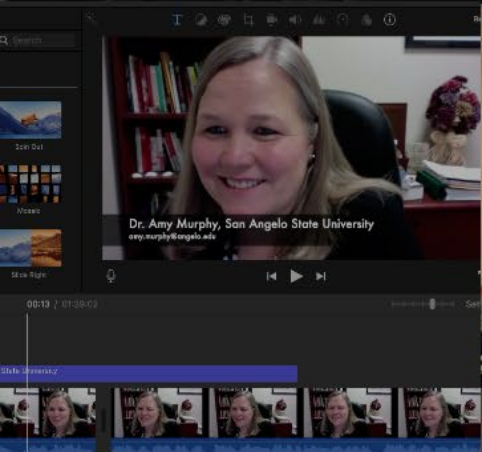
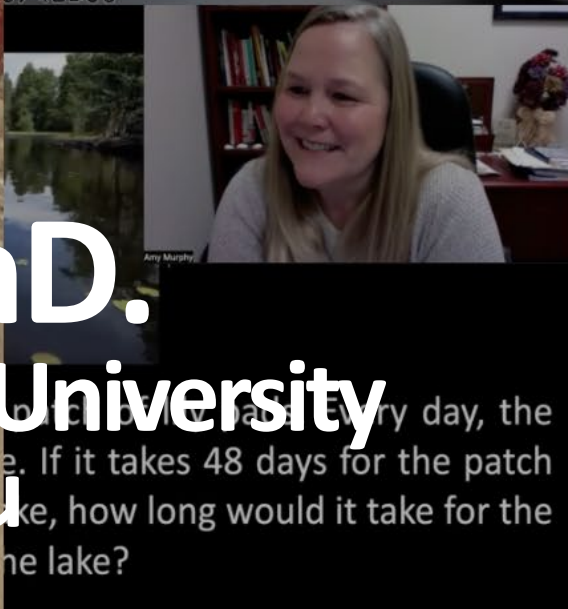




# Documenting a Case



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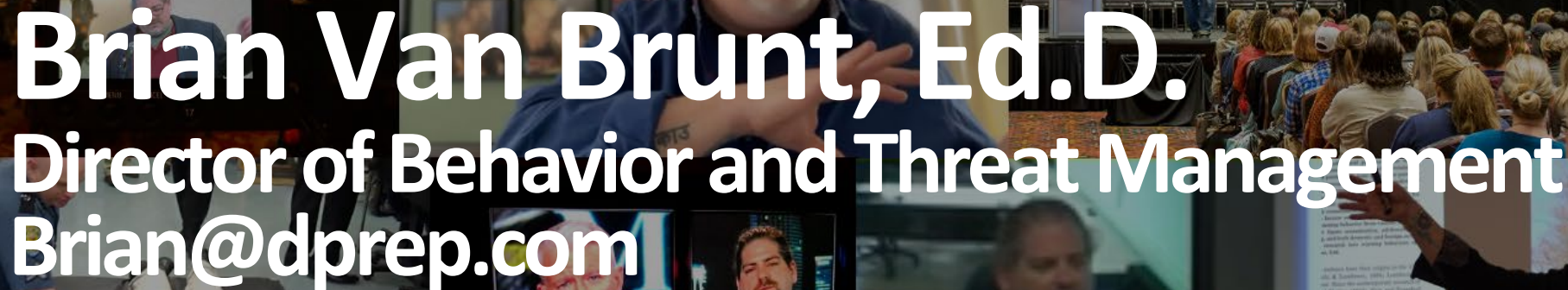






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## STANDARDS FOR BIT/CARE AND THREAT TEAMS

DPrep Safety's BIT/CARE team assessment rubric looks at thirty-five key items for optimal team functioning. This document provides descriptions for each item and the supporting research for why it is included as essential in the development of a BIT/CARE or threat assessment team framework.

