Prevention Practitioners Network

Preventing Targeted Violence and Terrorism

A Guide for Practitioners

The US Prevention Practitioners Network

Since September 2020, the McCain Institute, with support from the Institute for Strategic Dialogue (ISD) and a steering committee of violence prevention and social safety experts, have been developing and engaging a a national network of interdisciplinary professionals dedicated to preventing targeted violence, terrorism, and their impacts within the United States. The aim of the Prevention Practitioners Network is not only to connect practitioners across the US with one another, but also to build their capacity and the efficacy of their programs through a series of workshops that cover both theoretical and practical elements of delivering prevention and intervention initiatives, and through providing information packs and practice guides in supplement to these workshops.

THE McCAIN INSTITUTE

The McCain Institute for International Leadership was created in 2012 and sits organizationally within Arizona State University (ASU). The McCain Institute is an agile, action-oriented organization with a proven track record of producing impactful programming to address particularly challenging national and international problems. The National Security and Counterterrorism program at the McCain Institute delivers innovative programs that fill important gaps in our capability as a nation to address the growing problem of targeted violence. In addition to its work on national security and targeted violence prevention, the Institute's areas of programmatic focus include development and training of next-generation leaders, combating of human trafficking, and promotion of human rights, democracy, and the rule of law around the world.

ISD

Founded in 2006, ISD is now the leading global "think and do" tank dedicated to understanding and innovating real-world responses to the rising tide of polarization, hate and extremism of all forms. We combine anthropological research, expertise in international extremist movements and an advanced digital analysis capability that tracks hate, disinformation and extremism online, with policy advisory support and training to governments and cities around the world. We also work to empower youth and community influencers internationally through our pioneering education, technology and communications programs.

About This Document

This document compiles key considerations for the design and delivery of targeted violence and terrorism prevention (TVTP) programs. It is informed by past materials produced for the Prevention Practitioners Network, as well as a series of workshops organized for members of the emerging Network over the course of two years, from October 2020 to October 2022.

This guidebook starts with an overview of the targeted violence threat landscape in the US, with a focus on white supremacy, anti-government violence, internationally-inspired terrorism, and emerging threat considerations regarding extreme misogynistic subcultures online. It then dives into the use and development of multi-actor teams to address targeted violence, including the types of professions that should be involved, roles and responsibilities, and other considerations for establishing such a team. This guidebook then provides a short overview of primary prevention, including what such programs may look like. Finally, a framework is provided for the development and delivery of behavioral interventions, with an overview provided per stage of case management (intake, assessment, management and aftercare), as well as legal and other considerations for developing such a process. Checklists and other tools are provided to help practitioners that seek to develop their capacity to deliver intervention programs.

Why Prevention?

The past decade has seen a marked shift from a heavily securitized response to targeted violence and terrorism to a whole-of-society approach focused on addressing the root causes of such phenomena, rather than just the manifestations of violence. The 2015 UN Plan of Action for Preventing Violent Extremism (PVE), for example, stresses the importance not just of security measures to counter terrorism, but also of involving local and non-security actors to take "systematic preventive steps to address the underlying conditions that drive individuals to radicalize and join violent extremist groups." In the US, this shift is most recently echoed by the Department of Homeland Security's (DHS) newly launched Center for Prevent Programs and Partnerships, which focuses on community partnerships and building local infrastructure and resources to prevent targeted violence and terrorism.

This guidebook, and the Prevention Practitioners Network for which it is developed, exist within this broader focus on addressing the drivers of targeted violence, rather than just preventing its most extreme manifestations. It is based around an understanding that multi-actor (or whole-of-society) approaches to TVTP are well-placed to address such drivers. It borrows language from the public health sector to refer to different types of intervention, where primary prevention refers to community-/population-wide initiatives to build resilience against violent narratives, secondary refers to a more targeted approach to address specific vulnerabilities, and tertiary refers to disengagement of already-radicalized individuals. It is not intended as a conclusive framework for TVTP, and should be read in supplement to past materials prepared for the Network.

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1. The Threat Landscape

To be able to address targeted violence and terrorism in an informed and responsible manner, practitioners must first develop a conceptual understanding of the phenomena, particularly of the dominant narratives, movements and figures that make up the domestic threat landscape in the US. This chapter provides key definitions related to the targeted violence, and looks at the following four overarching threat areas:

- **White supremacy** - the racist belief that white people are superior to people of other races. It advocates for the legal, political, cultural and social dominance of white people over all others.
- **Anti-government movements** - generally, anti-government extremist movements and militias claim the US federal government exerts undue control over its citizens, positing the government as a tyrannical force that infringes too much on personal freedoms and liberties.
- **Internationally-inspired terrorism** - terrorism inspired by or associated with foreign terrorist organizations.
- **The "manosphere"** - an umbrella term referring to inter-connected, misogynistic communities online, the "manosphere" ranges in severity from broad anti-feminism to violent rhetoric towards women.[1]

It does not intend to serve as a comprehensive deep-dive into the threat landscape. Rather, it provides an entry-level starting point. Additional resources are provided on page 13 and in Appendix C at the end of this document. Please refer also to the Targeted Violence Threat Landscape practice guide that was produced for the Prevention Practitioners Network in May 2022.

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[1] Importantly, some practitioners have urged caution with framing responses to Incel violence within broader counter-extremism and counter-terrorism strategies. Firstly, the motivation to push forward an ideological cause isn't always explicit in Incel-related violence. Secondly, violence is committed by only a very small fraction of the wider Incel community, and, as noted, many Incels vehemently condemn violence committed by self-identified members of the community. Practitioners have cautioned that most Incels are much more likely to self-harm than to harm others, and that positioning them as part of the broader targeted violence threat landscape risks causing self-identified Incels to avoid seeking help for fear of being treated as a threat of violence. While these caveats are important, Incel-related violence and how easily accessible extreme misogynistic content is in Incel forums must be addressed, as does the broader misogynistic landscape in which Incels exists.

General

- **Targeted violence** - In its Strategic Framework for Countering Terrorism and Targeted Violence, the Department of Homeland Security (DHS) defines targeted violence as "any incident of violence that implicates homeland security and/or U.S. DHS activities, and in which a known or knowable attacker selects a particular target prior to the violent attack". The definition is based on research from the National Institute of Justice, wherein the term was first coined.

- **Terrorism** - In the above-mentioned Strategic Framework, DHS defines terrorism as "any activity involving a criminally unlawful act that is dangerous to human life or potentially destructive of critical infrastructure or key resources, and that appears intended to intimidate or coerce a civilian population, to influence government policy by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping."

  - **International Terrorism** - The Federal Bureau of Investigations (FBI) defines international terrorism as "violent, criminal acts committed by individuals and/or groups who are inspired by, or associated with, designated foreign terrorist organizations or nations (state-sponsored)."

  - **Domestic Terrorism** - The FBI defines international terrorism as "violent, criminal acts committed by individuals and/or groups to further ideological goals stemming from domestic influences, such as those of a political, religious, social, racial, or environmental nature."

- **In-Group vs. Out-Group** - the in-group is the group to which someone belongs/identifies with or is perceived to belong / identify with. The out-group is made up of those who are excluded from the in-group.

  Violent out-grouping is core to targeted violence, so it is important for practitioners to be able to recognize when an individual does this. Out-grouping in targeted violence may entail:

  - in-group and out-group identities being based on racial, ethnic and/or religious grounds, sexual orientation, gender identity;
  - positioning the in-group as inherently superior to the out-group, by virtue of the above-mentioned characteristics (e.g., race, religion);
  - advocating for violence or the sociopolitical exclusion of the out-group, and/or framing the out-group as inherently threatening to the in-group.

While movements differ in their perceptions of the in- versus out-group, there are overarching narratives that are core to the wider spectrum of targeted hate and violence. Being able to recognize how movement-specific claims fit into these overarching narratives may help practitioners as they support individuals with disengaging from these movements. On the next page are five common crisis narratives that extremist groups deploy in their worldviews, based on research by extremism expert J.M. Berger.

