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SAFETY DIVISION



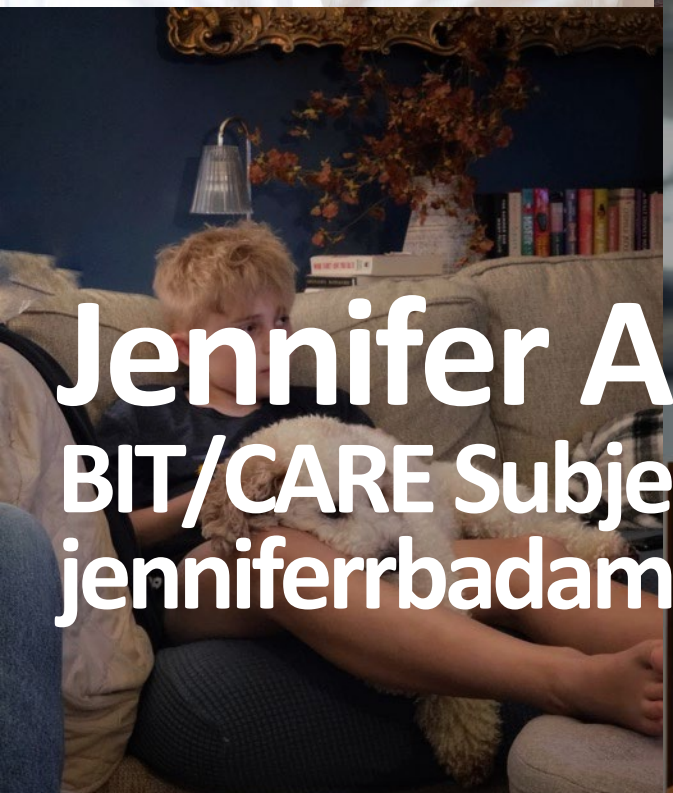
Brian Van Brunt, Ed.D.

Director of Behavior and Threat Management

Brian@dprep.com


Be an advocate
Chris Taylor, Ph.D.
President, InterACTT
chris@interactt.org
www.christaylorconsulting.net



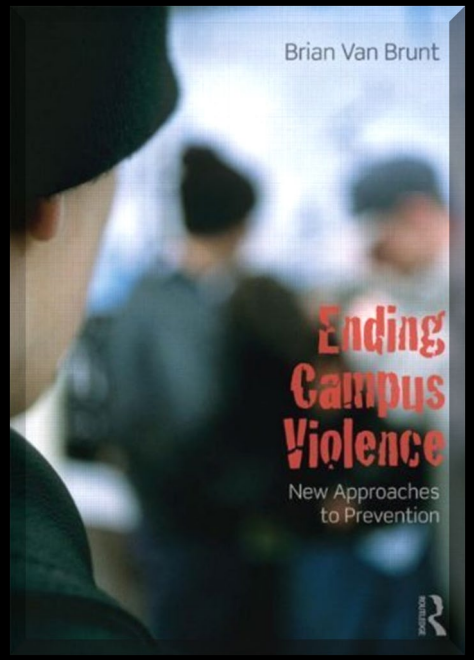



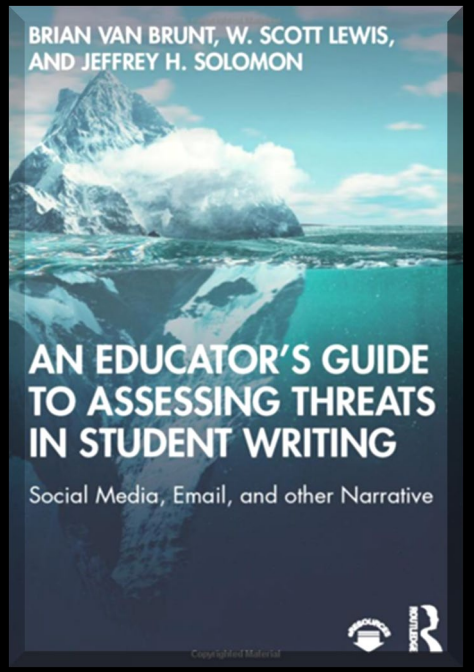


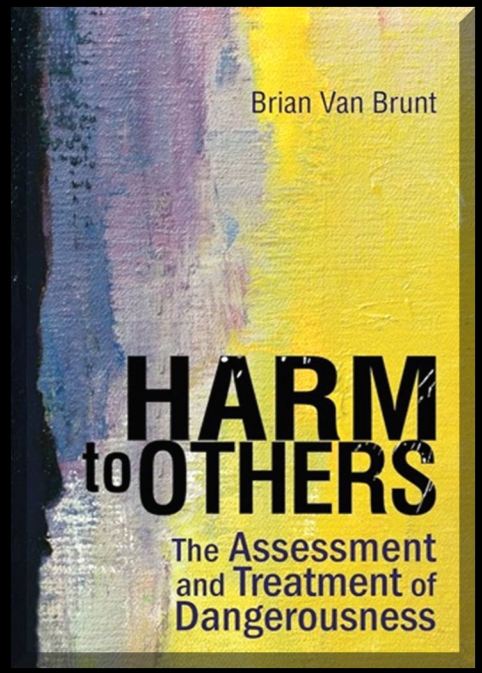
Jennifer Adams, Ph.D.

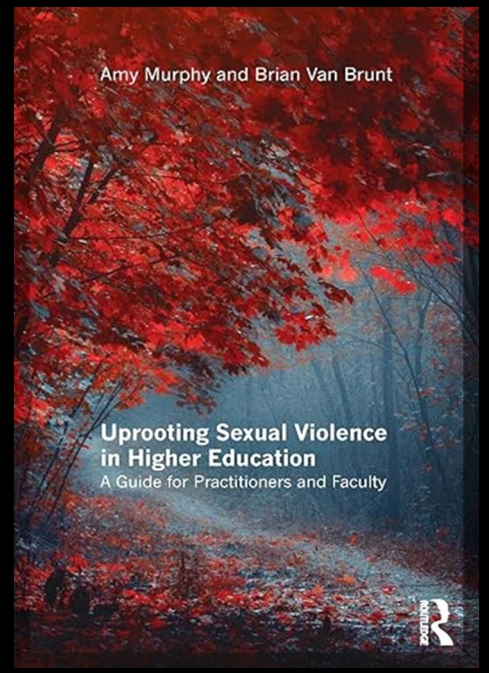
BIT/CARE Subject Matter Expert

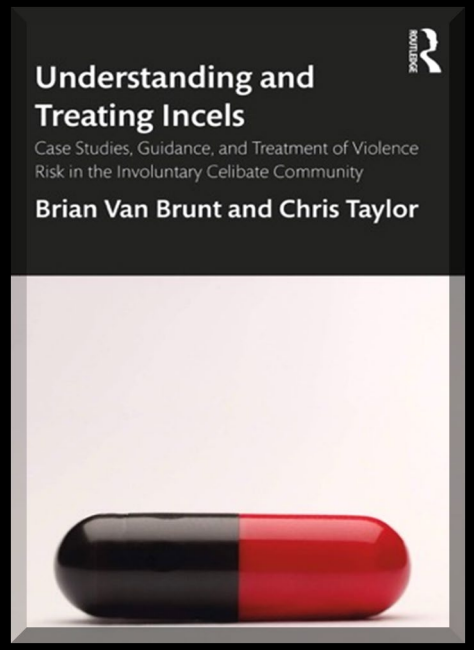
jenniferrbadams@gmail.com


Brian Van Brunt
Ending Campus Violence
New Approaches to Prevention

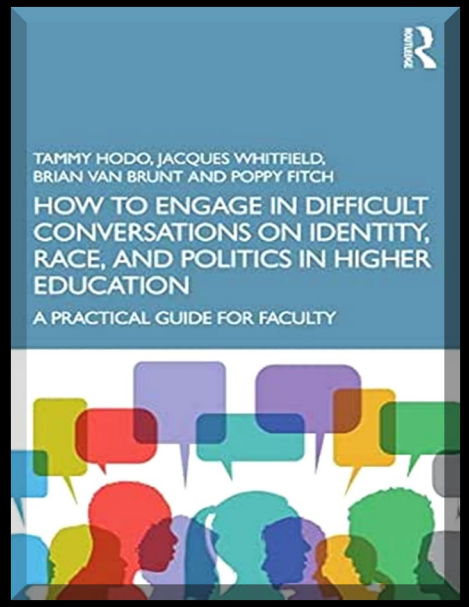

BRIAN VAN BRUNT, W. SCOTT LEWIS, AND JEFFREY H. SOLOMON
AN EDUCATOR'S GUIDE TO ASSESSING THREATS IN STUDENT WRITING
Social Media, Email, and other Narrative

