D·PREP

SAFETY DIVISION



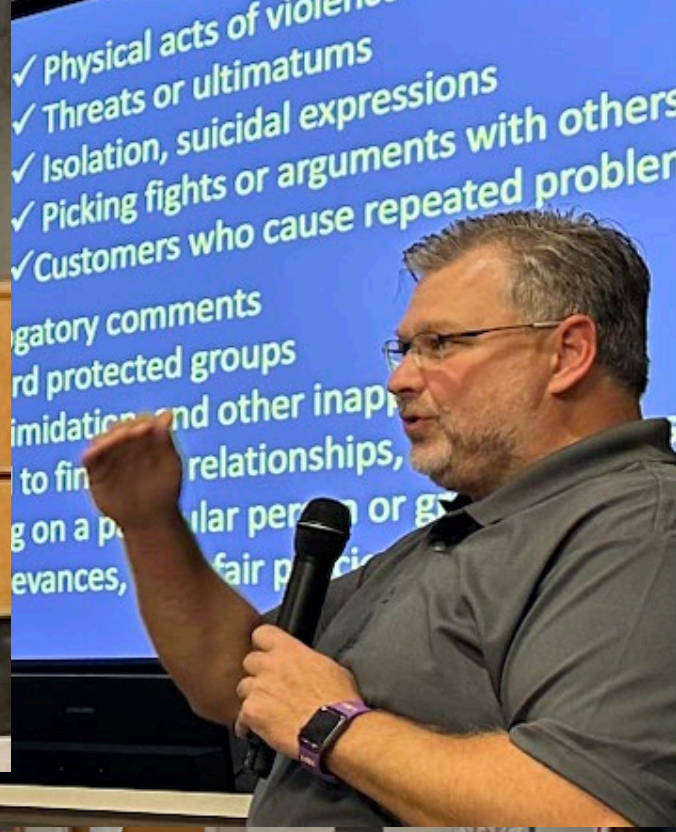
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Chris Usher

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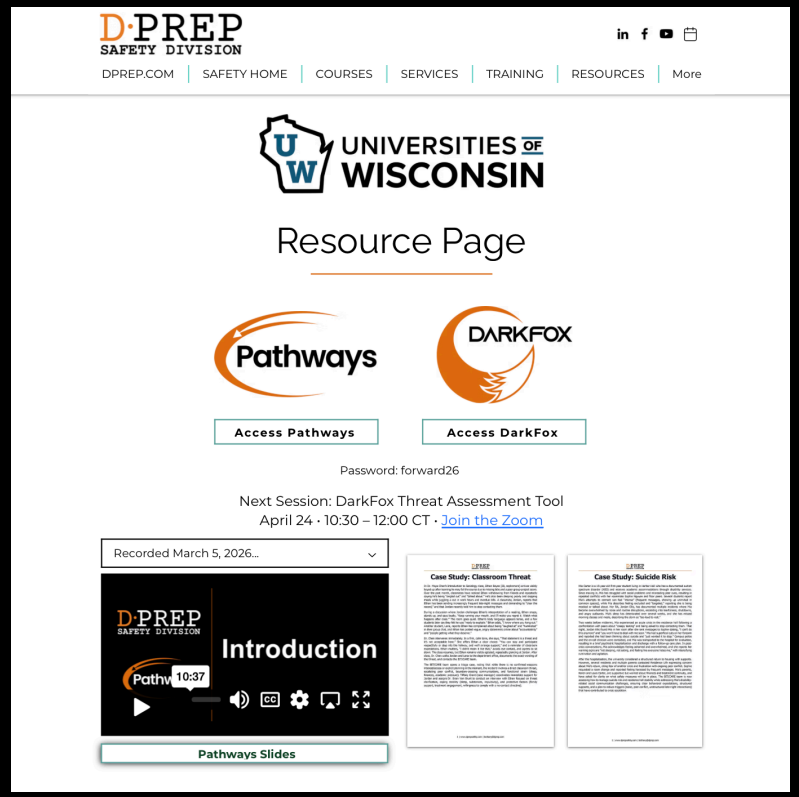
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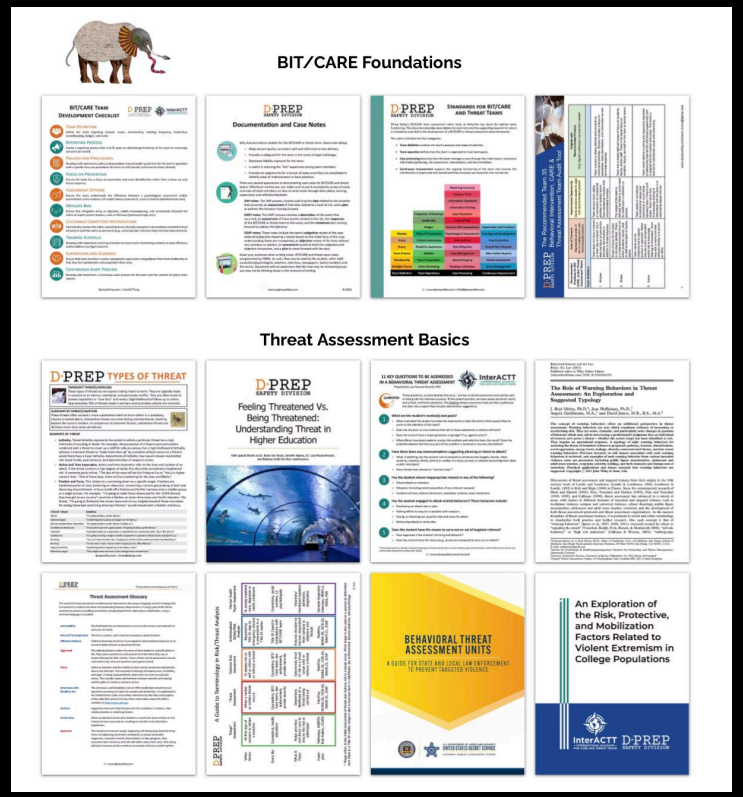


