

## **Behavioral Consultation Team**

### **Purpose**

The purpose of the Behavioral Consultation Team (BCT) is to assist in addressing situations where students, faculty, or staff are displaying behavior which may not be appropriate for the IUPUI campus environment. Examples of such instances include, but are not limited to:

- Behavior that appears to be dangerous or threatening to oneself or others.
- Bizarre or strange behavior such as acting "out of touch" with reality.
- Angry, hostile, or abusive behavior.
- Other behavior that is inappropriate, worrisome, or disruptive.

The BCT responds on a case-by-case basis through proactive and educational activities which includes consultations on policies and procedures. In some cases, there may be no violation of campus rules or policies, as such, but the behavior may evoke alarm or concern among involved persons.

### **Possible Outcomes**

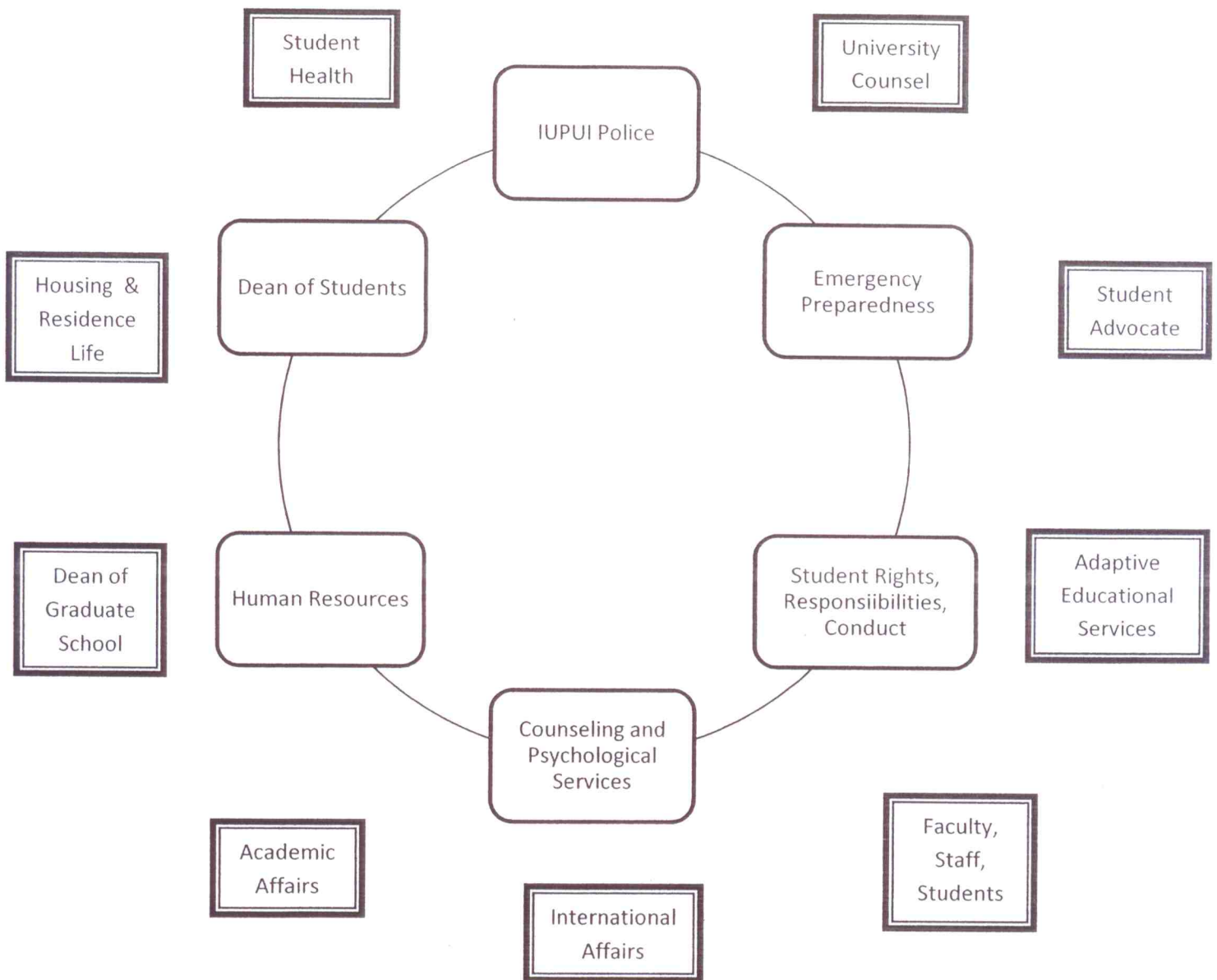
The following is an illustrative (i.e., not exhaustive) list of possible outcomes that may result from the consultation process with the BCT:

