D·PREP

Beyond the Red Flags: Overcoming Obstacles and Managing Threat

When it comes to preventing violence, it is not enough to just know and recognize the red flags. We need to advance the research-based work of collaborative teams, avoid the singular focus on target hardening or mental health diagnosis, increase the use of threat or violence risk assessments over psychological assessments, incorporate red teaming into processes to identify vulnerabilities, and commit to continuous risk assessments and ongoing threat management.

Work Collaboratively. Approach threat and risk assessment from a diverse, multi-disciplinary, collaborative team-based approach. Meet regularly with your team, and work together on cases to reduce silos and build a risk management plan that leans into the full expertise of the team.

Humanize the Attacker. While their actions are reprehensible, push back against the idea of seeing these attackers as monsters or evil. This disempowers reporting, increases fear, and often escalates those on the pathway to violence.

Understand Mental Illness. Understand the problem is not mental illness but rather the specific symptoms of hopelessness, desperation, and suicidality. Look for ways to both reduce risk factors and increase stabilizing influences and access to care to prevent mission-oriented violence.

Assess the Threat. Mental illness and psychological assessments are not the same as violence risk and threat assessments. Choose the correct assessment based on the behaviors that are presenting to get the fullest picture of the risk presented.

Review Processes. Be willing to examine your process and improve it. Do not let perfection be the enemy of the good. Every process can benefit from red teaming and the exploration of weakness and ways to make it better.

Watch for Changes. Understand that risk presents differently based on the context the person is in and the environmental stressors and experiences they are having. Like a river, continue to assess risk as the water changes.

Manage the Risk. Move from a threat or risk assessment process to a threat or risk management one. Look for ways to mitigate risk over time and ensure the management plan shifts based on the new risk assessments.

Work Collaboratively

Numerous fields of study, including psychology, education, and security studies, have looked at the issue of targeted and mission-oriented violence and have come to the same conclusion about the solution. K-12 schools, colleges, universities, and workplaces should implement diverse, multi-disciplinary, collaborative teams to identify concerning behaviors early, implement strategies to reduce the triggers for escalation, and increase protective, supportive, mitigating elements around the individual at risk.

These teams should not be punitive in nature but rather consultative to the various departments that will take direct action in a particular case (e.g., police, school counseling, psychological counseling, student conduct, and/or case management). Likewise, these teams are most effective when they have buy-in from community stakeholders as well as a shared commitment to meeting regularly rather than approaching risk management as a "one and done" response. They bring together the collective wisdom of those around the table and work best when they leave ego, rank, and hierarchy at the door. To borrow a psychological term, the team is a gestalt; it becomes more than the sum of its parts.

Humanize the Attacker

While each attacker is solely responsible for their choices and actions, they are not monsters. They are not evil. They are people. They are our children, grandchildren, friends, and students. They found themselves on a path spiked with insurmountable challenges. They see no hope, no future. Their path is linear, and they see no other alternative.

It's natural to see the actions of school shooters as evil and monstrous; they have done something beyond our ability to process. But the jump to dehumanizing their behavior, defining them as objects, not only increases our fear but also impacts our ability to act. We are left either throwing up our hands in frustration at these random, uncontrollable, evil monsters or we are forced to hide in our hardened bunkers.

Most attackers share information about their attack plan prior to the attack. When it comes time for a friend or family member to share a concern based on something they heard, saw, or learned about their loved one's potential for this kind of violence, they now must overcome the concept: "Well, only evil monsters do this. Kyle isn't an evil monster, so he must be joking."

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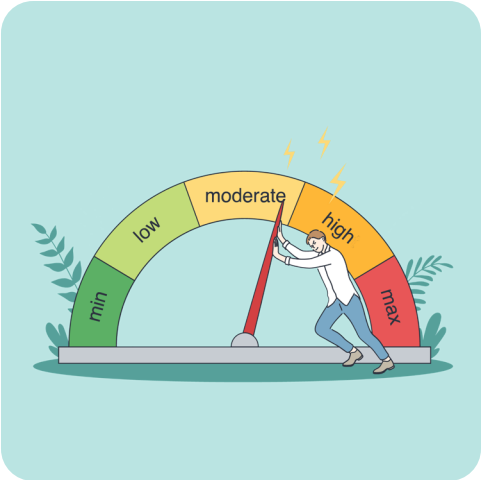
Researchers describe the attacker as being on the pathway to violence. In other words, someone evolves toward this violence. They do not spontaneously snap and carry out an attack. When we characterize individuals as monsters, we miss out on helping our communities understand how someone evolves toward violence. We also overlook how our communities, schools, and families contribute to risk factors for violent behaviors.

When it is accepted that attackers are evil and monsters, it feeds directly into two concerning conclusions in their mind. The first is this: "If I am feeling the same things other attackers are, and they are monsters, then I am a monster." This exacerbates a key problem experienced by those on this pathway toward violence. They see themselves as different, broken, and apart from others. Connecting them to evil monsters further escalates this belief. The second related concept is this: "If I am truly an evil monster, then nothing will change. I have no salvation." They see themselves as without hope, as the wretched and discarded, as the fallen angel, forever separated from the light.