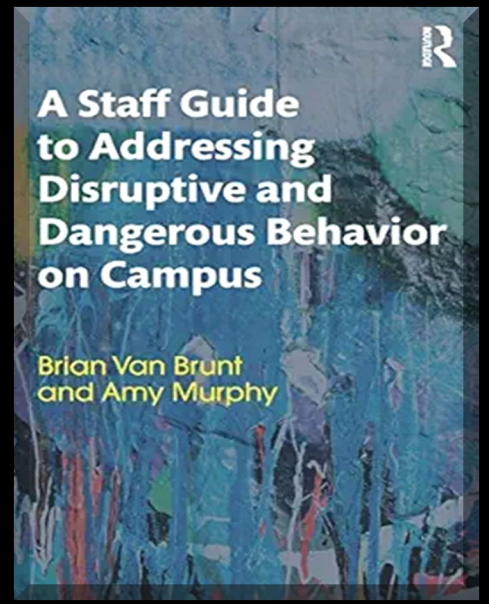

Brian Van Brunt
HARM to OTHERS
The Assessment and Treatment of Dangerousness


Amy Murphy and Brian Van Brunt
Uprooting Sexual Violence in Higher Education
A Guide for Practitioners and Faculty


Understanding and Treating Incels
Case Studies, Guidance, and Treatment of Violence Risk in the Involuntary Celibate Community
Brian Van Brunt and Chris Taylor


BRIAN VAN BRUNT, LISA PESCARA-KOVACH, AND BETHANY VAN BRUNT
WHITE SUPREMACIST VIOLENCE
Understanding the Resurgence and Stopping the Spread


TAMMY HODO, JACQUES WHITFIELD, BRIAN VAN BRUNT AND POPPY FITCH
HOW TO ENGAGE IN DIFFICULT CONVERSATIONS ON IDENTITY, RACE, AND POLITICS IN HIGHER EDUCATION
A PRACTICAL GUIDE FOR FACULTY


A Staff Guide to Addressing Disruptive and Dangerous Behavior on Campus
Brian Van Brunt and Amy Murphy

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Feeling Threatened Vs. Being Threatened: Understanding Threat in Higher Education

With special thanks to Dr. Brian Van Brunt, Jennifer Adams, Dr. Lisa Pecara-Kovach, and Bethany Smith for their contributions.

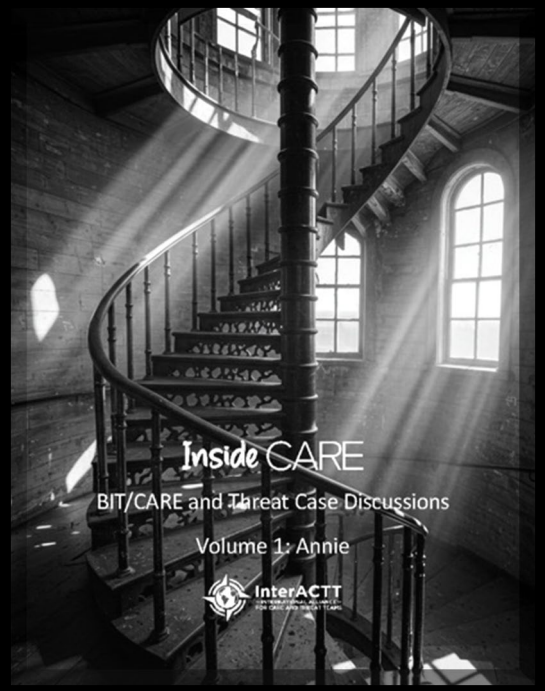


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A Bad Idea: Forced Medical Withdrawals and Mental Illness in Higher Education

With special thanks to Dr. Brian Van Brunt, Dr. Chris Taylor, Dr. Amy Murphy, and Bethany Smith for their contributions.