- Recommendation of No Action to be taken at this time.
- Assist in the development of a behavioral expectation plan.
- Referral to appropriate campus or community resources.
- Recommendation for the individual to take a leave of absence.
- Disciplinary referral to the appropriate office to address disruptive behavioral issues.

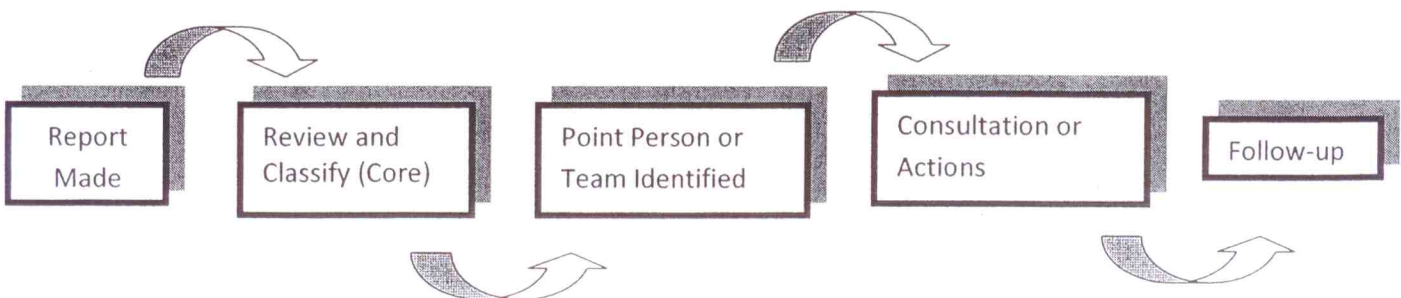
### **Access to the Behavioral Consultation Team**

Individuals wishing to contact the BCT should call 274-4431 and ask to speak with the Chair (Assistant Dean of Students) or Vice-Chair (Director of Student Rights and Responsibilities) of the BCT. Additional information and a Concerned Persons Referral Form can also be found at <http://life.iupui.edu/rights/sbct.html>.

## Behavioral Consultation Team



## Process





## CONCERNED PERSONS REFERRAL SHEET

*Behavioral Consultation Team*

**CONTACT/REFERRAL MADE BY** (Please include your contact information):

**CONCERNING** (Please state name if known or give a detailed description):

**DATES OF CONCERN, INCIDENT DESCRIPTION AND PRESENTING CONCERNS** (Please describe the incident(s) in writing and provide dates and time and check any of the observation/issue items below that apply):

### Observations of Appearance or Behavior

#### Grooming/Hygiene

- ☐ Changes for the worse
- ☐ Dramatic change of weight
- ☐ Unkempt appearance
- ☐ Odor

#### Physical Signs of Distress

- ☐ Bruising
- ☐ Burns or cuts
- ☐ Frequent injuries
- ☐ Slurring words

#### Emotional Signs of Distress

- ☐ Tearfulness/crying
- ☐ Extreme mood swings
- ☐ Shows no emotions
- ☐ Seems to be seeing or hearing things

#### Behavior in Groups/Class

- ☐ Often absent
- ☐ Worsening performance
- ☐ Noncompliant
- ☐ Often at odds with others or picks fights