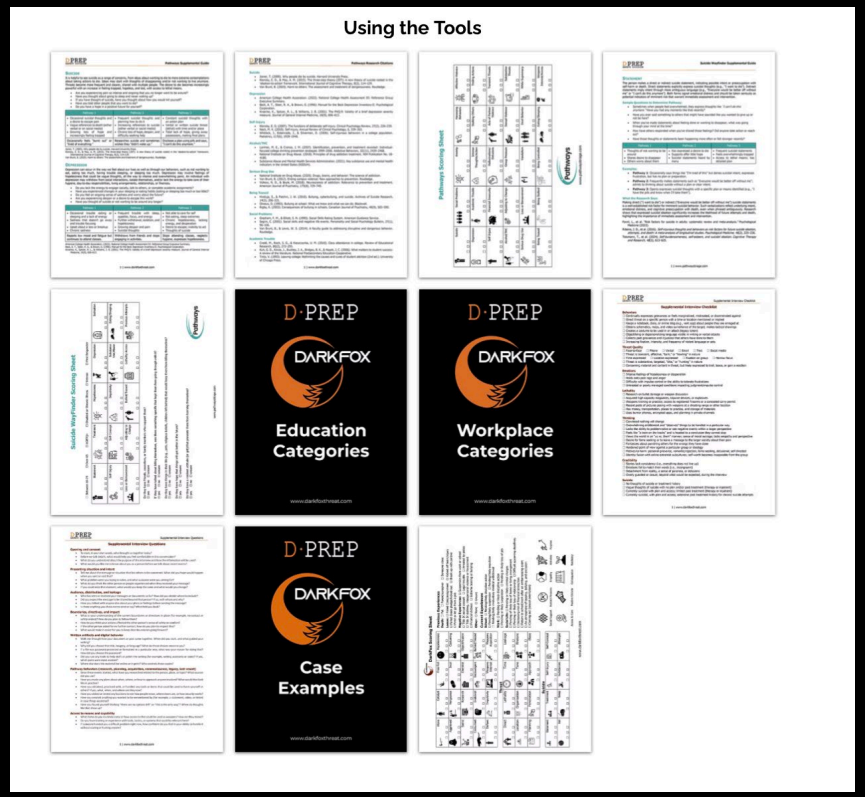
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Resource Site







www.dprepresources.com/uw

Password: forward26



Limitation of Tools



Power of Team Discussion

Limitations of tools

It can flatten nuance

A standard triage tool can turn a complicated human situation into a neat little score box. That helps with consistency, but it can miss context such as trauma, disability, culture, identity-based harm, relationship dynamics, or the difference between someone feeling alarming and actually posing elevated risk.

It may encourage false confidence

Teams can start treating the triage result like a verdict instead of a starting point. A score can feel crisp and official, but it is still only one lens. Good teams use triage to organize thinking, not replace judgment.

Dynamic situations can change faster than the form

BIT/CARE cases are often moving targets. New disclosures, escalation, de-escalation, supportive interventions, substance use, academic stress, access to weapons, or social losses can quickly change the picture. A static triage snapshot can go stale fast.

It can pull teams toward procedure over formulation

When teams get busy, triage systems can become checkbox engines. That can crowd out deeper case formulation such as asking what is driving the behavior, what protective factors exist, what the student is communicating, whether this is a conduct issue, mental health concern, threat issue, or some braided combination of all three.

Team discussion

It restores context

Team discussion helps move the case from a score on a page back into a real-world situation. It allows members to add history, relationships, timing, cultural factors, patterns, and institutional context that a standard triage tool may miss.

It improves the interpretation of behavior

The same behavior can mean very different things depending on the surrounding facts. Team judgment helps distinguish distress from danger, feeling threatened from being threatened, and transient disruption from more substantive concern.

It brings multiple lenses to the table

A multidisciplinary team can see different parts of the elephant. Counseling may notice distress signals, student conduct may see patterns and accountability issues, campus safety may recognize escalation markers, and disability support may identify accommodation-related context. Together, the picture gets sharper.

It reduces overreaction and underreaction

Team discussion can slow down snap judgments. It helps prevent both extremes: minimizing behavior that is more serious than it first appears, and overpathologizing or over-responding to behavior that is upsetting but not truly high risk.





A Guide to Terminology in Risk/Threat Analysis

	Triage* Assessment	Threat Assessment	Violence Risk Assessment	Individualized Safety/Risk Analysis	Mental Health Psych Assessment
When Given:	At first sign of concern to obtain a baseline	When a verbal or written threat occurs	To assess risk to self or others with or without a threat	Required by Title IX regs to emergency remove a respondent in a Title IX matter	To access inpatient care, diagnosis or clarify treatment
Given By:	Counselors, health educators	Counselors, BIT/Care team, law enforcement, private security	Counselors, BIT/Care team, law enforcement, private security	Title IX Coord in consultation with BIT/CARE team	Counselors, social workers, LE psychologists
What it Does:	Helps prioritize and direct care to ensure the risk is addressed	Determines likelihood of a threat being carried out	Determines level of risk in a broad sense with or without a threat	Ensures decision to remove respondent from campus is objective and factual	Voluntary/mandated inpatient admission, diagnostics
Examples:	Pathways, NABITA Risk Rubric, CCAPS	DarkFox, SIVRA-35, HCR-20, WAVR-21, ATAP	DarkFox, SIVRA-35, HCR-20, WAVR-21, ATAP	DarkFox, SIVRA-35, HCR-20, WAVR-21, ATAP	General diagnostic interview, MMPI-2, WAIS, PAR

* Triage refers to the initial assessment of threat and violence risk in a broad sense. While triage is also used as a process to determine next steps in a Title IX matter, triage is also a common term in risk/threat, law enforcement, trauma medicine, and psychology.

Case Overview

Levon Ardis transferred in after leaving a larger university the previous spring. He tells several people he transferred because he was “done with fake people,” but his records also note poor grades, incomplete withdrawals, and a dorm conduct case involving intoxication and property damage.

Levon arrives on campus with obvious strain. He is thin, sleeps erratically, often misses breakfast and dinner, and smells strongly of THC in the evenings. Oren, his roommate, says Levon alternates between staying in bed all day and roaming the dorm at 3 a.m. talking about how “everything is staged” and “most people are cattle.”

Levon discloses to one classmate that his older brother died by suicide two years ago. He says his family “never recovered” and that his mother still sends frantic texts asking if he is alive. He also mentions that he is behind on tuition, is fighting with financial aid, and may need to leave school if his campus job falls through.