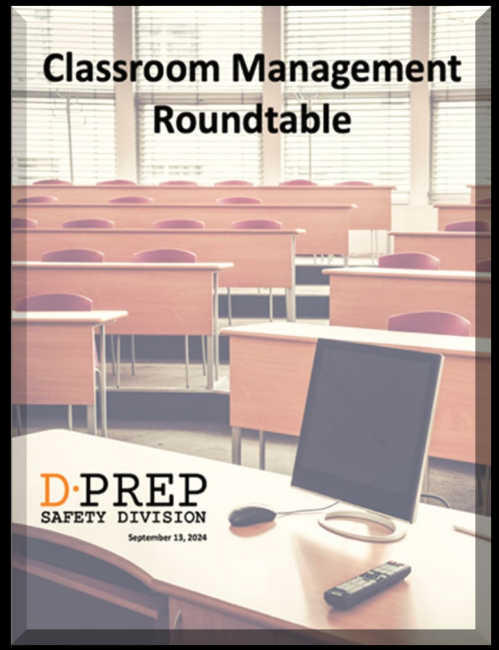
BUILDING THE TEAM

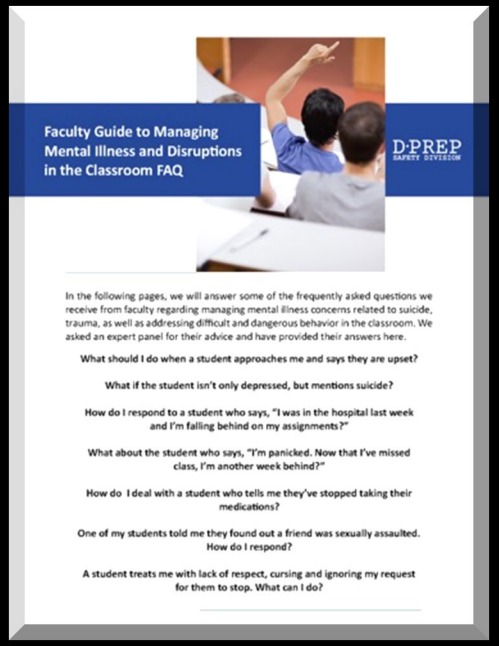


The Role of Conduct in Behavioral Threat Assessment and Intervention

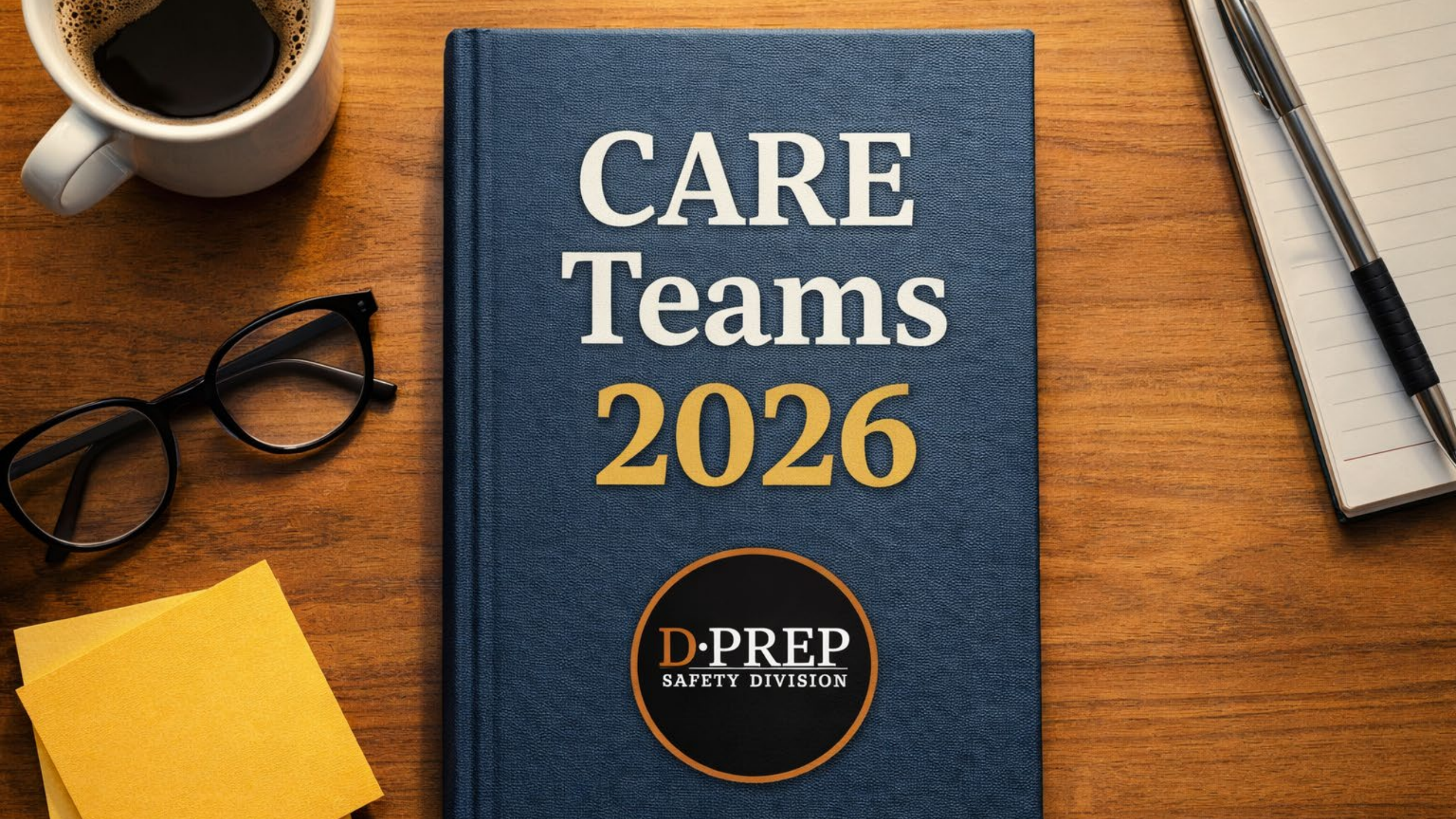
InterACTT
INTERNATIONAL ALLIANCE FOR CARE AND THREAT TEAMS

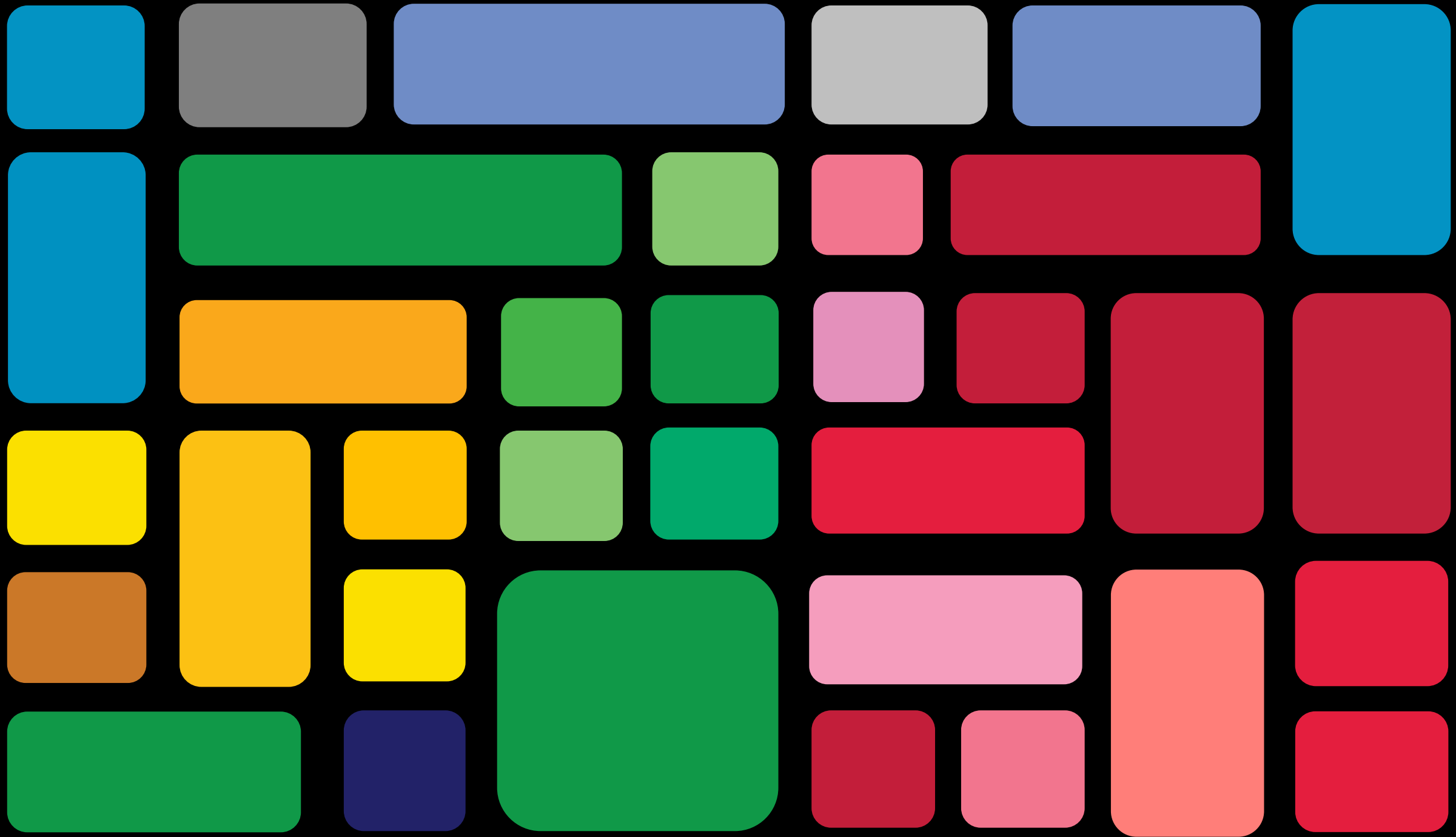
Chris Taylor, PhD • Amy Murphy, PhD • Brian Van Brunt, EdD








CARE
Teams
2026
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STANDARDS FOR BIT/CARE AND THREAT TEAMS

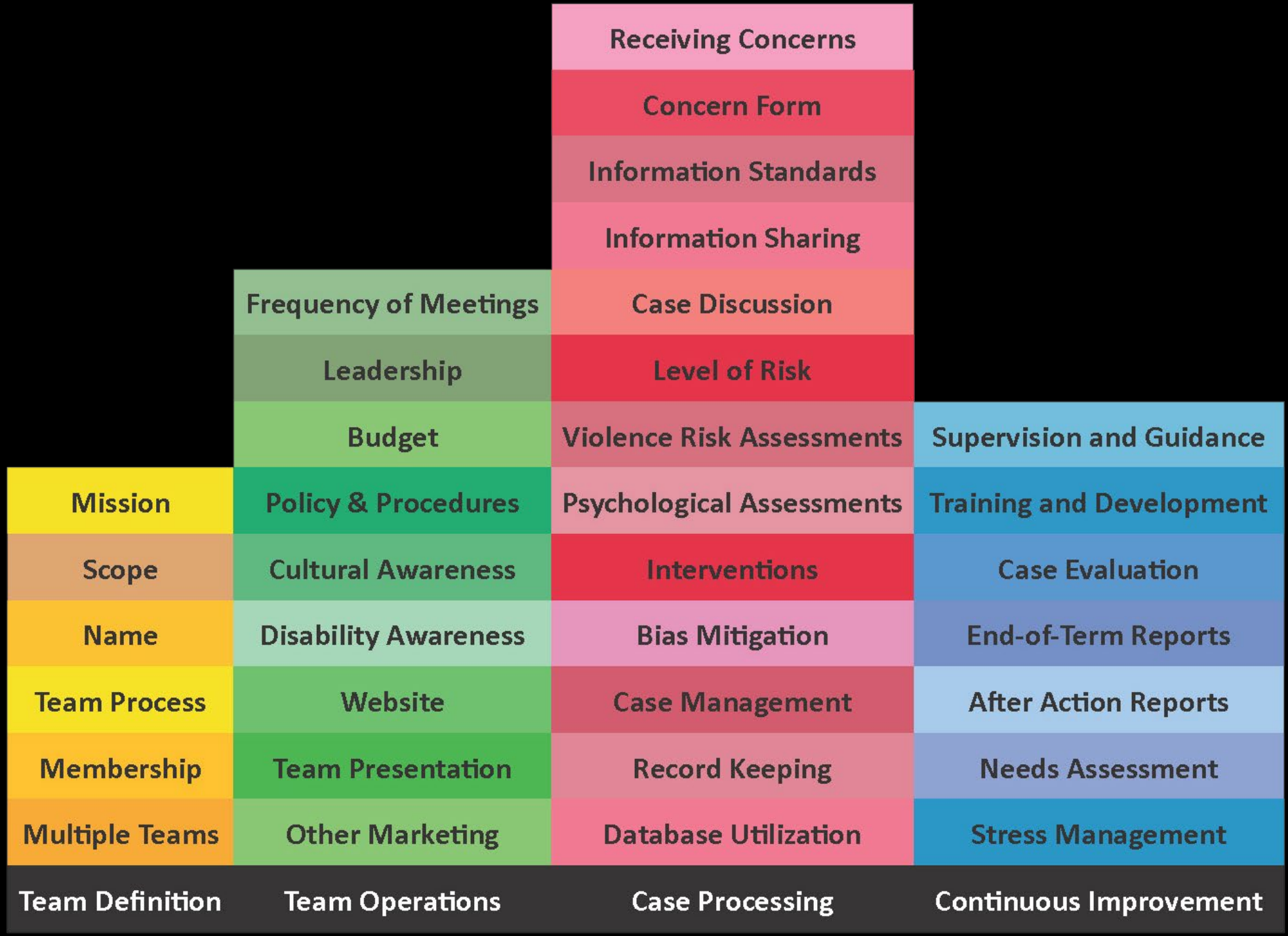
DPrep Safety's BIT/CARE team assessment rubric looks at thirty-five key items for optimal team functioning. This document provides descriptions for each item and the supporting research for why it is included as essential in the development of a BIT/CARE or threat assessment team framework.