The rubric is divided into four categories:

- **Team definition** outlines the team's purpose and scope of activities.
- **Team operation** defines how the team is organized to meet team goals.
- **Case processing** describes how the team manages a case through the initial report, contextual information gathering, risk assessment, interventions, and documentation.
- **Continuous improvement** supports the ongoing functioning of the team and ensures the membership is supervised and trained and that processes are reviewed and maintained.

		Receiving Concerns	
		Concern Form	
		Information Standards	
		Information Sharing	
	Frequency of Meetings	Case Discussion	
	Leadership	Level of Risk	
	Budget	Violence Risk Assessments	Supervision and Guidance
Mission	Policy & Procedures	Psychological Assessments	Training and Development
Scope	Cultural Awareness	Interventions	Case Evaluation
Name	Disability Awareness	Bias Mitigation	End-of-Term Reports
Team Process	Website	Case Management	After Action Reports
Membership	Team Presentation	Record Keeping	Needs Assessment
Multiple Teams	Other Marketing	Database Utilization	Stress Management
Team Definition	Team Operations	Case Processing	Continuous Improvement



# Record Keeping

The Behavioral Intervention Team (BIT) follows a clearly designated process for record keeping that ensures all case documentation is accurate, up-to-date, clear, and consistent. The team utilizes a secure technology platform—such as Maxient or a comparable system—to manage case records efficiently and confidentially. To promote consistency and confidentiality, all case-related communications—including discussions, updates, and case assignments—are conducted and documented exclusively through the database. The team does not use additional methods of communication for case information, which helps maintain a clear, auditable record of all team activities related to each case.

# Team Database

Each team member actively participates in reviewing and entering relevant information into the database to maintain a comprehensive and current case record. During team meetings, there may be an assigned scribe responsible for entering data on behalf of the team to ensure accuracy and completeness in real-time. All team members have appropriate access to the database, enabling timely entry, review, and retrieval of case information necessary for informed decision-making and ongoing case management. This shared access fosters transparency and continuity within the team while maintaining strict controls to protect sensitive data. Through consistent use of designated technology and adherence to established procedures, the BIT maintains an organized and reliable system for managing case records that supports effective team collaboration and enhances campus safety.

# FERPA

## Family Educational Rights and Privacy Act

Entitles students to access any reports or notes considered part of their academic record. Any BIT records created and maintained are considered part of a student's academic record and are accessible by students, open records requests, and court subpoenas.



# FERPA



**“This is highly confidential, so, yes, we built a little fort”**

# Characteristics of Quality BIT Documentation:

- Objective
- A transparent account of the decision-making process and supporting justifications
- Structured
- Informs future decisions
- Current / Timely
- All team members trained on consistent process



# Tone and language:

- Use behavioral descriptors
- Direct quotes
- Timelines / dates
- Avoid diagnostic labels
- Distinguish between what is agreed upon fact and what is in dispute or interpretation





# Be on time





A photograph of a dense, moss-covered forest. A small stream flows through the center of the frame, surrounded by thick green moss and ferns. Tall trees with moss-covered trunks and branches stand in the background. The overall atmosphere is damp and overgrown.

Don't be lavish





Maya, a bright but quietly struggling biology student, found herself drowning in a sea of loneliness and despair, her pain hidden behind polite smiles and fading classroom presence.

When her unspoken cries for help surfaced in a chilling note discovered by her RA, the campus CARE team sprang into action with urgency and compassion.

They found Maya in the aftermath of a suicide attempt, her dorm room heavy with the silence of suffering too long ignored. In the days that followed, a carefully woven net of support: counseling, psychiatric care, academic adjustments, and peer mentorship, was wrapped around her like a life-saving blanket.

The team didn't just treat Maya's symptoms; they acknowledged her humanity, her pain, and her potential for healing. Slowly but powerfully, Maya began to reclaim her place on campus, turning her story of despair into one of resilience and hope.

The rain beat down like a warning as Jeremy stared at the red “D” on his exam, his grip on reality slipping with each heartbeat.

