

D·PREP
SAFETY DIVISION
BIT/CARE STANDARDS

LEADERSHIP



Strategies for Leading the Team

The leader of the BIT/CARE team ensures the team operates with fidelity and efficiency, fostering a healthy, engaged membership and a collaborative relationship with the broader campus community. This work should be grounded in best practices in behavioral intervention and responsive to the organization’s evolving needs. Many of the responsibilities of the team leader could be shared with or delegated to others on the team or to other units in the organization (e.g., marketing, information technology). The leader is responsible for overseeing and implementing these functions in whatever form makes the most sense given the team’s structure and resources.

Functions of the Team Leader(s)

- ❖ Schedule and facilitate team meetings
- ❖ Set each meeting agenda
- ❖ Coordination of team training and development, from onboarding to regular guidance
- ❖ Oversight of team budget
- ❖ Coordinate updates to the team policy and procedure manual
- ❖ Act as a spokesperson for the team throughout the organization
- ❖ Ensure promotion of the team through the website, presentation, and other marketing.
- ❖ Administrative authority to mandate assessments
- ❖ Coordination of the central database use
- ❖ Facilitate regular reporting on team activities
- ❖ Guides strategic planning and continuous improvement of the team

Ideally, a team leader will have administrative and case management support in addition to the engagement and support of the team members. Administrative support is helpful in the clerical aspects of the team, such as maintaining up-to-date documentation of cases in the central database, scheduling team meetings, and communicating the agenda in advance. Case management support is not only critical to the team’s overall function but also helps the team leader prioritize their involvement in case interventions. Other team members and organizational units can help support marketing and promotions, policy development, and training activities.

Trifecta of Team Leader Support		
Administrative/Clerical	Case Management	Team Members/Departments
<ul style="list-style-type: none"> ➤ Schedule team meetings ➤ Organize agendas ➤ Take notes during meetings ➤ Update the central database ➤ Basic contact and scheduling of referring and involved parties 	<ul style="list-style-type: none"> ➤ Monitors incoming referrals ➤ Provides initial triage, data-gathering ➤ Creates draft agenda ➤ Case management activities 	<ul style="list-style-type: none"> ➤ Create and implement team marketing and promotions ➤ Update and revise team policy and procedure ➤ Develop and support team training activities

Leadership Competencies

Another consideration is the distinct set of competencies needed to guide the team’s work effectively. Leadership competencies are often placed into three categories: leading self, leading others, and leading the organization. When applying this lens to the leadership of the team, we can identify key attitudes, behaviors, and skills that the leader should embody.

Leading Self	By modeling integrity, credibility, learning agility, and adaptability, the leader sets the tone for the team, demonstrating how to navigate complex situations with both steadiness and openness to growth. For a team leader, leading oneself begins with self-awareness and composure, ensuring decisions are grounded in clarity rather than reactivity.
Leading Others	<p>Perhaps the most critical area of BIT/CARE team leadership lies in leading others, as this is where the chair’s role in guiding the team truly comes to life. Effective leaders develop and empower team members, foster open and transparent communication, and promote collaboration that values and leverages individual differences. They skillfully manage conflict, navigate team dynamics, and create an environment where diverse perspectives are heard and integrated into shared solutions.</p> <p>Strong foundations for healthy team dynamics¹ provide the scaffolding for this work: a clear purpose and shared goals, psychological safety, and well-defined norms and expectations. Trust and relationship-building, strong communication practices, alignment around decision-making, and a commitment to regular reflection and feedback help the team stay cohesive and effective. Balancing structure with flexibility and leading with both purpose and empathy ensures the team remains responsive and unified in pursuing its mission.</p>
Leading the Organization	In addition to leading themselves and others, effective team chairs must excel at leading the organization, ensuring the team’s work is aligned with the broader mission of the school or organization. This requires change management skills to guide the team and stakeholders through evolving needs and priorities, as well as a strategic perspective to shape long-term planning and position the team as a proactive force rather than a reactive one. The leader must set a clear vision and strategy, navigate organizational systems and processes with fluency, and maintain awareness of external trends, resources, and regulations that influence the team’s work. Equally important is the ability to use reporting and data not only for compliance, but to tell the story of the team’s impact, advocate for resources, and continuously improve practices. By aligning the team’s goals with the larger organizational context, the team leader ensures their work is sustainable, integrated, and valued across the community.

Deciding Who Should Lead the Team

There are several different approaches to choosing a team chair: 1) positionality and authority, 2) functional units responsible for the team, 3) availability and capacity to lead, 4) cautionary selections, and 5) co-chair models.

Positionality and Authority

Team leaders may be selected based on a combination of their job title and formal position in the organization, as well as their authority to control resources and access decision-making channels.