The rubric is divided into four categories:

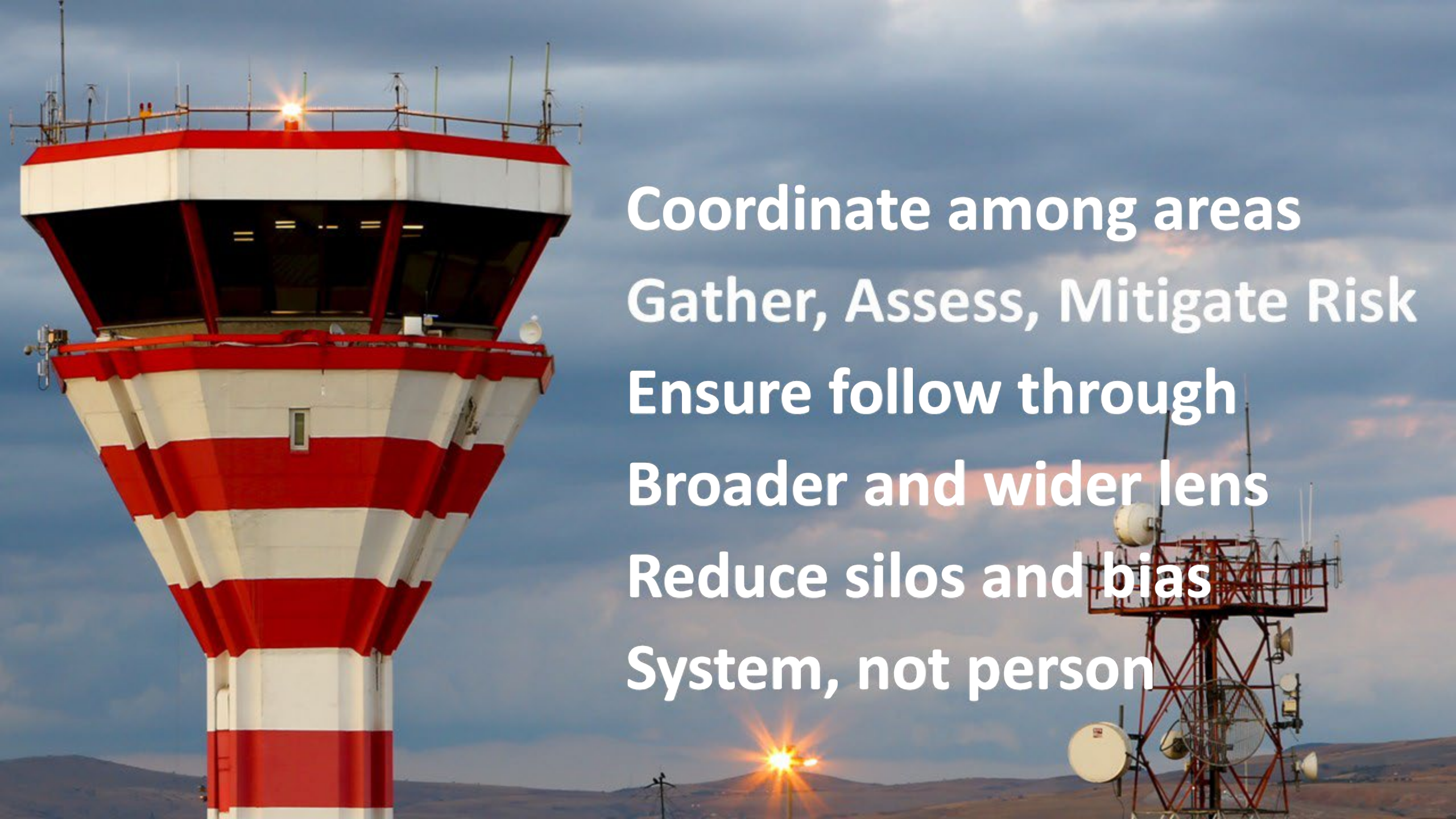
- **Team definition** outlines the team's purpose and scope of activities.
- **Team operation** defines how the team is organized to meet team goals.
- **Case processing** describes how the team manages a case through the initial report, contextual information gathering, risk assessment, interventions, and documentation.
- **Continuous improvement** supports the ongoing functioning of the team and ensures the membership is supervised and trained and that processes are reviewed and maintained.

Team Definition	Team Operations	Case Processing	Continuous Improvement
		Receiving Concerns	
		Concern Form	
		Information Standards	
		Information Sharing	
	Frequency of Meetings	Case Discussion	
	Leadership	Level of Risk	
	Budget	Violence Risk Assessments	Supervision and Guidance
Mission	Policy & Procedures	Psychological Assessments	Training and Development
Scope	Cultural Awareness	Interventions	Case Evaluation
Name	Disability Awareness	Bias Mitigation	End-of-Term Reports
Team Process	Website	Case Management	After Action Reports
Membership	Team Presentation	Record Keeping	Needs Assessment
Multiple Teams	Other Marketing	Database Utilization	Stress Management




Receiving Concerns
Concern Form
Information Standards
Information Sharing
Frequency of Meetings
Case Discussion
Leadership
Level of Risk
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Supervision and Guidance
Mission
Policy & Procedures
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Name
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End-of-Term Reports
Team Process
Website
Case Management
After Action Reports
Membership
Team Presentation
Record Keeping
Needs Assessment
Multiple Teams
Other Marketing
Database Utilization
Stress Management
Team Definition
Team Operations
Case Processing
Continuous Improvement

Our Violence Risk and Threat Assessment work needs to be grounded in the BTAM and BIT/CARE process.