Niva, the RA, notices shallow healing cuts on Levon’s forearm when he reaches for his key at check-in. He laughs them off as “old stress stuff.” During the first three weeks, he misses two floor meetings, skips a roommate mediation, and posts online that he is “sick of waking up for the same humiliating loop.” He also says, “I’m not saying I’m suicidal, just saying disappearing sounds efficient.”

Levon struggles socially almost immediately. He tries to join two clubs, but classmates describe him as rigid, intense, and unable to read the room. He dominates conversation, turns disagreement into insult, and later complains online that people mock him for “being smarter than they are.” He begins collecting screenshots of peers laughing at his comments in a campus Discord server.

In Prof. Sela Varden’s “Power, Protest, and Democracy” seminar, Levon repeatedly provokes classmates with aggressive baiting. He posts in the class chat that democracy is “breeding weakness,” that “white students are taught to apologize for existing,” and that “women claim fear to control outcomes.” When corrected, he says he is “just asking questions,” then later reposts cropped screenshots to his anonymous account with captions like “watch them panic when reality enters the room.”

Several students report feeling uneasy around him. One says his tone is cold and fixation-like. Another says he is mostly a troll who wants a reaction. Prof. Varden feels threatened by the cumulative hostility, but at this stage, Levon has not yet made a clear, specific threat.

Relationship Conflict

About a month into the semester, student conduct receives a report from Tarin Vale, who says she briefly dated Levon over the summer before ending it after he became possessive. Since arriving on campus, he has shown up outside her residence hall twice, followed her after class, and sent alternating messages ranging from apology to accusation. The texts include:

- “You don’t get to humiliate me and act safe.”
- “You made me into a joke.” “I know who you walk with now.”
- “If you would just talk to me, this would stop.”

Tarin says Levon once grabbed her wrist hard enough to leave bruising during an off-campus argument in August. She did not report it then. She also says he pressured her sexually several times and once ignored repeated requests to stop during a consensual encounter that she later described as coercive and violating. She is unsure whether she wants a Title IX complaint, but she does want help keeping him away.

Levon, when confronted informally, says Tarin is “weaponizing fear,” that he is the one being targeted, and that he only went near her dorm because he was “trying to get closure.” He also claims she and her friends are stalking him online.

Substance Abuse & Mental Health Concerns

By midsemester, Oren reports that Levon uses alcohol, THC, and “whatever keeps him awake” during all-night spirals. Levon later admits in counseling intake paperwork that he has used non-prescribed stimulants, cocaine twice, mushrooms twice, and “random pills at parties.” He says the substances help him think clearly, sleep, or “shut off the static,” depending on the day.

Dr. Ione Keswick meets him after a soft referral from Niva. In the first session, Levon is tearful, hopeless, poorly groomed, and exhausted. He reports:

- persistent depression, panic surges
- major sleep disruption
- eating one meal a day some days and bingeing on others
- recurring urges to cut, passive suicidal ideation
- occasional thoughts that “people would finally care if I vanished”
- a sense that others can “see” his weakness
- suspiciousness that “groups” are coordinating around him

He denies a suicide plan. He denies wanting to hurt anyone. He says people fear him because he is blunt, not dangerous.

During the second meeting, Dr. Keswick notices a different presentation. Levon is restless, energized, talking rapidly, and jumping between grievances: Tarin, tuition, campus politics, his brother's death, and "degenerate classmates." He says he sometimes goes three nights with almost no sleep. He also reports, vaguely, that once or twice he heard his brother's voice when falling asleep and that in crowded spaces he sometimes feels as if strangers are "speaking in code" about him. It is not clear whether this is trauma-linked, substance-linked, sleep deprivation, emerging psychosis, or some combination.

Conduct & Safety Escalation

The first clear conduct event happens in the library. After Dessa Rill reminds Levon that food is not allowed near computer stations, he calls her “a petty uniformed hall monitor,” knocks a chair over, and punches a recycling bin. No one is hurt. This is treated as disruptive and aggressive behavior. He later apologizes and says he was overwhelmed and ashamed after receiving notice of a financial hold.

A week later, campus safety is called when Levon is seen scratching a slur into a bulletin board outside an intercultural student event and kicking over display stands. Review of nearby cameras shows him also placing a sticker with a white supremacist symbol under the table. When interviewed, he shrugs and says, “People only notice vandalism when the message offends them.” He claims it was political expression, not a threat.

At this stage, some staff think this is primarily conduct plus possible mental health destabilization. Others believe it is now clearly more concerning because the behavior is becoming more targeted, identity-driven, and persistent.

In seminar one afternoon, Prof. Varden challenges Levon after he says that “civil decline comes from race mixing, weak men, and grievance theater.” He becomes flushed, stands, points at Galen Thorne, and says: “People like him keep pushing until someone finally answers back.”

The room goes silent. A student begins crying. Levon then grabs his backpack and leaves. Several students say they were sure he was about to attack someone. Prof. Varden later says this was the moment she truly felt unsafe. Officer Pike reviews the incident. No weapon was displayed. No explicit threat naming time, place, or method was made. Levon later says he meant “answer back politically” and that the class “wants a villain.”

Two days later, Tarin reports new messages:

- a photo of her residence hall entrance
- “I know where campus cameras don’t cover”
- “You made this public, now everyone gets a front-row seat”
- “Friday night is when people stop laughing”

That same evening, Oren finds Levon's browser open to searches about campus patrol patterns, legal knife length, and whether 3D-printed parts can be detected by security screenings. He also sees screenshots from extremist and misogynistic message boards encouraging men to "retake status through action." One thread praises past attackers and complains that "white men are replaced, mocked, and domesticated."

Oren also discovers a box cutter, hunting knife, pepper gel, a weighted flashlight, and printed maps of two residence halls and the library loading dock in Levon's desk. When confronted, Levon says he likes gear and "everyone suddenly becomes scared when a loser gets serious."

A deeper review of Levon's online activity shows he has become active in two private channels:

- one centered on misogynistic grievance and involuntary celibacy themes
- one centered on white nationalist rhetoric, "replacement" narratives, and admiration for prior attackers

In those spaces, he is encouraged to stop "letting women and weak institutions define the story." He receives praise when he shares photos of Tarin, class screenshots, and complaints about campus diversity programming. One user tells him, "If they're scared, good. Fear is the first honest response they've had to you."