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- **Impurity** - "corruption of in-group beliefs, practices or traits, sometimes including infiltration of out-group beliefs, practices and traits". **Example:** *"White genocide" conspiracy theorists position inter-racial relationships and non-white immigration as part of a plot to corrupt and decimate white populations.*

- **Conspiracy** - "the belief that out-groups are engaged in secret actions to control in-group outcomes". **Example:** *The "New World Order" conspiracy accuses a "globalist" elite of orchestrating global events, from immigration to COVID-19, as a means to implement a one-world government. Sometimes this takes antisemitic undertones, where the "elite" is characterized as Jewish.*

- **Dystopia** - "the belief that out-groups have successfully oriented society to disadvantage the in-group". **Example***: Many sub-communities of the "manosphere" hold dystopian views that allege society is gynocentric, essentially favoring women and disadvantaging men in all domains of life.*

- **Existential threat** - "the belief that out-groups threaten the continued survival of the in-group". **Example:** *"The Great Replacement" theory, which partially inspired the 2019 attacks against the Muslim community of Christchurch, New Zealand, is founded in the belief that immigration is an existential threat to white survival, a view they reinforce by taking news stories out of context, exaggerating migration and other demographic statistics and stigmatizing non-white communities as inherently violent.*

- **Apocalypse** - "the belief that out-groups will precipitate a comprehensive end to history in the not-too-distant future". **Example:** *Conspiracies like the "New World Order" point to an impending shift in society as we know it and may incite action and violence to protect against this. Berger refers to this subcategory of apocalyptic belief - specifically that "the current world will be replaced by a perfect utopian world very soon" - as* **millenarian belief.**

Extremists across the ideological spectrum also manipulate information to reinforce their violent out-grouping. Key concepts related to false information include:

- **Misinformation:** Information that is false, but the person who disseminates it may believe it is true.

- **Disinformation**: Information that is false and **deliberately** shared to cause harm or to influence.

- **Conspiracy Theories:** A type of mis/disinformation, conspiracy theories seek to explain a phenomenon by invoking a sinister plot orchestrated by powerful actors. Adherents to conspiracies usually see themselves as an "initiated few" who have access to hidden or "secret" knowledge.

- **Mal-information:** A less-known term but used amongst some public safety stakeholders to refer to information that is genuine but used to inflict harm on a person, organization or country. This includes the misuse of personal or confidential information, and the political use of sensitive information.

White Supremacy:

- **"Traditional" White Supremacy: or groups and networks that were founded for the purpose of denying black people their rights:**

  - This includes the entire network of Ku Klux Klan **(KKK) groups, and which is perhaps the most well-known white supremacist subtype.** It is distinctive for its white hoods and robes, and its hierarchical structure where an "imperial wizard" presides over the nationwide movement, and "grand dragons" serve as statewide rulers. The group is still active across the US and has over 15 affiliated subgroups. Although founded as an anti-black movement opposed to the civil rights movement, it has since adopted increasingly antisemitic, xenophobic and nativist rhetoric.

  - This also includes **neo-confederacy, which is an ultra-conservative ideology that fights for "traditional" values it claims modern Americans have lost.** Not all neo-confederates employ white supremacist messaging, but some affiliated groups have advocated "us-versus-them" narratives, including for racial segregation and traditional gender roles. Key groups include: League of the South and Identity Dixie.

- **Neo-Nazism: emulates Nazi ideas about nationalism, racism and antisemitism to incite hatred and violence against non-white communities.** Neo-Nazism is a global ideology with organized networks and affiliate movements across the world, concentrated especially in North America and Europe. In the US, high-profile neo-Nazi movements date back to the late 1950s, with the founding of the American Nazi Party. Other past and existing movements include: National Alliance, National Socialist Movement (NSM), the Base and the Atomwaffen Division.

- **White Nationalism: white nationalists advocate for racial segregation and for the establishment of a white ethnostate.** They "justify" this within "scientific racism" and the alleged intellectual and cultural superiority of white people. KKK, Neo-Nazi and neo-Confederate ideology incorporates white nationalism, but white nationalists also exist outside these movements. Key movements include: American Renaissance, the National Policy Institute and the American Identity Movement. The latter subscribes to **identitarianism**, which originated in Europe, and also argues for the establishment of white ethnostates but often frames this in more intellectual or "palatable" terms (see also "The Alt-Right" below).

- **The Alt-Right:** According to the Anti-Defamation League (ADL), the alt-right, which is short for "alternative right", is a "repackaging of white supremacy by extremists to mainstream their ideologies". This is achieved through a concerted effort to avoid language and ideological framing that is explicitly racist and/or discriminatory, instead cushioning white supremacist views in softer language (at least in comparison to e.g. explicit neo-Nazi doctrine) to add a sense of legitimacy and mainstream what are essentially extremist ideologies. For example, alt-righters often claim they are working to preserve (European-American) cultural heritage and values and/or "Western civilization", instead of explicitly mentioning the white race. Importantly, the alt-right is a decentralized cluster of

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movements, groups and figures whose ideologies all focus on white identity (and the alleged superiority of that identity to non-white populations).

- **Proud Boys**:
  Founded in 2016, they are a violent street protest movement that self-identifies as "western chauvinist" and are known to espouse anti-Muslim, anti-immigrant and misogynistic rhetoric.

- **White Supremacist Prison Gangs:**
  A large component of the wider white supremacist landscape in the US, white supremacist prison gangs differ from other white supremacist movements in that their ideology is usually secondary to their criminal behavior - it is not usually a driving factor behind their criminal activities. Although white supremacist prison gangs originate in prisons, they are active outside of prisons.

Other:
  - **Norse Paganism:** otherwise referred to as "Asatru", Norse Paganism is a revival of old Norse religious practice. While it is not racist in and of itself, some white supremacists have co-opted it to reinforce their views, claiming it is a religion for those of (white) European descent only.

  - **Racist Skinheads**: a "variation of the skinhead subculture" that employs neo-Nazi beliefs.

  - **Christian Identity:** a movement that believes white supremacy is justified by the Bible. They claim, for example, that the Bible likens black people to animals and that Jews are descendants of Satan and Eve, where as white people are considered God's chosen people.

Anti-Government Movements

- **The Boogaloo Movement (or "Boogaloo Boys"/"Boogaloo Bois"):**
  A loosely organized anti-government and anti-law enforcement movement that arose in 2019 and believes insurrection against the state is necessary to protect individual liberties. Although it originated with an Internet meme referring to a second civil war, it has demonstrated its potential to mobilize offline. The Anti-Defamation League (ADL) lists 16 instances of Boogaloo-related arrests in 2020, for example.

- **Three Percenters (or "III%ers"):**
  A sub-"brand" of the wider militia movement, Three Percenters see themselves as lineal descendants of early American colonists that took up arms against the British. A concept initiated by gun owners founded in 2018, the name stems from the disputed claim that only three percent of American colonists did as such.

- **Oath Keepers**:
  Founded in 2009, this group focuses its recruitment and rhetoric towards the military, law enforcement, and first responders recruiting active and former members of all three. The name comes from swearing to defend the Constitution against all enemies, domestic and foreign.

- **Sovereign Citizen Movement:**
  A "loosely organized collection of groups and individuals who have adopted a right-wing anarchist ideology", with believers claiming existing government structures in the US are illegitimate. Sovereign citizens ultimately desire the "restoration" of minimalist governance, and in some cases incite violence against the current government to do so. The Movement is increasing in popularity, with adherents exploiting the broader anti-vaccine and anti-mask movements to recruit and spread their beliefs.

Internationally-Inspired Extremism

- **Islamic State in Iraq and Syria (ISIS)** - Also referred to as ISIL, Daesh and IS, ISIS has been the focus of global counterterrorism efforts since it captured major cities of Syria and Iraq in 2014, after which its then-leader Abu Bakr al-Baghdadi announced a new Islamic "Caliphate". Baghdadi's establishment of the "Caliphate" prompted citizens from countries around the globe to migrate to ISIS-held territory, some of whom traveled to join the group's military operations, others of whom simply wanted to live under the "Caliphate" or were taken there against their will or without informed consent (e.g., children).