Coordinate among areas
Gather, Assess, Mitigate Risk
Ensure follow through
Broader and wider lens
Reduce silos and bias
System, not person

DEFINITIONS

Process



Gather Data



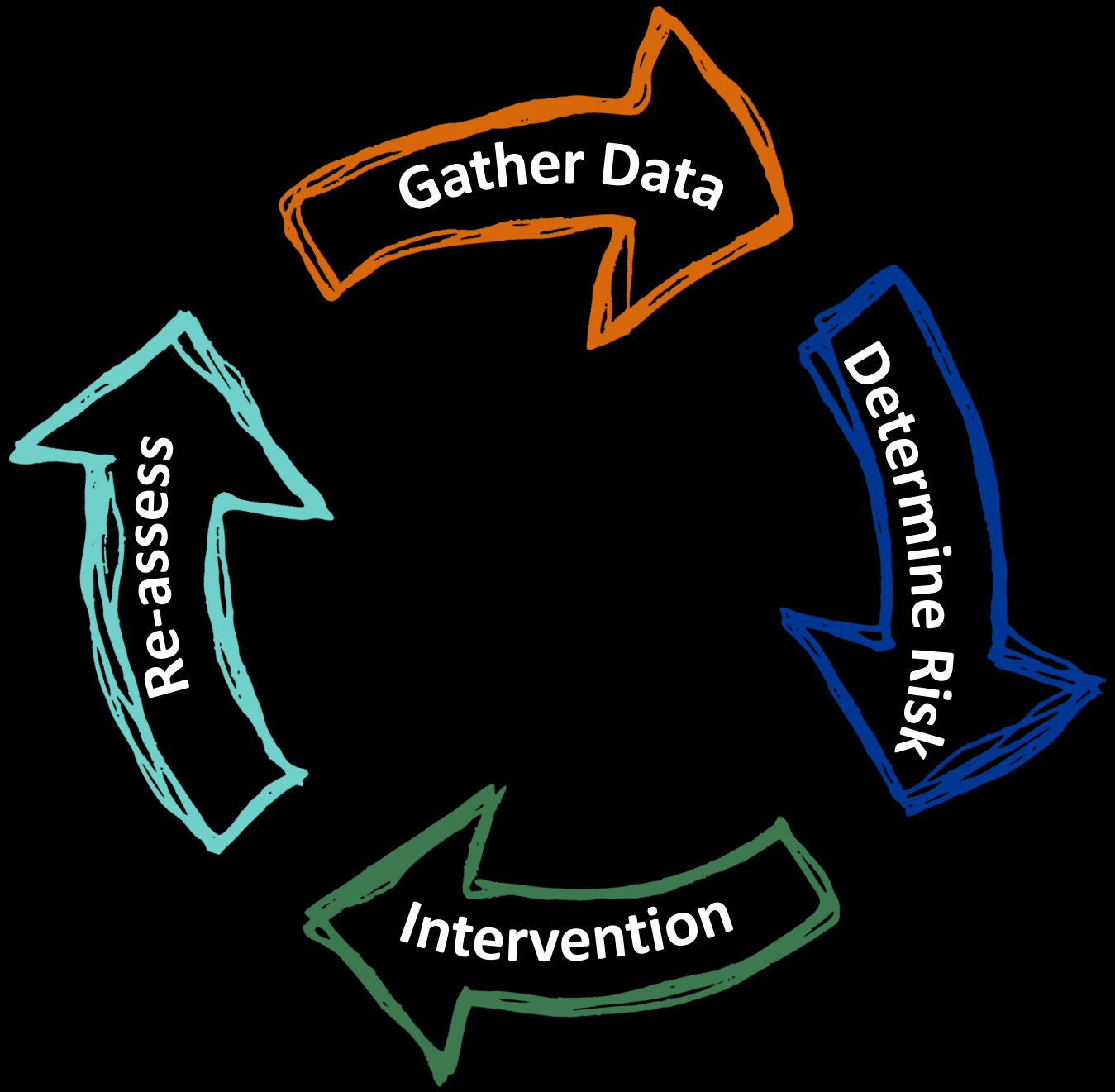
Determine Risk



Intervention

DEFINITIONS

Process



CASE PROCESSING





Psychological Assessment

Triage Assessment

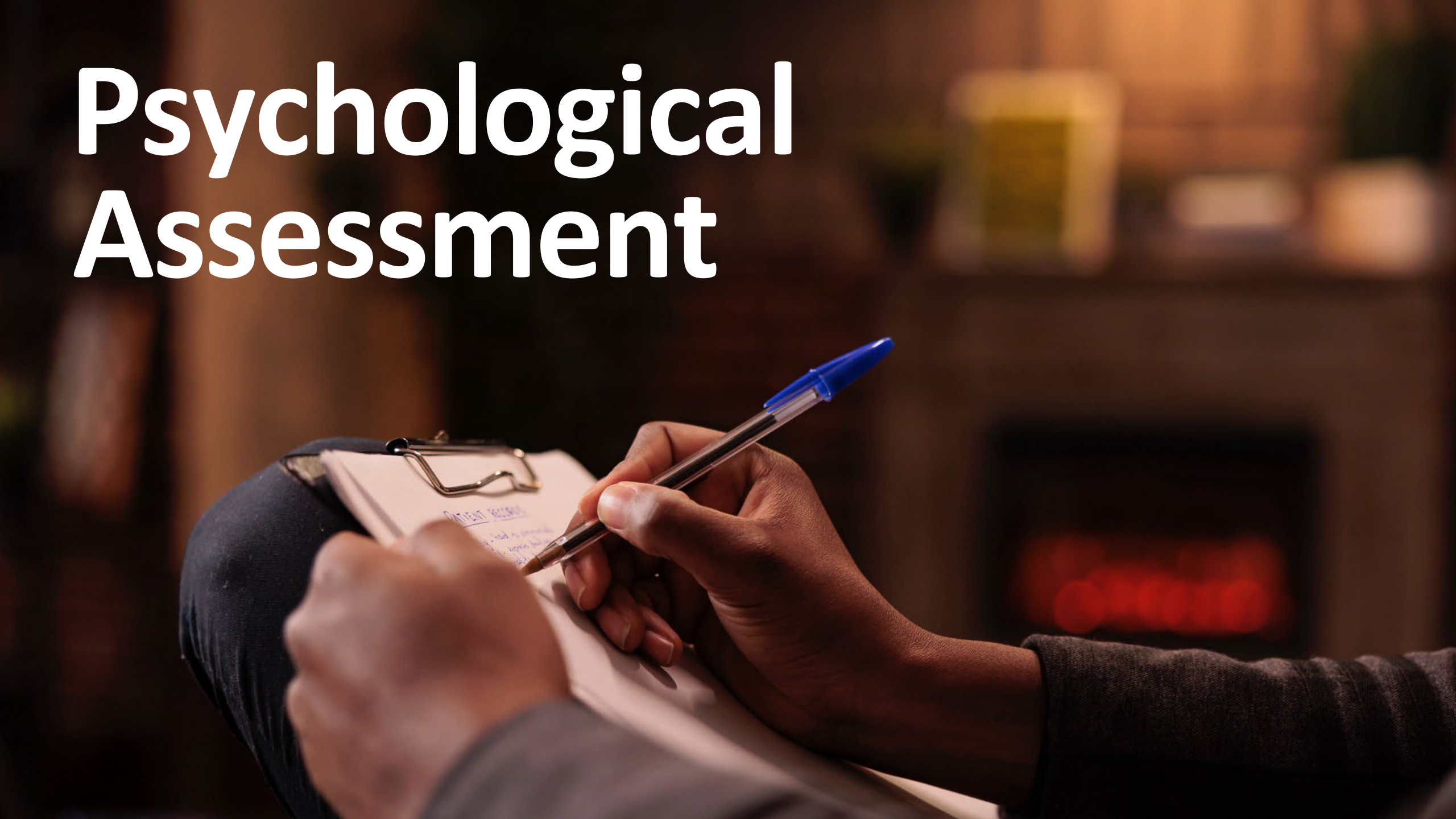
Violence Risk Assessment

Threat Assessment

Threat Vulnerability Risk Assessment (TVRA)

Crime Prevention Through Environmental Design (CPTED)