When he rose and muttered, “You’ll regret it,” the words cut through the air like a blade, leaving the classroom paralyzed in stunned silence.

Dr. Lyman felt the blood drain from his face, the weight of every worst-case scenario suddenly pressing against his chest. Students fled the room, their fear palpable, as the campus spiraled into crisis mode.

Behind Jeremy’s chilling words was a storm of pain, loss, isolation, and untreated despair—that no one had truly seen until that moment.

And yet, from the wreckage of fear and suspicion, a team rose to meet him not with punishment, but with empathy, saving not just a classroom’s safety, but perhaps Jeremy’s life.



**Don't be sparse**




After receiving a failing grade, a college student issued a threatening remark toward his professor during class, prompting a campus-wide threat assessment and resulting in his emergency suspension and referral for psychiatric evaluation.

Maya, a 20-year-old college student struggling with severe depression and suicidal ideation, came to the attention of the BIT/CARE team after a suicide attempt, receiving immediate intervention and ongoing support to help her begin the journey toward recovery.



# Avoid Technical Language

The background of the slide is a dark blue field filled with a complex, interconnected network of thin, light blue lines. These lines form a web-like structure, with many small, irregular polygons and clusters of nodes. The overall effect is reminiscent of a molecular structure, a neural network, or a data visualization of a complex system. The lines vary in brightness, with some appearing more prominent than others, creating a sense of depth and activity.



On the afternoon in question, a verbal threat was issued by a male college subject during a scheduled academic instruction period. The subject, upon receiving a failing grade, stood and made a statement that was perceived by multiple witnesses as a targeted threat toward the instructor.

The incident constituted a potential violation of campus policy and criminal statutes pertaining to intimidation and terroristic threats. Immediate notification was made to campus security and the Behavioral Intervention Team (BIT), triggering a multidisciplinary threat assessment in accordance with established protocols.

Data gathering included collateral interviews, a review of digital communications, and a welfare check, which identified multiple psychosocial stressors but no imminent threat indicators (e.g., means, intent, or plan). Based on the Structured Professional Judgment (SPJ) framework, the subject was placed on interim suspension under emergency administrative authority and referred for a comprehensive psychiatric risk evaluation, with conditions for potential reentry pending clinical stabilization and compliance with institutional mandates.

Maya, a 20-year-old female college student, presented with symptoms consistent with Major Depressive Disorder (MDD), including anhedonia, persistent low mood, impaired concentration, social withdrawal, and academic decline over a period exceeding two weeks.

Her behavior escalated to a suicide attempt via intentional overdose, indicating active suicidal ideation with a specific plan and means, meeting criteria for a severe depressive episode with high risk for self-harm. A third-party report triggered institutional intervention, and a multidisciplinary Behavioral Intervention Team (BIT) initiated a welfare check, resulting in emergency psychiatric hospitalization under criteria for danger to self.

Upon discharge, Maya engaged in outpatient treatment involving Cognitive Behavioral Therapy (CBT) and pharmacological management, likely with an SSRI, to address her depressive symptoms.. Maya's prognosis improved with structured psychosocial support, therapeutic compliance, and protective campus factors, allowing for gradual recovery and increased engagement in pro-social activities.



**Beware of emotions**



Maya had been clearly falling apart for weeks, skipping class, barely speaking, and basically disappearing in plain sight, yet somehow no one really noticed or did a damn thing until it was almost too late.

It took a panicked RA stumbling across a heartbreaking note for anyone to actually sound the alarm, and by then Maya had already attempted to end her own life alone in her dorm room. Only *then* did the campus finally scramble into action, like a fire drill after the building's already half-burned down.

The CARE team swooped in with their protocols and treatment plans, acting like heroes when the system had failed her from the beginning. Yes, she got the therapy and support she needed, but why did it take a near-tragedy for people to pay attention?

This wasn't just a mental health crisis—it was a preventable collapse that never should've gotten that far, and the fact that it did should make everyone involved deeply ashamed.