  The scale of the foreign terrorist fighter (FTF) phenomenon that was spurred by ISIS's successes in Syria remains a significant security challenge. More than 60 US citizens are thought to have traveled to ISIS territory, of which only 19 are known to have returned to the US, and the remainder are either dead, unaccounted for or remain in refugee camps in Syria, Turkey and elsewhere.

  ISIS's influence in the US also takes shape beyond FTFs and terrorist plots. Internet and communications technology (ICT) are core to ISIS's recruitment and mobilization strategies, for example. Since its founding, and catalyzed by Baghdadi's declaration of the "Caliphate", ISIS operatives have used social media to encourage Westerners to migrate to ISIS territory or to perform acts of violence on the group's behalf. Official propaganda by the group has been circulated across digital spaces ranging from Telegram to Facebook. **Today, the threat from ISIS in the US comes predominantly from the group's persistent and extensive online presence.** Official and unofficial ISIS support networks can be found across the Internet, on mainstream social media platforms, forums, bespoke websites and direct-messaging applications. ISD's analysis of ISIS's biggest known digital repository, which contains over 94,000 pieces of violent extremist content, reveals that 30% of its visitors between March and May 2021 had US addresses, highlighting the prevalence and popularity of the group and its propaganda amongst violent extremists in the US. The group also has multiple formal and informal regional affiliates, including:

  - ISIS-K / ISIS-KP - Islamic State in the Khorasan Province
  - ISIS-GS - Islamic State in the Greater Sahara
  - ISIS Philippines
  - ISIS-DRC - Islamic State in the Democratic Republic of the Congo

- **Al Qaeda (AQ)** - founded in the late 1980s by Osama Bin Laden, the group originally focused outwardly on fighting what it deemed its greatest enemy, the US. Since Bin Laden's death, however, the group has focused more on expanding its regional branches. These include, among others:

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- AQAP - Al Qaeda in the Arab Peninsula
- AQIM - Al Qaeda in the Islamic Maghreb
- AQIS - Al Qaeda in the Indian Subcontinent

- **Al-Shabaab** - An affiliate of Al-Qaeda, Al-Shabaab is a terrorist group based in Somalia. The group has some traction in diaspora communities but has been less successful with recruitment than ISIS. The group seeks to overthrow the Somalian government.

The "Manosphere"

- **Involuntary Celibates**

  "Involuntary Celibates", or "Incels" for short, "forge a sense of identity around a perceived inability to form sexual or romantic relationships". Incels may blame themselves, society at large and specifically women (most self-identified Incels are men) for these perceived failures, and therefore feel a bitterness towards women and themselves.

  While Incel-related violence is a relatively new phenomenon, the label of "Incel" has been used since the 1990s, when a Canadian college student created a website titled the "Involuntary Celibacy Project". The website sought to help those struggling with dating and intimate relations with others. The first Incel forum was therefore intended as a support community for individuals to exchange experiences with and anxieties about dating. It wasn't until the early 2000s that spin-offs of the original forum arose - these forums were less-moderated, allowing misogynistic views to persist and ultimately steering Incel communities more and more towards anti-women sentiment.

  Today, Incel forums are overwhelmingly male-dominated and rife with misogyny that ranges in severity from broader generalizations of women to pro-rape discourse. While many users in Incel forums condemn violent rhetoric and behavior, violent Incel discourse and propaganda is now readily available across Incel-dedicated sites, fringe platforms like 4chan and 8Kun, as well as more mainstream sites like Reddit.

- **Men Going Their Own Way (MGTOW)**

  An exclusively male movement that blames feminism for the perceived decline of modern men. However, while Men's Rights Activists and related anti-feminist groups celebrate patriarchy and may advocate for confining women to the domestic sphere, MGTOW affiliates advocate for a world without women, or male separatism. They believe that existing societal structures are impossible to change, and that the only remaining avenue to protect male interests is to segregate along gender lines. MGTOW narratives are therefore full of misogynistic fear-mongering, where women are stereotyped as deceptive, incapable of honesty, "out to get men" and where society is positioned as matriarchal. MGTOW believe that men are victims of gynocentrism and that men are entrapped by modern society as silent breadwinners.

- **Men's Rights Activists (MRA)**

  MRA communities differ from Incels in that affiliates do not define themselves by the status of their sex life or intimate relations with women. Rather than focusing on sex, MRAs criticize gender equality, women's rights, and

women's status in society more broadly. Some believe, for example, that women's suffrage, women's right to education and to a life in the public sphere rather than just domestic sphere have all contributed to a declining status and power of men in society, and that this needs to be reversed.
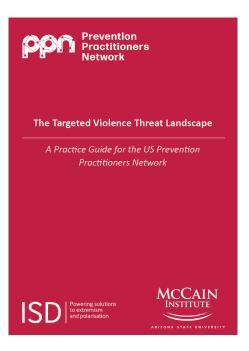
MRA movements also generally make a more concerted effort than other "manosphere" communities to "formalize" their discourse by framing it within academic terms, thus adding a false sense of legitimacy to their claims. For example, *A Voice for Men*, one of the most visible MRA websites, claims its mission statement is to "provide education and encouragement to men and boys: to lift them above the din of misandry, to reject the unhealthy demands of gynocentrism in all its forms…" While this seems harmless, the site is full of misogynistic content. In an audio recording on the site, for example, the site's founder states that "p**** is the only real empowerment women will ever know," effectively belittling women down to sexual objects.

- **Pick-Up Artists (PUAs)**

  PUAs compare to Incel communities in that they feel men are owed sex and that women therefore need to be sexually available at all times. As their names suggest, PUAs focus on teaching others how to manipulate women into sex. Arguably the most visible name within these communities is "Roosh V," founder of the *Return of Kings* website. Derogatory, homophobic terms like "soy boy" and "faggot" are commonplace across the site while women and feminism are blamed for what is perceived to be an increasing intolerance towards men. The site also contains articles that mock sexual violence and sexual consent, claiming among others that all girls have a rape story because it is how they compete with one another.

Additional Resources

Provided are other resources on the threat landscape created for the Prevention Practitioners Network. Refer to Appendix C for additional, external resources.

- Practice Guide: The Targeted Violence Threat Landscape
- Information Pack: White Supremacy and Anti-Government Violence
- Information Pack: Incel and Misogynist Violent Extremism
- Information Pack: Internationally-Inspired Terrorism
- Information Pack: The Role of Mis-, Dis- and Mal-Information in Targeted Violence

- Workshop Recording: Threat of White Supremacy and Anti-Government Violence
- Workshop Recording: Incel and Misogynist Violence
- Workshop Recording: Promising Practices for the Prevention of Internationally-Inspired Terrorism
- Workshop Recording: The Role of Mis-, Dis-, and Mal-Information

2. Multi-Disciplinary Teams

Radicalization to violence is a complex and multi-dimensional process "best served by multi-level and multi-disciplinary solutions." Multi-disciplinary approaches to targeted violence prevention, especially if you work in behavioral intervention (secondary or tertiary prevention), are therefore preferred over single-disciplinary approaches, and are increasingly regarded as best practice in TVTP. This chapter provides suggestions for setting up a **multi-disciplinary team (MDT)**, and outlines the disciplines that have historically been involved in TVTP interventions.

1) Mapping

A mapping exercise that locates local services and identifies which can be leveraged for TVTP is an important step in establishing a well-rounded MDT with representation from diverse professional and community-based services. This mapping should also seek to understand whether there are any existing initiatives or frameworks that a TVTP initiative can operate alongside or otherwise leverage. Many of the factors that may buffer or reduce an individual's resilience against violent narratives can likely be addressed by existing programs in the setting in which you operate, be it in the community, in schools or in prison. This includes efforts to address truancy, media literacy initiatives, social cohesion and integration efforts, among others. Mapping and engaging these initiatives avoids duplication, and avoids the exceptionalism and isolation of TVTP from other social and community well-being efforts.