Psychological Assessment



CASE PROCESSING

Psychological Assessment

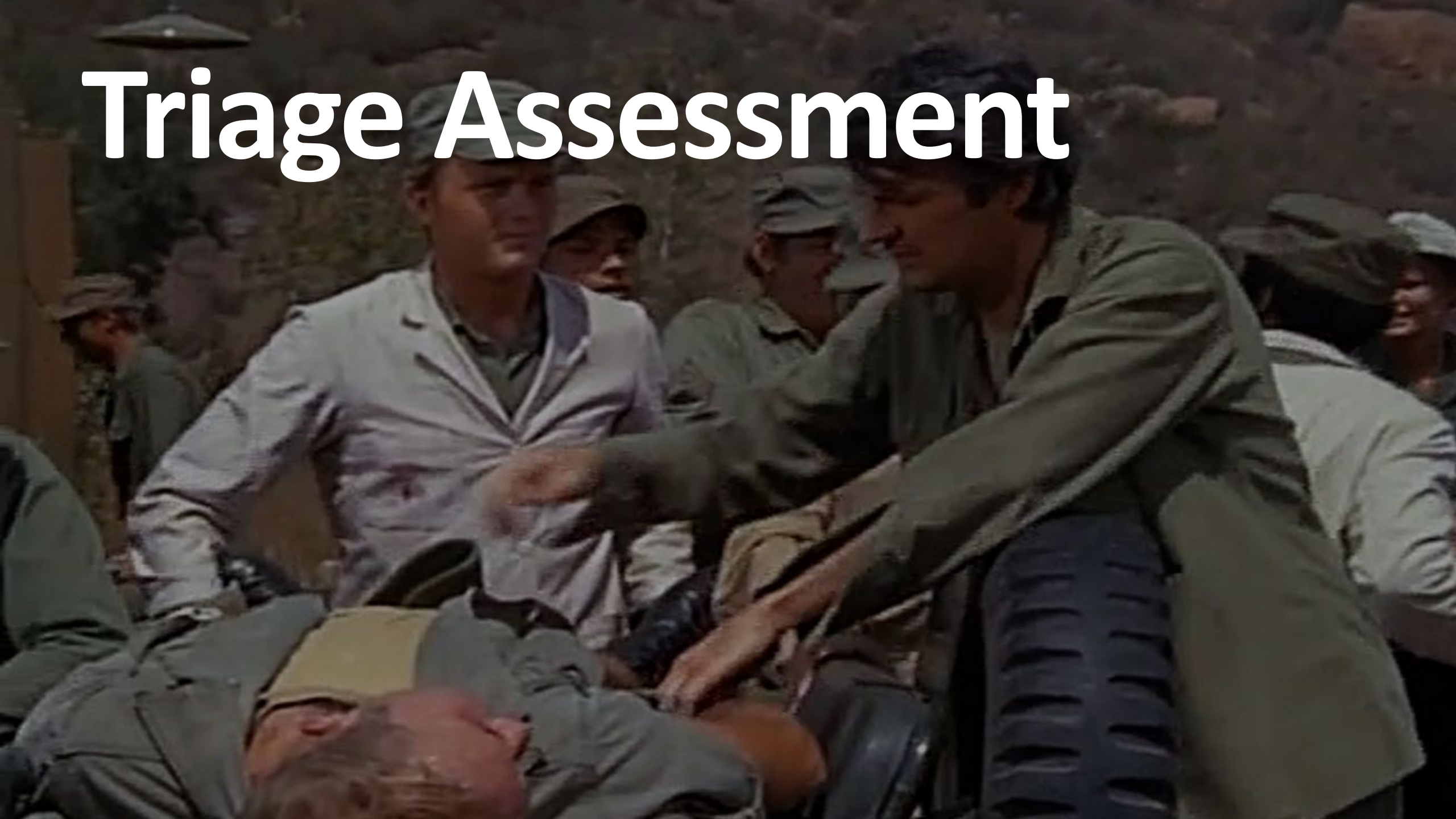
Psychological Assessment

Assessing the correct diagnosis and narrowing the cause of behaviors

Determine the need for inpatient admission (e.g. 5150)

Development of an aftercare plan and treatment suggestions/mediations

Triage Assessment

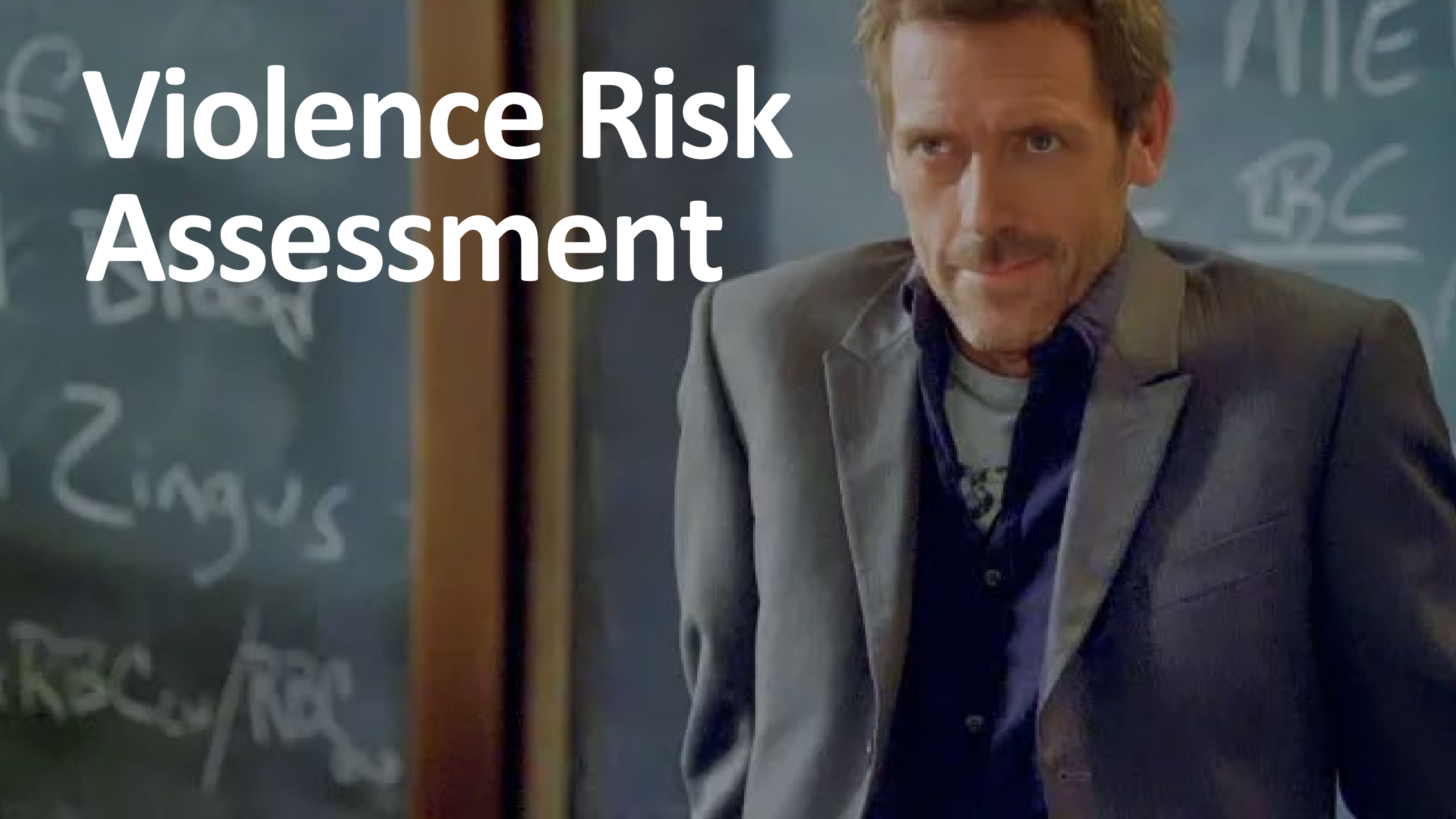


Mitigates bias in decision making

Increases legal protection

Ensures any intervention is tie to level of risk

Violence Risk Assessment



CASE PROCESSING



Violence Risk Assessment

Violence Risk Assessment (VRA)

More detailed questions and review of context and environmental factors

Violence risk is broader term for assessing risk to self and others

Threat assessment relates to the response to an active threat

Threat Assessment



In response to a verbal or written threat

Determines actionability and lethality of threats

Develop risk mitigation plans to reduce risk

Transient Threats



Transient threats are not serious and often made in the heat of the moment, as a joke, or out of frustration, without intent to cause harm.

These threats are often made in anger. or jest, are retracted quickly when confronted, have no sustained intent or planning and do not contain concrete steps taken toward action.

A student says, “I’m gonna fail this test and just blow up,” then apologizes and explains it was a joke.

Substantive Threats



A threat that appears intended to be carried out, with some evidence of planning, means, or genuine intent to harm. These threats involve a specific target, time, place or method. Statements are repeated or reinforced over time. The threats may be accompanied by planning behaviors (weapons acquisition, scouting locations).

