D·PREP

Violence Risk and Threat Assessment Policy Annotated

LOS RIOS POLICE DEPARTMENT

Contents

ABOUT

This document provides a policy for the Los Rios Police and corresponding BIT/CARE teams to provide clear guidance, policy, and procedure related to threat identification and mitigation. Given the complex nature of threat and violence risk assessment, these policy and procedures should be used in conjunction with the *Violence Risk and Threat Assessment Supplemental Materials* document.

Those involved in the assessment of threat include:

- Front line officers and leadership/command staff
- BIT/CARE members including counseling staff, dean of students, and conduct

At a minimum, those involved in the threat and violence risk assessment process should review and understand the concepts in the *Violence Risk and Threat Assessment Supplemental Materials* document and have completed training on the following topics:

- The modes of violence (affective and targeted)
- The role of the multi-disciplinary, collaborative team
- Nature of threats including differentiating transient and substantive threats, fixation and focus, action, and time imperative
- Risk and protective factors for targeted violence
- Risk and protective factors for suicide
- Differences between psychological assessment and threat/violence risk assessment
- The development of a comprehensive, culturally informed threat mitigation plan

INTRODUCTION

These policies, procedures, and guidelines have been created through a review of research-based approaches to the identification, analysis, and management of threats that occur and pose a risk of violence to self or others. The Los Rios Police Department and the BIT/CARE team have enlisted D-Prep to develop and consult on these policies to better protect the Los Rios community. Two documents were created in this process. These are the *Violence Risk and Threat Assessment Policy* document and the *Violence Risk and Threat Assessment Supplemental Materials* document.

Threat assessment and management, as a process, is most effective when it is operationalized within a collaborative, multi-disciplinary team approach.[1,2,3] Schools that rely only on a police model for threat assessment and management risk creating a silo effect where "different domains of behavior are never linked together or synthesized to develop a comprehensive picture of the subject of concern, conduct further investigation, identify other warning behaviors, and actively risk-manage the case."[4] This keeps information compartmentalized within various departments and prevents the adaptation of a more expansive view of data collection, analysis, and interventions.

A better approach is making use of a multi-disciplinary behavioral intervention team (BIT) or CARE team that can provide a 360-degree view of at-risk situations and develop better-informed, collaborative strategies for intervention.[5] A team-based approach

1 Deisinger, G., Randazzo, M., O'Neill, D., and Savage, J. (2008). The handbook for campus threat assessment & management teams. Boston, MA: Applied Risk Management, LLC.

2 National Threat Assessment Center (2018). Enhancing School Safety Using a Threat Assessment Model: An Operational Guide for Preventing Targeted School Violence. U.S. Department of Homeland Security.

3 Van Brunt, B. (2012). Ending campus violence: New approaches to prevention. New York, NY: Routledge.

4 Meloy, J., Hoffmann, J., Guldimann, A. & James, D. (2011). The Role of Warning Behaviors in Threat Assessment: An Exploration and Suggested Typology. Behavioral Sciences and the Law 30(3) 256-279.

5 Van Brunt, B., Schiemann, M., Pescara-Kovach, L., Murphy, A., Halligan-Avery, E. (2018). Standards for Behavioral Intervention Teams. Journal of Campus Behavioral Intervention, (6). National Association for Behavioral Intervention and Threat Assessment.

reduces isolated communication and combines efforts and experience to make the school a safer place.[6]

THREAT TO OTHER: POLICY

This policy should be read as applying directly to students. To keep the policy concise, Faculty/staff policy is highlighted in purple. Non-community member policy is highlighted in orange. All assessments and interventions will be clearly documented in line with Los Rios Police Department policy.

1. Identify and Report Potential Threats

Threats should be reported to the Los Rios Police department via the online threat reporting form, through direct reports from any community member or directly from the BIT/CARE team. To more fully understand the process of identifying and reporting potential threats, please review the Reporting Threats and Risk of Violence section and Appendix B: Behaviors of Concern in the *Violence Risk and Threat Assessment Supplemental Materials.* An initial assessment of the threat occurs to determine:

- What party or parties have been identified in the threat?
- Does the threat contain a conditional ultimatum?
- Is this threat actionable and lethal? Does the subject have access, training, and experience with the weapons they would use to carry out the threat?
- Is the threat specific (with fixation and focus) and contains an action and time imperative? Is the threat vague and poorly defined?
- Is the threat repeated (verbally, social media, written)?

6 Amman, M., Bowlin, M., Buckles, L., Burton, K.C., Brunnell, K.F., Gibson, K.A., Griffin, S.H., Kennedy, K. & Robins, C.J.(2015). Making Prevention a Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks. Federal Bureau of Investigation.

2. Information Gathering & Assessment of Threat

Once a threat or threats are received, there will be a review to support the initial assessment completed in #1. To more fully understand the process of information gathering and assessment of threats, please review the Violence Risk and Threat Assessment Foundational Concepts section in the *Violence Risk and Threat Assessment Supplemental Materials.*

Information Gathering

2.1 Is there additional contextual information that needs to be obtained? If so:

2.1.1 Identify community members that need to be interviewed and complete interviews.

2.1.2 Identify third-party reports, historical information, wants/warrants, restraining orders, BIT/CARE reports, counseling or health records, prior interventions, and previous and current academic files that will be reviewed and request these documents and data.

2.1.3 Identify any surveillance or closed-circuit recordings and request/review this information.

Using the above contextual information and the initial assessment of the threat in #1 determine the next course of action in 2.2. To understand the process of interventions more fully, please review the student, faculty/staff and non-community member sections in the *Violence Risk and Threat Assessment Supplemental Materials.*

Immediate Action Considerations

2.2 Upon initial assessment, if the threats are actionable and lethal and the subject making the threat has access to the weapons and materials to carry the threat out, this would indicate the need for an immediate law enforcement response to ensure the safety of the individual or those who were threatened.

2.2.1 Bomb Response: For threats that involve bombs or explosive devices, ensure that policy is followed.

2.2.2 **Arrest:** If it is determined probable cause exists and a subject has violated a state or federal law, law enforcement will determine if and when subject will be arrested and placed into custody.

2.2.3 **Medical:** If the threat was made and there is concern the subject ingested poison or a harmful substance, review and consider immediate medical attention and transport.

2.2.4 **5150:** If the subject is found to be an immediate danger to self and or others, secure immediate attention. Keep subject under continuous adult supervision until appropriate support agent or professional is contacted and can intervene.

2.2.5 **Clery Act:** The Clery Act requires you to alert the campus community to certain crimes in a manner that is timely and will aid in the prevention of similar crimes. Although the Clery Act doesn't define "timely," the intent of a warning regarding a criminal incident(s) is to enable people to protect themselves. This means that a warning should be issued as soon as pertinent information is available. You must issue a timely warning for all Clery Act crimes that occur on your Clery Act geography that are 1) reported to campus security authorities or local police agencies; and 2) considered by the institution to represent a serious or continuing threat to students and employees.[7]

2.2.6 **Consideration of warning a third party or department:** There should be consideration given for the police or BIT/CARE team to notify and develop a threat mitigation plan for the person or department that was threatened. This should include:

2.2.6.1 Discussion of a police safe ride escort as the person comes onto campus, leaves campus, and/or between classes or buildings. *Prior to starting a safe ride*

7 https://www.clerycenter.org/assets/docs/NCSAM18_Timely-Warning-Guide.pdf

2.2.6.2 Conversations between the person or department that was threatened and/or BIT/CARE team members to clarify the nature of the threat to them.

2.2.6.3 Referral of those threatened to student counseling, Employee Assistance Program (EAP) or off-campus counseling, victim advocacy and legal resources.

2.2.6.4 Contacting of guardian, parent, or emergency contact resources under FERPA emergency exception or legitimate educational interest or with student permission.

Assessment Of Threat

2.3 Once the immediacy concerns of the threat are addressed 2.2, the Pathways system should be used to conduct a triage of the threat. Please refer to Appendix C: Pathways Triage System in the *Violence Risk and Threat Assessment Supplemental Materials* document.

2.4 Once the Pathways triage is complete, complete the DarkFox threat system under any of the following conditions. Please refer to Appendix D: Looking Beyond the Call in the *Violence Risk and Threat Assessment Supplemental Materials* document as well as the training and documentation available at www.darkfoxthreat.com.

2.4.1 There is a score of moderate or above and there is a threat made to another person, system, or place.

2.4.2 The Pathways system indicates the application of the DarkFox system.

2.4.3 Law enforcement or BIT/CARE team member has a concern about the nature of the threat and a more detailed assessment would help off-set that concern.

2.5 Proceed to interventions (#3) with Pathways and DarkFox report data.

3. Interventions (Immediate)

The following interventions are put into place at a Pathways High and/or DarkFox High level and above.

3.1 Interim suspension considerations: Interim suspension is put into place in response to an immediate threat or risk. This will be coordinated with the dean of students, vice president of student affairs, the conduct office, and the BIT/CARE team. For faculty/staff threats, a temporary leave should be put into place in coordination with human resources.

3.1.1 Review the need for a formal no-trespass order from campus. Notify appropriate offices, dispatch, residential life, BIT/CARE, student conduct, sports facilities, library, and satellite campuses to ensure the no-trespass is clearly communicated around campus. Los Rios Police department will enact and enforce the no-trespass order. For faculty/staff threats requiring a no-trespass from campus, this is completed in coordination with human resources. For non-community members a no-trespass order will be made in coordination with the executive leadership team, human resources, and legal counsel.

3.1.2 Review the need for a no-contact order between the subject and other parties. Notify appropriate offices, dispatch, residential life, BIT/CARE, student conduct, sports facilities, library, and satellite campuses to ensure the no-contact is clearly communicated around campus. For faculty/staff threats requiring a no-contact orders, this is completed in coordination with human resources. For non-community members a no-contact orders will be made in coordination with the executive leadership team, human resources, and legal counsel.

3.2 Inpatient/5150: If there is a significant presentation of mental illness related to the threat, then proceed to a 5150 process as outlined under department procedures. Coordinate and/or notify appropriate offices such as counseling, student conduct, residential life, parent/guardian, ambulance, other transport, academic accommodations, the emergency department, and/or the inpatient unit. For faculty/staff threats requiring a 5150 evaluation when they are on-campus, they should be

transported by police or ambulance. Alternately, if they are off campus, contact local law enforcement or follow 5150 transport protocols in jurisdiction where they are located. For non-community members a no-contact orders requiring a 5150 evaluation when they are on-campus, they should be transported by police or ambulance. Alternately, if they are off campus, contact local law enforcement or follow 5150 transport protocols in the jurisdiction.

Consideration of warning a third party or department: Follow existing Clery Act requirements under a timely notice. Consult with BIT/CARE members to discuss additional, specific warnings to those who have been targeted by threats.

3.3 Parent/guardian/emergency contact notification: Follow existing FERPA regulations related to parental notification requirements under an existing school policy and procedure. Consult with BIT/CARE members to discuss parent/guardian/emergency contact notification.

4. Interventions (On-Going)

4.1 Title IX involvement: Consider notification of the Title IX office for cases that benefit from their expertise in terms of assessment advice, access to local services, and resources for both parties involved. They may also assist with supportive measures and accommodations for the target of the threats (if applicable) during a time when the college has its resources focused on processing the threat. For more information on working with the Title IX staff, please refer to the Process of Threat and Violence Mitigation section in the *Violence Risk and Threat Assessment Supplemental Materials* document. For faculty/staff, the same process for involving Title IX will be followed.

A matter is considered Title IX related if:

Both apply:

- The institution has substantial control over the person threatened, **and**
- The threat occurred against a person in the U.S.

Any of these apply:

- The threat occurred on the institution's property or in/during an online class,
- The threat occurred at an off campus building owned or controlled by Los Rios,
- If the threat was received by email, letter or voicemail, **or**
- The threat occurred off-campus at a Los Rios sponsored event.

It is true that:

- The threat involved Quid Pro Quo harassment; unwelcome conduct that was so severe, pervasive, objectively offensive that is effectively denied equal access to programs; sexual assault involving fondling or touching any private body part for sexual gratification without consent of victim; rape; incest; statutory rape; domestic violence or dating violence; or stalking that caused the person to fear for their safety or the safety of others and had the potential for the target of the threat to suffer substantial emotional distress.

4.2 Conduct actions: Notify conduct when there is potential violation of the Student Code of Conduct. The conduct office may be helpful with processing no-contact and/or no-trespass orders, enacting an interim suspension, suspension, or expulsion, and carrying out a process parallel to criminal charges based on the nature of the threat. For more information on working with the student conduct officer, please refer to the Process of Threat and Violence Mitigation section in the *Violence Risk and Threat Assessment Supplemental Materials* document. For faculty/staff, notification and involvement of human resources will replace conduct actions. For non-community members, notification and involvement of human resources will replace conduct actions.

4.3 Pathways re-assessment: Conduct a second assessment with Pathways if new information about significant case details is obtained.

4.4 DarkFox re-assessment: As with Pathways, conducting a second interview with the subject, ideally face-to-face, will provide opportunities to confirm or add details to the initial interview.

5. Referral and Monitoring

5.1 Make appropriate referrals with support from Pathways and DarkFox reports. Coordinate referrals with the BIT/CARE teams. For more information on referrals, please review Appendix E: Risk Management and Referral Checklist in the *Violence Risk and Threat Assessment Supplemental Materials.*

5.2 Consider offering support through:

- Counseling management services
- Sports and athletics
- Career counseling
- Clubs/organizations
- Domestic violence services
- Academic support
- ADA/504 accommodations
- Parental involvement
- Student government
- Community mental health

THREAT TO SELF: POLICY

Initial Triage of Risk

If the student, faculty/staff, or non-community member presents to the police with a concern around suicidality, the process of assessing and mitigation the risk. For each of these levels of risks be sure to clearly document the process. For more information on working with the student conduct officer, please refer to the Defining Risk Levels for Harm to Self section in the *Violence Risk and Threat Assessment Supplemental Materials* document.

Complete the Pathways Suicide Wayfinder to receive generate a report and level of overall risk of low, moderate, or high. These should match the general descriptions below as well as the interventions. Please refer to the www.pathwaysthreattriage.com site for more information and training on the Pathways Suicide Wayfinder.

Low Risk

The person mentions suicidal thoughts but does not present a current set of behaviors that would indicate an immediate level of risk of suicide.

- They talk about having thoughts of death, although they are not consistent.
- Their suicidal thoughts lack a plan, intent, or any kind of suicide attempt.
- While they share thoughts of death, these thoughts are occasional, and they see them as intrusive and unwanted. They tell you they do not want to die.
- They express feelings of hopelessness or share frustrations about work, school, family, worry about finances, or a difficulty expressing feelings.
- They possess protective factors such as family supports, peer groups, friends, involvement in organizations, school activities, or possess spiritual or religious beliefs that give them solace.

At this level of risk, the following steps are warranted:

- **Students** are referred to on-campus counseling. A phone call will be made to the counseling center to share details, seek consultation, and arrange a time for the student to be seen for an intake.

- **Faculty/staff** are referred to off-campus counseling resources (the on-campus counseling center has a listing of these resources) or to the Employee Assistance Program (EAP). Counseling and HR should be consulted in the matter to seek consult and arrange the appointment and follow up plan.

- **Non-community members** should be referred to off-campus counseling resources (the on-campus counseling center has a listing of these resources). Counseling and HR should be consulted in the matter to seek consult and arrange the appointment and follow up plan.

Moderate Risk

The person presents with a combination of factors that rise to a moderate risk/level of concern.

- They express intense feelings of despair or hopelessness about their future.

- They have a mental illness that makes their feelings of despair and hopelessness worse. This may raise concerns about impulsively acting on suicidal thoughts.

- They have recently changed their medication and are experiencing instability as a result.

- There is no active plan for suicide involving a location, place, method, or time.

- There many things happening in their life that are overwhelming their ability to cope. These impact their life, work, and school.

- There have limited few or no friends to talk with, lack of parental support, increased isolation from social outlets, no organization, or religious connections).

At this level of risk, the following steps are warranted:

- **Students** are brought to on-campus counseling or arrange to have an on-campus counselor come to the police station for an assessment. A phone call will be made to the counseling center to coordinate the assessment.
- **Faculty/staff** are referred to off-campus counseling resources (the on-campus counseling center has a listing of these resources) or to the Employee Assistance Program (EAP). A strong effort should be made to ensure the faculty/staff member completes the referral and seeks care.
- **Non-community members** are be referred to off-campus counseling resources (the on-campus counseling center has a listing of these resources). A strong effort should be made to ensure they member complete the referral and seek care.

High Risk

The person has active suicidal symptoms.

- Current or very recent thoughts of killing themselves.
- Crystallization of a plan, location, and time of death.
- May have had a recent serious suicide attempt.
- Has made a direct threat to kill themself shared with others verbally or on social media.
- Fantasizing about death by suicide.
- Rehearsing (either physically or in their mind) the act of suicide with an intent to carry it out.
- Frequent ideation with strong intent to carry out suicide plan.
- Engaging in self-harm with an intent to die or not exist any longer.
- Inability to offer assurances they will not kill themselves once they leave the office.

It will be important to detail the type of plan they have to kill themselves to report forward for the next step.

- **Level 1:** No clear plan, no access to lethal means.
- **Level 2:** Vague plan, but lacks lethality; self-injury with no life threat, increasing hopelessness.
- **Level 3:** Specific plan or plans, lethality risk, access to means, lack of commitment to putting plan into practice, further increasing hopelessness and desperation.
- **Level 4:** Specific plan with desire to die, commitment to action and high lethality risk; overwhelming sense of hopelessness, desperation, and despair.

At this level of risk, the following steps are warranted:

- **Students** are brought to on-campus counseling or arrange to have an on-campus counselor come to the police station for an assessment. A phone call will be made to the counseling center to coordinate the assessment. Alternatively, transport directly to the hospital by police or ambulance could be perused.
- **Faculty/staff**, if they are on campus, are transported by police or ambulance directly to the nearest hospital emergency department or inpatient unit (per protocol). The on-campus counseling department may be able to consult and assist with the admission process. If they are off campus, contact local law enforcement or follow suicide protocols in the town or location where they are located.
- **Non-community members**, if they are on campus, are transported by police or ambulance to directly to the nearest hospital emergency department or inpatient unit (per protocol). The on-campus counseling department may be able to consult and assist with the admission process. If they are off campus, contact local law enforcement or follow suicide protocols in the town or location where they are located.

SUPPLEMENTAL MATERIALS

DEFINITIONS

The world of threat assessment and behavioral intervention has unique language and terminology that is important to understand when communicating between departments. A large part of the BIT/CARE process is building connection among departments and various stakeholders. As such, using and understanding a common language related to threat, law enforcement, mental illness, and college/university structures is essential.

- **Actionability:** The likelihood that an individual has access to the means and materials to carry out an attack.
- **Action/Time Imperative:** The time, location, and movement toward an attack location.
- **Affective Violence:** Violence driven by emotions in an impulsive and emotional response to an environmental stressor or perceived threat.
- **Americans with Disability Act:** The Americans with Disabilities Act of 1990 established comprehensive legislation covering civil rights for people with disabilities. It is published in the United States Code and is often referred to by the titles and chapters of the code that contain the law. More information about the ADA is available at http://www.ada.gov.
- **Anchors:** Supportive measures that help prevent the escalation in violence. Also called protector or stabilizing factors.
- **Anchor Bias:** Having a set way of thinking that "locks in" on certain topics.
- **Approach Behavior:** The type, frequency, and intensity an attacker engages in to become physically close to the target.
- **Availability Bias:** The tendency to use easily available data to make decisions.