2) Outreach and Agreement

Once you've identified the services that can support TVTP, gauge their interest and ability to commit. Be transparent about the role you expect them to play - for example, if your program conducts behavioral interventions, will they be expected to partake in intervention delivery, or solely help guide the risk assessment process? Information-sharing agreements and Memorandums of Understanding (MoUs) will then need to be developed and signed by all parties who agree to take part in the MDT and TVTP program. These must abide by federal and state laws regarding confidentiality and data security.

3) Consider A Tiered Structure

Having access to multiple professions will allow you to draw on different "types" of expertise and experience as you assess and support individuals deemed potentially at risk of violent behavior. However, too many people involved may complicate and delay the overall case management process. Some teams mitigate against this risk by deploying a tiered membership approach, where the core case management team that oversees intake, assessment, behavioral management and aftercare for all cases is made up of maximum 10 individuals, to ensure everyone has the chance to contribute and to keep the case management process streamlined and efficient. Representatives of services that are called upon to support occasionally, but that aren't core to the process otherwise, can be part of a second tier of membership that meets less frequently but still has regular interface with the core team to ensure they feel up-to-date on processes and protocols, as well as case work. A tiered membership approach may look like:

Tier 1 - Core Team

Meets regularly (e.g. biweekly, monthly). Expectation is that all members attend every meeting. Members are formally trained on all tools (e.g. assessment frameworks) and will serve as case leads (also known as case managers), overseeing progress on a case-by-case basis. Meetings will function to update others on case progress and check in on overall activity of the Core Team. Comprised of:

- Team Chair (e.g. a social worker)
- Mental and Behavioral Health Professionals
- Institutional Representatives (e.g. for schools, this may be the principal or student wellbeing officer. In a workplace, this may be someone from the Human Resources department)
  - Ideally, the institutional representative will know or be able to gather information about how the individual concerned navigates themselves within that institution - a principal or school teacher may be able to bring valuable information about a student's academic strengths and concerns, as well as friendship networks, for example.
- Community Representatives (e.g. to serve as a community liaison officer and/or partnership manager)
- School Resource Officer

Tier 2 - Supplementary Team

Invited to every other Core Team meeting (for example), or as needed on a case-by-case basis. Members may be called upon to support behavioral intervention and/or aftercare. Would usually not serve as case leads. Comprised of:

- Specific areas of expertise that might be needed on a case-by-case basis (e.g. law enforcement, disability support services, medical health representatives, substance abuse recovery)
- Alternative therapies (e.g. art therapy) that can be called upon for aftercare

> **See pages 20-21 for the role different professionals can play in TVTP.**

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4) Roles and Responsibilities

- The **Team Lead / Chair**: this role is essential to ensure deployment of the team is coordinated, that activities per team member are complementary rather than duplicative, and to maintain an overarching view of the progress of active cases. The chair is responsible for, among others:

  - convening and chairing meetings of the MDT, including agenda-setting and post-meeting follow-up
  - having oversight of all live MDT cases
  - facilitating appropriate information exchange between MDT members (including between tiers, if you operate with a tiered approach), and between the MDT and external services (e.g., for aftercare)
  - requesting the necessary updates and reporting from MDT members
  - leading strategic-thinking and sustainability of the MDT
  - dispute resolution between MDT members
  - external and public relationship management
  - supporting member induction and exit processes
  - securing information-sharing agreements between members and between the MDT and external services

  Given this role, an MDT chair will ideally have the following qualifications:

  - assertive and able to lead a large team
  - thorough understanding of targeted violence and related phenomena, particularly as this pertains to the US
  - up-to-date on good practice in TVTP
  - experience with TVTP or a similar (caregiving) discipline
  - experience with stakeholder management and liaising with individuals of diverse professional backgrounds
  - have the time needed to commit to this role
  - trained in recognizing and mitigating unconscious bias
  - trained in diversity and inclusion more broadly

Who you assign as Chair is also dependent on the model of your program. If it is led, supported by and situated within local government, for example, it may be appropriate to have a representative of the municipality as your Chair, provided they are familiar with TVTP.

- **Partnership manager:** who is responsible for liaising with external services, or services that aren't represented on the case management team but may need to be called upon to support specific cases? Having existing partnerships in place, as well as the necessary information-sharing agreements, helps facilitate a smoother transition between the different stages of a TVTP program (e.g., between behavioral assessment and management, and behavioral management and aftercare).

- **Community liaison:** assigning someone to serve as the interface between the wider community and the case management team helps build trust and confidence, increases community awareness about the case management team as well as clarity around the scope of services it provides.

- Consider also **case-specific roles**, like the case manager. How is this decided per case? What is their responsibility and to what extent does the remainder of the case management team remain involved? Consider, among others, the age of the individual that will receive support, their gender, specific interests, criminal and trauma histories, if any.

5) Charters, codes of conduct and Standard Operating Procedures

Once the MDT is set up, work with members to establish a code of conduct that draws from the various professions represented in the team, as well as procedures for both general management of the MDT (e.g., convening the MDT), and for emergency situations (e.g., where something needs to be escalated the MDT chair and/or law enforcement). Consider, among others:

Meeting Frequency

- How frequently should the MDT meet? Should there also be regular meetings between all tiers? What is the expectation (and capacity) of MDT members to meet e.g. fortnightly or monthly?
- How are ad hoc meetings convened?
- Is there a meeting quorum, or number of MDT members that need to be present to arrange a formal convening of the MDT?

Meeting Setting and Format

- Will meetings take place in person, virtually, or will the MDT operate with a hybrid model?
- If meetings take place in person, where will this be? Choose a secure and private location accessible to all members.
- If they take place virtually, be sure to have an encrypted conferencing system available.

Meeting Etiquette

- To ensure MDT members prepare appropriately, set expectations for regular meetings. Prepare either a standing agenda that will be followed in all regular meetings, or send bespoke agendas prior to each meeting.
- Where updates are expected from a specific member (e.g. because they're leading an intervention or community-based activity), consider informing them in advance so they can prepare their updates accordingly.

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- It is good practice to take detailed minutes per meeting. This ensures there is a record to refer to if there is ever disagreement or misunderstanding between MDT members. Consider either having a designated minute-taker or delegating this to a different member per meeting.
- Where there are clear action points, ensure MDT members get a copy of the minutes or that the action points are reiterated and confirmed in writing (e.g. via email), again to ensure record of any decisions made during the meeting.

Receiving and Responding to Complaints

- Externally - How will the MDT receive complaints and other feedback from the stakeholders with which it works?
- Internally - There should be clear processes for resolution in the instance of dispute or conflict between MDT members. Usually, the MDT lead or chair serves as mediator.

Information-Sharing

- In the instance that members of the MDT come across a concern that suggests an immediate threat of harm to self or others, they will be expected to escalate this concern to the appropriate authorities. There should, therefore, be referral and escalation procedures with clear thresholding criteria for when something should be communicated to law enforcement. Information-sharing protocols must also be in place to ensure any transfer of data or communication between MDT members, or the MDT and other services, is done in an efficient and data privacy-compliant manner. See pages 40-43 for more information.
- Consider also whether there are any legal considerations for information-sharing. When is information-sharing (e.g. with law enforcement) legally obligated? What would be considered a breach of data privacy and confidentiality? This is especially important if you expect the MDT to do interventions - affiliations with extremism can stigmatize and isolate, so it is essential that community and individual interventions are handled with the utmost care.

6) TRAINING

All members of the MDT will need to be trained by the lead organization or another subject-matter expert to ensure they have the same baseline of awareness and understanding of targeted violence and related phenomena. This training should also form a mandatory part of the induction process for new members in the future. At minimum, Tiers One and Two (if you operate with a tiered structure) should be trained on the threat landscape (Tier One may require a more in-depth training), roles and responsibilities within the team, and standard operating procedures. Training specific to assigned roles (e.g., community liaison) should be delivered as needed.