Jeremy completely lost it in class after getting a grade he didn't like, instead of taking responsibility for his failure, he stood up, made a creepy, low-voiced threat toward his professor, and stormed out like a ticking time bomb.

The whole class sat there in stunned silence while this guy acted like the victim, as if the world owed him something. It was terrifying, and totally unacceptable that someone could make a direct threat and walk out like that without consequences.

Thankfully, the campus had the sense to call security and get the CARE Team involved, though frankly, it should've happened faster. Instead of holding him accountable, the school bent over backward to "understand his pain" and let him take a voluntary withdrawal, like that magically erases what he did.

The fact that he scared an entire classroom and the professor — and still got treated with kid gloves — shows how broken the system can be when it forgets the safety of everyone else.

# Basics

- Attend to the audience (client, supervisor, court, billing)
- Use objective language, beware subjective opinions
- Avoid secondary records (handwritten notes, scrap paper)
- Create records soon after the appointment
- Don't take records from the building
- Consider a record system that combines scheduling with clinical notes (e.g., Titanium).



# A little more advanced...

- If you open an issue, return to it in the next note
- Develop consistency over all staff
- Consider a format such as DAP, SOAP, DART
- Include phone contact and third-party information
- Chart as if records will end up in court
- Avoid subjective judgments and include testing to support statements that are made
- Pass hot potato issues and refer to others on campus with documentation

## Documentation and Case Notes



Why documentation matters for the BIT/CARE or threat team. Good note-taking:

- Helps ensure quality, consistent and well-informed service delivery.
- Provides a safeguard for the team in the event of legal challenges.
- Decreases liability exposure for the team.
- Is useful in reducing the “silo” experience among team members.
- Provides an opportunity for a review of cases once they are completed to identify areas of improvements or best practices.



There are several approaches to documenting case notes for BIT/CARE and threat teams. Whichever outline you use, make sure to use it consistently across all cases and train all team members on how to write notes through clear policy, training, supervision and reflective feedback.

**DAP notes:** The DAP process involves outlining the **data** related to the situation that occurred, an **assessment** of that data related to a level of risk, and a **plan** to address the behavior moving forward.

**DART notes:** The DART process involves a **description** of the event that occurred, an **assessment** of those events related to the risk, the **responses** of the BIT/CARE or threat team to the event, and the **treatment** plan moving forward to address the behavior.

**SOAP notes:** These notes include the team’s **subjective** review of the case material (subjective meaning a review based on the initial facts of the case, understanding these are incomplete), an **objective** review of the facts without any summary or opinion, an **assessment** based on both the subjective and objective discussions, and a **plan** to move forward with the case.



Know your audience when writing notes. BIT/CARE and threat team notes are governed by FERPA. As such, they may be read by the student, other staff, counselors/psychologists, teachers, attorneys, newspapers, family members and the courts. Document with an awareness that the note may be reviewed groups you may not be thinking about in the moment of writing.



# Inside CARE

BIT/CARE and Threat Case Discussions



**InterACTT**  
— INTERNATIONAL ALLIANCE —  
FOR CARE AND THREAT TEAMS

Volume 1



# The Problem with Email

- Realize email (particularly at public schools) can be requested and called into court. Emails are often saved on the computer system as part of a public record.
- Avoid identifying information. Is there a way to communicate without being overly specific?
- Ask yourself if this should be a phone call, letter, or personal conversation.

# The Problem with Email

- Add emails within the records. email as part of the clinical record. Know when information shifts standards
- Keep to: and cc: lists to a minimum.
- Avoid heated email exchanges or writing while upset.
- Define who can communicate regarding clients with email (e.g. office management, graduate students...)
- Attend to turn around time and data delay. In other words, what happens if if you send a critical email to a department and it isn't read immediately?

# A Case in Point

**A student requests to turn in work late after missing several classes.**

- “I’m trying to balance my workload with all the things I have going on right now in my life. I had to go to a school meeting for my son, who got into trouble last week. My boss made me stay and do overtime yesterday.”
- “Is there any way I can make up the test I missed this week?”