Crisis Point

On Friday afternoon, Levon drinks heavily, smokes THC, and sends a stream of messages to three people:

- to Tarin: “Tonight you’ll stop rewriting what happened.”
- to Galen: “You’ll see what happens when you make someone a spectacle.”
- to a Discord server: “I’m done being the warning no one heard.”

At 6:40 p.m., Niva reports Levon pacing outside Tarin’s residence hall, hitting the brick wall with his fist, and muttering, “No more jokes.” When Officer Pike approaches, Levon first laughs and says, “Relax, I’m just walking.” Then he shouts, “Everybody acts scared until I decide not to be nice.”

Given the nature of the threat, he is searched. The search reveals the box cutter, pepper gel, and handwritten notes, including:

- “face them where cameras suck”
- “Tarin, Galen, Varden”
- “if pushed far enough, don’t threaten, promise”
- “brother left, father checked out, nobody comes unless you force meaning”

He has no firearm on him, but later investigation reveals he visited an off-campus range twice with a student he met online and recently asked another student if they knew anyone selling “something more decisive than knives.”

He is transported for emergency evaluation and also faces immediate conduct action and safety restrictions.

Consider

When did the campus move from feeling threatened to being threatened?

What early behaviors should have triggered a coordinated review before the crisis?

When does campus safety need to take the lead?

What is the strongest argument against immediate removal, and what is the strongest argument for it?

What are we assuming that may not be true?







Pathways

 **Suicide** ☑ ? 📹 ○1 ○2 ○3	 **Social Problems** ☑ ? 📹 ○1 ○2 ○3	 **Anxiety** ☑ ? 📹 ○1 ○2 ○3	 **Harassing Behaviors** ☑ ? 📹 ○1 ○2 ○3	 **Affective Violence** ☑ ? 📹 ○1 ○2 ○3
 **Depression** ☑ ? 📹 ○1 ○2 ○3	 **Academic Trouble** ☑ ? 📹 ○1 ○2 ○3	 **Intense Thought/Action** ☑ ? 📹 ○1 ○2 ○3	 **Stalking Others** ☑ ? 📹 ○1 ○2 ○3	 **Trolling Actions** ☑ ? 📹 ○1 ○2 ○3
 **Self-Injury** ☑ ? 📹 ○1 ○2 ○3	 **Financial Insecurity** ☑ ? 📹 ○1 ○2 ○3	 **Hallucinations/Delusions** ☑ ? 📹 ○1 ○2 ○3	 **Acts of Partner Violence** ☑ ? 📹 ○1 ○2 ○3	 **Transient Threats** ☑ ? 📹 ○1 ○2 ○3
 **Alcohol/THC** ☑ ? 📹 ○1 ○2 ○3	 **Adjusting to Change** ☑ ? 📹 ○1 ○2 ○3	 **Group Pressure** ☑ ? 📹 ○1 ○2 ○3	 **Sexual Violence** ☑ ? 📹 ○1 ○2 ○3	 **Substantive Threats** ☑ ? 📹 ○1 ○2 ○3
 **Serious Drug Use** ☑ ? 📹 ○1 ○2 ○3	 **Loss or Bereavement** ☑ ? 📹 ○1 ○2 ○3	 **Vandalism** ☑ ? 📹 ○1 ○2 ○3	 **Incel Behavior** ☑ ? 📹 ○1 ○2 ○3	 **White Supremacy** ☑ ? 📹 ○1 ○2 ○3
 **Bullied/Teased** ☑ ? 📹 ○1 ○2 ○3	 **Being Stalked** ☑ ? 📹 ○1 ○2 ○3	 **Being Controlled** ☑ ? 📹 ○1 ○2 ○3	 **Eating/Sleeping** ☑ ? 📹 ○1 ○2 ○3	 **Weapons Interest/Access** ☑ ? 📹 ○1 ○2 ○3

Pathways Research Citations

Suicide

- Joiner, T. (2005). Why people die by suicide. Harvard University Press.
- Klonsky, E. D., & May, A. M. (2015). The three-step theory (3ST): A new theory of suicide rooted in the 'ideation-to-action' framework. International Journal of Cognitive Therapy, 8(2), 114–129.
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- Van Brunt, B., & Lewis, W. S. (2014). A faculty guide to addressing disruptive and dangerous behavior. Routledge.

Pathways Supplemental Guide

Suicide

It is helpful to see suicide as a range of concerns, from ideas about wanting to die to more extreme contemplations about taking actions to die. Ideas may start with thoughts of disappearing and/or not wanting to live anymore. Threats become more frequent and clearer, shared with multiple people. The desire to die becomes increasingly powerful with an increase in feeling trapped, hopeless, and lost, with access to lethal means.

- Are you experiencing pain so intense and ongoing that you no longer want to be around?
- Have you thought about going to sleep and never waking up?
- If you have thought of suicide, have you thought about how you would kill yourself?
- Have you told other people that you want to die?
- Do you have a hope in a positive future for yourself?

Pathway 1	Pathway 2	Pathway 3
• Occasional suicidal thoughts and a desire to escape pain • Vague references to death (either verbal or on social media) • Growing loss of hope and increasingly feeling trapped	• Frequent suicidal thoughts and planning how to do it • Increasing references to suicide (either verbal or social media) • Chronic loss of hope, despair, and difficulty seeking help	• Constant suicidal thoughts with an action plan • Verbal or written suicide threat (lethal) with time and/or place • Total lack of hope, giving away possessions, making final plans
Occasionally feels "burnt out" or "tired of everything."	Researches suicide and sometimes wishes they "didn't wake up."	Discloses a plan using pills and says, "I can't do this anymore."

Joiner, T. (2005). Why people die by suicide. Harvard University Press.
Klonsky, E. D., & May, A. M. (2015). The three-step theory (3ST): A new theory of suicide rooted in the 'ideation-to-action' framework. International Journal of Cognitive Therapy, 8(2), 114–129.
Van Brunt, B. (2020). Harm to others: The assessment and treatment of dangerousness. Routledge.