7) EVALUATION

Creating a theory of change (ToC) for your MDT will give you an overarching framework against which to measure the impact of your interventions. A ToC ultimately explains the connections between planned activities and desired outcomes. This can be displayed as a process of change in a flow chart, which is sometimes called a logic model (see Appendix B). The ToC below contains six levels. The top three levels ("Goal", "Intermediate Outcomes" and "Immediate Outcomes") outline the changes you expect to occur as a result of MDT activities, and the bottom three ("Outputs," "Activities," and "Inputs") reflect the actions through which you plan to produce these changes. ToCs are arranged in this order to encourage you to work backwards, beginning with your ultimate goal. For more information about creating a ToC and data collection methods, see Appendix B.

Goal	The ultimate long-term aim of a project and the highest-level change that it intends to contribute towards, but may not achieve alone.
Intermediate Outcomes	The medium-term results of a project that are expected to be obtained by the end of the implementation period. They usually include changes in behaviour, practice and performance.
Immediate Outcomes	The short-term effects of a project on its beneficiaries. These consist of changes in capacity such as increases in knowledge, skills, awareness, attitudes or access.
Outputs	The direct product or services delivered at the project level by the execution of activities. Outputs lead to outcomes, but are not themselves the changes expected to occur.
Activities	What a project actually does. These are the actions taken or work performed through which inputs are turned into project outputs.
Inputs	The human, financial, organizational and community resources required to implement a project.

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Mental Health Professionals

Mental health professionals can play an integral role in both risk and needs assessments, as well as leading interventions for individuals deemed in need of support and broader case management. For example, depending on the setting of the intervention program, **social workers**, particularly those with a counseling background, may be well-placed to lead TVTP interventions, provided they have subject-matter expertise in targeted violence, terrorism, radicalization and other related processes. Social workers with such a background are also well-placed to support the families of referred individuals with counseling and guidance on how to facilitate the individual's long term rehabilitation and resilience against harm. **Psychologists and psychiatrists** can also provide such support.

Equally, social workers that have experience **working with children** are essential for programs that work with minors. Where a minor is referred to a program, child protection social workers may check whether they've worked with that individual and their family before and in what capacity. If a child is deemed eligible for intervention, child specialists can ensure the support package created for them is age-appropriate and considerate of their specific developmental and other needs. For more on the role mental health professionals can play in TVTP, see this factsheet.

Educators

The inclusion of educational professionals might be important for students who may need additional care and services to build their resilience against violent influences. In addition, educational pursuit and skills training may form part of the support package designed for a vulnerable individual, the development and delivery of which would benefit from educator input. See this factsheet and the Prevention through Education information pack previously produced for the Prevention Practitioners Network for more on how educational professionals can support TVTP programs.

Community and/or Religious Leaders and Organizations

Community and/or religious leaders and organizations can be called upon to support the reintegration of an individual back into their local communities post-intervention. Equally, in some cases, religious mentorship or theological intervention may be identified as a need and as an essential part of the support package created for an at-risk individual. Community-based organizations can also support with primary prevention (see Chapter 3 for more information).

Formers

Former extremists can play an integral role in TVTP intervention programs. Not only can they leverage their understanding of extremist narratives and networks to identify individuals who may benefit from intervention, they can directly support the intervention process through mentorship, in which they use their experiences with disengagement and deradicalization to support others with this journey. See, for example, EXIT Fryshuset and Life After Hate.

Prison and Probationary Staff

Where intervention programs are being delivered in criminal or post-crime settings, whether for individuals convicted of targeted violence and/or terrorism-related offenses or individuals at risk of radicalizing in prisons, criminal justice staff should be trained both to monitor the progress of individuals about whom there are concerns and to respond effectively.

Law Enforcement

Law enforcement trained in TVTP can support with receiving referrals and safeguarding concerns from the public, and with information gathering (e.g. criminal histories) about the individuals concerned. Intervention programs should also have escalation processes in place with local law enforcement, should a referral or existing intervention case require urgent police response, for example if they pose an immediate danger to themselves or to others.

Government

Depending on the model of your program, you may want to consider having a focal point within local government, or at least seeking financial and other support from the local government. Local governments are well-placed to "host" local multi-actor networks for TVTP - they generally have a strong understanding of local services that maybe relevant to TVTP, and offer public services that can be leveraged in response to safeguarding concerns, including around housing and employability.

Further, local governments are the first to have to respond to escalations to violence. Having a focal point from local government means the municipality can mobilize the MDT to support with crisis management.

3. Primary Prevention

This chapter explores primary (or early) prevention as an important component of the broader TVTP landscape. Primary prevention in TVTP refers to broad, population-wide efforts to build resilience and strengthen protective factors. This chapter follows the chapter on establishing an MDT because MDTs are well-placed to design and deliver early prevention programs in addition to delivering behavioral interventions, or at least to inform prevention programs already deployed by the various institutions represented on the team. There are several types of early prevention initiatives MDTs may want to consider, depending on their remit. These include but are not limited to:

- **Community Action** - activities that empower community members to challenge hate locally
- **Communications** - production and launch of communications campaigns, including counter-narratives
- **Education** - activities specifically with students or in schools - this can be in formal or informal settings
- **Creative and Performing Arts** - includes drama, theatre arts, board games, traditional arts, role-playing
- **Sports** - inclusion of physical activity as part of the core project delivery, where sports are used as a safe way to engage young people on difficult subjects

Prevention through Community Action - Practice Example:

Aim: to provide internet safety training to parents from hard-to-reach areas in order to raise their awareness of online safety threats and how to safeguard their children against these

Methodology: face to face workshops, online internet safety surveys and development of resources

Impact Metrics: engagement with tools and resources, number of beneficiaries engaged in workshops, participant implementation of learnings in the household, changes in participant confidence and skills to address and mitigate internet safety concerns in the household

Other: for sustainability, consider replication through local partners / community leaders

Prevention through Community Action - Additional Examples:

- Work with religious leaders to develop their digital skills and ability to broach online safety issues and responses with youth they teach (e.g., in Sunday schools) or meet in congregation
- Engage parents on how best to practice and discuss online safety in the household
- Mobilize youth activists from various schools and/or communities to serve as ambassadors for tolerance and digital citizenship amongst their peers
- Equip community influencers or activists with the confidence, knowledge and tools to recognize radicalization or harmful behavior and how best to respond
- Empower members of the community to upstand against hate by teaching them how to report hate crime and intervene safely if witness to one

Prevention Through Education - Programs in Schools

School-based prevention programs are an effective way to strengthen the social and emotional resilience of young people, and promote responsible behavior on- and offline. Provided are examples of what such programs may look like:

Digital literacy and citizenship training:
With over 90% of 13-17-year-olds thought to be on social media, and the increasingly young age at which children digitalize, teaching children digital skills is an essential step in making children feel safe, act responsibly and think critically online. This may cover topics like:

- Fact-checking, source-checking and identifying misinformation and false content
- How to set up two-factor authentication
- How to report cyberbullying and other inappropriate behavior
- Understanding digital echo chambers and filter bubbles, and how this might impact an individual's beliefs

Offer creative (e.g., performing or visual arts), sports-based and other extra-curricular activities:
After school programs and clubs are a great way to keep children engaged in safe and fun activities. Team-based activities can help build pro-social skills, team-oriented and strategic thinking, and develop positive social networks outside of the classroom environment. Club leads, sports coaches and other staff involved can also serve as positive role models for the children they oversee, setting examples of inclusion by ensuring all participating students are given opportunity to learn the skills being taught as part of that activity, for example.

Offer one-to-one mentoring:
Mentoring can help give children positive role models, build positive relationships, develop social skills and positive aspirations. Mentoring can be particularly helpful for students who are (or feel they are) falling behind the rest of their peers, and for students with trauma that have otherwise withdrawn from social interaction.