- **Breach:** A gap or break in security that is exploited or circumvented in an attack.
- **Blind Spot Bias:** Having knowledge gaps in your process.
- **BIT:** Behavioral intervention team.
- **CARE:** Campus assessment, resources, and evaluation.
- **Catalyst/Domino Effect:** Refers to a series of events that set off an escalating cascade moving forward and leading to a collapse of supportive and/or anchor factors.
- **Confirmation Bias:** Deciding first and then finding facts to support it.
- **Credible threat:** A threat that is deemed actionable and substantive. A threat that is likely to occur without intervention.
- **DEI:** Diversity, equity, and inclusion.
- **DOS:** Dean of students.
- **Dunning-Kruger Effect:** Over-estimating your expertise in an area based on your experience.
- **Energy Burst Behavior:** An increase in the intensity of behaviors prior to an attack.
- **FERPA:** Family Education Rights and Privacy Act. This federal law (20 U.S.C. § 1232g; 34 CFR Part 99) governs the gathering, maintenance, and accessibility of educational records. Schools need written permission from the student to release educational records to anyone other than the student. Schools may disclose records, without consent, to certain parties under specific conditions, including complying with a judicial order or lawfully issued subpoena, to appropriate officials in cases of health and safety emergencies, and to state and local authorities, within a juvenile justice system, pursuant to specific state law.
- **Fixation/Focus:** Threat assessment terms that refer to a narrowing down on a particular target (e.g., fixation on women, focus on women in a sorority house).

- **HIPAA:** Health Insurance Portability and Accountability Act. The HIPAA Privacy Rule requires covered entities to protect individuals' health records and other identifiable health information. Of primary importance to threat assessment professionals are the security, accountability, and confidentiality of medical records covered by this act. The rule permits use and disclosure of protected health information, without an individual's authorization or permission, for national priority purposes to law enforcement officials under specific circumstances (See 45 C.F.R. § 164.512). Disclosure must also be made to someone believed to be able to prevent or lessen a threat or to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.

- **In Group/Out Group:** Favorable or unfavorably leaning the process to groups you are connected to or separate from.

- **Inhibitors:** Anything that serves to decrease the likelihood of the person escalating to violence. Also called buffers, anchors, or protective factors.

- **JACA:** Justification, alternatives, consequences and ability. This acronym, created by Decker, helps determine the level of threat. J: Does the person feel justified in using violent means? A: Does the subject perceive that they have alternatives to rectify the grievance? C: How salient are the consequences of this activity to the subject? A: Does the subject believe they can carry out the intended violence?

- **Last Resort Warning Behavior:** A decision to end one's life and make final arrangements prior to a targeted violence attack.

- **Leakage:** When the subject shares with others, intentionally or accidently, clues and details about their existing attack plan.

- **Legacy Token:** Writing or social media content that has a manifesto or justification for an attack quality.

- **LOA:** Leave of absence.

- **Maxient:** A database software platform used by the CARE team.
- **Pathway to Violence:** A series of sequential steps – from its beginning with a felt grievance, to violent ideation, research and planning, specific preparations for violence, critical breaches of security or other boundaries, to a concluding attack – indicating that an individual is progressing towards an act of targeted violence.
- **PI:** Principal investigator or advisor.
- **POC:** Person of concern (typically used in law enforcement, though POC may also refer to a person of color outside of law enforcement).
- **Reporting Party:** Often used in sexual assault or harassment cases to refer to the person making the report. Also commonly referred to as the victim or complainant.
- **Responding Party:** Often used in sexual assault or harassment cases to refer to the person who the report is made against. Also commonly referred to as the accused or the perpetrator.
- **Silos:** Refers to when information is not shared across departments. Information silos describe a flawed process where information or knowledge is kept separate, tightly controlled, and not shared. When information about a threat or potentially threatening situation is not shared appropriately, it can inhibit attempts to assess or manage it.
- **SOC:** Student of concern.
- **VPSA:** Vice president of student affairs.

REPORTING THREATS AND RISK OF VIOLENCE

The Importance of Reports

While reporting is a common term, when discussed with the community, it is better to describe the reporting process as "sharing a concern with the team." While this may seem to be an issue of semantics, the way the police and BIT/CARE teams talk about referrals is important as it relates to the marketing and the advertising of the team and the likelihood of community members being willing to share concerns. Without good data, the team is limited in terms of its ability to analyze and act. As mentioned earlier, threat assessment must be done contextually, which means gathering information related to the threat from multiple sources.

Building a successful referral network for police and BIT/CARE teams is essential. A threat analysis process will only be effective if it receives frequent information from the community. Developing a clear information conduit from students, faculty, and staff is essential. These individuals have "eyes on the ground" and help ensure the team has actionable information to assess and analyze.

The best way to prevent violence from occurring is to encourage a culture of reporting concerning behavior on campus. Vossekuil[8] writes, "The U.S. Secret Service found… in 81% of their cases (n=37) at least one person knew the shooter was thinking about or planning the incident, and in 59% of the cases, more than one person knew about the planning. In 93% of the cases, the attackers engaged in some pre-offense 'disturbing' behavior that created concern in those around him."[9]

It is imperative that police and BIT/CARE teams reach out to the community and encourage the sharing of concerning behaviors. This community includes faculty and student leaders who are willing to share their concerns. Kanan writes, "The need to break

8 Vossekuil, B., Reddy, M., Fein, R., Borum, R. & Modzeleski, M. (2000). USSS Safe School Initiative: An Interim Report on the Prevention of Targeted Violence in Schools. Washington, DC: US Secret Service, National Threat Assessment Center.

9 Meloy , J. R. , Hoffmann , J. , Guldimann , A. & James , D. (2011). The Role of Warning Behaviors in Threat Assessment: An Exploration and Suggested Typology. Behavioral Sciences and the Law

the code of silence that surrounds potentially dangerous behavior must be reinforced with students: telling keeps people safe."[10]

The Reporting Process

The best way to obtain reports, referrals and information on a potential threat involves a process of sharing a concern through multiple points of entry. On initial review, it may seem better to have an easily controlled single point of entry. While this works well to categorize the reports coming in, it does not work as well for obtaining concerns from those who are hesitant to report because of a reluctance to use technology, fear of causing the student to be separated from the college, or concerns over being targeted by the student because of the report. Police and BIT/CARE teams take reports in multiple ways to ensure the information gets in front of the team.

Concerns can be shared through a central web portal [LINK TO REPORTING FORM]. This allows anonymous reporting, which is considered a best practice by police and BIT/CARE teams.[11] Concerns may also be shared directly with police and BIT/CARE team members. The website for the BIT/CARE team is [LINK TO CARE WEBSITE]. Community members may also share a concern by phone at 555-5555.

Who Shares with the Police and BIT/CARE?

All members of the Los Rios community have the ability and duty to share concerns with the police and BIT/CARE team members. Being part of a community, particularly a unique community such as Los Rios, requires each member to take the safety and security of the community as a personal responsibility. The police and BIT/CARE team are in a unique position to advocate for students while balancing the safety and security of others in the community. Good information sharing with the team allows for a more accurate analysis and interventions steps.

10 Kanan, L. (2010). When Students Make Threats (pp. 24–9). Reston, VA: National Association of Secondary School Principals (NASSP).

11 www.secretservice.gov/sites/default/files/reports/2020-06/USSS_NTAC_Enhancing_School_Safety_Guide_7.11.18.pdf
www.secretservice.gov/sites/default/files/2020-04/Protecting_Americas_Schools.pdf

What is Shared?

The easy answer to this question is anything that concerns a community member. It is the police and BIT/CARE team that will review a concern and decide the risk and intervention plan. Even if the behavior is vague or does not warrant police intervention, sharing a concern with the team is still encouraged. In fact, it is important to encourage someone to keep sharing information when they have shared something that is below the threshold. Having a community member feel they shouldn't have shared something with the team has a negative impact on their future reporting.

In terms of more specific information to be shared, it is helpful to provide some examples. Behaviors are separated into disruptive and dangerous categories and further described as online and in-person.[12] A list of example behaviors to share can be found in Appendix B: Behaviors of Concern.

VIOLENCE RISK AND THREAT ASSESSMENT FOUNDATIONAL CONCEPTS

Contextualized Risk Analysis

Violence risk and threat assessments are not about predicting school violence or profiling students based on a list of characteristics. Violence risk and threat assessment techniques examine the individual to determine their level of risk to the greater community by asking contextual questions about the nature of the threat and risk. Computer-aided models such as Pathways and DarkFox are to assess risk factors to determine a level of potential dangerousness. A threat assessment seeks to assess the dangerousness of an individual following a vague, conditional, or direct threat while a violence risk assessment can be conducted when there is no threat present.

It is imperative avoid the mistake of conflating a mental health assessment (such as those related to a 5150 or inpatient hospitalization) with a violence risk assessment. A mental

12 Van Brunt & Murphy (2018). A Staff Guide to Addressing Disruptive and Dangerous Behavior on Campus. Routledge. Van Brunt & Lewis (2014). A Faculty Guide to Addressing Disruptive and Dangerous Behavior. Routledge.

health assessment focuses on finding a diagnosis, assessing the level of care needed (such as outpatient therapy vs hospitalization), and developing a treatment plan, such as taking medications, continuing therapy, and reducing mental illness symptoms. A violence risk or threat assessment is informed by workplace violence literature and primarily focuses on assessing the likelihood of the subject behaving violently in the future. While a violence risk or threat assessment does not have to be performed by clinical mental health staff, the mental health expertise of this professional could very well be useful in informing the violence risk or threat assessment.

Mistakes are made when only one perspective is considered—when those conducting the threat assessment neglect the contextual information essential to understanding potentially escalating behavior of a person on the pathway to violence. O'Toole explains it this way, "In general, people do not switch instantly from nonviolence to violence. Nonviolent people do not 'snap' or decide on the spur of the moment to meet a problem by using violence. Instead, the path toward violence is an evolutionary one, with signposts along the way."[13] Preventing violence requires careful questioning and analysis of how the subject behaves in their environment and if there is an action imperative which drives the subject to take personal action to address their frustration, anger, and dissatisfaction.[14]

Modes of Violence

There are two primary types of violence, affective and predatory violence. Meloy writes,

> "It is generally agreed that violence is either affective or predatory. Affective violence, sometimes referred to as reactive, impulsive, or emotional violence, is preceded by autonomic arousal, caused by a reaction to a perceived threat, and accompanied by intense feelings of anger and/or fear. It is a defensive violence, and its evolutionary basis is self-protection to live another day. Predatory violence, sometimes referred to as instrumental or premeditated violence, is characterized

13 O'Toole, M. E. (2000). The school shooter: A threat assessment perspective. Quantico, VA: National Center for the Analysis of Violent Crime, Federal Bureau of Investigation.

14 Turner, J. & Gelles, M. (2003). Threat Assessment: A Risk Management Approach. New York: Routledge.

by the absence of autonomic arousal and emotion, the absence of an imminent threat, and planning and preparation beforehand. It is offensive violence, and its evolutionary basis is hunting for food to live another day."[15]

Affective violence is the result of a progressive, biologically driven path toward physical violence. It is poorly planned and a reaction to environmental stressors. Affective violence is based upon the primal instinct of fight or flight, fueled by adrenaline, and characterized by someone losing control and ultimately attacking a victim. Howard describes it this way, "A potential aggressor channels his appraisal into some form of coping. The strength of the reaction is a direct function of the validation of the threat and the degree of certainty that the threat will thwart an objective or a goal. It is the emotion of being threatened and the inability to cope with that threat that initiates aggression. The common thread throughout this process is the release of adrenaline." [16]

Grossman and Siddle have conducted landmark studies looking into how aggression can induce the influence of adrenaline (or epinephrine) on the heart rate, body language, behavior, and communication.[17] The adrenaline rushing through a subject's system has also been well studied by Hart.[18] He illustrates that when an individual cannot cope with their anxiety, their mind perceives this anxiety as a threat. As the individual starts to produce adrenaline, this triggers the affective violence response.[19]

Predatory violence, in its extreme form, is described as an intent-driven, planned attack. This aggression occurs when a subject becomes isolated, disconnected, lacks trust, and feels threatened and frustrated by a perceived attack. They plot and plan their revenge

15 Meloy, J. R., Hart, S., & Hoffmann, J. (2014). Threat assessment and management. In J. R. Meloy & J. Hoffmann (Eds.), The international handbook of threat assessment (p. 5). New York, NY: Oxford University Press.

16 Howard, P. (1999). The Owner's Manual for the Brain: Everyday applications from Mind-Brain Research (2nd Ed.). Austin, TX: Bard Press.

17 Grossman, D. (1996). On Killing, the Psychological Cost of Learning to Kill in War and Society. New York: Back Bay Books.

18 Grossman, D. & Siddle, B. (2000). Psychological effects of combat, in Encyclopedia of Violence, Peace and Conflict.UK: Academic Press.

19 Hart, A. (1995). Adrenaline and Stress, the Exciting New Breakthrough that Helps You Overcome Stress Damage. Nashville, TN: Nelson Press.

and often execute their plans with a militaristic, tactical precision.[20] This violence is a result of a planned, intent-driven action that is more commonly exhibited by a subject engaging in mission-oriented, instrumental violence such as a mass shooting.[21] Predatory violence involves a more strategic, focused attack and a desire to complete a mission.

Pathway to Violence

Meloy et al. published an article outlining eight warning behaviors for targeted violence, described as "factors which constitute change, and which are evidence of increasing or accelerating risk."[22] This list is particularly helpful because it addresses key behaviors that place individuals at increasing risk for engaging in violence.

Table 1: Warning Behaviors for Targeted Violence

Warning Behavior		Definition	Example
1	Pathway	Behaviors that are part of research, planning, preparation, or implementation of an attack.[23,24]	A students documents camera placement, police respotanse, and campus security patrols.
2	Fixation	Behavior that indicates an increasingly intense preoccupation with a person or a cause.[25] It is measured by an increasing perseveration on the person or cause, strident opinions, negative characterization, impacts on the family or other associates of the object of fixation (if present and aware), and an angry emotional undertone. It is typically accompanied by social or occupational deterioration.	A student argues with a professor about poor grades in class and insults their education, training, and background. Other students are shocked by the behavior.

20 McEllistrem, J. (2004). Affective and predatory violence: A bimodal classification systems of human aggression and violence. Journal of Aggression and Violent Behavior, 10, 1–30.

21 Van Brunt, B. (2012). Ending campus violence: New approaches to prevention. New York, NY: Routledge.

22 Meloy, J., Hoffmann, J., Guldimann, A., & James, D. (2011). The role of warning behaviors in threat assessment: An exploration and suggested typology. Behav Sci Law. 30, 256–279.

23 Calhoun, F., & Weston, S. (2009). Threat assessment and management strategies: Identifying the howlers and hunters. Boca Raton, FL: CRC Press.

24 Fein, R. A., & Vossekuil, B. (1998). Protective intelligence and threat assessment investigations: A guide for state and local law enforcement officials (NCJ 170612). Washington, DC: National Institute of Justice.

25 Mullen, P. E., Pathé, M., & Purcell, R. (2009) Stalkers and their victims. Cambridge, England: Cambridge University Press.

3	Identification	Behaviors that indicate a psychological desire to be a "pseudo-commando"[26,27] or have a "warrior mentality,"[28] are closely associated with weapons or other military or law enforcement paraphernalia, identify with previous attackers or assassins, or identify as an agent to advance a particular cause or belief system.	A student collects a bullet proof vest, tactical knee pads, and a harness system while studying previous campus shootings.
4	Novel aggression	An act of violence which appears unrelated to any targeted violence pathway warning behavior and is committed for the first time. Such behaviors may be utilized to test the ability of the subject to commit a violent act[29] and may be a measure of response tendency, the motivation to act on the environment,[30] or a behavioral tryout.[31]	A student throws a cup of coffee toward a group of students in the cafeteria that has teased them previously.
5	Energy burst	An increase in the frequency or variety of any noted activities related to the target, even if the activities themselves are relatively innocuous, usually in the days or weeks before attack.	The student makes a list of items to give away in the event of their death and closes social media accounts without a reason given.
6	Leakage	The communication to a third party of an intent to do harm to a target through an attack.	A student tells a friend, "You should skip school Monday. Something might be going down."
7	Last resort	Evidence of a violent "action imperative"[32] described as increasing desperation or distress through declaration in word or deed, forcing the individual into a position of last resort. There is no alternative other than violence, and the consequences are justified.	A student shares to a friend, "Well, there is no use living anymore. She left me and will never take me back. My life isn't worth living and hers shouldn't be either."
8	Directly communicated threat	The communication of a direct threat to the target or law enforcement beforehand. A threat is a written or oral communication that implicitly or explicitly states a wish or intent to damage, injure, or kill the target, or individuals symbolically or associated with the target.	A student tells a parking attendant, "If you put that ticket on my car, it will be the last thing you ever do at this school because you won't be able to use your hands after I smash them with a hammer."

26 Dietz, P. E. (1986). Mass, serial, and sensational homicides. Bulletin of the New York Academy of Medicine, 62, 477–491.

27 Knoll, J. (2010). The "pseudocommando" mass murderer: Part I, the psychology of revenge and obliteration. Journal of the American Academy of Psychiatry and the Law, 38, 87–94.

28 Hempel, A., Meloy, J. R., & Richards, T. (1999). Offender and offense characteristics of a nonrandom sample of mass murderers. Journal of the American Academy of Psychiatry and the Law, 27, 213–225.

29 de Becker, G. (1997). The gift of fear and other survival signals that protect us from violence. New York, NY: Dell.

30 Hull, C. (1952). A behavior system. New Haven, CT: Yale University Press.

31 MacCulloch, M., Snowden, P., Wood, P., & Mills, H. (1983). Sadistic fantasy, sadistic behavior, and offending. British Journal of Psychiatry 20–29.

32 Mohandie, K. (2014). Threat assessment in schools. In J. R. Meloy & J. Hoffman (Eds.), The international handbook of threat assessment (pp. 126–147). New York, NY: Oxford University Press.

Types of Threats

Directly communicated threats are threats that are expressed verbally or in a written format to the target person. For third parties, the challenge with directly communicated threats is determining whether they represent potential leakage (behaviors or actions that are communicated prior to an attack that are made to a third party) or simply an impulsive expression of frustration. Direct threats identifying the target of violence rarely result in an attack.[33] There is a clear distinction between posing a threat and making a threat. Meloy[34] describes threats this way,

> ". . . for directly communicated threats and subsequent violence: most individuals who directly communicate a threat are not subsequently violent and most individuals who do not directly communicate a threat are not subsequently violent."

Threats take on various qualities and definitions in the threat assessment literature. Direct threats are expressed in nonconditional language and leave very little to the imagination. An example might be, "I am going to come back to work and shoot my supervisor in the head." Indirect and veiled threats often contain if/then language and options, such as, "If things don't change around here, I'm going to take matters into my own hands and change them for you." Examples of common types of threats are provided in the following table, taken from *An Educators Guide to Assessing Threats in Student Writing*.

Table 2: Types of Threats

Type of Threat	Example
Direct	"I'm going to blow up the school library."
Indirect/vague	"Something bad will happen to the library."

33 Scalora, M., Simons, A., & Vansly, S. (2010, February). Campus safety: Assessing and managing threats (FBI Law Enforcement Bulletin). Washington, DC: Federal Bureau of Investigation.

34 Meloy, J. R. (2001). Communicated threats and violence toward public and private targets: Discerning differences between those who stalk and attack. Journal of Forensic Science, 211–1213.