Depression

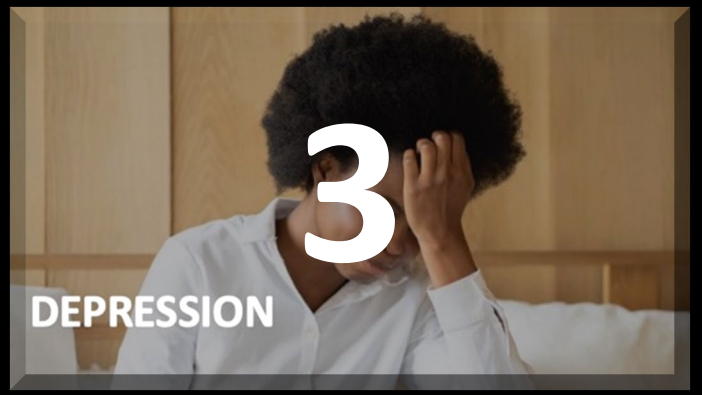
Depression can occur in the way we feel about our lives as well as through our behaviors, such as not wanting to eat, eating too much, having trouble sleeping, or sleeping too much. Depression may involve feelings of hopelessness that could be vague thoughts, all the way to intense and overwhelming panic. An individual with depression may withdraw from social interactions, isolate themselves, and/or lack the energy to take care of their hygiene, day-to-day responsibilities, living arrangements, relationships, or finances.

- Do you lack the energy to engage socially, talk to others, or complete academic assignments?
- Have you experienced changes in your sleeping or eating habits (eating or sleeping too much or too little)?
- Do you feel an ongoing sense of sadness and worry about the future?
- Are you experiencing despair or a desire to escape this world?
- Have you thought of suicide or not wanting to be around any longer?

Pathway 1	Pathway 2	Pathway 3
• Occasional trouble eating or sleeping and a lack of energy • Sadness that doesn't go away and trouble focusing • Upset about a loss or breakup • Chronic sadness	• Frequent trouble with sleep, appetite, focus, and energy • Further withdrawal, isolation, and hopelessness • Growing despair and pain • Suicidal thoughts	• Not able to care for self • Not eating, sleep extremes • Chronic hopelessness, a lack of energy, and desperation • Desire to escape; inability to act • Thoughts of suicide
Reports low mood and fatigue but continues to attend classes.	Withdraws from friends and stops engaging in activities.	Stops attending classes, neglects hygiene, expresses hopelessness.

American College Health Association. (2022). National College Health Assessment III: Reference Group Executive Summary.
Beck, A. T., Steer, R. A., & Brown, G. (1996). Manual for the Beck Depression Inventory-II. Psychological Corporation.
Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. Journal of General Internal Medicine, 16(9), 606–613.