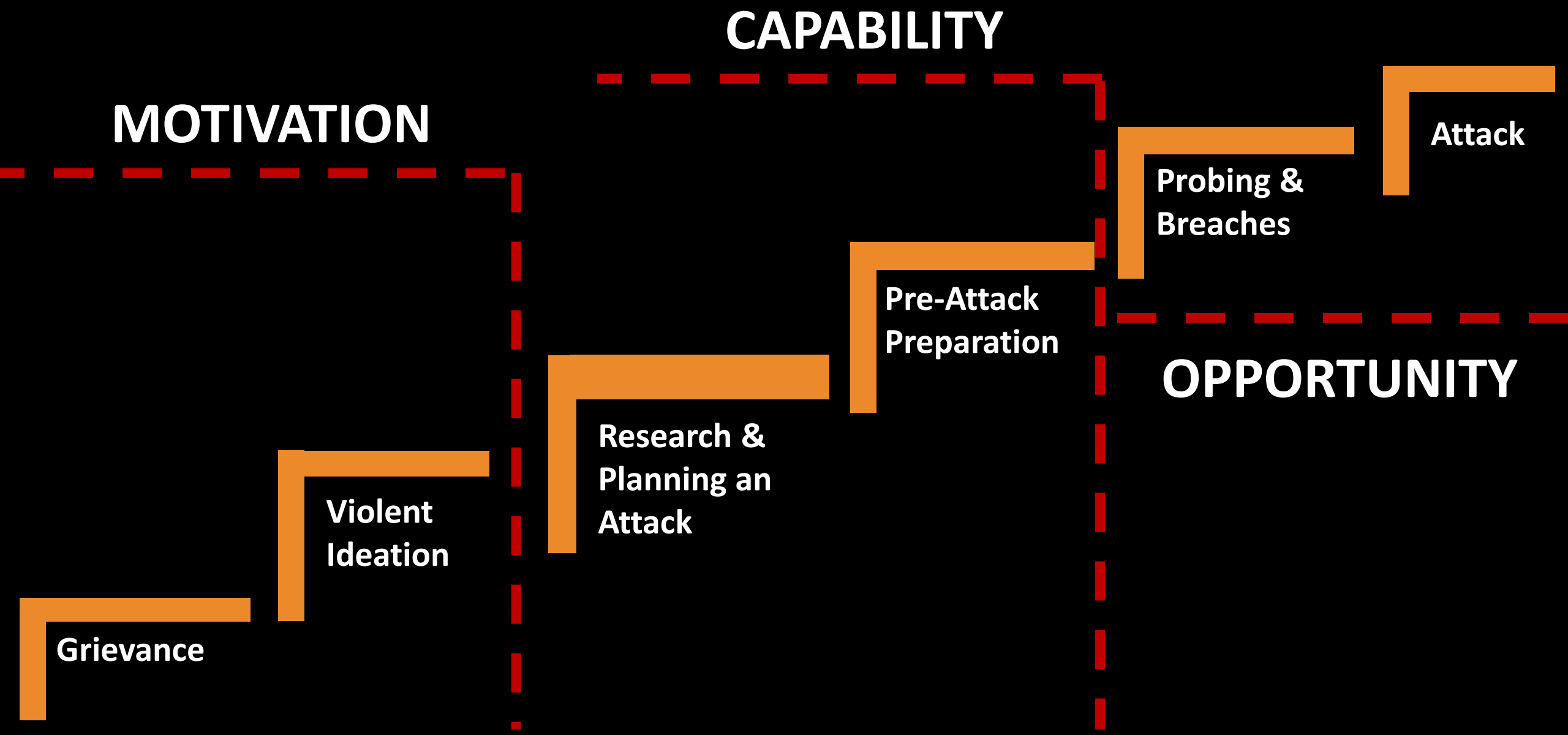
A student who says, “On Friday, I’m going to stab Jake in the common lounge on the library second floor,” and has already has a knife in his dorm room.

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.

Pathway to Violence









Pathways


Remember

Triage

An initial review done to determine what next steps need to happen

Violence Risk Assessment (VRA)

A more detailed assessment and review of the case based on the triage results


Triage
Violence Risk Assessment

 **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

Suicide WayFinder

RISK FACTORS

Is the individual: (Check all that apply)

- ☐ Between the ages of 16-24
- ☐ Over age 65
- ☐ LGBTQ+
- ☐ Disabled or have a chronic illness
- ☐ A veteran
- ☐ A first responder

 **Statement** ☑ ? ○ 1 ○ 2 ○ 3	 **Treatment** ☑ ? ○ 1 ○ 2 ○ 3	 **Hopelessness** ☑ ? ○ 1 ○ 2 ○ 3	 **Depression** ☑ ? ○ 1 ○ 2 ○ 3	 **Isolation** ☑ ? ○ 1 ○ 2 ○ 3
 **Self-Injury** ☑ ? ○ 1 ○ 2 ○ 3	 **Self-Concept** ☑ ? ○ 1 ○ 2 ○ 3	 **Impulsivity** ☑ ? ○ 1 ○ 2 ○ 3	 **Substance Use/Abuse** ☑ ? ○ 1 ○ 2 ○ 3	 **Eating/Sleeping** ☑ ? ○ 1 ○ 2 ○ 3
 **Loss or Bereavement** ☑ ? ○ 1 ○ 2 ○ 3	 **Adjusting to Change** ☑ ? ○ 1 ○ 2 ○ 3	 **Bullied/Teased** ☑ ? ○ 1 ○ 2 ○ 3	 **Lethality Access** ☑ ? ○ 1 ○ 2 ○ 3	 **Previous Attempts** ☑ ? ○ 1 ○ 2 ○ 3

Click the category name for level information.

Do they have friends, coworkers, or family members who support them?

- Yes
- No
- Unsure

If they have talked about killing themselves, was there something specific that kept them from going through with it?

- Yes
- No
- Unsure

Do they have things in their life (e.g., pets, religious beliefs, children left behind) that would keep them from killing themselves?

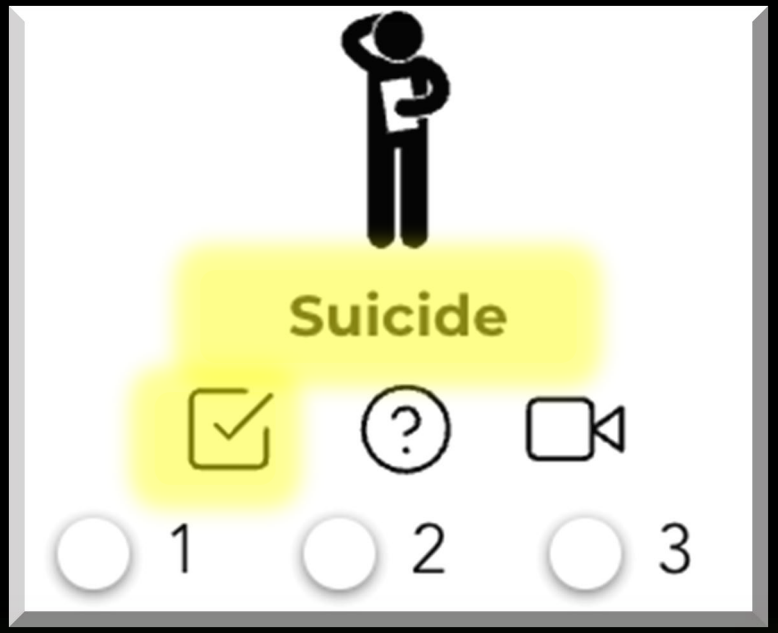
- Yes
- No
- Unsure

Do they have hope that things will get better in the future?

- Yes
- No
- Unsure

Do they have a resilient attitude (or grit) that prevents them from harming themselves?

