factors. Interventions include a combination of team actions and referrals. Interventions identify key connection points for the individual through either a team member, reporting party, or other staff/faculty. For cases previously discussed, interventions should be reviewed to determine if they were completed, if they need to be revised, or if new intervention approaches are necessary based on new behaviors and new levels of risk.

- Who is responsible for the identified action?
- If it is determined another individual should be involved in the intervention, how is the decision determined?
- What timing is appropriate?
- > Does the intervention need to be coordinated with other processes or units?
- Is there a need to advocate or broker for the individual related to the intervention?
- Does the intervention align with the referral checklist and service audit features of legal, accessible, flexible, affordable, proximate, online availability, diversity, cultural competence, and neurodiversity?
- Are there other interventions that can be offered that are currently unavailable from internal resources but are available through external resources/partners (e.g., free family therapy and mental health services available through HMO/PPOs or gender identity counseling that is offered through regional LGBTQ Centers)?

EVALUATE changes in the context of the case, the effectiveness of interventions, and the need for ongoing mitigations and management of the case.

- Are there catalyst events, trigger events, or dates of concern to be alert to moving forward?
- What does increased or decreased risk look like for the case?
- What steps will be taken if risk increases? Decreases?
- Should no new behaviors or areas of concern arise, when should the team plan to revisit the case and review its status?

InterACTT is a collaborative group of like-minded professionals working to make your everyday work easier and more efficient.

Our goal is to support your day-to-day work in counseling, disability services, student conduct, law enforcement, CARE and threat teams, and diversity, equity and inclusion.

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### **Case Study**

Vanessa is a member of the women's basketball team. As her athletic academic advisor, Vanessa shared with you that a teammate she played basketball with in high school recently died by suicide and she would be missing class to attend her funeral. You reached out to Vanessa the following week to see how she was doing. Vanessa shared how good it was to see her teammates and yet how tough it was at the same time. She said her parents were very worried about her because they knew she had been experiencing a great deal of class- and basketball-related stress and then this happened. They wanted her to consider taking some time off, but Vanessa really did not want to stay at home. She wants to remain living on campus. You know from Vanessa's academic records that she is a psychology major in her 2nd year taking a tough statistics and research methods course along with other courses. You also know that you had referred her to Title IX about some concerning interactions with a women's basketball volunteer assistant. Vanessa shares after some discussion that she is just exhausted with everything and finding it more difficult to get to class or be motivated during practice sessions.