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SUICIDE

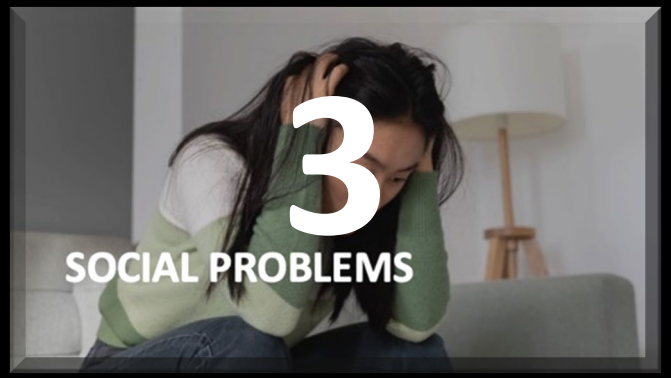

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DEPRESSION

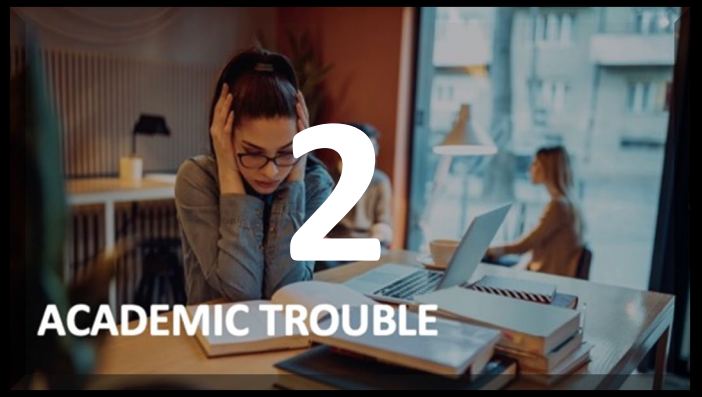

2
SELF-INJURY


2
ALCOHOL/THC


2
SERIOUS DRUG USE

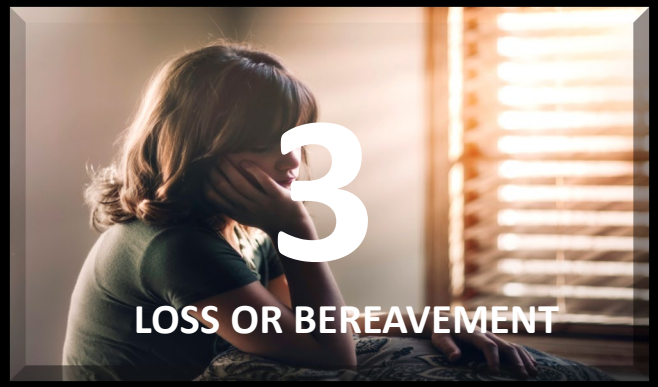

2
BEING TEASED


3
SOCIAL PROBLEMS


2
ACADEMIC TROUBLE

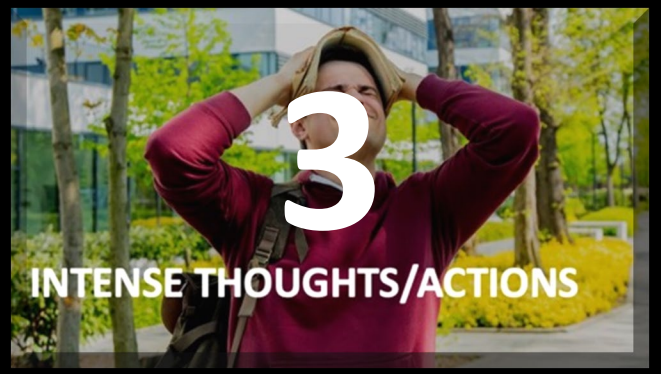

2
FINANCIAL INSECURITY


2
ADJUSTING TO CHANGE


3
LOSS OR BEREAVEMENT


1
BEING STALKED


3
ANXIETY


3
INTENSE THOUGHTS/ACTIONS


2
HALLUCINATIONS/DELUSIONS


3
GROUP PRESSURE


2
VANDALISM


1
BEING CONTROLLED


3
HARASSING


3
STALKING OTHERS


2
ACTS OF PARTNER VIOLENCE


2
SEXUAL VIOLENCE


3
INCEL BEHAVIOR


3
EATING/SLEEPING


3
AFFECTIVE VIOLENCE


3
TROLLING ACTIONS


2
TRANSIENT THREATS


3
SUBSTANTIVE THREATS


3
WHITE SUPREMACY


3
WEAPONS INTEREST/ACCESS

Protective/Stabilizing/Inhibiting Factors

- He did attend counseling twice before the crisis.
- He has not yet acquired a firearm.
- His mother remains engaged, though anxiously.
- Roommate and RA report concerns rather than minimizing them.
- Some earlier threats remained ambiguous and/or mixed with shame, distress, and identity injury rather than settled intent.
- He still shows moments of wanting to be understood, which may provide leverage for intervention if managed carefully.



+ Demographics
+ Environment
+ Violence Risk Assessment
+ Threat Assessment
+ Suicide Assessment

D·PREP

- Resources and Instructions











D·PREP

Alone ☐ ☐ ☐	Catalyst ☐ ☐ ☐	Free Fall ☐ ☐ ☐	Hopelessness ☐ ☐ ☐
Aggrieved ☐ ☐ ☐	Vengeance ☐ ☐ ☐	Incel ☐ ☐ ☐	Costuming ☐ ☐ ☐
Sadist ☐ ☐ ☐	Research ☐ ☐ ☐	Checklist ☐ ☐ ☐	Objectification ☐ ☐ ☐
Consumed ☐ ☐ ☐	Irrational ☐ ☐ ☐	Encouragers ☐ ☐ ☐	Bullied/Teased ☐ ☐ ☐
Defiant ☐ ☐ ☐	Impulsivity ☐ ☐ ☐	Weapons Interest ☐ ☐ ☐	Weapons Acquisition ☐ ☐ ☐

Threat

Direct ☐ ☐ ☐	Lethality ☐ ☐ ☐	Time ☐ ☐ ☐	Leakage ☐ ☐ ☐
Location ☐ ☐ ☐	Organization ☐ ☐ ☐	Tone ☐ ☐ ☐	Rhetoric ☐ ☐ ☐
Planning ☐ ☐ ☐	Penetration ☐ ☐ ☐	Approach ☐ ☐ ☐	Blaze ☐ ☐ ☐

Suicide

Statement ☐ ☐ ☐	Treatment ☐ ☐ ☐	Self-Injury ☐ ☐ ☐	Self-Concept ☐ ☐ ☐
Eat ☐ ☐ ☐	Sleep ☐ ☐ ☐	Substances ☐ ☐ ☐	Attempts ☐ ☐ ☐

Previous Experiences

Death: ☐ Pet ☐ Parent/caregiver ☐ Someone close

Losses: ☐ Failed Class/assignment ☐ Kicked off team/injury
☐ Failed Greek pledge/kicked out ☐ Break up with partner
☐ Fired or let go from a job

Negative Experiences: ☐ Suspension from work or school
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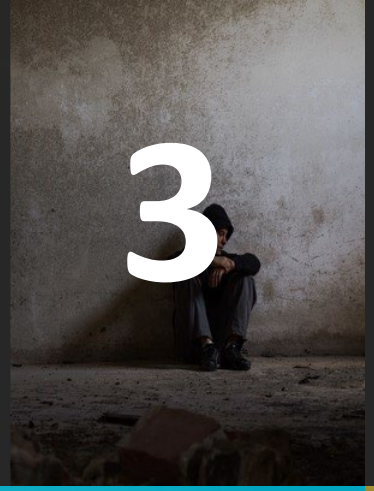
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Social Support | Restrict Firearms | Empathy | Activities | Purpose

Access to Care | Positive Climate | Consequence | Resiliency

Alone

Refers to isolation and the inability to form social connections, despite the desire and attempts to connect. 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.



Consumed

This reflects a set way of thinking and a tendency to escalate toward action. They have difficulty accepting alternative explanations for events, they engage in harmful debate with others, and increasingly look for ways to widen their impact and solidify their viewpoint. They not only have a hardened point of view, but this becomes a defining characteristic of their entire person. When limits are set by the workplace, school, or police, they move quickly past these, feeling justified in their actions because of their locked perspective.



Vengeance

Seen in parallel with aggrieved, injustice, and grievance collecting, this is the action and desire 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.



Aggrieved

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.





Defiant

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.



Research

This involves the 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).



Sadist

Here, the individual takes pleasure 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 target.



Catalyst

Negative events act as catalysts in a chemical reaction, speeding up the escalation. These include a loss of status, opportunity (playing on a sports team or going on a field trip), relationship, or finances. The events can trigger an attack plan that the person has already fantasized about. These catalyst events occur more suddenly than other environmental stressors.

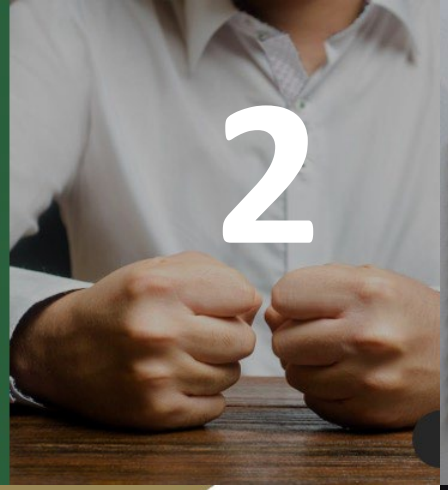
IRRATIONAL

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.