- Yes
- No
- Unsure

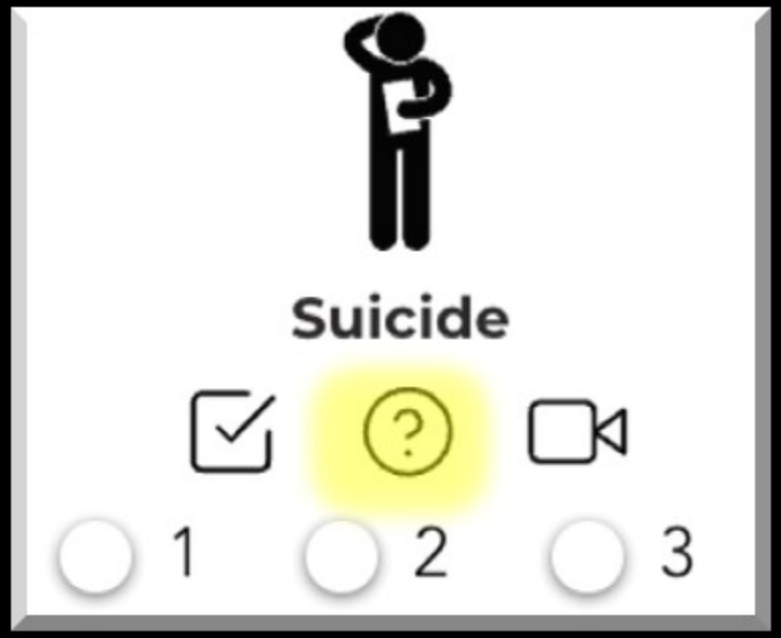


It is helpful to see suicide as a range of concerns from ideas about wanting to die to more extreme contemplations about taking actions to die. Ideas may start with thoughts of disappearing and/or not wanting to live anymore. Threats become more frequent and clearer, shared with multiple people. The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

- Occasional suicidal thoughts and a desire to escape pain
- Vague references to death (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 and 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, and making final plans



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 on-going 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?

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

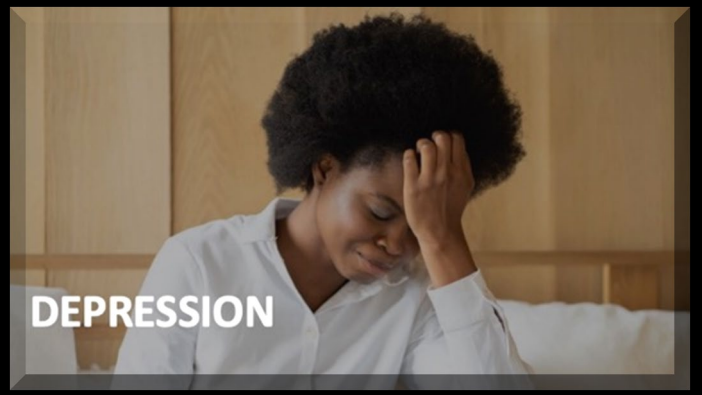
Depression can occur in the way we feel about our lives as well as through our behaviors, such as not wanting to eat, eating too much, having trouble sleeping, or sleeping too much. Depression may involve feelings of hopelessness that could be vague thoughts, all the way to intense and overwhelming panic. 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.


SUICIDE

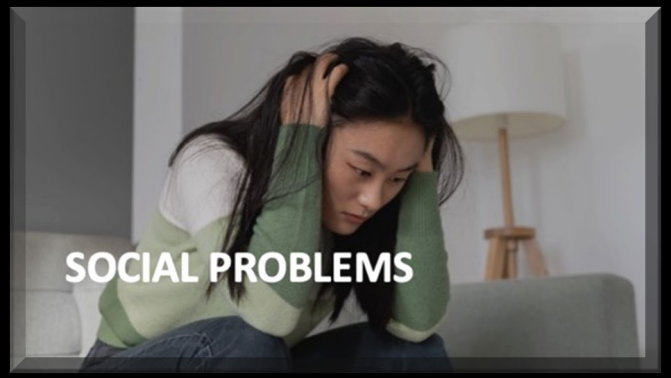

DEPRESSION


SELF-INJURY


ALCOHOL/THC


SERIOUS DRUG USE

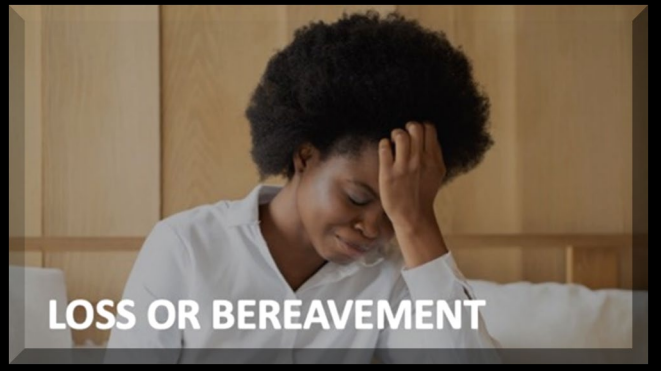

BEING TEASED


SOCIAL PROBLEMS


ACADEMIC TROUBLE

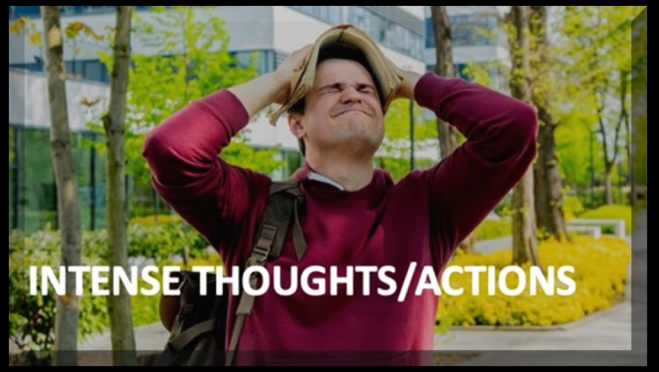

FINANCIAL INSECURITY


ADJUSTING TO CHANGE


LOSS OR BEREAVEMENT


BEING STALKED


ANXIETY


INTENSE THOUGHTS/ACTIONS


HALLUCINATIONS/DELUSIONS

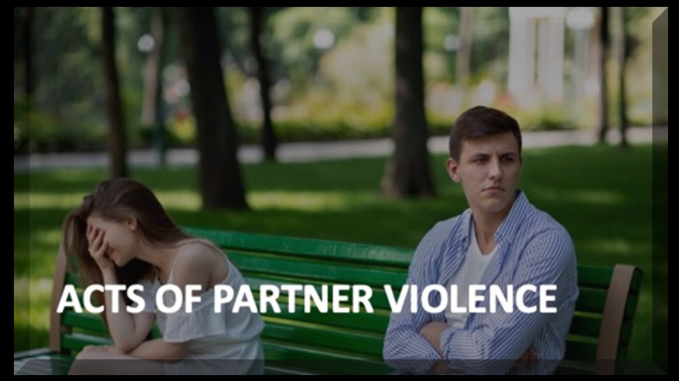

INTIMIDATING BEHAVIORS


VANDALISM

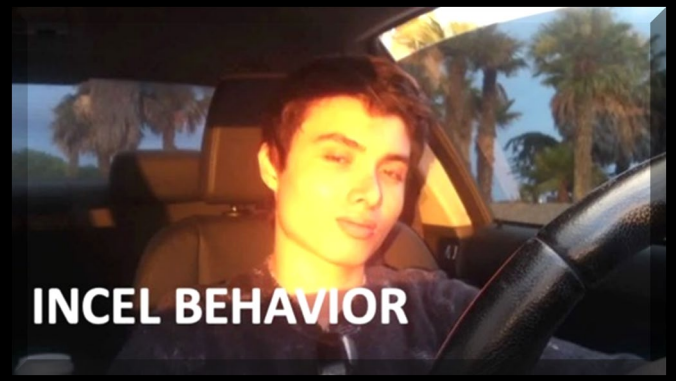

BEING CONTROLLED


HARASSING


STALKING OTHERS


ACTS OF PARTNER VIOLENCE

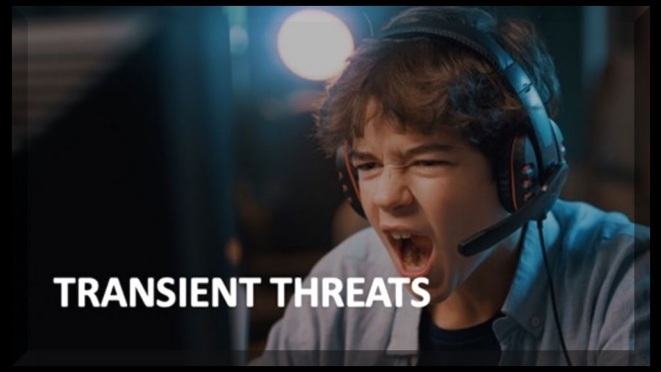

SEXUAL VIOLENCE


INCEL BEHAVIOR


EATING/SLEEPING


AFFECTIVE VIOLENCE


TROLLING ACTIONS


TRANSIENT THREATS


SUBSTANTIVE THREATS


WHITE SUPREMACY


WEAPONS INTEREST/ACCESS