Understand Mental Illness



Just like other aspects of physical health, mental health exists with a diversity of concerns. We do not want to further stigmatize seeking help for mental health support or talking about mental health concerns by connecting this in such a broad way to violent behavior. Moreover, when we see mental health concerns as scary or problematic, we further isolate those with these concerns. Isolation and lack of connection are a more concerning risk factor for violence than a mental health diagnosis by itself. Certainly, access to mental health counseling and treatment is an important aspect of intervening with those at risk, but it's not the only type of intervention needed. In fact, those reviewing reports of concerns should be trained that to understand the risk and concern with an individual, we should use a more comprehensive violent risk threat assessment and not just a mental health assessment.

When conducting a violence risk assessment, mental illness should be seen as one risk factor combined with traditional threat factors, such as action and time imperative, fixation and focus, and transient or substantive threats. There are certain symptoms related to mental illness that are considered risk factors for targeted violence. These include hopelessness, social isolation, injustice collecting, and a hardened point of view. When considered outside of the context of other violence risk factors, the casual observer gets the impression that mental illness itself is the cause of these attacks.

Mental health factors make up a small percentage of the overall risk factors related to violence risk. While important, these factors should not be over-emphasized, leading to the under-emphasizing of other violence risk factors. Mental health factors include depression, suicidality, psychosis and delusions, or substance use disorders. Violence risk factors include the presence of a direct threat and disturbing veiled threat, fixation and focus on target, action and time imperative, lack of empathy, social isolation, injustice collecting, marginalization, fantasy rehearsal, leakage, weapons access, hardened point of view, and feelings of persecution.

Assess the Threat

It is crucial to recognize the difference between mental health assessments and violence risk assessments and to know when to apply each of them. A psychological or mental health assessment is intended to 1) obtain a diagnosis or treatment plan for a mental illness, 2) determine a level of care such as day or inpatient treatment, 3) obtain medication, and/or 4) decide about fitness for duty or if a person is qualified for a particular job. A threat assessment is concerned with determining if a threat that has been made is transient or substantive and likely to be carried out. A violence risk assessment is a broader term describing the process by which a determination is made about the overall risk, with or without the presence of a threat to an individual or others.

Assessment Determination Query

Do we want to know if they have diagnosable mental illness, if they require medication, or if they are in immediate need of commitment for their safety or safety of others?	Yes →	**Psychological or mental health assessment**
Do we want to know if they will act upon a verbal, written, or social media threat? Without the presence of a threat, are we concerned they are on a path to hurt or kill other people?	Yes →	**Threat or violence risk assessment**

Review Processes

Red teaming and penetration testing are widely used within the military community and are techniques with applicability to threat or violence risk assessments. Red teaming provides an independent capability to fully explore alternatives in plans, operations, concepts, organizations, and capabilities in the context of the operational environment. Penetration testing is a controlled attack simulation that helps identify weaknesses and breaches. By locating vulnerabilities before an attack, you can implement defensive strategies to protect yourself. These concepts should be integrated into team operations and assessment processes by asking critical questions about risks and stabilizing factors, considering potential outcomes

of interventions, identifying catalyst events, and forecasting actions should certain events occur or supportive elements dissipate.

Working to reduce groupthink during this process is essential. Encourage others on the team to speak up, share their concerns, or stick to their guns when they firmly believe in an idea or concept, defending it appropriately. We must understand that we can make mistakes and learn from them, and communication is crucial in this process.

Watch For Changes

An individual's risk level should be seen within a system as a dynamic, ever-changing characteristic. Risk is contextual and expands and contracts depending on the environment around the person in question. For example, risk may expand when a person is drinking, has lost their job, failed a class, or has been rejected by a romantic partner. Risk may contract when a person has the support of close friends and family, is able to put things into perspective, and retains a sense of hope in a better tomorrow.

Risk is like a river, ever-changing and in need of reassessment. There is a very real shelf-life on the assessment of that risk. If the school, college/university, or workplace does not have a mechanism in place to notice the change in behavior (a collaborative team that markets and advertises what they want shared forward by others in the community), they do not have a trigger that would cause a reassessment of risk. Once the change in behavior or shift in risk level is observed, this should raise the question of how best to reassess the risk.

Manage the Risk

It is not enough to just assess the risk or threat; we also need to manage and mitigate the threat over time until the risk or threat is pacified. A common misstep for teams is to lean heavily on a single assessment of risk or threat and not engage in the process of continuous risk and threat management.

Our systems—schools, churches, medical facilities, workplaces, community services, families—must also move beyond a focus on those "in" our system. Too often, with our more complicated concerns, we tend to move toward transfer, removal, or separation. With employees, we offer time away, resignation options, or termination. Students are suspended, given options to withdraw, allowed to drop out, or expelled. Patients are

referred to others with greater expertise or scope of care. This can feel like a positive thing for the system, but it does not correlate with safety. When this occurs, the struggling individual often loses access to a source of stability and resources, such as access to mental health care and social interaction.

We are not suggesting that individuals should not be held accountable or removed from environments where behaviors are impacting others. Progressive accountability and discipline are an important aspect of behavioral intervention. But when separations occur, these different institutions must go a step further to ensure that this does not create another gap the individual can fall into. There is a need for us to create some overlap across differing systems so that information is shared and transitions to new resources are more seamless. This is a resource-intensive and difficult goal, but if we can better share responsibilities for individuals at risk, we have a greater opportunity for maintaining long-term connection and management.

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The D-Prep Safety Division trains K-12 schools, colleges, universities, law enforcement, and workplaces on issues related to threat assessment, crisis preparedness, crisis response, emergency operations, behavioral intervention, mental health, diversity, equity, and inclusion.

We offer a number of courses and workshops that can be customized to your institution. Most can be offered in person, live online, or as asynchronous courses.

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