Direct with action/time imperative	"I'm going to blow up the school library at 3:00 on Tuesday."
Conditional ultimatum	"If you don't give me the grade I want in this class, I'm going to blow up the school library."
Transient	A student throws books in the library when frustrated about an assignment and writes in black permanent marker on the library whiteboard, "Burn this down!"
Substantive	"I'm going to bring gasoline into school in a Nalgene bottle and spread it all over the books in the library and start a fire."
Howling	"People need to listen to me! I am not going to be treated like this! I'm going to set fire to this entire world and watch it burn while I laugh and roast marshmallows."
Hunting	"I have what I need. And I know what I'm going to do. #fire #library"
Vague but direct	"Something bad is going to happen soon in the library."
Vague and not direct	"I know how fire can spread, so maybe think about investing in some fire extinguishers."

Although there is evidence that most direct communicated threats do not lead to violence, it is important to explore the contextual risk factors related to the specific case at hand. In most extreme events of campus violence, it is the behavior of the student, and not a directly communicated threat of violence, that provides a clue. Scalora et al write, "Unlike disruptive and other forms of aggressive behavior, violent or directly communicated threat always requires immediate investigation and evaluation… While most communicated direct threats do not end in violence, this can only be determined after directly questioning and assessing the student in question."[35]

Risk Factors for Targeted Violence

The following are risk factors related to targeted violence. These factors are used in the DarkFox expert system to provide an integrated overall level of concern.

35 ibid

Aggrieved:[36] Here, the person blames others for most of their problems and difficulties in life. They carry resentments and escalate to make those they see as responsible pay for their actions. These actions can be perceived or actual; most commonly they are based on some general truth.

Alone:[37] Refers to isolation and the inability to form social connections, despite the desire and attempts. This escalates to feelings of hopelessness, irritability, and anger at being separated from what seems to come so easily for others. The outsider status and extreme isolation coincide with teasing and thoughts of suicide or extreme action.

Approach:[38] This term describes the movement toward a target, beginning with fantasizing about harming them and obtaining items needed for an attack (extended magazines, research material, chains/locks). As they progress, they overcome their hesitancy and talk with others about their plan. Risk taking behaviors increase as they continue to escalate without considering their well-being. In the late stages of approach, they conduct test-runs, engage in physical violence/threats, and solidify details for their full attack.

Blaze:[39] The "blaze of glory" describes a desire on the part of an attacker to end their life in a extreme public manner that will, in their mind, justify the pain they have experienced or in the service of some perceived larger cause. There is increasing talk or posting on social media about their growing frustrations or dedication to a cause. As this reaches extremes, they are overwhelmed and trapped by pain or express a fanatical dedication to a cause. There is a detailed plan and commitment to a final action to send a message to others.

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36 Folger, R. & Baron, R. A. (1996). Violence and hostility at work: A model of reactions to perceived injustice. In G. R. VandenBos & E.Q. Bulatao (Eds.), Violence on the Job: Identifying Risks and Developing Solutions (pp.51–85). Washington, DC: American Psychological Association.

37 Lankford A. (2013). The Myth of Martyrdom: What Really Drives Suicide Bombers, Rampage Shooters, and Other Self-Destructive Killers. (St. Martin Press, New York)

38 Meloy, R., Hoffmann, J., Roshdi, K., Glaz-Ocik, J., & Guldimann, A. (2014). Warning behaviors and their configurations across various domains of targeted violence. In J.R. Meloy & J.Hoffmann (Eds.), The international handbook of threat assessment (pp. 39–53). New York: Oxford University Press.

39 Bhui KS, Hicks MH, Lashley M, Jones E. (2012). A public health approach to understanding and preventing violent radicalization. BMC Med. 10, 16.

Catalyst:[40] Negative events can occur that act like the catalyst in a chemical reaction, speeding up the escalation to violence. Events like the loss of a job, relationship, or finances can act to further an attack plan.

Checklist:[41] A checklist becomes the physical manifestation of fantasy rehearsal and brainstorming what would be needed to punish or harm a person, place, or system. Checklists become increasingly informed by research and specificity around timing and location of an attack and the materials needed. There may also be a shutting down of bank accounts, phones, social media accounts, or other recurring memberships or involvements with the anticipation of an upcoming event.

Consumed:[42] This reflects a set way of thinking and escalating toward action. There is a difficulty accepting alternative explanations for events and they engage in harmful debate with others and increasingly look for ways to widen their impact and solidify their viewpoint. This escalates to include a quality of obsession and a spiraling negative impact to other aspects of their work, school, social relationships, and family. They seek opportunities to troll and create demonstrations to push this view on others. They not only have a hardened point of view, but this becomes a defining characteristic of their entire person. When limits are set by workplace, school, or the police, they move quickly past these, feeling justified in their actions because of their locked perspective.

Costuming:[43] As an attacker prepares, they often obtain clothing, tactical gear, and accessories they will need during the attack. This may start with an affiliation to a group like the Proud boys or Attomwaffen and eventually involves purchasing ballistic plates, knee and elbow pads, harnesses, and/or ammunition containers. In some attacks, they

40 National Threat Assessment Center (NTAC). (2018). Enhancing school safety using a threat assessment model: An operational guide for preventing targeted school violence. Washington, DC: U.S. Secret Service, Department of Homeland Security.

41 Association of Threat Assessment Professionals (ATAP). (2006). Risk Assessment Guideline Elements for Violence (RAGE-V): Considerations for Assessing the Risk of Future Violent Behavior. (ATAP, Sacramento, CA).

42 Meloy, J., Hoffmann, J., Guldimann, A., & James, D. (2011). The role of warning behaviors in threat assessment: An exploration and suggested typology. Behavioral Science Law, 30, 256–279.

43 Van Brunt, B & Lewis, W.C. (2014). Costuming, Misogyny, and Objectification as Risk Factors in Targeted Violence. Violence and Gender 4, (3), 81-101.

have taken on the appearance of figures such as the Dark Knight, Joker, or characters from *The Matrix*.

Defiant:[44] At first, defiance may be a general tendency to take an alternative path when compared with how others approach those in authority. This escalates into more frequent incidents with teachers, student discipline, human resources, and society in general. Incidents then involve more substantive threats, violent actions, and conditional ultimatums.

Direct:[45] A direct threat is one made verbally or in a written format, like a letter or on social media. This may start as vague references or memes and escalate to mentions of a specific place, time and what they will do. As they escalate, the threat is made with a sense of urgency and repeated in multiple formats.

Encouragers:[46] These are often third parties met on the internet, chatrooms, social media, or in-person meetings, such as local white supremacists or other violent hate groups. The encouragement progresses from the pursuit of ideas and philosophies to support acquiring weapons, developing an attack plan, and punishing those who they see as responsible for societal problems.

Free Fall:[47] Unlike catalyst events, which are more sudden, free fall describes a more general set of problems like failing supports, mental illness flair ups, and a general sense of hopelessness. The free fall becomes more concerning as multiple, chronic problems intersect, eventually creating an inability to function and a lack of hope that things will improve.

44 ASIS International and the Society for Human Resource Management (2011). Workplace Violence Prevention and Intervention: American National Standard. Retrieved from www.asisonline.org/guidelines/published.htm

45 United States Postal Service. (2007). Threat Assessment Team Guide.

46 Lankford A. (2010). Human Killing Machines: Systematic Indoctrination in Iran, Nazi Germany, Al Qaeda, and Abu Ghraib. (Lexington Press, Boston, MA).

47 National Threat Assessment Center (NTAC). (2018). Enhancing school safety using a threat assessment model: An operational guide for preventing targeted school violence. Washington, DC: U.S. Secret Service, Department of Homeland Security.

Hopeless:[48] This describes a sense of worry and uncertainty about the future along with difficulty focusing and pervasive feelings of sadness. As hopelessness increases, they feel trapped and eventually are unable to function and/or experience growing suicidal thoughts.

Impulsive:[49] In moving from an idea to an action, this individual progresses quickly, without weighing the impact of their actions. They increasingly ignore those in positions of authority or limits that have been set. In the more extreme escalation, they act despite a risk to their own life.

Incel:[50] This term stands for "involuntary celibate" and represents a range of thinking and behaviors from social awkwardness and difficulty forming connections with women to hardline misogyny and active threats to punish them for rejecting the person's attempts at dating.

Irrational:[51] Thinking becomes increasingly impaired due to paranoia, odd or obsessive thoughts, delusions, and/or a general separation from reality. This may include language about aliens, government organizations surveilling them, incongruent or poorly organized speech, and the experience of hallucinations (voices, visions, smells, etc.) that may command and/or demand they take violent action.

Leakage:[52] This refers to sharing attack details, intentionally or unintentionally, with a third party. At first, these are often vague hints at frustration, growing unhappiness and unfairness with no mention of a specific time, place, or target of an attack. Leakage

48 Calhoun, F., & Weston, S. (2009). Threat assessment and management strategies: Identifying the Howlers and Hunters. Boca Raton, FL: CRC Press.

49 Van Brunt, B. (2012). Ending campus violence: New approaches to prevention. New York, New York. Routledge.

50 Van Brunt, B. & Taylor, C. (2021). Understanding and Treating Incels: Case Studies, Guidance, and Treatment of Violence Risk in the Involuntary Celibate Community. NY: Taylor and Francis.

51 Van Brunt, B., & Pescara-Kovach, P. (2019). Debunking the myths: Mental illness and mass shootings. Journal of Violence and Gender, 1(1), p. 1-11.

52 Vossekuil, B., Fein, R., Reddy, M., Borum, R., & Modzeleski, W. (2002). The final report and findings of the safe school initiative: Implications for the prevention of school attacks in the United States. Washington, DC: U.S. Secret Service and U.S. Department of Education.

increases as they vent frustrations verbally/online and demand justice. Threats can then become specific and lethal with a time and location mentioned.

Lethality:[53] The dangerousness of the attack plan is determined by the level of access to deadly weapons and materials. At the early stage, access to deadly weapons may requiring obtaining them from friends or other locations. As lethality escalates, weapons are acquired along with ammunition and secondary materials needed for an attack, like high-capacity magazines, security schedules, or counter surveillance measures.

Location:[54] This signifies the place where an attack will occur. This may be vague and general at first, perhaps even at a place where the attacker does not have access. With escalation, the location becomes increasingly specific, and the threatener has conducted research and planning on access. They may conduct walkthroughs of the location and look at overcoming any obstacles.

Objectification:[55] There is a depersonalization regarding how others are seen with an increasing tendency to see them as "less than" or unworthy of basic consideration. This manifests in name calling and the use of racist, misogynistic, or bigoted language. As objectification escalates, there are increased work, school, and home conflicts, with threats and negative actions. They eventually see their target as undeserving of any consideration and simply as an object in the way of their goal.

Organization:[56] This denotes threats that move from vague and undefined to narrow and specific. Poorly organized threats are more reactive and often involve many targets and people. Escalations in organization define the attack to a singular target and are consistent and repeated.

53 Langman, P. (2009). Rampage School Shooters: A typology. Aggression Violent Behaviour, 14, 79–86.

54 Turner J. & Gelles M. (2003). Threat assessment: A risk management approach. New York: Routledge.

55 Grossman, D. (1996). On killing: The psychological cost of learning to kill in war and society. Lebanon, IN: Little, Brown, and Company Back Bay Books.

56 Turner J. & Gelles M. (2003). Threat assessment: A risk management approach. New York: Routledge.

Penetration:[57] Here the attacker begins to study the vulnerabilities of their target or targets to determine how to increase the lethality and success of their plan. As this escalates, they study security measures and develop ways to overcome them. They select a time for the attack and often create a manifesto or legacy token memorializing their study.

Planning:[58] Planning involves writing down or thinking about what they may do to correct an injustice or seek revenge. This intensifies as the threatener focuses on details, gathering intel and acquiring the items they need for an attack. As planning escalates, they clarify and improve tactics to increase damage and overcome potential obstacles. Secondary sites, counter surveillance measures, and contingency plans are developed.

Research:[59] This involves a general interest in, and reading or viewing materials about, past attacks. As the individual escalates, research becomes more specifically narrowed to weapons, tactical gear, scouting the location, and penetration testing (looking at vulnerabilities in security, patrols, and cameras).

Rhetoric:[60] Refers to the threatener's contextual history of writing fiction, satire, or opinion pieces that may look concerning at first but is more likely a way they process and vent. While they may write vague threats and use jarring language, the overall piece is used to express pain and/or is satirical in nature. As the rhetoric concern escalates, the tone and details convey a disregard for the target and they are written to inflict pain and insult, rather than making a larger narrative point. At the extreme, the fiction/satire is a poor disguise and the real desire is clearly to weaken the target's image and destroy the target.

57 Meloy, R., Hoffmann, J., Roshdi, K. et al. (2014). Warning behaviors and their configurations across various domains of targeted violence. The international handbook of threat assessment Meloy, J.R. and Hoffmann, J. eds., 39–53. New York: Oxford University Press.

58 Van Brunt, B. (2012). Ending campus violence: New approaches to prevention. New York: Routledge.

59 Pollack, W., Modzeleski, W., & Rooney, G. (2008). Prior knowledge of potential school-based violence: Information students learn may prevent a targeted attack. Washington, DC: United States Secret Service and United States Department of Education.

60 Smith S. (2007). From violent words to violent deeds? Assessing risk from threatening communications. Diss Abst Int. 68, 1945B.

Sadist:[61,62] Here, there is pleasure taken in inflicting harm on people and/or animals. At the early stages, this may manifest as a lack of empathy or non-physical negative attacks on others. In later stages, there is a growing need to harm others physically along with making plans and narrowing on a target.

Teased:[63] At the early stages, teasing and bullying becomes an occasional experience that has an impact on self-worth and social connections with others. As teasing increases, their world becomes increasingly unsafe and negative, leading to feelings of hopelessness, despair, being trapped and eventually feelings of suicide or a desire to send a message to the oppressors through violence action.

Time:[64] This refers to when the attack will take place. In early stages, the time may be given in months or years with the feeling of "if things don't change at some point, this will happen." As timing escalates, the attacker thinks in terms of weeks rather than months and the attack becomes increasingly likely. At the final stages, the attack is imminent, planned in the next hours or days and the timing may be communicated with a verbal or online threat.

Tone:[65] Whether written or verbal, the tone is intimidating, angry, and frustrated, often with elements of anger, sadness, and pain. As the tone escalates, they attacker uses negative adverbs and adjectives to blame, harasses and intimate the target. Increased objectification of the target occurs, removing any sense of agency or humanity. In extreme stages of tone, rage and a desire for punishment are explicit and unrelenting.

61 Lankford, A. (2018). Identifying Potential Mass Shooters and Suicide Terrorists with Warning Signs of Suicide, Perceived Victimization, and Desires for Attention or Fame. Journal of Personality Assessment, 100, 471–482.

62 MacCulloch, M., Snowden, P., Wood, P., & Mills, H. (1983). Sadistic fantasy, sadistic behavior and offending. British Journal of Psychiatry, 143: 20–29.

63 National Threat Assessment Center (NTAC) (2019). Protecting America's schools: A United States secret service analysis of targeted school violence. Washington, DC: United States Secret Service, Department of Homeland Security.

64 Turner J, Gelles M. (2003). Threat Assessment: A Risk Management Approach. (Routledge, New York, NY.)

65 Van Brunt, B. (2016). Assessing threat in written communications, social media, and creative writing. The Journal of Violence and Gender, 3(2), 78–88.

Vengeance:[66,67] Seen in parallel with aggrieved and injustice and grievance collecting, this is the desire and any actions taken to punish those they feel have caused their pain or are unfairly enjoying life in a way the attacker resents. Talking and venting eventually includes fantasies of acting out their plan and considering the time, place, and location of their attack.

Weapons Acquisition:[68] They begin to purchase weapons or gain experience shooting at a range. The weapons are increasingly chosen for a specific purpose and knowledge about the weapons becomes more directly tied to a specific attack plan. Secondary and tertiary weapons, ammunition, and gear are obtained.

Weapons Interest:[69] Here they explore different types of firearms, knives, explosive devices, and corresponding tactical equipment such as harnesses, night-vision goggles, expanded magazines, optics, and bullet-proof vests. As their interest progresses, they become increasingly obsessed with the topic and talk about this freely with others despite negative consequences to their friendships, work, or academics. They may belong to several internet discussion groups or in-person organizations and subscribe to magazines or other books or literature. As this interest escalates, there forms an increasing focus on narrowing weapons and tactical material knowledge for a specific plan such as a shooting at a public event, school, or workplace.

66 Knoll J. (2010). The ''pseudocommando'' mass murderer: Part I, the psychology of revenge and obliteration. J Am Acad Psychiatry Law. 38, 87–94.

67 Langman, P. (2009). Rampage school shooters: A typology. Aggression and Violent Behavior, 14, 79–86.

68 Association of Threat Assessment Professionals (ATAP). (2006). Risk Assessment Guideline Elements for Violence (RAGE-V): Considerations for Assessing the Risk of Future Violent Behavior. (ATAP, Sacramento, CA).

69 National Threat Assessment Center (NTAC). (2018). Enhancing school safety using a threat assessment model: An operational guide for preventing targeted school violence. Washington, DC: U.S. Secret Service, Department of Homeland Security.

Overview of Suicide Assessment

Suicide assessment requires a careful, consistent, research-based understanding of the interplay between risk and supportive factors, almost like balancing the sides of a playground teeter-totter. This requires building rapport with the student and overcoming any impression management they may present, with the goals of avoiding negative outcomes (e.g., hospitalization) and developing an advocate stance to assist the student in making the decision to stay alive and eliminate the presence of suicidal symptoms.

Idea to Action

Many recent researchers have produced evidence-based theories of suicide prevention under the concept of idea-to-action. Samuel Knapp[70] explores numerous theories related to understanding and preventing suicide. These idea-to-action theories pull together decades of research and data on the causes and motivations for suicide. Three models Knapp reviews are the interpersonal theory (IPT),[71] integrated motivational-volitional (IMV),[72] and the three-step theory (3ST).[73]

The IPT[74] approach offers a two-step model that the person 1) has a desire to die and 2) can kill themselves. There are many reasons why a person may consider suicide, but it takes both the desire and the means to have a suicide attempt. Two key aspects to this theory are the ideas of thwarted belonging and perceived burdensomeness – the risk of suicide increases when the person has repeatedly failed at their attempts at connecting to others and sees themselves as a burden to those in their life.

The IMV[75] theory offers a more detailed review of how an individual moves from desire to action. It describes a pre-motivational stage where the person becomes more

70 Knapp, S. (2020). Suicide prevention: An ethically and scientifically informed approach. Washington, DC. The American Psychological Association.

71 Joiner, T. (2005). Why people die by suicide. Cambridge, MA: Harvard University Press.

72 O'Connor, R. & Portzky, G. (2018). The relationship between entrapment and suicidal behavior through the lens of integrated motivational volitional model of suicidal behavior. Current Opinions in Psychology, 22, 12–17.

73 Klonsky, D. & May, A. (2015). The three-step theory (3ST): A new theory of suicide rooted in the "ideation-to-action framework. International Journal of Cognitive Therapy, 8, 114–129.

74 Ibid.

75 Ibid.

vulnerable to suicidal thoughts. In the motivational stage, the individual develops suicidal thoughts after feeling entrapped, powerless, and defeated. The volitional stage describes how the person moves from thoughts to attempts through increased capability, access to means, and preoccupations with death. This approach highlights the importance of understanding defeat and entrapment as catalysts from idea to action.