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Build the capacity of teachers to broach difficult topics like identity-based hate:
MDTs can provide or otherwise facilitate training for teachers on how to broach topics like identity-based hate. Many organizations that are expert in targeted violence already have comprehensive and accessible resources that teachers can use to learn more about these phenomena. Examples include the ADL, Southern Poverty Law Center (SPLC), Polarization and Extremism Research Innovation Lab (PERIL), among others.

Considerations for Program Design

Should you wish to develop and deliver primary prevention programs, provided are some top-line considerations for designing such activities.

- **Scope** - Is your project scope feasible? Is it informed by internal or external research? What are your objectives / outputs and how do these align with the broader work of your team/program?

- **Context** - Have you identified need? Why is your project necessary in the context you wish to work in? Would you be duplicating other efforts if you proceed?

- **Beneficiaries** - Does your stated beneficiary group make sense in regards to your target issue area / harm? Consider especially age group, location, any specific needs of the target group. Do you have access to your target beneficiaries? Are you able to reach them with your project? If not, how will you gain access?

- **Methodology** - Is the methodology feasible? Is your methodology appropriate for your target beneficiary? Consider age, educational background, familiarity with digital tools if you are planning a program that requires this.

- **Sustainability** - Does your project plan consider sustainability and replication? Consider, among others, a train-the-trainer model, which involves training and upskilling participants to, in turn, deliver training. This can facilitate continuance of delivery beyond the original project lifecycle. Similar approaches include ambassador programs, where select individuals are trained to become messengers and influencers for specific projects or messages.

Additional Resources

Provided are other resources on early prevention created for the Prevention Practitioners Network. Refer to Appendix C for additional, external resources.

- Practice Guide: Prevention through Education
- Information Pack: Identifying Local Resources
- Information Pack; Prevention through Education

- Symposium Recording: Early Childhood and Inter-Generational Trauma
- Symposium Recording: Protective Factors
- Symposium Recording: What's Working in Schools?

4. Behavioral Interventions

Behavioral interventions are core to preventing radicalization from leading to violence. This framework and past materials produced for the Prevention Practitioners Network use the following definition of interventions:

> *Interventions are initiatives that seek to prevent or reverse radicalization (to violence) through contact (either face to face or through a communications medium) with individuals who may have been, or are at risk of being, radicalized.*

Interventions ultimately involve an intervention provider and an intervention recipient or participant, where the recipient is an individual deemed potentially at risk of radicalization and/or violent behavior, and the provider is a trained professional or group of professionals delivering support services to the recipient.

In TVTP and related social work and criminal justice disciplines, interventions can be single- or multi-disciplinary:

Single-disciplinary interventions focus on one domain of support. Generally, this domain is ideological and/or psychological.

In practice: In some cases, the program may be geared entirely towards this single domain. For example, Yemen's Committee for Dialogue program paired prison detainees with religious scholars, seeking to rehabilitate and reintegrate individuals through religious "re-education". In this case, the only option for intervention was ideological.

Other programs may default with a single-disciplinary ideological or psychological intervention but have multi-disciplinary teams or referral mechanisms in place should the individual require other types of support.

Multi-disciplinary interventions are increasingly regarded as good practice, and leverage multiple disciplines and professions to provide a holistic wrap-around service that addresses multiple needs (e.g., rather than just ideological and/or psychological). This can range from medical needs to employability, life skills, working with family and friend networks, among others. MDTs, as described in Chapter Two, are therefore the ideal model through which to deploy behavioral interventions. **This chapter explores MDT-led behavioral interventions.**

In practice: The Danish Aarhus model uses practitioners trained in "life psychology" to deliver the core intervention and to serve as mentors throughout the life cycle of intervention. This core delivery is then augmented with other types of support, depending on the specific needs and vulnerabilities identified for the individual being engaged (e.g., education, employability, housing, religious mentorship).

> **Multi-disciplinary interventions are increasingly regarded as best practice.**

Behavioral interventions generally involve the four core stages listed below, which this framework collectively refers to as the **case management process**. After the summary below, this chapter goes through each stage, explaining what it involves as well as key structural, legal and resourcing considerations for implementation.

1. **Intake |**
   Intake is the process of receiving referrals, determining their appropriateness for intervention and, if they are deemed eligible, preparing for case planning and management.

2. **Behavioral Assessment |**
   Behavioral assessments help practitioners, social workers, educators and others determine the needs, strengths and type and scope of support required to address specific behavioral concerns of an individual.

3. **Behavioral Management (or "Intervention Delivery") |**
   This refers to the provision of services, which are informed by the risk, needs and/or threat assessments conducted, and are intended to mitigate or minimize risk of (further) harm to the individual concerned.

4. **Aftercare |**
   Aftercare is an essential part of an intervention program concerned with long-term support and care. Once it has been agreed that the intervention has met its objectives, an "exit" strategy should be designed to facilitate the individual's long term resilience against radicalization and/or recidivism to violence.

INTAKE

the process of receiving referrals, determining their appropriateness for intervention and, if they are deemed eligible, preparing for case management.

A dedicated individual or unit within the wider program team receives referrals and leads the intake process. Who makes up this unit depends on the setting and model of the program. The Danish Aarhus model, for example, uses an "Info House" comprised of police and municipal representation to collect referrals. The UK Channel Program receives referrals through law enforcement or local Channel representatives. In some cases, members of the MDT raise safeguarding concerns that they have been made aware of or have identified themselves directly with the rest of the MDT. In this case, they may be asked or expected to lead the intake process. For the purpose of this practice guide, the individual(s) in charge of the intake process will be referred to as the "Intake Unit."

1) REFERRAL MECHANISMS

Having a tested referral mechanism in place is essential to the intake process. Referrals in social work are essentially concerns about the safety and/or wellbeing of an individual that are shared with others for the purpose of providing care to that individual, should they need it. How referrals are received by an Intake Unit depends on the set-up of the broader intervention program they form part of (see Chapter Two). Referrals may come through:

A program point of contact

If your program seeks to work with individuals in the community, consider identifying and training individuals to serve as **community liaisons**, which are local focal points for your program that provide the public with a channel through which to voice concerns. For example, the UK's Channel Program has local focal points that raise communal awareness about targeted violence and serve as channels through which civilians can flag concerns. This role should be filled by a member of your team that is embedded in the community and able to build local trust and awareness of your program. Similarly, if your program focuses on support for minors, you should consider establishing points of contact at school(s) and other formal and informal education settings that fall within your jurisdiction.

Helplines and through online platforms

If you have the resources to staff a helpline, this may prove to be an efficient channel through which to receive referrals. Parents For Peace, for example, has a helpline that individuals can call if they are worried about

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someone becoming involved in extremism. Some organizations, like Crisis Text Line, provide the option for individuals to send direct messages (via SMS or WhatsApp) to trained crisis counselors. Others, like the Center for the Prevention of Radicalization Leading to Violence, offer a digital submission form individuals can use to share concerns about others, in addition to a helpline.

If you plan to receive referrals through either a helpline or online platform, be sure to these mechanisms are staffed with trained responders. This is especially important if offering a helpline, as staff that answer calls may need to act quickly to de-escalate a situation, without necessarily having the time to confer with colleagues.

Law enforcement

It is important to have some form of liaison with local law enforcement. This is helpful in cases where members of the public relay concerns related to targeted violence directly to the police, and where police determine there is no immediate threat of harm and that the reported individual would instead benefit from a desecuritized (multi-disciplinary) intervention. An open line of communication with local police officials enables them to make such a referral to you and your team in an efficient and timely manner. This is also vital in cases where you receive a referral that requires urgent police intervention (e.g., there is an imminent threat of harm to self, others or institutions).