Impulsive

In moving from an idea to an action, the student 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, the student acts despite a risk to their life.





Checklist

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 by specificity regarding the timing and location of an attack, as well as the materials needed. There may also be a shutdown of bank accounts, phones, or social media accounts, or of other recurring memberships or involvement, with the anticipation of upcoming event.

Hopeless

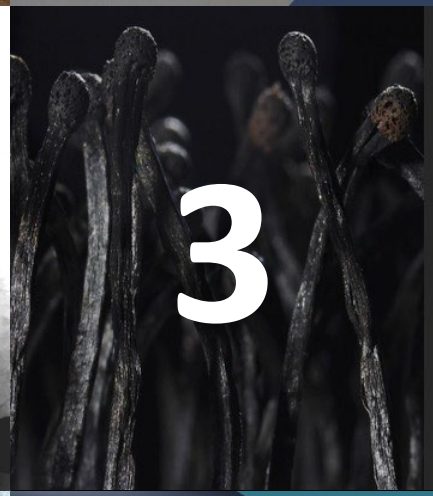
This describes a sense of worry and uncertainty about the future, along with difficulty focusing and pervasive feelings of sadness. As hopelessness increases, they feel trapped and eventually are unable to function and/or experience growing suicidal thoughts.



Freefall

Unlike catalyst events, which are more sudden, free fall describes a more general set of problems like failing supports, mental illness flare-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.





Encouragers

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

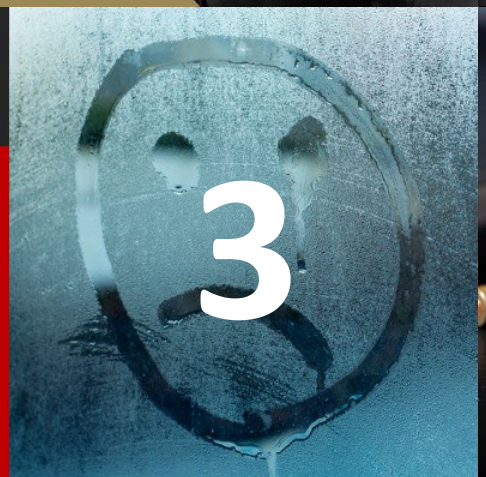


Costuming

As an attacker prepares, they often find 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 Atomwaffen and eventually involves purchasing ballistic plates, knee and elbow pads, harnesses, and/or ammunition containers. In some attacks, they have taken on the appearance of figures such as the Dark Knight, Joker, and characters from *The Matrix*.

Incel

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.



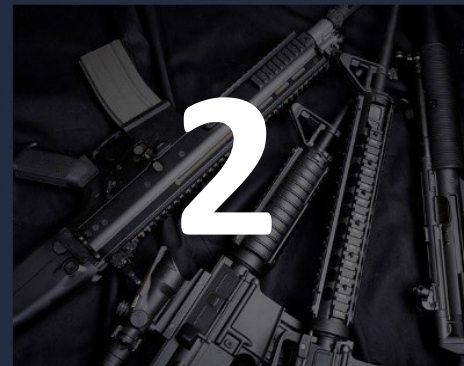


Weapons Interest

Here, the person explores different types of firearms, knives, and explosive devices, along with corresponding tactical equipment such as harnesses, night-vision goggles, extended magazines, optics, and bulletproof vests. As their interest grows, they become increasingly obsessed with the topic and talk about it freely with others, despite negative consequences for their friendships, work, or academics. As this interest escalates, there becomes 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.

Weapons Acquisition

Moving beyond simple interest, they begin purchasing weapons or gaining experience shooting at a range. The weapons are increasingly chosen for a specific purpose, and knowledge of the weapons becomes more closely tied to a specific attack plan. Secondary and tertiary weapons, ammunition, and gear are obtained.





Objectification

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 conflicts at work, school, and home, along with threats and negative actions. They eventually see their target as undeserving of any consideration and simply as an obstacle to their goal.



Teased

At early stages, teasing and bullying are occasional experiences that affect a student's self-worth and social connections. 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 violent action.

Alone ☐ ☐ ☐	Catalyst ☐ ☐ ☐	Free Fall ☐ ☐ ☐	Hopelessness ☐ ☐ ☐
Aggrieved ☐ ☐ ☐	Vengeance ☐ ☐ ☐	Incel ☐ ☐ ☐	Costuming ☐ ☐ ☐
Sadist ☐ ☐ ☐	Research ☐ ☐ ☐	Checklist ☐ ☐ ☐	Objectification ☐ ☐ ☐
Consumed ☐ ☐ ☐	Irrational ☐ ☐ ☐	Encouragers ☐ ☐ ☐	Bullied/Teased ☐ ☐ ☐
Defiant ☐ ☐ ☐	Impulsivity ☐ ☐ ☐	Weapons Interest ☐ ☐ ☐	Weapons Acquisition ☐ ☐ ☐

Threat

Direct ☐ ☐ ☐	Lethality ☐ ☐ ☐	Time ☐ ☐ ☐	Leakage ☐ ☐ ☐
Location ☐ ☐ ☐	Organization ☐ ☐ ☐	Tone ☐ ☐ ☐	Rhetoric ☐ ☐ ☐
Planning ☐ ☐ ☐	Penetration ☐ ☐ ☐	Approach ☐ ☐ ☐	Blaze ☐ ☐ ☐

Suicide

Statement ☐ ☐ ☐	Treatment ☐ ☐ ☐	Self-Injury ☐ ☐ ☐	Self-Concept ☐ ☐ ☐
Eat ☐ ☐ ☐	Sleep ☐ ☐ ☐	Substances ☐ ☐ ☐	Attempts ☐ ☐ ☐

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Direct

A direct threat is one made verbally or in writing, such as in a letter or on social media. A student may start with 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.



Lethality

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 require 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.



Time

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





Location

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 assess how to overcome any obstacles.



Organization

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.



Tone

Whether written or verbal, the tone is intimidating, angry, and frustrating, often tinged with anger, sadness, and pain. As the tone escalates, the attacker uses negative adverbs and adjectives to blame, harass, and intimidate 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.