The 3ST[76] is an idea-to-action theory based on three steps. In this model, the first step includes the individual's pain and hopelessness. The pain becomes so overwhelming the individual starts to consider ways to isolate and withdraw from life. This pain can have many causes, such as difficulty making friends, failing in work or academics, lack of stability in the primary support group, or experiences of trauma and loss. The pain, left unchecked, becomes more and more overwhelming and creates feelings of hopelessness about any positive future. The second step involves a lack of connectedness being the key risk factor.[77,78] They lack connections to other people, a career or other role, and a perceived purpose or meaning in their life; connections that keep someone invested in living. The third step involves dispositional, acquired, and practical variables. Dispositional refers to biological variables like pain sensitivity, phobias of blood, etc. Acquired refers to an individual's life experiences that involve pain, injury, and fear, such as chronic pain, loss of loved ones, ongoing/chronic feelings of trapped/hopeless, losses of work, failed classes, or any acquired experiences. Practical refers to factors that make it easier to complete suicide such as access to firearms and knowledge of how to use these. Medical professionals have higher rates of suicide due

76 Ibid.

77 May, A. & Klonsky, E. (2016). What distinguishes suicide attempts from suicide ideators? A meta-analysis of potential factors. Clinical Psychology: Science and Practice, 23, 5–20.

78 O'Connor, R. & Portzky, G. (2018). The relationship between entrapment and suicidal behavior through the lens of integrated motivational volitional model of suicidal behavior. Current Opinions in Psychology, 22, 12–17.

to having knowledge and access. Access to lethal means further escalates the risk of a suicide attempt.[79,80,81]

Risk Factors for Suicide

Numerous behaviors have been identified through research as indicating an increased risk for suicide.[82,83,84,85] These include eating more or less than usual, having difficulty falling asleep or sleeping too much, exhibiting poor concentration, crying and displaying overly emotional reactions, experiencing irritability and impulsivity, preoccupation with death, giving away prized possessions, frequent substance use to manage distress, increase in isolation, sudden improvement or recovery from depression with no clear cause, and making a list of reasons to die.

Individuals who are experiencing situational stressors in their environment are at a higher risk of suicide.[86,87,88,89,90] These stressors may include the loss of a job, loss of academic status, loss of intimate or family relationship, proximity of a difficult anniversary date, chronic illness, self-injury, recent suicide in the family or community, loss of a mentor, experiencing bully behavior and teasing, or experiencing any significant trauma.

79 Barber, C. & Miller, M. (2014). Reducing a suicidal person's access to lethal means of suicide: A research agenda. Am J Prev Med, 47(3S2): S264.

80 Buus Florentine J. & Crane, C. (2010). Suicide prevention by limiting access to methods: A review of theory and practice. Social Science & Medicine, 70, 1628.

81 McGirr, A., Renaud, J., Bureau, A., Seguin, M., Lesage, A. & Turecki, G. (2007). Impulsive-aggressive behaviors and completed suicide across the life cycle: a predisposition for younger age of suicide. doi:10.1017/

82 Knapp, S. (2020). Suicide prevention: An ethically and scientifically informed approach. Washington, DC. The American Psychological Association.

83 Suicide Prevention Resource Center & Rodgers, P. (2011). Understanding risk and protective factors for suicide: A primer for preventing suicide. Newton, MA: Education Development Center, Inc.

84 McLellan A. T. (2017). Substance misuse and substance use disorders: Why do they matter in healthcare? Transactions

of the American Clinical and Climatological Association, 128, 112–130.

85 National Center for Injury Prevention and Control (2019, September). Risk and Protective Factors.

86 Van Brunt, B. & Murphy, A. (2018). A staff guide to addressing disruptive and dangerous behavior on campus. New York: Taylor and Francis.

87 Van Brunt, B. & Lewis, W. (2014). A faculty guide to disruptive and dangerous behavior in the classroom. New York: Routledge.

88 Whitlock, J., Minton, R., Babington, P. & Ernhout, C. (2015). The relationship between non-suicidal self-injury and suicide. The Information Brief Series, Cornell Research Program on Self-Injury and Recovery. Cornell University, Ithaca, NY.

89 Merrill, G. (2013). Assessing Client Dangerousness to Self and Others: Stratified Risk Management Approaches.

90 National Center for Injury Prevention and Control (2019, September). Risk and Protective Factors.

For younger community members, the role of the contagion effect is an important risk factor to consider.[91] When a suicide occurs in the community or with a public figure, it carries with it the risk of increasing the ideas and potential action of those considering suicide.

Protective Factors for Suicide

Protective or anchor factors are understood to be the supports that surround an individual and assist them in managing suicidal feelings, thoughts, and actions. These include a sense of social connection and support with their peers, family, and larger community. These connections include positive experiences with social support and attachment to others, those who have positive attachments to the community, and a sense of social bonds.[92,93] There is support from a societal level of group belonging and integrated cultural respect and identity.[94]

Another important strategy is ensuring access to timely, accessible, and affordable care. There are often barriers to care that may include financial health, transportation access, stigma related to marginalized or underserved communities, systemic racism, and a distrust of the medical system. Efforts should be made to overcome these challenges with the student or community member.[95] Restricting access to lethal means is another protective factor when it comes to impulsive and lethal suicidal actions.[96]

Diversity of Perspective

Police and BIT/CARE teams are dedicated to including perspectives of diverse, multi-disciplinary members. This means the team strives to be diverse related to race, ethnicity,

91 Davidson, Lucy E., & Gould, M.S. (1989). Contagion as a risk factor for youth suicide. In Report of the Secretary's task force on youth suicide, risk factors for youth suicide, 2, 88-109. Washington, DC: U.S. Department of Health and Human Services, Public Health Service.

92 Pressman DE. (2009). Risk Assessment Decisions for Violent Political Extremism. (Her Majesty the Queen in Right of Canada, Ottawa).

93 Bhui KS, Silva MJ, Topciu RA, Jones E. (2016). Pathways to sympathies for violent protest and terrorism. Br J Psychiatry. 209, 483–490.

94 Kurzman C. (2011). The Missing Martyrs: Why There Are So Few Muslim Terrorists. (University Press, Oxford).

95 www.sprc.org/comprehensive-approach/effective-care

96 www.sprc.org/comprehensive-approach/reduce-means

religion, politics, gender, sexual orientation, gender-identity, physical disability, mental illness, socio-economic status, position (job title), and generation (age). The reason for this diversity is to create and nurture a team that can mitigate bias and view the collection of information, the analysis of risk, and the development of intervention plans from a strong position with various perspectives considered. This diversity allows the team to better assess contextual factors that may impact the level of risk.

Cultural Competency

Cultural competency is the ability to understand, appreciate, and interact with people from different cultures and with beliefs other than your own. One approach police and BIT/CARE teams can take to ensure cultural competency is through the membership of the team. Teams should be diverse in gender identity, sexual orientation, race and ethnicity, socio-economic status, political affiliation, religious beliefs, physical and mental disability, and age. Another way to do this is to participate in DEI related trainings that help educate and teach a process to better understand those who are different from yourself. While this process is often talked about from a "woke" or social justice perspective, the ability to form connections with individuals and communities different from your own background allows for more successful interviewing, a more informed analysis, and mitigation steps that have a higher likelihood of being effective.

Equitable Processes

When encountering a threat or violence risk, the police and BIT/CARE teams must ensure they have an equitable process while gathering information about a case, applying a risk rubric, and developing informed interventions. In this way, those Los Rios community members who make a threat or pose a violence risk are treated in a consistent and fair way. The police and BIT/CARE teams participate in training to ensure they are aware of their potential bias, both known and unknown, and take steps to mitigate that bias during the threat analysis and mitigation process.

When there is an inequitable process, this is often because police and BIT/CARE teams do not prioritize tending to those factors that slowly chip away at equity. Creating a process that mitigates bias in its gathering of information, decision making, and

intervention requires an active choice to guard against threats to equity, as one tends to a garden prone to weeds or hungry rabbits. In a very real way, this fosters a skeptical, inquisitive mindset when approaching a case and addresses the assessment process through a collaborate, multi-disciplinary approach.

Bias Mitigation

Bias is our tendency to see the world from our lens of experience. It can lead us to ignore evidence or make assumptions not based on evidence. It can impact what we remember and what witnesses remember. It can create blinders for those involved in the threat analysis or mitigation process and impact our ability to build rapport, connect with students, and create safe/neutral spaces. While we can never remove bias, we can train to make us more aware of how bias can affect decision making.

When we consider our bias, we should be aware of how our experience and position in the world impact our understanding of those around us. Specifically, some examples of how we see the world include:

- Our gender, gender identity experiences, and sexual orientation
- Our race/ethnicity, world view, and generational expectations
- Experiences with mental illness or physical disabilities
- Exposures to different cultures or geographic areas
- Our religious beliefs and political experiences
- Our economic differences and experiences of wealth and poverty
- The friends, family, and peers around us

A well-designed threat process understands and mitigates the role of bias in its work of gathering information, making decisions, and selecting an intervention and/or management process following the initial threat or concern. This allows the team to avoid underestimating or overestimating the risk or threat. In relationship to violence risk and threat assessment, we assess threat and/or concerning content with an awareness of

research, an understanding of transient versus substantive threats, and an analysis that mitigates explicit and implicit bias and balances the interplay between evidenced-based risk and protective factors.[97] These assessments work best when they are used as a part of a multidisciplinary team with an emphasis on evidenced best practices. Police and BIT/CARE team members should be knowledgeable about their population, the BIT/CARE model, concepts related to threat and violence risk assessment, bias awareness and mitigation, and engage in ongoing training.

Some examples of common types of bias are included here to help better understand how our information gathering, decision making, and selection of interventions may be impacted by the way we think about the world around us.

- **Anchor Bias.** This bias can impact a team member when they become anchored or locked on a particular piece of data or first impression on a case and are unwilling to consider rival, alternative hypotheses. The bias occurs when we rely too heavily on the first piece of information we are given about a topic. We can manage this by having group discussions and displaying a willingness to look behind our first impressions on a case.

- **Availability Bias.** This occurs when we lean into an over-reliance on readily available (most recent) information. When gathering information about a case, team members should guard against focusing solely on the low-hanging fruit and data around us, and should find the information needed to best assess the case and develop culturally competent interventions.

- **Blind Spot Bias.** This involves a team member's tendency to miss crucial elements of a case because they are unable to see the data from a balanced and reasonable perspective. These team members may be very good at spotting systematic errors in others' decisions but are unable to see their own mistakes. One way this is addressed is through having a diverse team with varied perspectives.

97 Calhoun, F., & Weston, S. (2009). Threat assessment and management strategies: Identifying the howlers and hunters. Boca Raton, FL: CRC Press. Turner J. & Gelles M. (2003). Threat assessment: A risk management approach. New York: Routledge.

- **Confirmation Bias.** Here the team member may form an early assumption and progress with the case overvaluing evidence that fits with and/or confirms their assumption. When gathering information, team members are encouraged to consider the question: are you investigating or validating?

- **Dunning-Kruger Effect.** This is the tendency for team members to over-estimate their abilities in certain areas such as threat assessment, counseling, or law enforcement. They make assumptions that since they have had some training, they are able to reach further than they really should. This can also happen in reverse, where people who are good at a task are hesitant to share because they under-estimate their competence in the task.

- **In Group/Out Group.** Here a team member tends toward gathering data and making decisions that are favorable toward the someone who is like the team member. This could be a shared activity, place of birth, love of a sports team, or connection to a group, club, or organization. We guard against this by leaning into the team experience and being aware of our personal connections, either for the good or bad, on a given case that is presented to the team.

DEFINING RISK LEVELS FOR HARM TO OTHERS

Initial Triage of Risk

Risk level is assessed using the Pathways tool provided by D-Prep (Appendix C: Pathways Triage System). Risk levels are assigned at low, moderate, and high. Each level has corresponding interventions that are suggested. The automated version is available at pathwaystriage.com. Other rubrics are used on the case as appropriate. The following is a summary of the common risk levels used by the police and BIT/CARE teams, with directions about what to do related to the level of risk outlined, based on the type and nature of the risk.

If an individual has threatened violence or has acted on a threat within the last year, they could still be at low risk if they received treatment for this and currently possess few risk factors along with strong protective factors. Conversely, a community member who has acted out, hurt someone, or made a detailed threat in the past year that has increasing risk factors for harming others and few protective factors would move to a higher risk level. Risk levels should be understood contextually against the backdrop of current risk and protective factors and not categorized based on a single event.

Low Risk

This category highlights someone who comes to the attention of the police or BIT/CARE team and the idea of harming someone else comes up but they do not present a current set of behaviors that would indicate an immediate risk of violence. At this lower level of risk, it is unlikely the DarkFox system would need to be used, although the Pathways system has a trigger that explains to the user when DarkFox should be used.

- They may experience minor risk factors, such as frustrations at work or school, family conflict, worry about finances, difficulty expressing feelings to others, or concerns about a positive future outcome.
- They possess strong protective factors, such as family supports, peer groups and friends, organizations, activities, spiritual or religious beliefs that give them solace.

- While they may have thoughts of hurting or killing others, the thoughts are occasional and fleeting with no plan, no intent, and no behaviors. They clearly share they do not want to act on these thoughts.

- While they may report thoughts of killing others that occur infrequently, they view these thoughts as intrusive and unwanted. They dislike these thoughts and share things like, "I would never actually hurt anyone, but these thoughts just happen."

Students and community members with low risk will continue to be assessed and connected with campus counseling, case management, or similar services. They should be regularly screened to ensure violence risk factors do not develop or return. This could be accomplished as part of the overall BIT/CARE process on campus.

Moderate Risk

The individual has a combination of factors that, when considered together, create a moderate risk/level of concern. There needs to be a determinization of the requirement of the police or BIT/CARE team to warn a third party of a specific and direct threat to an identified target. At the moderate risk level where there is a potential for violence to a third party, the DarkFox system should be used. The Pathways system has a trigger that explains to the user when DarkFox should be used.

- They have intense feelings of despair or hopelessness about their future.

- They have been diagnosed with a major mental illness that exacerbates feelings of hopelessness or despair and decreases their impulse control around taking steps toward homicide (e.g., thinking more practically about a plan, location, or time), or a mental illness that is intermittent in terms of stabilization due to medication changes.

- They have access to lethal means and discuss these as options if things get worse. While there is no active plan for harming others involving means, place, or time, they think and talk more about, "if things got worse, I know what I would do…"

- Environmental or situational stressors overcome their ability to manage and cope with daily life, work, or school over an extended period.
- Multiple risk factors occur at once, such as a rise in hopeless thoughts, major demotion or conflict at work, loss of an intimate relationship, or financial pressures become overwhelming.
- They have a focus and fixation on another person they hold responsible for their troubles or difficulties.
- There is the presence of very few protective factors (few or no friends to talk with, lack of parental support, increased isolation from social outlets, no organization, or religious connections).
- They experience homicidal ideation with plan, but no intent or behavior.
- They have made multiple transient threats but lack a plan or actionability to carry out the threat.

If behaviors worsen at the moderate stage, the case manager or case lead may need to coordinate an evaluation for inpatient admission or involve law enforcement if there is an immediate threat. As the case manager or case lead provides aid, the interventions and treatment offered must be within the staff's expertise and practice. Safety plans and treatment steps should be applied corresponding to the level of risk presenting and be documented in a clear and timely manner, for example, meeting with a student twice a week or holding phone check-ins until the behaviors improve or if/when student needs to go to higher level of care.

High Risk

The student is experiencing active homicidal symptoms; increased monitoring and supportive treatment are required at this stage to prevent an immediate crisis or loss of life. There needs to be a determinization of the requirement of the police or BIT/CARE team to warn a third party of a specific and direct threat to an identified target. The support offered by the police or BIT/CARE team may be unsuccessful at lowering their

overall homicide risk level and the counseling center may need to coordinate an evaluation for inpatient admission. At the high-risk level, there is a potential for violence to a third party, the DarkFox system should be used. The Pathways system has a trigger that explains to the user when DarkFox should be used. The system may be used after a custodial hold, inpatient admission occurs. Immediate safety and security concerns should be put into place prior to conducting a violence risk or threat assessment.

An inpatient admission process will typically require:

1. an active homicidal idea that is frequent and intense,
2. which contains details and a timeline (including method, location, timing), and
3. the presence of actionability (lethality) in their plan (e.g., the plan mentioned will likely result in death).

If pursuing an admission to an inpatient psychiatric unit, most require that other less invasive measures were first attempted to reduce/resolve the homicidal ideas, threats, and behavior. These would include:

- Current engagement in outpatient treatment
- Enrollment in a day treatment program
- Increased frequency of outpatient sessions during the week
- The use of a voluntary crisis stabilization bed rather than a locked inpatient unit

If none of these reduce the risk of harm to others, an inpatient admission should be started.

To quantify the high-risk category, consider students who have any of these risk factors:

- Current or very recent thoughts of killing, maiming, or hurting people or animals
- Crystallization of a plan, location, and time of attack

- Presence of approach behaviors or a substantive threat
- Direct threat to kill others shared verbally, on social media, or elsewhere
- Fantasizing about causing death to those who have mistreated them
- Rehearsing (either physically or in their mind) violent acts (e.g., mass shootings) with an intent to carry them out
- Persistent/chronic ideation with strong intent to carry out attack plan
- Engaging in active, substantive threats with lethality risk
- Inability to offer assurances they will not kill others once they leave the office

In addition, consider community members or students who have a combination of these risk factors:

- Previous attempts to harm others that have resulted in life risk, hospitalization, or legal charges
- Stockpiling weapons that could be used in an attack or fantasizing about ways to carry out an attack
- Multiple losses that drastically increase feelings of despair and hopelessness (death of spouse or friend, loss of job or academic classwork, loss of intimate relationship)
- Protective factors such as friends, family, social connections, clubs, or groups that are lacking or unavailable for support
- Wishing they were dead within the past few weeks
- During the past few weeks, wondering if they or their family would be better off if they were dead

If an attempt to hurt or kill others is potentially imminent and intervention is necessary to attempt to prevent it, the individual requires in-patient hospitalization assessment and/or police involvement and an involuntary commitment may need to be completed. A high level of risk indicates the potential for homicide without intervention and it becomes imperative that the police or BIT/CARE team act and document interventions in a timely and clear manner to protect the student, the target of their threat and community members. Consider the following progressive steps (or order of operations):

1. Develop a safety plan with a focus on how to access help after hours.
2. Identify others who can help hold the student accountable to the safety plan.
3. If they are unable to develop or follow the safety plan, then proceed to an inpatient screening at the local crisis services.
4. If they are unwilling to go to crisis services or attempt to leave (or disconnect online), call emergency services.
5. If you are emergency services (such as police), immediate transport to the local emergency department.

STUDENT THREAT ASSESSMENT PROCEDURES

1. Identify and Report Potential Threats

Threats can come in several types and formats. Threats can be direct or indirect/vague and they can be transient or substantive in nature. There can be a conditional ultimatum in the threat that if a behavior continues (or stops) that there will be a consequence. Examples of each of these types of threats were mentioned earlier in Table 3 and repeated below for clarity.