Historically, **higher education student-focused teams** are led by someone in a Dean of Students-type position because of the nature of their training and education, intersection with other types of work, and authority to access various conduct decisions. The challenge here is that the structure and nature of Dean of Students positions vary from organization to organization, and the individual may not have the capacity to devote the time needed to this responsibility, potentially overlooking other, more effective or trusted leaders. There can also be perceived conflicts of interest with other duties if overseeing conduct processes, Title IX, or other intersecting functions of the BIT/CARE team.

Employee-focused teams are often led by a human resources director or assistant director, who can handle performance, conduct, and well-being issues and understand policy and legal compliance.

K-12-focused teams are often led by a Principal or Assistant Principal because they have the authority, access, and systems knowledge to affect varied interventions and stakeholders. Some states have legally mandated membership and roles for BIT/CARE or related teams.

Functional Unit Responsible for Team

More recently, organizations are identifying units focused on behavioral intervention teams' work. This unit director or coordinator may take on leadership of the team. Housing the BIT/CARE team within a focused unit or department provides a clear organizational home for its activities, ensuring consistency, accountability, and sustained momentum. A dedicated structure allows for defined roles, streamlined processes, and centralized communication, reducing the risk of fragmented or duplicative efforts. It also enables the team to maintain specialized expertise, leverage dedicated resources, and build institutional memory over time.

Availability and Capacity to Lead

In some cases, the most effective leader for a BIT/CARE team is simply the person who has the availability and capacity to devote consistent time and attention to the team's work. In resource-limited systems, this reliability can be more valuable than formal position or extensive experience. What matters most is their willingness to learn, stay engaged, and shepherd the team's processes forward. By being present, organized, and responsive, this leader becomes the steady point of coordination the team needs, ensuring follow-through, maintaining momentum, and providing the consistent focus that busy or overextended colleagues may not be able to offer.

Cautionary Selections

When selecting a team leader, it is important to be mindful of roles that may present inherent conflicts of interest or limitations in perspective. For example, counselor or mental health clinicians, while invaluable team members, are bound by privacy and confidentiality requirements that may prevent them from fully sharing information necessary for team decision-making. Similarly, law enforcement professionals bring critical safety expertise, but their scope and training may emphasize enforcement over the broader behavioral, academic, and developmental considerations central to BIT/CARE work. In each case, the potential leader's role or professional obligations could limit the balanced, holistic, and collaborative approach essential for effective team leadership.

Co-Chair Models

While co-chair models have traditionally been viewed with skepticism due to concerns about coordination challenges and ambiguous role delineation, these structures can function effectively when clear responsibilities, decision-making protocols, and communication processes are explicitly defined and agreed upon by both leaders. The co-chair model offers significant advantages for behavioral intervention teams, particularly when the team's scope encompasses diverse populations or requires varied leadership perspectives. Teams serving both students and employees often benefit from co-chairs who can bring specialized expertise and advocacy for each population, ensuring that interventions are appropriately tailored and that both groups receive adequate attention and resources. Additionally, the co-chair structure provides an effective framework for leadership development, allowing an experienced administrator to mentor an emerging leader while maintaining necessary oversight and institutional authority. This arrangement enables the developing leader to gain hands-on experience with day-to-day operations while receiving ongoing guidance and support. Furthermore, organizations may find value and ensure comprehensive assessment and response capabilities. This collaborative leadership approach can enhance team effectiveness by drawing on diverse expertise, fostering cross-departmental communication, and creating more holistic intervention strategies that address the multifaceted nature of behavioral concerns in institutional settings.

Crisis Leadership

In many ways, leading a BIT/CARE team is a function of crisis leadership. While proactive and preventative in nature, BIT cases can be considered emerging crises and high-stakes moments. Therefore, leaders can draw valuable insights from research on crisis leadership.

Team leaders operate with distributed authority. The team members influence team activities based on their functional expertise, the case context, and their access to information. The team's decision-making is shared and collaborative, with the team operating through mutual accountability rather than top-down direction. This is important for the team because it avoids overemphasizing decision-making from a single perspective (e.g., conduct/discipline, law enforcement) and encourages team member engagement and buy-in to inform case actions.

Distributed teams are common in crisis response. Think of a recent crisis you saw on the news and the multi-organizational, cross-jurisdiction response from across systems. We can learn from research on the leadership dynamics and behaviors that emerge during crisis response. In response to the Boston Marathon bombings, five behavioral themes were identified as promoting the successful emergence of collective leadership within the distributed team.²

In a crisis, your leadership matters. It is the most critical factor that can shape impact, outcomes, and outlook. That's because in a crisis:

Leaders make decisions that will make a difference in a crisis, for better or for worse.

Without effective leadership, the impact of any crisis will always be worse.

