20 QUESTIONS:

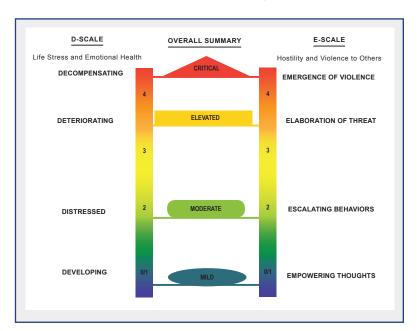
A Supplemental Flowchart for the NaBITA Risk Rubric

The document is intended to help users new to the NaBITA Risk Rubric find scores on two main scales: The D-Scale: Life Stress and Emotional Health and the E-Scale: Hostility and Violence to Others. After the D- and E-Scales are scored, the center section of the rubric, General Summary, provides a summation of the four overall risk levels: Mild, Moderate, Elevated, and Critical. The user determines the overall risk level by reviewing the D-Scale and the E-Scale. The risk level is reviewed each time a case is discussed and may shift over time as interventions are deployed or as the situation evolves. The risk level delineates the level of intervention and action to be considered by the team.

This guide is intended as a supplement, not a replacement for existing training materials, flow-charts, whitepapers, and more in-depth discussions of issues such as baseline and trajectory.

Interventions that are determined by this supplemental flowchart occur at the highest level of risk that is rated. For example, a person may only score Developing on the D-scale but then score Elaboration of Threat of the E-Scale, placing them at Elevated on the General Summary for overall risk level.

As an aside, this supplement was created moving DOWN the D-Scale from the top to the bottom. On the E-Scale questions, we move UP from the bottom to the top. This was intentional to create a stronger sense of internal logic and consistency to the questions.





HARM TO SELF: D-Scale

Here we start from the top of the scale and work our way down.

1. Is the person actively suicidal with an expressed lethal plan or suicidal actions?



2. Does the individual engage in extreme self-injurious behaviors such as cutting, burning, or eating behaviors (binge/purge) that put them at life-threatening risk?



- 3. Does the person engage in impulsive violence or make serious threats of violence? This violence is due to an individual's emotional health and/or impulsive, reactionary behavior. Examples include:
 - a. repeated severe attacks while intoxicated or brandishing a weapon;
 - b. making threats that are concrete, consistent, and plausible in reaction to an emotionally-driven event;
 - c. and/or impulsive stalking that presents a physical danger.



4. Has the individual lost touch with reality (hearing or seeing things that are not there)? Are they reacting to dangerous delusions or paranoid beliefs which create risk of grievous injury or death? For example, a belief that the CIA is spying on them, resulting in them taking life-threatening actions (cutting through all of the electrical wires in the home, running into traffic) to prevent them from spying.





10. Does the person make threats that are vague, indirect, implausible, and lack detail or focus?

YES? Decompensation on the D-Scale and Moderate overall.

[STOP D-Scale: Life Stress and Emotional Health.]

[BEGIN E-Scale: Hostility and Violence - Question 14]

11. Is the individual demonstrating difficulty managing their emotions or experiencing stress and challenges in their behavior stemming from chronic mental illness, mild substance abuse, or disordered eating? The resulting behaviors do not overly disturb others, present a significant medical concern, but they are noticed and cause for concern?



12. Is the individual demonstrating poor coping skills related to an event such as failing an assignment, stress from home or family, a relationship loss, etc.? Typically, the negative behavior or stress would dissipate when the stressor is removed or the person is connected to resources.



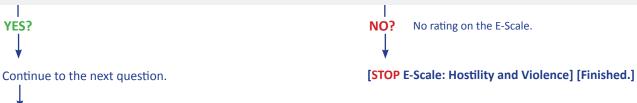
13. Is the person experiencing situational stressors and demonstrating appropriate coping skills?



HARM TO OTHERS: Hosility and Violence

Here, we start from the bottom of the E-Scale and work our way up toward increasingly severe threats of violence.

14. Does the individual have a fixed way of seeing the world or an issue that could be described as hardened or crystalized? These are typically related to politics, religion, social justice, academic standing, relationship status, or money/power.



15. Does the person reject beliefs that don't agree with their own or filter out material that doesn't line up with their beliefs? Do they limit their exposure to alternative perspectives? And/or do they move from a deadlocked debate to non-verbal gestures to communicate their growing frustration?



16. Does the person express their hardened point of view to others, filtering out opposing ideas or detracting viewpoints leading to a polarizing tendency? AND/OR Does the person storm off when frustrated or argue with others with the intent to embarrass or shame them?



17. Is there brief, impulsive, reactive and/or poorly planned physical violence that is driven by the individual's hardened perspective?



18. Has the individual narrowed down their frustrations with a fixation and/or focus on a particular target? Are they enlisting others in their frustration toward the target to support their point of view? Does the individual now create an outcast of their target in an effort to unmask or embarrasses them in the community?



19. Have threats or ultimatums been made, typically around what will happen if perceived injustices and grievances are not addressed? (e.g. "If you don't change my grade, I will make your life a living hell.") The threats may be vague but direct or specific but indirect. They are becoming more targeted and repeated.



- 20. Does the person have any of the following:
 - a. Issued a threat which is credible, repeated, and specific?
 - b. Leakage of an attack plan through a list, video, or social media post?
 - c. Their behavior indicative that they are moving toward violence by using increasingly militaristic or tactical language, and/or increasingly driven toward a singular outcome with a hopelessness and desperation?
 - d. They have a clear fixation on a target or demonstrate increased research of an attack plan with access to lethal means?