Table 3: Types of Threats

Type of Threat	Example
Direct	"I'm going to blow up the school library."
Indirect/vague	"Something bad will happen to the library."
Direct with action/time imperative	"I'm going to blow up the school library at 3:00 on Tuesday."
Conditional ultimatum	"If you don't give me the grade I want in this class, I'm going to blow up the school library."
Transient	A student throws books in the library when frustrated about an assignment and writes in black permanent marker on the library whiteboard, "Burn this down!"
Substantive	"I'm going to bring gasoline into school in a Nalgene bottle and spread it all over the books in the library and start a fire."
Howling	"People need to listen to me! I am not going to be treated like this! I'm going to set fire to this entire world and watch it burn while I laugh and roast marshmallows."
Hunting	"I have what I need. And I know what I'm going to do. #fire #library"
Vague but direct	"Something bad is going to happen soon in the library."
Vague and not direct	"I know how fire can spread, so maybe think about investing in some fire extinguishers."

More important than any element of the threat assessment process is having the ability to ensure the campus community shares threatening and concerning behavior forward with the police or BIT/CARE team. While there are times when the threat is reported by a dozen individuals to multiple sources, other times the threat is not shared and may be handled by an instructor directly or siloed within a certain department. Ensuring there is a straightforward, easy process that allows for anonymous reporting is key to getting the threat information in front of the right people to assess the dangerousness and manage the behavior.

2. Information Gathering & Assessment of Threat Via a Team Approach

The next step is gathering the needed information to be able to complete an assessment of risk on a given case. Appendix D: Looking Beyond the Call offers some questions that should be asked to gather the information needed to better assess the actionability and lethality of the risk. It is acknowledged that there is a balance between taking several hours to fact gather and interview and the acute need to assess the immediate risk to the subject, target, and community.

a. Immediate Concerns

i. Once the threat is shared, the next step is to determine if the threat requires an immediate response from law enforcement to ensure the safety of the individual(s) who were threatened. Here, direct threats where the subject making the threat has access to the weapons and materials to carry the threat out would indicate the need for an immediate law enforcement response. For threats that involve bombs or explosive devices, ensure that policy is followed. There are several immediate actions that should be considered if the threat is acute. These are:

1. **Arrest:** If the subject has violated a criminal code and this falls within the state law related to arrest, this should be reviewed and considered.

2. **Medical:** If the threat was made by the subject and there is concern the subject may have ingested poison or another harmful substance, a medical transport should be reviewed and considered.

3. **Inpatient/5150:** If there is an immediate danger of harm to self or harm to others, an inpatient admission or 5150 should be reviewed and considered.

4. **Clery notification:** The Clery Act requires you to alert the campus community to certain crimes in a manner that is timely and will aid in the prevention of similar crimes. Although the Clery Act doesn't define "timely," the intent of a warning regarding a criminal incident(s) is to enable people to protect themselves. This means that a warning should be issued as soon as pertinent information is available.

   You must issue a timely warning for all Clery Act crimes that occur on your Clery Act geography that are 1) reported to campus security authorities or local police agencies; and 2) considered by the institution to represent a serious or continuing threat to students and employees.[98]

5. **Duty to warn/protect/Tarasoff:**[99] This policy guides psychotherapists and counseling/medical staff around sharing confidential information in a client/patient relationship regarding an imminent, lethal threat. This policy does not apply to the police or most BIT/CARE members.

   In a Duty to Protect, there is negligence if a therapist fails to take steps to protect the potential victim from a patient who has made a specific threat against them. This may include warning the victim but may also be met by increasing the frequency of therapeutic visits or hospitalizing the patient. Importantly, this protective duty overrides concerns about maintaining patient confidentiality.[100]

6. Proceed to 2.b.

98 https://www.clerycenter.org/assets/docs/NCSAM18_Timely-Warning-Guide.pdf

99 Knoll, J. L., IV. (2019, September 27). Psychiatric Malpractice Grand Rounds: The Tarasoff Dilemma. Psychiatric Times.

100 https://www.bulletpointsproject.org/tarasoff-statute/

b. **Pathways Triage:** Once the immediate concerns of the threat are addressed under 2.a.i, the Pathways systems should be used to conduct a triage of the threat. This will require some information about how the threat was made and questions about the nature of the threat, covered in Appendix D: Looking Beyond the Call. Proceed to 2.b.c.

c. **DarkFox Assessment:** Once the Pathways triage is complete, proceed to the DarkFox threat system if 1) there is a score of moderate or above and there is a threat made to another person, system or place, 2) the Pathways system indicates the application of the DarkFox system, and/or 3) the officer and/or BIT/CARE team member has a concern about the nature of the threat and a more detailed assessment would help off-set that concern. Proceed to Interventions (3).

3. Intervention (Acute/Immediate)

a. **Interim suspension considerations:** Interim suspension is indicated when there is an immediate risk of harm to another. This is a short-term measure and should be brought to a student conduct hearing review within 3-5 working days. Interim suspensions can often include a no-trespass order from campus and/or a no-contact order to the person(s) or department that was threatened. These will be coordinated with the dean of students, vice president of student affairs, the conduct office, and the BIT/CARE team.

b. **Inpatient/5150:** If there is a significant presentation of mental illness related to the threat, then proceed to a 5150 process as outlined under department procedures. Examples of mental illness presentations that should be considered for a 5105 include overwhelming hallucinations, impulsive manic thoughts, inability to care for self, unsure of who/where they are, suicidal ideations with a plan of action, or extreme irritability/anger/rage. These admissions should be coordinated with campus counseling.

c. **Duty to warn considerations:** Follow existing Clery Act requirements under a timely notice. Consult with BIT/CARE members to discuss additional, specific warnings to those who have been targeted by threats.

d. **Parental notification:** Follow existing FERPA regulations related to parental notification requirements under an existing school policy and procedure. Consult with BIT/CARE members to discuss parent/guardian/emergency contact notification. Involving the parent, guardian, or emergency contact serves several functions. First, it helps them stay informed about the details of the case and the welfare of their child or person they care about. Second, it demonstrates a willingness on the college's part to proactively engage supportive others in the care of the student in question. This helps avoid a narrative where the parent, guardian, or emergency contact becomes frustrated and feels left out of the information loop. Finally, FERPA gives wide latitude in emergency situations such as these to inform parents, guardians, and emergency contacts to ensure they are involved in the student's care and next steps and can provide support to the student.

4. Intervention (On-Going)

a. **Title IX involvement:** Title IX matters are those that involve sexual violence, stalking, domestic/partner violence, harassment, and sexual assault. If the threat is related to any of these areas, the police and BIT/CARE team should involve the Title IX coordinator in the matter. This is part of the federal law and noncompliance could result in fines to the institution. Another reason to involve Title IX staff in these cases is they have an expertise and useful skill set in these areas and could be beneficial to the police and BIT/CARE team in terms of assessment advice, local services, and resources for both parties involved. They may also be able to assist with supportive measures and accommodations for the target of the threats (if applicable) during a time when the college has its resources focused on processing the threat.

b. **Conduct actions:** Conduct and student discipline are often involved with police and BIT/CARE teams as the cases they review overlap in significant areas. Conduct can be helpful with processing no-contact and/or no-trespass orders, enacting an interim suspension, suspension or expulsion, and carrying out a process parallel to criminal charges based on the nature of the threat. This on-campus conduct

process requires has a lesser standard to take interim measures moving forward with an at-risk student than a criminal or law enforcement process would.

c. **Further assessment and contextual information gathering:** While the initial Pathways assessment has been completed, updating this assessment and/or conducting a secondary review will likely change the results of the assessment given any new information that has come to light. Threat and violence risk assessments work best when they are a continual process and opportunities to improve occur each time an assessment is given.

d. **Re-assessment with DarkFox:** As with Pathways, conducting a second interview with the subject, ideally face-to-face, will provide opportunities to confirm or add details to the initial interview. It is likely new witness reports, details and other information have become known to the team. By gathering additional contextual information, the report will increase in detail and accuracy. Appendix D: Looking Beyond the Call will also be helpful tool.

5. Referral and Monitoring

a. Consider offering support through the many programs and departments available on campus. These include counseling, academic support, ADA/504 accommodations, career counseling, parental involvement, clubs/organizations, student government, and domestic violence services (victim advocacy/shelter).

b. Assess their existing social, peer and family support and look for ways to strengthen them moving forward.

c. Complete Appendix E: Risk Management and Referral Checklist.

d. Coordinate next steps and follow up with the BIT/CARE team.

FACULTY/STAFF THREAT ASSESSMENT PROCEDURES

1. Identify and Report Potential Threats

Threats can come in several types and formats. Threats can be direct or indirect/vague and they can be transient or substantive in nature. There can be a conditional ultimatum in the threat that if a behavior continues (or stops) that there will be a consequence. Examples of each of these types of threats were mentioned earlier in Tables 2 and 3. Table 4 below offers some examples of how these threats may occur with a faculty or staff member.

More important than any element of the threat assessment process is having the ability to ensure the threat that is made comes to the attention of the team. Threats made by a faculty or staff member should be directed to the police, the BIT/CARE team, or the human resources office for a response. While there are times when the threat is reported by a dozen individuals to multiple sources, other times the threat is not shared at all. In cases where the threat is made by a faculty or staff member, there may be other challenges around reporting such as fear of retaliation or other punishment. Ensuring there is a straightforward, easy process that allows for anonymous reporting is key to getting the threat information in front of the right people to assess the dangerousness and manage the behavior.

Table 4: Types of Threats

Type of Threat	Example
Direct	"She thinks she is NOT going approve my vacation time? Oh, well, maybe I'll not approve her ability to walk around without a bullet in her skull."
Indirect/vague	"I'm tired of working so hard with nothing to show for it. If these spoiled brats think they can talk to me this way, they have another thing coming!"
Direct with action/time imperative	"If the students don't change their attitude soon, maybe they will find a little extra rat poison in the beef stroganoff next week at lunch."
Conditional ultimatum	"If they don't fix my paycheck this week, the school will have a bunch of other things to worry about then me submitting my payroll on time."

Transient	A faculty member throws a book against the wall after the students in their class engage in crosstalk and refuse to listen. They yell, "Here, you teach yourselves if you are so smart."
Substantive	"I'm tired of all of these woke students who haven't worked a day in their life protesting things they don't even know about. You know how easy it would be to drive past that bollard and up into the quad where they are? Hang around Friday and I'll show you."
Howling	"I'm so sick of this place and how they are treating me. You won't have me to kick around for very much longer!"
Hunting	A faculty member posts on social media, "Tomorrow, I'll be bringing something a little more than brownies to the faculty meeting. Come see the fireworks."
Vague but direct	"One of these days, I'm going to bounce one of these disrespectful, entitled kids skulls off my classroom floor."
Vague and not direct	"You know I've spent some time in the military. They teach you things there. That's all I said."

2. Information Gathering & Assessment of Threat Via a Team Approach

The next step is gathering the needed information to be able to complete an assessment of risk. Appendix D: Looking Beyond the Call offers some questions that should be asked to gather the information needed to better assess the actionability and lethality of the risk. It is acknowledged that there is a balance between taking several hours to fact gather and interview and the acute need to assess the immediate risk to the subject, target, and community.

a. Immediate Concerns

i. Once the threat is shared, the next step is to determine if the threat requires an immediate response from law enforcement to ensure the safety of the individual or those who were threatened. Here, direct threats where the subject making the threat has access to the weapons and materials to carry the threat out would indicate the need for an immediate law enforcement response. For threats that involve bombs or explosive devices, ensure that

policy is followed. There are several immediate actions that should be considered if the threat is acute. These are:

1. **Arrest:** If it is determined probable cause exists and a subject has violated a state or federal law, law enforcement will determine if and when subject will be arrested and placed into custody.

2. **Medical:** If a threat was made and there is concern the subject ingested poison or a harmful substance, review and consider immediate medical attention and transport.

3. **Inpatient/5150:** If the subject is found to be an immediate danger to self and or others, secure immediate attention. Keep subject under continuous adult supervision until appropriate support agent or professional is contacted and can intervene.

4. **Clery notification:** The Clery Act requires you to alert the campus community to certain crimes in a manner that is timely and will aid in the prevention of similar crimes. Although the Clery Act doesn't define "timely," the intent of a warning regarding a criminal incident(s) is to enable people to protect themselves. This means that a warning should be issued as soon as pertinent information is available.

   You must issue a timely warning for all Clery Act crimes that occur on your Clery Act geography that are 1) reported to campus security authorities or local police agencies and 2) considered by the institution to represent a serious or continuing threat to students and employees.[101]

5. **Duty to warn/protect/Tarasoff:**[102] This policy guides psychotherapists and counseling/medical staff around sharing confidential information in

101 https://www.clerycenter.org/assets/docs/NCSAM18_Timely-Warning-Guide.pdf

102 Knoll, J. L., IV. (2019, September 27). Psychiatric Malpractice Grand Rounds: The Tarasoff Dilemma. Psychiatric Times.

a client/patient relationship regarding an imminent, lethal threat. This policy does not apply to the police or most BIT/CARE members.

In a Duty to Protect, there is negligence if a therapist fails to take steps to protect the potential victim from a patient who has made a specific threat against them. This may include warning the victim but may also be met by increasing the frequency of therapeutic visits or hospitalizing the patient. Importantly, this protective duty overrides concerns about maintaining patient confidentiality.[103]

6. Another immediate concern related to a faculty/staff threat is their position as it relates to the student population. There are some positions that don't work directly with students where the threat assessment process could be conducted without an increase in risk to the community. Other positions have a higher student connection or level of responsibility that would necessitate a more immediate leave with or without pay (say, a police officer or director of counseling threatening a student). These employment decisions should be made in consultation with human resources.

7. Proceed to 2.b.

b. **Pathways Triage:** Once the immediacy concerns of the threat are addressed under 2.a.i, the Pathways systems should be used to conduct a triage of the threat. This will require some information about how the threat was made and questions about the nature of the threat, covered in Appendix D: Looking Beyond the Call. Proceed to 2.b.c.

c. **DarkFox Assessment:** Once the Pathways triage is complete, proceed to the DarkFox threat system if 1) there is a score of moderate or above and there is a threat made to another person, system or place, 2) the Pathways system indicates the application of the DarkFox system, and/or 3) the officer and/or human

103 https://www.bulletpointsproject.org/tarasoff-statute/

resources has a concern about the nature of the threat and a more detailed assessment would help off-set that concern. Proceed to Interventions (3).

3. Intervention (Acute/Immediate)

a. **Interim leave:** Interim leave is indicated when there is an immediate risk of harm to another. This is a short-term measure and should be brought to human resource review. The length of the leave is determined by human resources and the employee handbook. Leaves often include a no-trespass order from campus along with a no-contact order to the person(s) or department that was threatened. These will be coordinated with the human resources, the police, and the president's counsel.

b. **Inpatient/5150:** If there is a significant presentation of mental illness related to the threat, then proceed to a 5150 process as outlined under department procedures. Examples of mental illness presentations that should be considered for a 5150 include overwhelming hallucinations, impulsive manic thoughts, inability to care for self, unsure of who/where they are, suicidal ideations with a plan of action, or extreme irritability/anger/rage. These admissions should be coordinated with campus counseling.

c. **Duty to warn considerations:** Follow existing Clery Act requirements under a timely notice. Consult with BIT/CARE team members and human resources to discuss additional, specific warnings to those who have been targeted by threats.

d. **Emergency contact notification:** Notification to an emergency contact following a faculty/staff threat will be determined by human resources policy and the employee handbook. Involving the emergency contact helps them stay informed about the details of the case and the welfare of the person they care about. It also demonstrates a willingness on the college's part to proactively engage supportive others in the care of the faculty/staff member in question. This helps avoid a narrative where the emergency contact becomes frustrated and feels left out of the information loop.

4. Intervention (On-Going)

a. **Title IX involvement:** Title IX matters are those that involve sexual violence, stalking, domestic/partner violence, harassment, and sexual assault. If the threat is related to any of these areas, the police and human resources should involve the Title IX coordinator in the matter. This is part of the federal law and noncompliance could result in fines to the institution. Another reason to involve Title IX staff in these cases is they have an expertise and useful skill set in these areas and could be beneficial to the police and human resources in terms of assessment advice, local services, and resources for both parties involved. They may also be able to assist with supportive measures and accommodations for the target of the threats (if applicable) during a time when the college has its resources focused on processing the threat.

b. **Human resource actions:** Human resources are often involved with police in threat cases as the cases they overlap in significant areas. Human resources can be helpful with processing no-contact and/or no-trespass orders, enacting a paid/unpaid leave or termination, and carrying out a process parallel to criminal charges based on the nature of the threat. This on-campus human resources process often requires a lesser standard to take interim measures moving forward with a faculty/staff member than a criminal or law enforcement process would.

c. **Further assessment and contextual information gathering:** While the initial Pathways assessment has been completed, updating this assessment and/or conducting a secondary review will likely change the results of the assessment given the nature of new information that has come to light. Threat and violence risk assessments work best when they are a continual process and opportunities to improve occur each time an assessment is given.

d. **Re-assessment with DarkFox:** As with Pathways, conducting a second interview with the subject, ideally face-to-face, will provide opportunities to confirm or add details to the initial interview. It is likely new witness reports, details, and other information have become known to the team. By gathering additional contextual

information, the report will increase in detail and accuracy. The Appendix D: Looking Beyond the Call will also be helpful tool.

5. Referral and Monitoring

a. Consider offering support through human resources and the campus Employee Assistance Program (EAP). There may other local resources available for community members the BIT/CARE, counseling, or Title IX office may be aware of for an additional referral.

b. Assess their existing social, peer and family support and look for ways to strengthen them moving forward.

c. Complete the Appendix E: Risk Management and Referral Checklist.

d. Coordinate next steps and follow up with human resources.

NON-COMMUNITY MEMBER THREAT ASSESSMENT PROCEDURES

1. Identify and Report Potential Threats

Threats can come in several types and formats. Threats can be direct or indirect/vague and they can be transient or substantive in nature. There can be a conditional ultimatum in the threat that if a behavior continues (or stops) that there will be a consequence. Examples of each of these types of threats were mentioned earlier in Table 2.

More important than any element of the threat assessment process is having the ability to ensure the campus community shares threatening and concerning behavior forward with the police and BIT/CARE team. While there are times when the threat is reported by a dozen individuals to multiple sources, other times the threat is not shared, and is handled by an instructor directly or siloed within a certain department. Ensure there is a straightforward, easy process that allows for anonymous reporting is key to getting the threat information in front of the right people to assess the dangerousness and manage the behavior.

2. Information Gathering & Assessment of Threat Via a Team Approach

The next step is gathering the needed information to be able to complete an assessment of risk. Appendix D: Looking Beyond the Call offers some questions that should be asked to gather the information needed to better assess the actionability and lethality of the risk. It is acknowledged that there is a balance between taking several hours to fact gather and interview and the acute need to assess the immediate risk to the subject, target, and community. When assessing a threat by a non-community member, the college has less authority to require compliance or cooperation with the threat process. Beyond asking for compliance or cooperation, the only real tools at the college disposal are to pass the case to off-campus police and/or enact a no-trespass order for the campus itself. Depending on their connection to the community and students, faculty, staff, and facilities, they may be motivated to work within this process.

a. Immediate Concerns

i. Once the threat is shared, the next step is to determine if the threat requires an immediate response from law enforcement to ensure the safety of the individual or those who were threatened. Here, direct threats where the subject making the threat has access to the weapons and materials to carry the threat out would indicate the need for an immediate law enforcement response. For threats that involve bombs or explosive devices, ensure that policy is followed. There are several immediate actions that should be considered if the threat is acute. These are:

1. **Arrest:** If the subject has violated a criminal code and this falls within the state law related to arrest, this should be reviewed and considered.

2. **Medical:** If the threat was made by the subject and there is concern the subject may have ingested poison or another harmful substance, a medical transport should be reviewed and considered.