Practice Tip - Centralize your Referrals

A decentralized referral process may impede the efficiency with which a referred individual is assessed and receives support. In schools, for example, parents may contact the school counselor, principal, or a teacher when they have a concern. It is vital that whomever the parent voices concerns to is clear on who to pass the referral to - whether you operate in a setting where there are multiple teams conducting different stages of an intervention or where there is a single team, being clear about which team (and who from that team) is responsible for processing referrals helps ensure that a behavioral assessment can be conducted as soon as possible.

- In a **single-team setting**, make sure all members of the team are aware of who is responsible for receiving referrals, should concerns be communicated to them by the public or individuals they work with through word-of-mouth or direct messaging, or should they pick up on concerning behavior themselves.
- In a **multi-team setting**, have a centralized intake unit that includes members of the various teams. This takes the burden off the public to decide which team is most appropriate to reach out to.

Centralized referral systems also ensure all referrals are recorded, assessed and actioned in a consistent manner.

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2) INTAKE ASSESSMENT

Once a referral is received, the Intake Unit either does a preliminary assessment to determine relevancy of the referral, or brings the referral straight to a larger assessment panel where this is decided. Regardless, the assessment must be conducted by someone with extensive knowledge about targeted violence both locally and globally. There are four potential outcomes of this part of the intake process:

a) The referral is a false positive[1]. The referral and alleged safeguarding concerns are either misinformed, malicious or misguided. Receiving a lot of false positives may signal a need to deliver targeted violence awareness-raising campaigns.

Next Step: No follow-up required with the individual.

b) There is a concern, but not related to targeted violence. The individual is not deemed vulnerable to radicalization or to committing targeted violence, but would still benefit from some form of care.

Next Step: The individual needs to be referred externally to the appropriate services.

c) There is a concern related to targeted violence. The individual is potentially vulnerable to radicalization or to committing targeted violence, and the MDT is able to provide support.

Next Step: A more in-depth needs assessment needs to take place to help inform the individual's specific support package.

d) There is an immediate threat of harm. The intake assessment reveals the potential for imminent threat of harm or violence, either to the individual themselves, to others or to property.

Next Step: Escalate the referral to local law enforcement.

Practice Tip - Establish Clear Standard Operating Procedures

Case management is not a linear process. By having **STANDARD ASSESSMENT AND RESPONSE PROTOCOLS** outlined that recognize the adaptability that TVTP casework requires, those involved in a specific case will feel more able to navigate the often difficult transition between each stage of case management. This is also vital for staff turnover, as it provides new staff with clear guidance on protocols per stage of case management. See, for example, the "Comprehensive School Threat Assessment Guidelines" for what such protocols may look like in practice for MDTs that operate within schools.

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1 In some cases, a referral may become a **false negative**, where safeguarding concerns are not picked up on, or it is wrongfully determined to be misinformed, malicious or misguided. It is for this reason the intake assessment must be conducted by individuals trained in the subject-matter.

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3) Tools, Templates and Training

Consider creating templates that the Intake Unit can use to collate the same baseline of information per referral. While this baseline may not always be achievable, it is important to have a uniform way of recording referrals. Creating a referral form is a good way of maintaining a level of consistency in the referrals you receive, and helps with record-keeping.

Where possible, you should collect the following information:

- General information, like the date and location.
- Who made the referral and was this organic or on behalf of someone else?
- How did they identify the safeguarding concern?
- How did they make this referral (e.g. through a hotline or via a community liaison officer)? This can help shed light on the most popular reporting mechanisms your program operates with.
- Personal identifiable information (e.g. name, age) about the individual about which there is a safeguarding concern.
- As much information as is available about the actual safeguarding concern - what are the potential vulnerabilities that prompted the referral in the first place?

Consider also the creation of an intake assessment form that shows the process of deciding what to do with the referral, and which provides clear thresholding criteria for when a referral should be taken forward, referred elsewhere or escalated to law enforcement. It may be that you get enough information from the initial referral to be able to determine the relevance of the safeguarding concern. If not, work with relevant members of the broader program team to get the information needed for the intake assessment form.

All referrals should be stored in a safe and secure location, such as an encrypted drive that only the Intake Unit and other relevant members of the broader program team have access to.

> **Practice Tip - Create a Decision Tree**
>
> Decision trees are roadmaps that help with decision-making by clearly outlining the factors that should inform a decision, the potential consequences of those decisions, and recommended next steps. Having such a decision tree included in the intake assessment form may be a helpful way to visualize the thresholding criteria that will determine what happens to a referral. Canva and other online suppliers offer helpful and user-friendly decision tree templates.
>
> Anyone expected to use such a structure (and any other tools created for the case management process) must be trained on its use.

Additional Considerations

Communications

Consider how you communicate your services, bearing the following principles in mind:

- **Accessibility** - does you communications strategy account for different levels of understanding and fluency around targeted violence?
- **Clarity** - as much as you can, be clear and transparent about the services you provide. What happens after someone expresses a concern to you? Clarity in communications not only helps manage the expectations of the public, but also demystifies TVTP.
- **Conciseness** - be deliberate and careful in your language. Try to strike a balance between giving the necessary information and not overwhelming potential consumers of your content.

Consider also:

- Who is the public face of the program? Or who is the point of entry / interface for members of the public and members of different professions? Is this the same person? Clearly communicating who to contact in cases of concern (and ensuring this communication is consistent and accessible) helps centralize and streamline your referral process.
- Train your community liaison on key talking points regarding the services your program provides.
- Related to this point, trust-building through accessible, clear and careful marketing is vital. For example, in educational settings, some research suggests 90% of students do not report concerning behavior because they don't want to be e.g., "snitches", "don't want to become part of the problem" and are generally uncomfortable doing so. Building trust and clarity around your program through good marketing that relays what it entails and that it is intended to support rather than stigmatize individuals may help mitigate against risks of under-reporting for this reason.

M&E

It is vital that all referrals are recorded and that, regardless of their outcome, next steps regarding that referrals are also documented. This includes documenting where a referral was a false positive. Clear documentation can help you monitor the accuracy of referrals you receive. If you receive many false positives, this may signal a need to deploy awareness-raising campaigns or work with local stakeholders to increase communal understanding of targeted violence, and of the support your program provides.

Behavioral Assessment and Management

the processes of assessing an individual's needs, establishing a catered intervention (or management plan), and delivering this intervention

Once an individual has been referred to a program and deemed eligible for intervention, they should undergo a thorough behavioral assessment to determine the types of support that would best safeguard them from (further) harm. This stage is essential to ensure interventions cater to the specific, identified needs of the individual concerned. The type of assessment will depend on the setting and objective of your program. For more on this, please see Appendix C and the materials provided on page 45.

Key Concepts

Types of Assessment:

- **Risk or vulnerability assessments** seek to measure and understand the extent to which an individual is susceptible to radicalization, targeted violence or terrorism. Risk assessment frameworks help practitioners assess, monitor and understand factors, and vulnerabilities of an individual that may make them susceptible to extremist narratives and/or violent behavior.

- **Threat assessments** often form part of this larger risk assessment and are used specifically to determine the level and scale of immediate or potential danger that an individual poses to themselves, their surroundings and the wider community. Importantly, threat does not just refer to physical danger, for example whether an individual has intent or capability to do physical harm. It can also refer to the influence of an individual - are they able to encourage others to commit harm on their behalf? `

- **Needs assessments** are used to identify treatment and services that will improve their circumstances and build their resilience against radicalization, targeted violence and terrorism. Needs assessments allow for practitioners to mitigate risk by identifying appropriate services and necessary types of support provision for the individuals concerned.

Approaches to Assessment:

- **Clinical risk assessments** are based on interviews and qualitative data collection between a clinician or practitioner and the individual concerned. Clinical risk assessments are often criticized as too subjective, as the assessment relies predominantly on the practitioner's judgement or "weighting" of identified risk factors and is therefore subject to significant personal bias.

- In the criminal justice space, **actuarial risk assessments** "use measurable and statistically significant predictors or risk factors" to provide a quantitative assessment of risk informed by databases of offenders with similar criminal and/or personal histories. Actuarial assessments are typically disregarded in TVTP as too inflexible as they are based on static factors that the individual has or doesn't have in common with other offenders.