Planning

Involves writing down or thinking about what the person may do to correct an injustice or seek revenge. Planning intensifies as the threatener focuses on details, gathering intel, and acquiring the items they need for an attack. As planning escalates, the student clarifies and improves tactics to increase damage and overcome potential obstacles. Secondary sites, counter-surveillance measures, and contingency plans are developed.



Penetration

They begin 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.

Leakage

This refers to sharing attack details, intentionally or unintentionally, with a third party. At first, these are vague hints at frustration, growing unhappiness, and unfairness with no mention of a specific time, place, or target of an attack. Leakage increases as they vent frustrations verbally/online and demand justice. Threats then become specific and lethal with a time and location mentioned.





2

Rhetoric

Refers to the person's contextual history of writing fiction, satire, or opinion pieces that may look concerning at first but are less so, as this is a common way they process and vent. As the rhetoric escalates, the tone and details convey a disregard for the target and are written to inflict pain and insult rather than to make a larger narrative point. At the extreme, the fiction/satire is seen as a poor disguise, and the real desire is clearly to weaken the target's image and destroy the target.



2

Blaze of Glory

Describes a desire on the part of an attacker to end their life in a public, extreme 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 message to others.



3

Approach

This term describes the movement toward a target, beginning with fantasizing about harming them and obtaining small 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 behavior increases 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.

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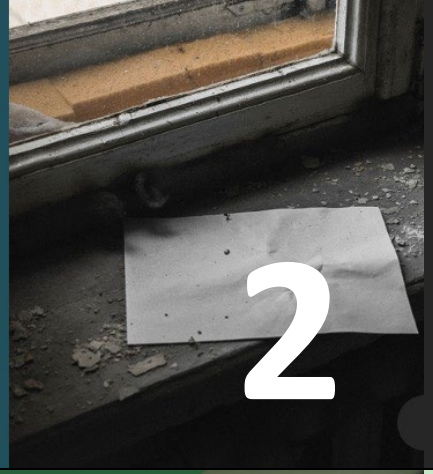
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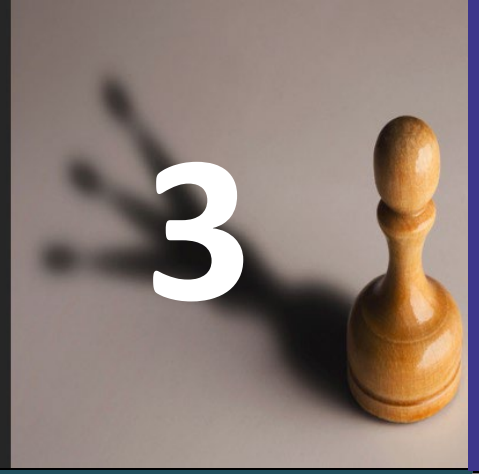
Statement

Thoughts are shared vaguely with others at first, about disappearing and not wanting to live anymore. Threats become more frequent and clearer, shared with multiple people. The desire to die becomes increasingly powerful with an increase in feeling trapped, hopeless, and lost, with access to lethal means.



Self-Concept

They may develop a negative view of themselves and talk about it with others. They are unhappy with their looks, lack of friends, poverty, or other issues. In extreme cases, they feel utterly worthless, like they don't make enough, lack authority and autonomy in the workplace, feel like an outsider, and may engage in dangerous or impulsive outbursts or suicide attempts.



Substances

They use alcohol or THC first to counter unwanted emotions or pain. This causes minor disruptions at work or with friends. As use increases, there is an emotional dulling of their experience and/or a rise in impulsive actions and suicidal thoughts. In the extreme, substance use begins to cause performance write-ups, HR or criminal problems, and/or dangerous, life-threatening actions. When they try to cut back, they fail and become increasingly isolated.



Treatment

Treatment looks at the level of mental health care they are accessing, ranging from no current care or previous inpatient stays to weekly counseling and/or medication, to intensive individual and/or group therapy, and/or an inpatient admission or screening within the past year. If they are not in care, they may want to be but cannot because of barriers such as finances or transportation. In some cases, they may be prescribed medication, but only sporadically take them.





Eat

They experience a loss of appetite due to sadness or an increase in eating as emotional coping. As eating problems increase, they begin to lose or gain weight, have increasing health concerns, and others express concern about their behaviors. Problems continue with increased isolation, negative thoughts about self and a need for medical intervention.



Attempts

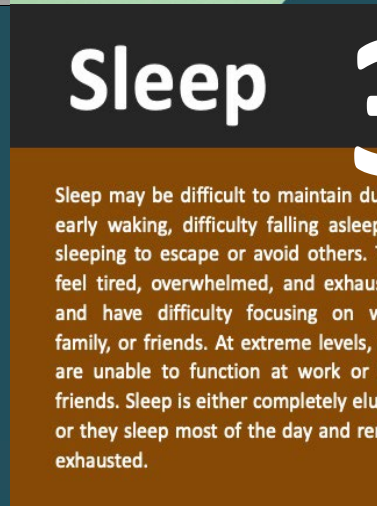
At the earliest stages, they experience thoughts of suicide without acting. They may hint to others about considering an attempt and/or have engaged in non-lethal attempts (e.g., taking 3-4 Advil, jumping from a small height, 3-4 feet). As attempts increase, they have increased access to lethal means and have engaged in detailed fantasy and planning. Others express grave concern. At extreme escalation, there have been multiple attempts, some of which had the potential for death. Without intervention, it is very likely they will continue with suicide attempts.



Self-Injury

At the early stage, self-injury occurs infrequently (a few times a year), motivated by boredom or frustration rather than a desire to die. As self-injury escalates, it occurs more frequently (weekly), worries friends, co-workers, or supervisors, and is motivated by self-hatred and/or depression. With continued escalation, self-injury occurs more frequently (daily), is motivated by a desire to disappear or not exist, and/or they have been treated at an inpatient hospital for the behavior.

Sleep



Sleep may be difficult to maintain due to early waking, difficulty falling asleep, or sleeping to escape or avoid others. They feel tired, overwhelmed, and exhausted, and have difficulty focusing on work, family, or friends. At extreme levels, they are unable to function at work or with friends. Sleep is either completely elusive, or they sleep most of the day and remain exhausted.





“No one or two traits or characteristics should be considered in isolation or given more weight than the others.”

-Mary Ellen O’Toole