3. **Inpatient/5150:** If there is an immediate danger of harm to self or harm to others, an inpatient admission or 5150 should be reviewed and considered.

4. **Clery notification:** The Clery Act requires you to alert the campus community to certain crimes in a manner that is timely and will aid in the prevention of similar crimes. Although the Clery Act doesn't define "timely," the intent of a warning regarding a criminal incident(s) is to enable people to protect themselves. This means that a warning should be issued as soon as pertinent information is available.

   You must issue a timely warning for all Clery Act crimes that occur on your Clery Act geography that are 1) reported to campus security authorities or local police agencies and 2) considered by the institution

to represent a serious or continuing threat to students and employees.[104]

5. **Duty to warn/protect/Tarasoff:**[105] This policy guides psychotherapists and counseling/medical staff around sharing confidential information in a client/patient relationship regarding an imminent, lethal threat. This policy does not apply to the police or most BIT/CARE members.

   In a Duty to Protect, there is negligence if a therapist fails to take steps to protect the potential victim from a patient who has made a specific threat against them. This may include warning the victim but may also be met by increasing the frequency of therapeutic visits or hospitalizing the patient. Importantly, this protective duty overrides concerns about maintaining patient confidentiality.[106]

6. Proceed to 2.b.

b. **Pathways Triage:** Once the immediacy concerns of the threat are addressed under 2.a.i, the Pathways systems should be used to conduct a triage of the threat. This will require some information surrounding how the threat was made and questions about the nature of the threat, covered in Appendix D: Looking Beyond the Call. Proceed to 2.b.c.

c. **DarkFox Assessment:** Once the Pathways triage is complete, proceed to the DarkFox threat system if 1) there is a score of moderate or above and there is a threat made to another person, system or place, 2) the Pathways system indicates the application of the DarkFox system, and/or 3) the officer and/or BIT/CARE team member has a concern about the nature of the threat and a more detailed assessment would help off-set that concern. Proceed to Interventions (3).

104 https://www.clerycenter.org/assets/docs/NCSAM18_Timely-Warning-Guide.pdf

105 Knoll, J. L., IV. (2019, September 27). Psychiatric Malpractice Grand Rounds: The Tarasoff Dilemma. Psychiatric Times.

106 https://www.bulletpointsproject.org/tarasoff-statute/

3. Intervention (Acute/Immediate)

a. **No trespass:** A no trespass order can be put in place by police, human resources, and/or the BIT/CARE team. As mentioned previously, this is the only piece of leverage the college has to press compliance to complete a threat assessment. This should be a consideration before a longer no trespass is put into place.

b. **Inpatient/5150:** If there is a significant presentation of mental illness related to the threat, then proceed to a 5150 process as outlined under department procedures. Examples of mental illness presentations that should be considered for a 5105 include overwhelming hallucinations, impulsive manic thoughts, inability to care for self, unsure of who/where they are, suicidal ideations with a plan of action, and extreme irritability/anger/rage. These admissions should be coordinated with campus counseling.

c. **Duty to warn considerations:** Follow existing Clery Act requirements under a timely notice. Consult with human resources, police, and BIT/CARE team members to discuss additional, specific warnings to those who have been targeted by threats.

4. Intervention (On-Going)

a. **Conduct actions:** Conduct and student discipline are often involved with police and BIT/CARE teams as the cases they review overlap in significant areas. Conduct can be helpful with processing no-contact and/or no-trespass orders, enact an interim suspension or expulsion, and carry out a process parallel to criminal charges based on the nature of the threat. This on-campus conduct process often requires a lesser standard to take interim measures moving forward with an at-risk community member than a criminal or law enforcement process would.

b. **Further assessment and contextual information gathering:** While the initial Pathways assessment has been completed, updating this assessment and/or conducting a secondary review will likely change the results of the assessment given the nature of new information that has come to light. Threat and violence

risk assessments work best when they are a continual process and opportunities to improve occur each time an assessment is given.

c. **Re-assessment with DarkFox:** As with Pathways, conducting a second interview with the subject, ideally face-to-face, will provide opportunities to confirm or add details to the initial interview. It is likely new witness reports, details and other information have become known to the initial team. By gathering additional contextual information, the report will increase in detail and accuracy. Appendix D: Looking Beyond the Call, will also be helpful tool.

5. Referral and Monitoring

a. Consider offering support through off-campus resources such as community counseling.

b. Assess their existing social, peer and family support and look for ways to strengthen them moving forward.

c. Complete Appendix E: Risk Management and Referral Checklist.

d. Coordinate next steps and follow up with BIT/CARE team and/or human resources.

THE PROCESS OF THREAT AND VIOLENCE MITIGATION

Threat and Violence Mitigation Through Case Management

Case management is essential in the mitigation of threat and violence risk after the assessment is complete. Case management can be described as wrapping resources around the student, faculty, or staff member to ensure they have the best chance at success moving forward. Following the intake appointment, case management works with the student to develop an intervention plan and partners with the student to meet their academic goals.

Case management is different than clinical counseling and psychotherapy, which is more focused on determining a diagnosis, developing a clinical treatment plan, and providing that mental health treatment to the student. This involves a higher level of confidentiality and privacy than is required of those working in the case management process. This means there is an easier path within case management (compared to the counseling center) to work collaboratively with the police and BIT/CARE team and share information more freely under FERPA.

Case managers use a solution-focused approach, identifying what can be done, rather than what has held the student back in the past. Case managers have a wide range of job duties, including completing intakes and risk assessments, assisting students in being able to connect to relevant supports, developing plans for academic success, and fostering resiliency, grit, and self-reliance.

In a joint paper published by the National Association for Behavioral Intervention and Threat Assessment (NABITA) and the American College Counseling Association (ACCA) they wrote,

> "Case management, at its very core, is about helping students to overcome the obstacles they encounter in their lives. This is central to the educational mission of most institutions of higher education, which seek to retain students and provide them with an environment conducive to academic success. Case management

can serve as a keystone mechanism through which universities support and keep students safe."[107]

Case management exists within each team member's work with students and, in a more formalized manner, as a part of the police and BIT/CARE team with the focus helping individual reduce risk factors for violence while simultaneously increasing protective and anchor factors. Case managers help to improve communication among those involved in the student's success and identify solutions to overcoming barriers or obstacles that block the student from following through with their existing goals.

Working with Student Conduct

The police work closely with student conduct. While it may seem important to separate police and conduct work, the overlap between these areas is historically very high. Dr. Van Brunt and NABITA have conducted surveys on teams for ten years exploring how teams function, where referrals come from, and the nature of the cases presented to the team.[108] In the surveys, conduct cases were a central discussion point for college and university police departments.

The main reason for ensuring moderate to high value conduct cases rise to the police is to ensure a reduction in siloed discussions between conduct, student affairs, and the campus BIT/CARE team. While there may be team overlap between conduct and police, there should be a formal awareness that many conduct cases have complicating factors that require coordinated and multi-departmental involvement.

Some examples of conduct cases that should be reviewed by the police and the BIT/CARE team include:

- Any case with life risk either to self or community members
- Cases with threat to another person, place, or community

107 Van Brunt, B. (2012). Case Management in Higher Education. A joint publication of the National Behavioral Intervention Team Association and the American College Counseling Association.

108 Van Brunt, B. (2020). Journal of Campus Behavioral Intervention. (8), NABITA.

- Complex scenarios that involve more than one department (such as disability services, athletics, student activities, academic tutoring and support, counseling, health services, or law enforcement/campus safety)
- Cases that involve the need for a deeper contextual understanding from various community perspectives
- High value political cases or those that have a higher risk of public out-cry
- Repetitive behaviors that occur which eventually rise to a larger conduct impact
- Cases that would benefit from a collaborative review of interventions and access to services across multiple departments
- Any minor infractions that begin to represent a pattern of behavior that could lead to larger actions such as suspension or expulsion

Some examples of conduct cases that are not typically reviewed by police or the BIT/CARE team include:

- Minor disagreements with professors on content area matters
- Minor academic integrity issues that do not carry the risk of suspension or expulsion
- Matters that are typically handed by fines or automated processes (library books overdue, single parking violations)

The involvement of police in a conduct matter should be seen as consultative and supportive to the conduct approach. Caution should be taken to avoid a supplanting the existing conduct process or criminal charges through a behavioral agreement.

For clarity, a behavioral agreement[109] outlines the institution's expectations as articulated in the school's code of conduct regarding student behavior. This often overlaps in more

109 https://cdn.nabita.org/website-media/nabita.org/wp-content/uploads/2019/03/05153446/NaBITA2019statement.pdf

serious cases with the wider criminal law (such as with terroristic threatening). Using a behavioral agreement to supplant the conduct process implies that select students are held to different standards and are not afforded due process regarding their compliance with the terms of the agreement. If the police, BIT/CARE team, or other departments on campus choose to use a behavioral agreement, it should be an advocacy-based set of expectations, including a focus on helping the student understand any sanctions administered through the conduct process and a roadmap of how they can behave differently in the future to avoid further conduct actions.

Working with Faculty

The Los Rios Police Department supports the work of faculty by consulting with them on disruptive and dangerous behaviors that occur in the classroom and on matters concerning threatening statements. Faculty and staff are often put in the position of teaching and guiding students who are challenging in their behavior. These challenges run the gamut: frustrating, annoying, rude, disrespectful, unmotivated, irritable, pushy, demanding, obnoxious, entitled, grouchy, and disruptive. This behavior drains the energy of those professors and professional staff who entered the field of higher education with hopes of making a difference in the lives of the students they teach and assist.

The Los Rios Police Department works in tandem and consultation with the BIT/CARE team to encourage (where appropriate) faculty to have a conversation with the student as a starting place. This helps faculty better understand why the student is behaving the way they are to more effectively refer or intervene in each scenario. Faculty who assume they know the motivation for a behavior are on a dangerous path without checking the validity of their conclusions.

The police and BIT/CARE team members help faculty better understand how students can engage in behavior that crosses the line from merely disruptive or frustrating into dangerous and violent. Students who are aggressive often have a myopic view of the world around them. They see things from their own perspective and have difficulty with active listening or empathizing with how others see things. They have a sense of entitlement and act as if the "world owes them things." In some cases, this sense of

entitlement or myopia can create a dangerous combination where the student becomes locked into seeing others as working against them and conspiring to do them harm.

Faculty need to understand that assertive behavior is different than aggressive behavior. An assertive student asks questions in class and shows up at 8am at the faculty's office to request help on an assignment or request an accommodation. An aggressive student interrupts the professor and is rude and demanding when they ask a question. An aggressive student yells at the graduate assistant in the housing office and demands to have their needs met immediately.

Another place where police or BIT/CARE teams work with faculty is building the connection between students and academic support. Students come to the university with differing levels of preparation and often need support and tune-up advice when first arriving on campus or when facing a hurdle during a particularly difficult class. Staff and faculty should be well versed in how to access these services and how best to ensure students are able to make that first appointment for assistance.

These referrals to academic support services are more successful when the entire campus community has a good understanding of how these services are used and why seeking support is a sign of resilience and success and not of weakness. Police and BIT/CARE team members can help faculty and staff learn about the variety of support programs offered and how to help with a referral knowledgeably and from a position of stigma-reduction, so there is a better chance of the student feeling comfortable and able to ask for help.

Working with Staff

Police and BIT/CARE team members support staff in several ways. They support those who work directly with students so they can better respond to a variety of disruptive behaviors and, more importantly, share concerns forward with the police or BIT/CARE team. The most effective observers on campus are those who are around frequently and are directly connected to campus life, academic classrooms, sporting events and regional campuses.

Referring students to the police and BIT/CARE team depends on the policy and procedures, rules, and regulations your campus has set up in terms of reporting expectations. The rule of thumb for staff about reporting behavior goes something like this: "If you aren't sure, report it."

The police and BIT/CARE team want information shared with the team and see a well-functioning team as one that analyzes and triages potential reports into low, moderate, and high levels of concern. While sharing an incident where a student who gave off a rude or entitled vibe while requesting a form from a front office staff is an example of over-reporting, it quickly becomes evident that disruptive and disrespectful behavior may contain some of the early signs or indications of a potentially more serious behavior problem. Students can often be eccentric, frustrating, annoying, or difficult and present no need to be involved with a campus BIT action plan. However, the police and BIT/CARE are in the best position to sort through this data from staff and then decide about next steps based on their process.

Examples of staff who serve in this early intervention and observer role might be student leaders of clubs, organizations, and sports teams, residential assistants (RA) and residential directors (RD) at schools with a live-on component to their campus, department heads, cafeteria supervisors, athletic center staff, computer lab managers, financial aid, and registrar staff.

The police and BIT/CARE team should assist the staff in sharing two types of reports with the team – those who might be a danger to themselves (e.g., suicide) or those who might be a danger to others (e.g., aggression and violence). Remember that aggression may not just come from the student who is upset and punching the wall after receiving a bad grade on their chemistry final (affective aggression). Staff and faculty need to look for a variety of subtle predatory/targeted aggressive behaviors such as hardened points of view, harmful debate, a tendency to use action versus words, and the development of threat strategies. Any leakage regarding plans a student, faculty or staff member may

have concerning others should also be noted.[110] It is not enough to simply tell those selected as observers what to look for. They should have yearly training to teach them the nuances of detecting aggression, violence, and suicidal behavior.

110 Pollack, W., Modzeleski, W. & Rooney, G. (2008). Prior Knowledge of Potential School-based Violence: Information students learn may prevent a targeted attack. Washington, DC: United States Secret Services, and United States Department of Education

DEFINING RISK LEVELS FOR HARM TO SELF

Initial Triage of Risk

Suicide risk is a critical area related to threat assessment and is discussed throughout this document as part of an assessment of threat. If the student, faculty/staff, or non-community member presents to the police with a concern around suicidality, the process here is more straight-forward.

Low Risk

This category highlights someone who mentions suicidal thoughts but does not present a current set of behaviors that would indicate an immediate level of risk of suicide.

- They are diagnosed with a major mental illness that exacerbates feelings of hopelessness or they may experience minor risk factors (frustrations at work or school, family conflict, worry about finances, difficulty expressing feelings to others, concerns about a positive future outcome).
- They possess strong protective factors (family supports, peer groups and friends, organizations, activities, spiritual or religious beliefs that give them solace).
- While they may have thoughts of death, the thoughts are occasional and fleeting with no plan, no intent, and no behaviors. They clearly share they do not want to die.
- While they may report thoughts of death that occur infrequently, they view these thoughts as intrusive and unwanted. They dislike these thoughts and share things like, "I would never actually hurt myself, but these thoughts just happen."

At this level of risk, the following steps are warranted:

- **Students s**hould be referred to on-campus counseling. A phone call should be made to the counseling center to consult and share that the student may be coming over for an intake.

- **Faculty/staff** should be referred to off-campus counseling resources (the on-campus counseling center has a listing of these resources) or to the Employee Assistance Program (EAP).

- **Non-community members** should be referred to off-campus counseling resources (the on-campus counseling center has a listing of these resources).

Moderate Risk

The person presents with a combination of factors that when considered together create a moderate risk/level of concern.

- They have intense feelings of despair or hopelessness about their future.

- They have been diagnosed with a major mental illness that exacerbates feelings of hopelessness or despair, decreases their impulse control around taking steps towards suicide (e.g., thinking more practically about a plan, location or time), or a mental illness that is intermittent in terms of stabilization due to medication changes.

- They have access to lethal means and discuss these as options if things get worse. While there is no active plan for suicide involving means, place, or time, they think and talk more about "if things got worse, I know what I would do…"

- Environmental or situational stressors overcome their ability to manage and cope with daily life, work, or school over an extended period.

- Multiple risk factors occur at once, such as a rise in hopeless thoughts, major demotion or conflict at work, loss of an intimate relationship, or financial pressures become overwhelming.

- They have a high score on depression triage screening.

- There is the presence of very few protective factors (few or no friends to talk with, lack of parental support, increased isolation from social outlets, no organization, or religious connections).

- They experience suicidal ideation with plan, but no intent or behavior.

At this level of risk, the following steps are warranted:

- **Students** should be brought to on-campus counseling or arrange to have an on-campus counselor come to the police station for an assessment. A phone call should be made to the counseling center to coordinate the assessment.

- **Faculty/staff** should be referred to off-campus counseling resources (the on-campus counseling center has a listing of these resources) or to the Employee Assistance Program (EAP). A strong effort should be made to ensure the faculty/staff member completes the referral and seeks care. While they are not at the level of a forced inpatient admission (5150), they are approaching this level of care and a clinical staff member should see the person quickly.

- **Non-community members** should be referred to off-campus counseling resources (the on-campus counseling center has a listing of these resources). A strong effort should be made to ensure they member complete the referral and seek care. While they are not at the level of a forced inpatient admission (5150), they are approaching this level of care and a clinical staff member should see the person quickly.

High Risk

The person is experiencing active suicidal symptoms and there should be a coordinated evaluation for inpatient admission.

To quantify the high-risk category, consider clients who have any of these risk factors:

- Current or very recent thoughts of killing themself
- Crystallization of a plan, location, and time of death
- Potentially lethal suicide attempt
- Direct threat to kill themself shared with others verbally or on social media

- Fantasizing about death by suicide
- Rehearsing (either physically or in their mind) the act of suicide with an intent to carry it out
- Persistent/chronic ideation with strong intent to carry out suicide plan
- Engaging in self-harm with an intent to die or not exist any longer
- Inability to offer assurances they will not kill themselves once they leave the office

In addition, explore these additional considerations:

- Previous attempts that have resulting in life risk and/or hospitalization
- Stockpiling pills or acquiring lethal means to kill themself
- Multiple losses that drastically increase feelings of despair and hopelessness (death of spouse or friend, loss of job or academic classwork, loss of intimate relationship)
- Protective factors such as friends, family, social connections, clubs, or groups that are lacking or unavailable for support
- Self-harm that is not lethal in nature (e.g., pulling out hair, cutting with paperclip)
- Wishing they were dead within the past few weeks
- During the past few weeks, wondering if they or their family would be better off if they were dead

An admission process will typically require:

1. an active suicide idea that is frequent and intense,
2. contains details and a timeline (including method, location, timing), and

3. the presence of actionability (lethality) in their plan (e.g., will the plan mentioned result in death).

If pursuing an admission to an inpatient psychiatric unit, most require that other, less invasive measures were first attempted to reduce/resolve the suicidal ideas and behavior. These would include:

- Current engagement in outpatient treatment
- Enrollment in a day treatment program
- Increased frequency of outpatient sessions during the week
- The use of a voluntary crisis stabilization bed rather a locked inpatient unity

If none of these reduce the suicide risk, an inpatient admission should be started.

The following are a set of questions useful in exploring the level of suicide risk.

1. Are they feeling hopeless and/or suicidal?
2. When do they have these thoughts?
    - None
    - Daily
    - Weekly
    - Monthly
    - Occasionally
3. Describe their history with suicide
    - Never
    - Single admission
    - Multiple admissions
4. Have they been to therapy before? If so, when?
5. Are they currently in therapy? If so, with who?