### General Observations

- |   |  |
|---|--|
| <input type="checkbox"/> Appears friendless               | <input type="checkbox"/> Avoids others                         |
| <input type="checkbox"/> Suspicious of others             | <input type="checkbox"/> Intimidating to others                |
| <input type="checkbox"/> Touches others inappropriately   | <input type="checkbox"/> Uses abusive language                 |
| <input type="checkbox"/> Argumentative                    | <input type="checkbox"/> Threatens others                      |
| <input type="checkbox"/> Hostile attitude                 | <input type="checkbox"/> Fidgety                               |
| <input type="checkbox"/> Stares inappropriately at others | <input type="checkbox"/> Invades personal space of others      |
| <input type="checkbox"/> Stalks another person            | <input type="checkbox"/> Inappropriate focus on another person |

### Issues Reported or Issues Known to You

- |   |   |
|---|---|
| <input type="checkbox"/> Has suicide plan               | <input type="checkbox"/> Has weapons or means (please list)   |
| <input type="checkbox"/> Has rehearsed suicide          | <input type="checkbox"/> Has attempted suicide before         |
| <input type="checkbox"/> Has fantasy of harming people  | <input type="checkbox"/> Has a hard time controlling impulses |
| <input type="checkbox"/> Plans a violent event          | <input type="checkbox"/> Suffers from alcohol or drug abuse   |
| <input type="checkbox"/> Suffered child abuse/neglect   | <input type="checkbox"/> Committed child abuse/neglect        |
| <input type="checkbox"/> Suffered sexual assault/abuse  | <input type="checkbox"/> Committed sexual assault/abuse       |
| <input type="checkbox"/> Has suffered significant loss  | <input type="checkbox"/> Feels alone and isolated             |
| <input type="checkbox"/> Has trouble relating to others | <input type="checkbox"/> Feels misunderstood                  |
| <input type="checkbox"/> Suffers health problems        | <input type="checkbox"/> Suffers physical pain                |
| <input type="checkbox"/> Has academic concerns          | <input type="checkbox"/> Has legal or disciplinary problems   |
| <input type="checkbox"/> Feels excessive shame          | <input type="checkbox"/> Feels guilty                         |

Please fax this form to the Office of the Dean of Students at 278-9904 or call 274-4431.

# Personal Misconduct Reporting Form

## Indiana University Purdue University Indianapolis

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Send all information to Tralicia Lewis, Director, Office of Student Rights, Responsibilities, and Conduct, Campus Center CE 350. Retain a copy of everything you send.

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*Note: the information stated in this form may be used in university conduct hearings.*

Name of person making report \_\_\_\_\_ Date \_\_\_\_\_

IUPUI email address \_\_\_\_\_ Phone number \_\_\_\_\_

**Type of incident** (refer to Code of Student Rights, Responsibilities, and Conduct)

- |                             |                          |                        |
|-----------------------------|--------------------------|------------------------|
| -Abuse (physical or verbal) | -Alcohol or Drugs        | -Computer Misuse       |
| -Failure to comply          | -Disorderly Conduct      | -Forgery or False Info |
| -Lewd or Indecent Behavior  | -Destruction of Property | -Theft                 |
| -Sexual Assault/Rape        | -Weapons                 | -Harassment            |
| -Other _____                |                          |                        |

### Student (s) Involved

Name _____	University ID _____
Name _____	University ID _____
Name _____	University ID _____
Name _____	University ID _____

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ am/pm

Location of Incident or Department and Course Number \_\_\_\_\_

Did the student threaten you or others? \_\_\_\_\_ yes \_\_\_\_\_ no

**Describe what occurred. Attach a detailed description of the incident.**

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### Witnesses to the Incident

Name _____	Contact (email or phone) _____
Name _____	Contact (email or phone) _____

The Code of Student Rights, Responsibilities, and Conduct, August 15, 1997 edition, may be obtained by contacting the Office of Student Rights, Responsibilities, and Conduct, CE 350, or on the Web at <http://www.life.iupui.edu/help/code.asp>