# A Case in Point

## Bad Response:

“The attendance policy is clearly outlined in the syllabus. Perhaps you should get your own life together before trying to take my class and finish college.”

“College isn’t for everyone. If you can’t do the work and be here when you are supposed to, then you shouldn’t be in my class...you probably shouldn’t be at school.”

# A Case in Point

## Good Response:

“I can certainly understand the struggles of trying to be at school while trying to balance family and childcare responsibilities. “

“Let’s find a time to sit down and talk about the situation and some potential solutions.”



**It's better to have these discussions in person.**

**If you can't, follow these rules:**

- Keep your message clear
- Keep your message concise (don't get wordy)
- Keep your message consistent
- It's not your job to be preachy to students who are struggling
- Teach with developmental care in your responses; don't lean on sarcasm to communicate.

# Listservs

- Be careful about posting to a listserv when you are upset, frustrated, or angry.
- Think before hitting send: “What would your boss or colleagues say if they saw this? Your students? A reporter? The college president?”
- Ask yourself, “Do I have a history of sending things like this that feel good at the time, but end up getting me in trouble?”
- Is there someone I could vent to on my staff in person who would be a better choice?
- Can you wait and edit in a few hours, softening the message and being clearer about what you want?



From: ACCA Discussion Group [[ACCA-L@LISTSERV.UGA.EDU](mailto:ACCA-L@LISTSERV.UGA.EDU)]

On Behalf Of Van Brunt, Brian [[brian.vanbrunt@WKU.EDU](mailto:brian.vanbrunt@WKU.EDU)]

Sent: Tuesday, January 11, 2011 1:42 PM

To: [ACCA-L@LISTSERV.UGA.EDU](mailto:ACCA-L@LISTSERV.UGA.EDU)

Subject: Re: [ACCA-L] Response to Arizona questions

I'm trying to get the message out there...

I've been interviewed (and thus, the ACCA) by several NPR stations and just now, USA today. I'm trying to get the message out and would encourage all of you in leadership roles to share your perspective as well.

It is, however, like pushing a rock uphill to try to make a points that 1) those who are mentally aren't more likely to be violent—in fact, they are more likely to be victims of violent crime, 2) there is only so much a college can do to require a student to be evaluated by a mental health professional and 3) these evaluations---at their best, do a poor job of predicting violence or threat of suicide.

I guess we'll see how the USA today article comes out---I'll send it out when it posts...

The main issue I've been hearing is what else should the college have done...and, IMHO---I think they took the right protective steps for their campus. The stark reality is we can't be responsible for someone's violent actions outside of our campus without a direct threat or something that rises to a tarasof level. And then---the best we can do is to notify the authorities.

I was watching John Stewart last night---and I think he said it pretty well. <http://www.thedailyshow.com/>

# Tucson shooting suspect's school releases records

By Associated Press

Saturday, April 16, 2011 - [Updated 6 months ago](#)



E-mail



Print



(0) Comments



Text size



Share



Like

Howell suggested in one email that police staffing on campus be increased, and she urged that a plan be drafted for "handling media."

Brian Van Brunt, a psychologist and president of the American College Counseling Association, sent a note to those who subscribe to his group's email list on Jan. 11 saying that he was trying to get the message out that the college did all it could do.

"I've been interviewed by several NPR stations and just now, USA Today," he said. "It is, however, like pushing a rock uphill to try to make a point that ... there is only so much a college can do to require a student to be evaluated by a mental health professional and these evaluations — at their best — do a poor job of predicting violence or threat of suicide."

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(0) Comments | [Post / Read Comments](#)

# Advanced Techniques:

- AI transcripts and summaries
- Tags – risk level, type of intervention

## End of Year Reporting

- End in mind – what will you need/want in regular BIT reporting?
- Demographics of cases
- Sources of reports
- Risk levels/changes
- Interventions
- Training and development
- Outreach and marketing