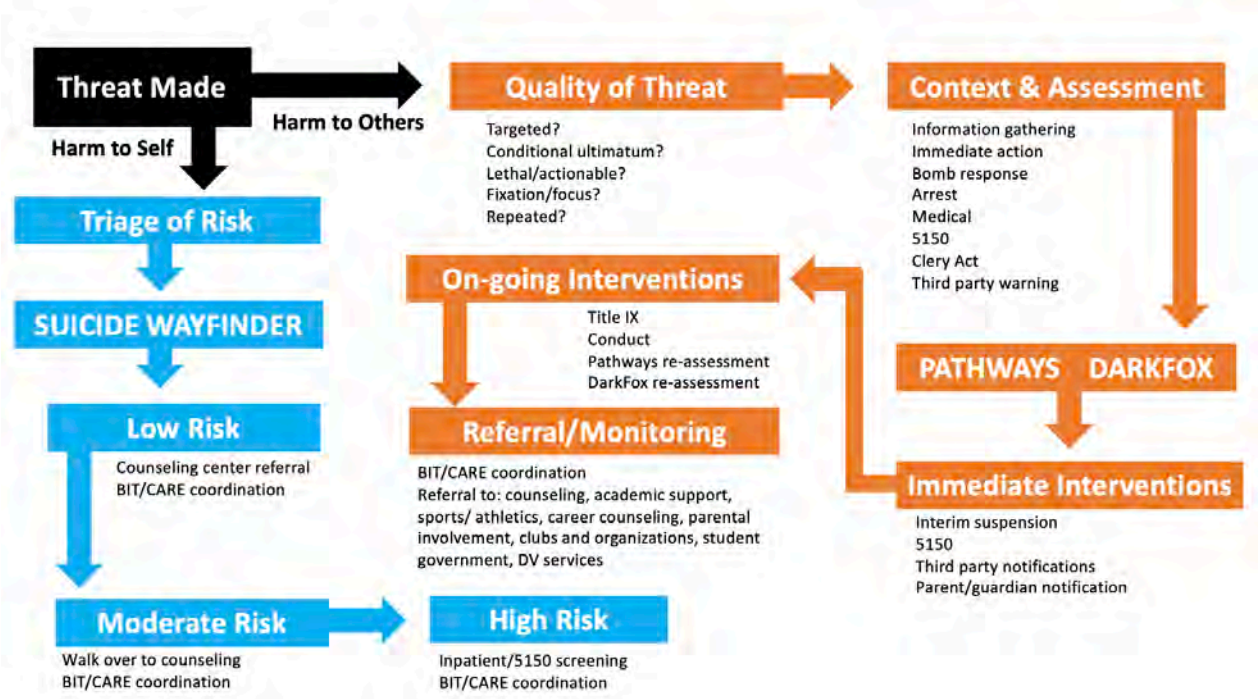
6. Have they been on medication before? If so, when? What medications?

7. Are they currently on medication? If so, what medication? Are they taking it regularly?

8. Do they have a plan to kill themselves?

    - Level 1: no clear plan, no access to lethal means
    - Level 2: vague plan, but lacks lethality; self-injury with no life threat, increasing hopelessness
    - Level 3: specific plan or plans, lethality risk, access to means, lack of commitment to putting plan into practice, further increasing hopelessness and desperation
    - Level 4: specific plan with desire to die, commitment to action and high lethality risk; overwhelming sense of hopelessness, desperation, and despair

APPENDIX A: THREAT RESPONSE FLOWCHART



APPENDIX B: BEHAVIORS OF CONCERN

Examples of In-Person Disruption

- Misuse of technology in the classroom, such as watching loud videos on a laptop or a cell phone ringing repeatedly
- Poor personal hygiene that makes it difficult to continue a conversation
- Use of alcohol or other substances
- Frequent interruption of instructor while talking and asking non-relevant, off-topic questions after told directly to stop
- Repeated crosstalk or carrying on side conversations while the faculty is speaking
- Raising voice at classmates or faculty
- Emotional outbursts or other extreme communications in the waiting room of a campus office that significantly affects others
- Lack of focus or paying attention to conversation; excessive sighs or eye rolls
- Entitled or disrespectful talk to staff or other students
- Arguing points of contention or asking for special treatment after the staff or faculty requests the student to stop
- Reading magazines, newspapers, or books, or studying for other classes/doing other homework during a conversation with you

Examples of Online Disruption

- Posting non-relevant spam or unrelated personal advertising material in email or on website or social media page for the department
- Frequent interruption of the staff questions with non-relevant comments or off-topic personal details on phone

- Inappropriate or overly revealing pictures shared with members of the online community through the profile or staff email/website
- Choosing a screenname or profile name that is offensive to others such as Smokingthedope420@university.edu or assman69@university.edu
- Emailing or making comments while drunk or intoxicated; conducting phone calls while under the influence of alcohol or other drugs
- Arrogant, entitled, rude or disrespectful emails or messages to staff or other students
- Arguing points of contention or asking for special treatment after the staff requests the student to stop
- Inciting other students to argue with the staff over policy or other related expectations

Examples of In-Person Dangerous Behaviors

- Bullying behavior focused on students in a waiting room, outside the office
- Direct communicated threat to staff or another student such as, "I am going to kick your ass" or "If you say that again, I will end you"
- Prolonged non-verbal, passive-aggressive behavior such as sitting with arms crossed, glaring, or staring, and refusal to respond to questions or directives
- Self-injurious behavior, such as cutting or burning self, during a meeting or exposing previously unexposed self-injuries
- Physical assault such as pushing, shoving, or punching
- Throwing objects or slamming doors
- Storming out of the office or room when upset

- Conversations that are designed to upset other students or staff, such as descriptions of weapons, killing, or death
- Psychotic, delusional, or rambling speech
- Arrogant or rude talk to staff or other students
- Objectifying language that depersonalizes the staff or other students

Examples of Online Dangerous Behaviors

- Racist or otherwise exaggerated thoughts emailed or discussed on the phone, such as, "Women should be silent in public," "Men should go back to playing football and stop thinking so hard. Leave the mental heavy lifting to the ladies in the class," "Christians or Hindus should be wiped off the planet"
- Bullying and teasing behavior through messages, emails, or online hazing
- Direct communicated threat to staff or another student, such as, "I am going to beat you if you don't agree with me" or "If you say that again, I will end you"
- Prolonged passive-aggressive behavior such as constant disagreement with everyone and everything related to departmental policy, challenging the staff's credentials, refusal to respond questions or directives
- Mentioning of self-injurious behavior, such as cutting or burning self or suicidal thoughts or intentions in emails or on social media
- Threats of physical assault such as pushing, shoving, or punching
- Threats of online assaults like hacking a website, sharing personal information, or posting pictures online without permission
- Conversations that are designed to upset other students, such as descriptions of weapons, killing or death

- Psychotic, delusional, or rambling speech in an email
- Arrogant, entitled, rude or disrespectful messages to staff or other students
- Objectifying language that depersonalizes the staff or other students

APPENDIX C: PATHWAYS TRIAGE SYSTEM

PATHWAYS COLLEGE/WORKPLACE CATEGORIES

Behavior	Pathway One	Pathway Two	Pathway Three
Suicide	• Occasional suicidal thoughts, desire to escape pain • Vague references to death (verbal or social media) • Growing loss of hope, increasingly feeling trapped	• Frequent suicidal thoughts and planning how to do it • Increasing references to suicide (verbal or social media) • Chronic loss of hope and despair, difficulty seeking help	• Constant suicidal thoughts w/action plan • Verbal or written suicide threat (lethal) with time/place • No hope, giving away possessions, making final plans
Depression	• Occasional trouble eating, sleeping, lack of energy • Sadness that doesn't go away, trouble focusing • Upset about loss, break up; chronic sadness	• Frequent trouble with sleep, appetite, focus, energy • Further withdrawal, isolation, hopelessness • Growing feelings of despair and pain; suicidal thoughts	• Not able to care for self, no eating, sleep extremes • Chronic hopelessness, lacking energy, desperation • Desire to escape, inability to act; thoughts of suicide
Self-Injury	• Occasional thoughts of self-injury, sadness, pain • Past history of non-suicidal self-injury (NSSI) • Feeling overwhelmed, trauma history, stuck	• Frequent desire to self-injure (daily) to cope • Current NSSI (weekly), injury witnessed by others • Thoughts of suicidal self-injury (SSI); trauma/loss	• History of SSI and NSSI w/daily thoughts and NSSI • Inability to agree to not cut, suicidal thoughts • Lack of options, increased desperation; suicidal thoughts
Alcohol/Marijuana	• Occasional use w/some worry about consequences • Difficulty with class, conduct, peers, grades, work • Others express worry; unwilling to change	• Frequent use with failed attempts to stop • Negative conduct/police history • Strong impact on work, class, friends, family	• Daily use with failed attempts to stop • Multiple conduct/police history or hospitalization • Major loss of work, school, family, friends
Substance Abuse	• Experimental use at pressure from friends • Concern of negative impact, but continues use • Friends, family, others express concern and worry	• Frequent use despite negative potential impact • "Close calls" with conduct or police, continued use • Growing difficulty in work, class, friends, family	• Trouble functioning without substance • Multiple legal, conduct, police involvement • Extreme concern by others, inability to stop
Social Problems	• Difficulty connecting w/others and making friends • Prone to irritability, flying off the handle, isolation • Odd interests, sensitivity to light/sound, teasing	• Increased teasing, isolation, explosive episodes • Escalating disruptive behavior in class/work • Difficulty making friends, harassing dating behaviors	• Conduct/legal actions for disruptions or dating behaviors • Falling grades, increased isolation, explosive outbursts • Inability to follow expectations, making threats, suicidal
Academic/Work Trouble	• Difficulty adapting to new work or assignments • Constantly feeling behind or unable to catch up • Growing concern about failure/job loss	• Pervasive struggles in class/work; inability to seek help • Feeling overwhelmed, trapped and scared about future • Failed attempts at tutoring/meetings with supervisor	• Facing failure, expulsion, firing from job • Unsure what to do, trapped and lacking choice • Panic attacks, suicidal thoughts, or rage and anger
Financial Insecurity	• Thoughts often revolve around securing food • Worry about bills, expenses and obligations • Difficulty sleeping and concern about future	• Pervasive worry about food, rent, bills and expenses • Growing inability to focus; feeling overwhelmed • Isolation, difficulty seeking help, anger, irritability	• Extreme feelings of rage/desperation; stuck and trapped • Panic attacks, racing thoughts, rage and anger • Petrified and immobile about choices; suicidal thoughts
Adjusting to Change	• Concern about leaving home or previous job • Sad about being away from home/family/friends • Lack of engagement with activities/friends	• Increasing sadness, escalating isolation and tearfulness • Lives for leaving and visiting or talking to those at home • Difficulty focusing on work, class; low energy	• Unbearable feelings only calmed by going home • Conditional ultimatums and potential suicidal thoughts • Extreme isolation, poor focus/performance in class/work
Loss or Bereavement	• Loss of an important relationship (break up, death) • Sadness, worry, difficulty focusing on other tasks • Difficulty moving on, question past actions	• Escalating grief and sadness, difficulty "letting go" • In grief, constant tearfulness, inability to function • In break up, attempts to push boundaries with ex	• Concern from others; inability to function or care for self • Thoughts of despair, escalating behaviors, suicidal ideas • Desire to escape from pain, change circumstances
Anxiety	• Frequent worry or concern about future • Currently manageable with discomfort • Impacts work, fun, school, family, friends	• Hard to recall times where there is no worry • Barely managing day to day activities • Growing hopelessness, fear and concern	• Constant worry, extreme panic • Unable to attend class, work, be with friends • Anxiety and worry cause incapacitation
Manic Thought/Action	• Rapid thoughts, intense energy, frequent new ideas • Some difficulty with follow through, too many tasks • Financial difficulties, strained friendships	• Intensive and powerful ideas and thoughts • Driven to action despite negative consequences • Escalating grand ideas, financial troubles, conflicts	• Extreme risky ideas and actions, putting life into risk • Law enforcement/conduct involvement; lacking sense • Suicidal or hopeless feelings; euphoria and escalation
Hallucinations/Delusions	• Odd, intrusive, thoughts or experiences • Concern or worry over loss of self • Noticed by peers, classmates, family	• Frequent odd, intrusive or punishing ideas • Panic or worry about these; lack of control • Impact on work, class, friends, family	• Daily odd, intrusive or punishing thoughts • Inability to focus or care for self, work/school • Hallucinations "command" compliance

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PATHWAYS COLLEGE/WORKPLACE CATEGORIES

Behavior	Pathway One	Pathway Two	Pathway Three
Hazing/Intimidation	• Intimidation or threats made as part of group • No risk of death or lasting physical harm; bragging • Focused on shame, financial, time or exhaustion	• Increasingly dangerous forced activities; mental torture • May or may not be sanctioned by group, club or team • Growing risk of harm; legal/HR/conduct involvement	• Hazing activities could lead to death or permanent injury • Lack of group sanctioning or remorse for harm caused • Conduct or law enforcement involved
Vandalism	• Unplanned and impulsive actions to random target • Limited damage (spray paint, breaking exit signs) • Motivated by "thrill" or while using substances	• Escalating damage to buildings or personal property • Increasing targeting of location or narrowing to site • Conduct or law enforcement involvement	• Excessive and escalating damage to a building or system • Fixation/focus on person or group to send message • Law enforcement involvement, felony damage
Harassment	• Unwanted communication or action • Continues despite limits and boundaries • Informal attempts to resolve	• Frequent unwanted behavior or action • Conduct, HR or law enforcement history • Several attempts to stop behavior by others	• Continual unwanted behavior or action • Inability to stop behavior despite intervention • Strong escalation with increasing harm
Stalking	• Specific interest and obsessional thoughts • Fantasies about being with the target • Minor boundary crossings	• Frequent thoughts and fantasies • Elaborate planning, monitoring of target • Conduct or law enforcement history	• Constant fantasies and/or injustice collecting • Threats, limits, no-contact violations • Escalating behaviors without concern
Partner Violence	• Controlling behavior to partner, isolation • Monitoring of social media, cell phone, money • Verbal threats, demeaning language, jealousy	• Limiting contact with others, shouting and threatening • Slapping, hitting, shoving; blame partner for aggression • Minimize feelings of partner, degrading talk, shame	• Frequent threats of serious physical violence • Weekly hitting, slapping shoving; unpredictable rage • Involvement with conduct/law enforcement
Sexual Assault	• Misogynist attitudes, using alcohol to obtain sex • Separates desired person from friends • Uses persuasion and coercion to obtain sex	• Has nonconsensual sex through alcohol/drugs • Threatens and intimidates others into sexual acts • Uses group pressure and threats to silence complaints	• Uses or threatens to use force to rape • Disregard for impact of behavior toward others • Threatens retaliation or shaming if victim reports
Incel Behavior	• Alone, frustrated, little social or dating success • Blames women for their failure • Reads incel theory online; joins incel chat groups	• Anger towards women; harassment and threats made • Failure at dating, increased social media posts • Poor self-concept; believes no one cares for them	• Vindictive and angry at their failure and women • Escalating angry threats and harassment of women • Giving up, isolation, adopting 'black pill' incel belief
Affective Violence	• Immediate emotional reactions • Impulsive behaviors; poorly thought out • No major injury or legal involvement	• Escalating yelling, threatening, gesturing • Outburst resulting in negative outcomes • Conduct or law enforcement involvement	• Daily anger, explosive outburst, threats • Conduct or law enforcement history • Escalating behaviors growing out of control
Trolling Actions	• Enjoys 'pushing buttons' and getting attention • Posts on social media or verbal baiting; gaslighting • Trolls on multiple issues; seeks to get reaction	• Increased trolling intensity on social media or in person • Goes 'for the laugh' despite conduct/criminal outcome • Trolls on multiple subjects to increase reactions	• Trolling becomes constant; legal/conduct action • Engages others intensity and aggressively • Total disregard for others' feelings or outcome
Transient Threats	• Occasional or one-time intimidation • Threat is vague, lacks actionability • Threat results from stressor or threat	• Frequent or more severe threat made • Threat is more specific and plausible • Others concerned person will act	• Threat is severe and detailed to target • Could be actionable and lethal • Threat reinforced or made multiple times
Substantive Threats	• Conditional ultimatum or intimidation • Lacks any life threat, even if acted upon • Used to save face or emotional reaction	• Threat is clear, repeated and detailed • Intimidates, change behavior, save face • Has actionability and lethality potential	• Threat is clear, direct, actionable and lethal • Likely to occur, non-conditional ultimatum • Threatener feels trapped, without options
White Supremacy	• Growing interest in white nationalism • Frustration at being left behind, called racist • Difficulty fitting in socially, hates PC speech/action	• Increasingly angry sharing of white supremacy doctrine • Exploration or joining with an extremist group (KKK, PB) • Growing commitment to the cause and frustration	• Attending protests, making violent threats • Justify violence based on their white supremacy • Escalating action or planning for violence in future

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PATHWAYS COLLEGE/WORKPLACE INTERVENTIONS

Behavior	Pathway One	Pathway Two	Pathway Three
Suicide	• Discuss voluntary referral to counseling services • Explore stressors and identify escalation triggers • Connect to peer and social supports, inspire hope	• Immediate referral to counseling, walk over to clinic • Gather information on nature of threats, plan • Encourage and follow up, offering hope and connection	• Immediate screening by clinical staff, LE or hospital • Detail nature of threats (notes, social media) • Contact emergency contacts/guardian under FERPA
Depression	• Discuss voluntary referral to counseling services • Explore stressors and identify source of depression • Encourage healthy eating, exercise and social acts	• Strongly encourage counseling, discuss obstacles • Encourage social connection, clubs, sports, activities • Explore suicidal thoughts and refer if escalating	• Immediate referral to counseling, walk over to clinic • Carefully document behaviors and comments • Contact emergency contacts/guardian under FERPA
Self-Injury	• Discuss voluntary referral to counseling services • Determine if suicidal or non-suicidal self-injury • Identify stressors, connect to supports/resources	• Strongly encourage counseling, discuss obstacles • Consider conduct to address disruptive behavior • Identify escalation around suicidal self-injury risk	• Required counseling to address disruptive acts • Explore medical leave policy and off-campus treatment • Bring emergency contacts and/or guardian into plan
Alcohol/Marijuana	• Discuss pros/cons of use, discuss harm reduction • Clarify state laws and local college conduct code • Offer contemplative/preparation steps to change	• Increase harm reduction and pro/con discussion • Encourage referrals to NA/AA, counseling as needed • Address conduct/how to remain in good standing	• Strong referral to counseling or substance counseling • Address how behavior puts enrollment at risk • Bring emergency contacts and/or guardian into plan
Substance Abuse	• Discuss pros/cons of use, discuss harm reduction • Clarify state laws and local college conduct code • Offer contemplative/preparation steps to change	• Increase harm reduction and pro/con discussion • Encourage referrals to NA/AA, counseling as needed • Address conduct/how to remain in good standing	• Strong referral to counseling or substance counseling • Address how behavior puts enrollment at risk • Bring emergency contacts and/or guardian into plan
Social Problems	• Normalize and offer support and care • Identify triggers and comforts/reducers • Referral to counseling, academic support, ADA/504	• Encourage counseling referral and offer to walk over • Discuss interruption of academic, social and life skills • Connect to groups, clubs, and structured social outlets	• Clearly outline conduct and behavioral expectations • Assess for suicide, referral to counseling for assessment • Involve emergency contact/parents in plan
Academic/Work Trouble	• Offer support and normalization, advice/guidance • Refer to academic support and/or counseling • Explore goals and strategies for improvement	• Encourage counseling referral and offer to walk over • Offer support, identify and manage concerning conduct • Develop goals to reduce triggers and increase support	• Identify/manage disruptive behaviors and conduct • Assess for suicide, referral to counseling, medical leave • Involve emergency contact/parents in plan
Financial Insecurity	• Normalize fear and worry, offer hope and support • Identify major areas of stress and triggers • Referral to counseling, financial and academic help	• Encourage counseling referral and offer to walk over • Discuss interruption of academic, social and life skills • Identify supports and comforts, connection to others	• Identify/manage disruptive behaviors and conduct • Assess for suicide, referral to counseling, medical leave • Involve emergency contact/parents in plan
Adjusting to Change	• Normalize and offer support and care • Identify triggers and comforts/reducers • Referral to counseling, academic and social support	• Encourage counseling referral and offer to walk over • Discuss interruption of academic, social and life skills • Connect to groups, clubs, and structured social outlets	• Clearly outline conduct and behavioral expectations • Assess for suicide, referral to counseling, medical leave • Involve emergency contact/parents in plan
Loss or Bereavement	• Normalize and offer support and care • Identify triggers and comforts/reducers • Discuss voluntary referral to counseling services	• Encourage counseling referral and offer to walk over • Discuss interruption of academic, social and life skills • In break up, identify boundary and conduct risks	• Immediate referral to counseling, walk over to clinic • Address suicide risk and/or threats to previous partner • Contact emergency contacts/guardian under FERPA
Anxiety	• Normalize and offer support and care • Identify triggers and comforts/reducers • Discuss voluntary referral to counseling services	• Encourage counseling referral and offer to walk over • Discuss interruption of academic, social and life skills • Connect to supports, family and friends	• Strong referral and walk over to counseling services • Involve emergency contact/parents in plan • Discuss increased support, medical leave
Manic Thought/Action	• Discuss symptoms, triggers, and behaviors • Identify areas of difficulty (social, academic...) • Introduce idea of counseling support	• Identify high risk behaviors, engage in harm reduction • Discuss how behavior disrupts academics, social, work • Referral to academic support, counseling, medications	• Strong referral and walk over to counseling services • Identify immediate safety risks, conduct violations • Contact emergency contacts/guardian under FERPA
Hallucinations/Delusions	• Discuss voluntary referral to counseling services • Talk about impact of behavior on others • Explore how symptoms impact academic/social life	• Discuss voluntary referral to counseling services • Explore if symptoms cause academic/social disruption • Offer support; referral to academic support/ADA/504	• Immediate screening by clinical staff, LE or hospital • Explore medical leave policy, medication support • Contact emergency contacts/guardian under FERPA