The quality of your leadership will determine not only the immediate outcomes of a crisis but also the longer-term outlook once the crisis is over.⁴

Distributed Leadership on the BIT/CARE Team	
Behavior	How this Applies to BIT/CARE
Unity of Mission	The team’s mission and scope are defined to focus on prevention, early identification and intervention, and threat response. Any member of the team can clearly describe the team’s scope and focus and know its priorities and roles.
Stay in Your Lane	Team members have specific roles and representation. The team members respect the jurisdiction and processes of each unit. The team may provide communication and coordination across these different departments and roles, but the team does not cross into the operations of the specific departments.
No-Ego, No Blame	Decisions by the team are not driven by ego or position. Mutual support, collaboration, and cooperation drive the team and are reflected in team activities. The membership does not place blame on errors; they succeed or fail together.
Foundation of Trusted Relationships	The team is formed and normed based on knowing relationships, joint training and exercises, and a history of working together in complex situations.
Generosity of Spirit and Action	Team members are committed to getting the right thing done for the parties involved and the overall success, safety, and wellness of the organization. The ethic of care is pervasive for the team, along with empathetic leadership and stewardship.

Another framework that highlights the competencies needed by a BIT/CARE team leader is the **adaptive leadership** approach. This is well established in the fields of crisis management and emergency response, emphasizing core competencies that directly align with the complex decision-making and collaborative problem-solving demands faced by team leaders. Adaptive leadership³ is a process leaders use to help others deal with difficult problems and challenges. They offer a framework for evaluating the nature of a situation or crisis through the lens of technical, technical-and-adaptive, or adaptive challenges. While some behavioral intervention team cases may present as purely technical problems with known solutions through existing protocols, most BIT/CARE cases involve technical and adaptive, or purely adaptive, challenges. These complex situations require teams to navigate ambiguous circumstances where standard policies may be insufficient, multiple interpretations of behavior are possible, and solutions must be developed collaboratively across departments and with various stakeholders.

Technical and adaptive BIT/CARE case: A graduate student’s research productivity has declined dramatically while they exhibit increasingly erratic behavior in lab settings, affecting multiple research teams and raising concerns about mental health, academic progress, and laboratory safety. The team must coordinate with academic departments, mental health services, and research supervisors to develop an individualized support plan that addresses both immediate safety concerns and long-term academic and wellness goals, requiring creative problem-solving and interventions.

The adaptive leadership framework becomes particularly relevant for team leaders who must help their teams discern when established procedures are adequate versus when innovative, collaborative approaches are needed. For example, they discuss “getting on the balcony.” Adaptive leaders demonstrate the capacity to direct attention

to the most critical aspects of a situation, helping teams focus on underlying patterns rather than just immediate symptoms. These skills are essential for team leaders as they synthesize information from diverse sources while avoiding premature conclusions about complex behavioral patterns. Adaptive team leaders regulate distress by helping team members manage the anxiety and uncertainty that complex behavioral cases often generate, while simultaneously maintaining productive tension that motivates creative problem-solving.

Conclusion

Selecting the right leader for your behavioral intervention team is one of the most critical decisions an organization can make in building an effective team. As outlined in this paper, successful BIT/CARE team leadership extends far beyond administrative oversight to encompass crisis management, collaborative facilitation, and adaptive problem-solving across diverse stakeholder groups.

The key takeaways for organizations embarking on leader selection include recognizing that effective team leadership requires a unique combination of competencies spanning self-leadership, team development, and organizational navigation. While traditional approaches have often defaulted to positional authority or functional alignment, the most successful teams emerge when leaders possess the capacity for adaptive leadership, can foster psychological safety and collaboration, and have the availability to dedicate consistent attention to this demanding role.

Organizations should carefully weigh the benefits and challenges of different leadership models, from single-leader structures to innovative co-chair arrangements, ensuring that the chosen approach aligns with institutional culture, team composition, and available resources. The distributed nature of BIT/CARE work means that successful leaders must be comfortable sharing authority while maintaining accountability, fostering unity of mission while respecting professional boundaries, and building trusted relationships that enable effective crisis response.

Most importantly, remember that team leadership is fundamentally about creating safer, more supportive communities through thoughtful intervention and collaboration. The leader you select will shape not only team effectiveness but also your organization's capacity to respond with both compassion and competence to individuals in distress. By applying the frameworks and considerations presented here, you can make an informed decision that positions your behavioral intervention team for success in this vital work.

Amy Murphy, PhD

Endnotes

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- 3 Northouse, P. G. (2022). *Leadership: Theory and practice* (9th ed.). Sage.
- 4 James, E.H., & Wooten, L.P. (2022). *The prepared leader: Emerge from any crisis more resilient than before*. Wharton School Press.