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PATHWAYS COLLEGE/WORKPLACE INTERVENTIONS

Behavior	Pathway One	Pathway Two	Pathway Three
Hazing/Intimidation	• Identify the range of behaviors and parties involved • Use progressive disciplinary policy, clear limits set • Explore goals and strategies for improvement	• Threat assessment to develop risk management plan • Progressive discipline; consider no-contact, suspension • Facilitate a meeting with conduct, parents, police	• Threat assessment to develop risk & management plan • Assess harm to group, interim measures applied • Move forward to suspension and removal from campus
Vandalism	• Explore stressors and identify escalation • Set limits and boundaries • Consider the conduct process	• Set clear conduct limits and monitor for compliance • Consider parental/guardian notification • Identify high risk behaviors and apply harm reduction	• Clearly outline conduct and behavioral expectations • Schedule meeting with conduct, parents, BIT/CARE • Move forward to suspension and removal from campus
Harassment	• Identify range of behaviors; apply code of conduct • Refer to counseling to address behavior • Address both parties, referral to Title IX process	• Use Title IX and conduct process to address behavior • Monitor behavior and refer to counseling and support • Address both parties; Parental/Guardian notification	• Coordinated conduct, title IX, law enforcement process • Clear limits, boundaries and follow up process • Move forward to suspension and removal from campus
Stalking	• Identify range of behaviors, address conduct issues • Set limits and boundaries, referral to counseling • Discuss need to inform third party; Title IX	• Assess need for Title IX involvement, process • Set clear conduct limits and monitor for compliance • Refer to counseling, consider parental/guardian notice	• Title IX, LE and conduct involvement • Consider suspension and/or removal • Parental/guardian notification; required counseling
Partner Violence	• Identify behaviors and parties involved • Consider Title IX involvement, conduct process • Offer both parties referrals to counseling/support	• Assess need for conduct, stay-away orders, and limits • Conduct and Title IX involvement, • Refer to counseling, academics, and accommodations	• Coordinated conduct, title IX, law enforcement process • Clear limits, boundaries and follow up process • Move forward to suspension and removal from campus
Sexual Assault	• Identify range of behaviors; apply code of conduct • Refer to counseling to address behavior • Address both parties, referral to Title IX process	• Use Title IX and conduct process to address behavior • Move to separation and interim measures for safety • Cleary address threatening and aggressive behavior	• Coordinated conduct, title IX, law enforcement process • Clear limits, boundaries and follow up process • Move forward to suspension and removal from campus
Incel Behavior	• Explore stressors and identify escalation triggers • Offer support, normalization, and advice/guidance • Strongly encourage counseling, address obstacles	• Set clear conduct limits and monitor for compliance • Identify high risk behaviors and apply harm reduction • Normalize fear and worry and offer hope and support	• Clearly outline conduct and behavioral expectations • Threat assessment to develop risk & management plan • Facilitate a coordinated conduct, title IX, police process
Affective Violence	• Explore stressors and identify escalation triggers • Consider the conduct process • Offer support, normalization, and advice/guidance	• Set clear conduct limits and monitor for compliance • Assess need for conduct, stay-away orders, and limits • Consider parental/guardian notification	• Identify any immediate safety risks or conduct violations • Facilitate a meeting with conduct, parents, police • Move forward to suspension and removal from campus
Trolling Actions	• Identify areas of difficulty (social, academic, etc.) • Discuss social and conduct implications of behavior • Explore alternative behaviors, supports	• Discuss motivation, history, and goals of behavior • Address how behavior puts their enrollment at risk • Consider conduct to address disruptive behavior	• Progressive discipline; consider no-contact, suspension • Facilitate a meeting with conduct, parents, police • Set clear limits, boundaries and follow up processes
Transient Threats	• Explore stressors and identify escalation triggers • Connect the individual to supports and resources • Consider the conduct process to address behavior	• Gather information on the nature of threats and plan • Set clear conduct limits and monitor for compliance • Consider parental/guardian notification	• Threat assessment to develop risk and management plan • Facilitate a meeting with conduct, parents, police • Use progressive disciplinary policy; consider suspension
Substantive Threats	• Explore stressors and identify escalation triggers • Connect the individual to supports and resources • Consider the conduct process to address behavior	• Threat assessment mtg with conduct, parents, police • Use progressive disciplinary policy; consider suspension • Consider notification of threatened party	• Immediate involvement of law enforcement and conduct • Threat assessment to develop risk and management plan • Progressive discipline with suspension and/or limits
White Supremacy	• Explore stressors and identify escalation triggers • Look for social supports; offer advice/guidance • Connect to peer and social supports, inspire hope	• Address the threatening and aggressive behavior • Clearly outline conduct and behavioral expectations • Strongly encourage counseling, discuss obstacles	• Threat assessment to develop risk & management plan • Facilitate a meeting with conduct, parents, police • Progressive discipline with suspension and/or limits

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APPENDIX D: LOOKING BEYOND THE CALL THREAT CHECKLIST

In addition to the application of the DarkFox threat system, consider the following "pen and paper" checklist to better assess the level of risk related to a threat.

1. Which best describes the threat being made?
   - Level 1: Vague and indirect (poorly defined and lacking a directional focus)
   - Level 2: Vague but direct (poorly defined threat but focused on individual, department, or person) or direct and indirect (defined threat but lacking a directional focus)
   - Level 3: Concrete and direct (defined threat, narrowed to person) without a time or place mentioned
   - Level 4: Concrete and direct (defined threat, narrowed to person), with a time and place mentioned

2. Which best describes the lethality of threat?
   - Level 1: Even if threat is carried out, unlikely any physical or serious emotional harm would occur
   - Level 2: Harm limited to shaming target, creating inconvenience, or damage to target's property
   - Level 3: Likely death of target or target's family/support
   - Level 4: Likely mass casualty impact (school, movie theatre, public space)

3. Recency of threat:
   - Today
   - Within the last week
   - Within the past month
   - Within the past year
   - More than 1 year ago

4. How was the threat communicated? [Check all that apply.]
   - Face-to-face (verbal)
   - Phone (verbal)
   - Letter
   - Email

- Text or SMS
- Social media post (e.g., Facebook, Instagram, Tik/Tok, Whats App, Reddit, etc.)
- Online (e.g., website, discussion board, chat rooms, etc.)

5. Does the subject have registered firearms or a concealed carry?
6. Are there firearms in the home?
7. Does the subject have access to firearms in the community or through friends?
8. Does the subject have knowledge of firearms?
9. Do they have access or knowledge of other weapons (knives, swords, explosives, fireworks, Molotov cocktail)?
10. Have they acquired items such as armor or tactical gear? military outfits or visiting military surplus store?
11. Have they acquired high-capacity magazines, tripwire devices, explosives?
12. Have they recently posted pictures of weapons posing on social media or recently practiced use of weapons at shooting range or other location?
13. Have they engaged in counter surveillance measures? [Check all that apply.]
    - Discarded sim cards, multiple cell phones (burner)
    - Metal coverings or tinfoil around room
    - Industrial magnets or other wiping devices
    - Cameras around computer or house (beyond parent's security system)
    - Separate financial records, visa gift cards, bitcoin or similar
    - History with dark web access
    - Fake identification, false documents
    - Altering social media to hide location or content
14. Do they have a hardened point of view toward a certain group? If so, what group?

15. Have they recently narrowed their focus by: [Check all that apply.]
    - o Increasingly focused on one person
    - o Increasingly focused on a building or department
    - o Collection of grievances and injustices blamed on target group
    - o Rejection of alternative explanations or positive attributes
    - o Lack of empathy for different perspectives
    - o Stalking and/or monitoring behaviors toward target group
    - o Obsessive pursuit, stalking

16. Have they recently been observed sharing: [Check all that apply.]
    - o Violent or disturbing posters or screen saver images on computer related to target
    - o Violent or disturbing music, movies, or other content
    - o Anger towards specific groups demonstrated by posters, art or computer screensavers
    - o Objectifying or depersonalizing language visible in writing or posts related to target group
    - o Virtual communities with reinforcing perspectives about target group
    - o Call to action or discussion of violence, punishment, or harm to target group

17. Catalyst event: [Check all that apply.]
    - o Recent school shooting or heavy media coverage (contagion effect)
    - o Recent violence experienced
    - o Bullying or teasing
    - o Loss of job or work
    - o Loss of family pet
    - o Death of close family or friend
    - o Difficult move or forced move with family
    - o Loss of dating relationship or embarrassment from desired relationship
    - o Financial pressures (upset at hourly wage, frustration at being part of a lower class, recent gambling loss, loss after addictive behaviors such as shopping)
    - o Extreme embarrassment at school, work, or home
    - o Political event or shift related to target group
    - o Feeling under attack because of recent event

18. Assessment of free fall: [Check all that apply.]
    - o Loss of family member
    - o Chronic or terminal illness of family, supports or friends
    - o Loss of friend or peer
    - o Chronic illness
    - o Social isolation from others
    - o Increased struggles managing mental health concerns
    - o Rapid increase in family stress related to care-giving, work or school
    - o Termination of employment, removal from school
    - o Transitions to new school, location, employment
    - o Arrest or incarceration
    - o Development of a mindset that the world

19. Support factors: [Check all that apply.]
    - o Positive family or friendships that support non-violent behavior
    - o Alternative options to express frustration and opinions through non-violent outlets
    - o Ability to empathize with others and see different perspectives
    - o Willingness to be curious about other perspectives and seeking to understand how others think
    - o Adequate financial resources to live without fear of food insecurity, housing lose or bankruptcy
    - o Support groups and organizations such as sports, religious groups, YMCA or community gathers, book clubs, trivia nights
    - o Stable academic or professional experiences
    - o Making progress toward improved life situation
    - o Access to alternative perspectives and sources of information
    - o Involvement in community, school, workplace

20. Affective (emotionally driven violence): [Check all that apply.]
    - o Reactive and immediate outburst with no planning
    - o "Poke the bear" mentality, challenging those in authority
    - o Lack of impulse control
    - o Low frustration tolerance
    - o Alcohol or drugs contribute

21. Targeted (tactical, strategic, instrumental): [Check all that apply.]
    - o Holds onto rages and anger
    - o Makes veiled comments or threats regarding group or specific target
    - o Keeps notebook, diary or online blog (e.g. vent app) about people they are enraged at
    - o Obtains schematics, maps, video surveillance of target details or creation of tactical drawings
    - o Research on bullet damage or weapon discussion
    - o Creation of costume to be used in an attack (legacy token)
    - o Fantasy rehearsal demonstrated by research into videos of killings (such as ISIL or drug cartel), watches disturbing content (faces of death, 1000 ways to die, surgery channels, gore websites), watches revenge/horror porn
    - o Stalking or monitoring behaviors
    - o Lack of empathy or willingness to discuss or entertain an alternative point of view
    - o Desire to seek fame, attention, and notoriety (infamy) to find meaning in frustration and hopelessness
    - o Fantasizes about punishing others for the wrongs they have done
    - o Collecting grievances and injustices others have committed towards them

22. Are they feeling hopeless and/or suicidal?

23. When do they have these thoughts?
    - o None
    - o Daily
    - o Weekly
    - o Monthly
    - o Occasionally

24. Describe their history with suicide:
    - o Never
    - o Single attempt
    - o Multiple attempts

25. Describe their history with hospitalization for suicidal ideation:

- Never
- Single admission
- Multiple admissions

26. Have they been to therapy before? If so, when?

27. Are they currently in therapy? If so, with whom?

28. Have they been on medication before? If so, when? And what medications?

29. Are they currently on medication? If so, what medication? Are they taking it regularly?

30. Do they have a plan to kill themselves?
    - Level 1: no clear plan, no access to lethal means
    - Level 2: vague plan, but lacks lethality; self-injury with no life threat, increasing hopelessness
    - Level 3: specific plan or plans, lethality risk, access to means, lack of commitment to putting plan into practice, further increasing hopelessness and desperation
    - Level 4: specific plan with desire to die, commitment to action and high lethality risk; overwhelming sense of hopelessness, desperation, and despair

APPENDIX E: RISK MANAGEMENT AND REFERRAL CHECKLIST

General

Presenting Problem	Recommended Management Intervention
Transient threat, remains on campus	• Active involvement check-ins with CARE/BIT (or human resources) weekly with report (1 month) • Counseling referral to offer support on alternative ways to express frustrations when upset • Apology, restorative justice for those impacted (prof, class, target, police, BIT/CARE or HR) • Support for target and immediate community through counseling center in coordination with BIT/CARE or human resources • General talk by police on campus about threat response
Substantive threat, remorseful and remains on campus with restrictions	• Wants/warrants, concealed carry, background check, means restrictions • Parent/guardian/emergency contact notification under FERPA or HR policy • No-contact order between subject and target of threats, explore alternative class assignments and problem solve areas of schedule overlap • Counseling referral to teach alternative actions to increase frustration tolerance • Apology, restorative justice approach to those impacts (professor, classroom, threat target, police, BIT/CARE or human resources) • Anger management classes, meditation, yoga, tai-chi, AA/NA (if applicable) • Active involvement check-ins with CARE/BIT or human resources weekly with report (2 months)
Substantive threat, interim separation from campus	• Wants/warrants, concealed carry, background check, means restrictions • Parent/guardian/emergency contact notification under FERPA or HR policy • No-contact order between subject and target of threats, no trespass on campus • OSINT search on common social media outlets, set on-campus monitoring system to include student in keyword search; fusion center report • Off-campus counseling support, on-campus or virtual if able to work around no-contact/trespass • If return to campus, semester of active involvement check-ins with BIT/CARE member or human resources weekly with report (at least 3 months)
Substantive threat, full suspension, criminal charges pending	• Wants/warrants, concealed carry, background check, means restrictions • No-contact order between subject and target of threats, no trespass on campus • Parent/guardian/emergency contact notification under FERPA or HR policy • OSINT search on common social media outlets, set on-campus monitoring system to include student in keyword search; fusion center report

	• Off-campus counseling support; demonstrated history of treatment and/or anger management related to threats prior to return
Substantive threat, expulsion, criminal charges	• Wants/warrants, concealed carry, background check, means restrictions • No-contact order between subject and target of threats, no trespass on campus • OSINT search on common social media outlets, set on-campus monitoring system to include student in keyword search; fusion center report • Threat consult on case with D-Prep or other threat/legal expert • Development of risk management plan

Subject

Presenting Problem	Management Intervention
Feeling alone and isolated	• Counseling connection to build skills and brainstorm new friends • Activities fair to find new hobbies, clubs, or organizations • Positive internet support/chat groups • Find activities they are interested in (antique collecting, book club) • Social outings around campus, trivia nights, dating apps
Makes threats when frustrated and angry	• Counseling connection to increase frustration tolerance • Role playing and group work to increase impulsive control • Anger management classes, meditation, yoga, tai-chi • Exploring alternative to threats and violence when upset and angry • Identify anger triggers when first upset and choosing alternative actions
Lack of empathy	• Counseling connection to build empathy and listening skills • Skill training workbooks and/or workshops on active listening skills • Work in program like big/brother or big/sister • Volunteer at homeless shelter, nursing home, animal shelter
Social Connection Problems	• Counseling services related to role playing and building social skills • Involvement in house of worship or religious group, choir, study programs, art/music lessons • Intermural sports or athletic activities such as pick-up basketball games, skateboarding, rollerblading, swimming, martial arts • Online gaming groups, fantasy game role-playing group, • Social justice group, food bank or homeless shelter work, big brother/sister

Lack of Family Support	• Discussion of difficulties within family and strategize ways to overcome communication challenges. Identify triggers and hotspots, look for commonalities • Explore alternative family connections beyond family of origin; "chosen" family • Explore religious or spiritual groups that often can serve a similar support role as families can offer
Obstacles to care	• Therapy cost: referral to sliding scale, local business support through donations, access to groups as alternative • Transportation: ride share credits, campus emergency transportation credits, trade services with a friend for a ride • Stigma to care: help them understand we all need help at different times in our lives, make comparison to therapy being for the mind as the gym is for the body

Target

Presenting Problem	Management Intervention
Scared about threat	• Counseling connection to help normalize concern • Discussion about trauma reactions and how the body and mind cope during a new experience • Positive internet support/chat groups • Find new activities that may help distract and form new connections with friends • Ask for safe rides with police if concerned about the threat risk resulting in violence
Struggling to regain normalcy	• Offer counseling support to discuss difficulty adapting to change • 504/ADA referral to academic accommodations to help during aftermath of threat • Talk with BIT/CARE, dean of student, police, and supportive others about options such as taking a break from a class, a medical leave or taking a course online • Talk with support group or friends about concerns
Retaliation Concerns	• Retaliation may occur in some cases where the target is harassed because the reporting of the threat resulting in a negative action to the subject. • Help target share these concerns with campus conduct/discipline and Title IX (as appropriate) • Address any group retaliation (such as the group the subject belonged to like a club, athletic team, academic major, or fraternity) that harassed the target of the threat

Disregarding no-contact order	• In some cases, the target of the threat disregards the no-contact order or tells the subject who made the threat it is ok to talk now; this should always be handled by calling both parties into the student conduct office and clarifying expectations • Explain the importance of following the no contact order until it is officially lifted and review the options the target of the threat has around requesting alterations to the no-contact order; explain this may not always be lifted due to an increased risk of conflict in the community • Offer counseling support to both parties