- **Structured Professional Judgement** combines the strengths of clinical and actuarial risk assessments by leveraging both relevant statistics and practitioner experience. They are presently considered the preferred method for risk assessment as they account for the individuality of extremist offenders or individuals at risk of this, the invaluable experience of practitioners, all while still providing guidelines and criteria per assessment.

Factors In Behavioral Assessment

Behavioral assessments consider multiple **factors** when assessing whether an individual could benefit from behavioral management support. These can serve as either risk or protective factors, where:

- **Risk factors**: increase the likelihood or make an individual more susceptible to radicalization and/or violent behavior.

- **Protective factors**: "insulate and buffer an individual's resilience to radicalization into violent extremist ideologies and organizations". Examples of protective factors include stable employment, strong ties to community, and positive influence e.g., through family or other personal relations.

It is also important to distinguish between a "factor" and an "indicator". While these terms are often used interchangeably, they are distinct in meaning. RTI International distinguishes between the two as follows: "...factors increase the likelihood of a given outcome, while indicators help signal the presence of that outcome". In practice, therefore, a risk factor could be having an extensive criminal history, while an indicator would be an individual expressing threats or violence offline or online.

Behavioral Assessment Tools in TVTP:

Although relatively nascent compared to other criminal justice disciplines, several behavioral assessment tools and guidelines have been developed to aid frontline practitioners and other stakeholders with TVTP programming. While none have been validated, they provide a useful starting point off which to base your behavioral assessment process. Be mindful of your budget, however, as some require training before use.

See the next page for examples of two behavioral assessment tools for TVTP, and Appendix A for a list of others.

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Sample factors considered in behavioral assessment include:

Static
- age
- gender
- criminal history
- trauma history

Dynamic
- socioeconomic status
- attitudinal considerations
- coping mechanisms
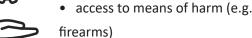- substance abuse/misuse
- ideological convictions

Environmental
- home environment
- school or work environment
- recent or upcoming triggering events
- movement (e.g., have they recently moved to a new location and does this have implications for the threat picture?)

Relational
- personal networks, including friends, family
- social isolation or exclusion

Educational/vocational
- educational status (e.g., are they in school? is there a history of truancy?)
- employment status

Capability
- access to means of harm (e.g. firearms)
- attitude towards violence
- attitude towards death (e.g., suicidality and homicidality)

Example: VERA-2R

A structured professional judgement tool applicable for the entire ideological spectrum and in both pre- and post-crime settings. Categorizes factors into:

a) Beliefs and Attitudes (e.g. hostility to national collective identity)
b) Context and Intent (e.g. personal contact with violent extremists)
c) History and Capability (e.g. prior criminal history)
d) Commitment and Motivation (e.g. driven by criminal opportunism)
e) Protective factors (e.g. community and family dynamics)

Example: Multi-Level Guidelines

Developed to assess risks of group-based violence (e.g. through gangs or extremist criminal networks) and examine individual and group-level risk factors. Uses structured professional judgement and can be used in both a pre- and post-crime setting for any individual affiliated with or formally a member of an extremist group. Categorizes factors into:

a) Individual (factors irrespective of group affiliation)
b) Individual-group (e.g. identity and attitudes towards other groups)
c) Group (affiliated group norms)
d) Group-societal (societal context in which the group operates)

The Assessment Process

Choose a relevant assessment tool (see Appendix A for examples) and make sure the appropriate members of your team are trained up on how to use it. Provided are a selection of guiding questions to help you determine the most appropriate way to assess the needs of individuals referred to you.

- In what settings do you work / will you be expected to deliver behavioral assessments? For example, will you be working in:

  - Pre-crime or post-crime?
  - Pre-radicalization or post-radicalization?
  - In prison settings or outside of prisons?
  - With children and youth? This may require additional considerations that existing frameworks don't account for.

- Given this, what is the purpose of your behavioral assessment? Is it to assess risk of first violent extremist offense or of re-offense and recidivism? Or are you looking at earlier stages and assessing risk of radicalization in the first place?

Frequency, Recording and Reporting Structures

- How often should risk and needs assessments take place? Given the importance of dynamic risk and protective factors in determining overall risk, how frequently and at what intervals should these factors be re-assessed?
- How should assessments and judgements be recorded and stored? Practical questions around language used to assign risk levels, documentation and storage are important to help facilitate consistency, to account for staff turnover and to abide by proper data security practices.
- Does your risk and needs assessment rely on self-reporting by the individual concerned and/or also on (external) data collection? E.g. from family members, law enforcement, medical health services? If the latter, how do you intend to gather this data? Consider data-sharing agreements and memorandums of understanding.

Thresholding and Escalation

- What distinguishes adjacent risk levels from each other? What makes a case high risk versus medium risk?
- At what point should cases be escalated? Consider "red flag indicators". If the individual is assessed as posing an immediate threat to themselves or their environment, do you have the appropriate pathways in place to escalate their case to other authorities?
- Consider also when cases should be referred externally, e.g. if they require specialized support. Considerations like these highlight the importance of conducting needs assessments as part of or adjacent to risk assessments. They allow for practitioners to identify appropriate internal and external services that can address the individual's needs and either maintain or lower their risk level.

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The Management Process - Basic Principles

If a behavioral assessment suggests that the individual concerned may benefit from a structured support plan that you and your team are qualified to provide, the case enters the behavioral management stage. This refers to the development and delivery of a catered support package (or "intervention") that addresses the needs identified in the behavioral assessment, and thus seeks to mitigate risks of increase in an individual's susceptibility to violent narratives and behavior.

Once an individual's vulnerabilities and needs have been assessed, the program team should identify the most appropriate response - **interventions developed for an individual should be tailored to their specific needs, and should prioritize their safety**. Interventions should be:

- **Personalized**
  There is no one size fits all in TVTP case management. Support packages need to cater to the specific needs of the individuals concerned, and account for both the protective and risk factors identified in the behavioral assessment.

- **Informed**
  To develop efficient and appropriate bespoke support packages, behavioral management must be informed by a (multi-disciplinary) behavioral assessment. These are not mutually exclusive processes - **behavioral assessments must also be conducted as the management plan is delivered**, to determine whether it is having the desired effects, or whether it is counterproductive and therefore needs to be adapted.

- **Holistic**
  Behavioral management plans should be holistic in that they provide a wrap-around support service that considers most, if not all, the needs identified in the behavioral assessment. Having access to a **MDT,** as described in Chapter 2, or at the very least being connected with diverse service providers that are trained in TVTP, enables a holistic management approach.

- **Evaluative**
  Behavioral management plans should have individualized monitoring frameworks that clearly outline the goals of the plan, and that are able to monitor change in needs and risk over time.

- **Solutions-Oriented**
  Behavioral management should be strengths-based, and solutions- and goals-oriented, with a clear but **adaptable action plan** and timeline for the provision of support. They should also be realistic and take care not to over-promise what it can do for the individual concerned.

Depending on the vulnerabilities identified in the behavioral assessment, the assessment panel or program team might decide that a single-disciplinary intervention focused on attitudinal and ideological rehabilitation is sufficient. In this case, a trauma-informed social worker, mental health professional or former extremist may prove to be the appropriate intervention provider.

However, **intervention providers should never try to provide a professional service they aren't qualified for.** Where multiple domains of need are identified, a multi-disciplinary intervention should be adopted. The types of support a MDT can offer to supplement the lead intervention provider depend on its composition, but may include some of the following:

- Life skills training
- Educational support
- Employability and job skills training
- Anger management and other specific behavioral issues
- Medical and mental health awareness (e.g., substance abuse rehabilitation, eating disorders, self-harm, depression, suicidal ideation)
- Housing support
- Family support
- Mentorship (general or specific e.g., to a career path, hobbies and interests, religious)

In either case, once an assessment has been conducted, **a single case manager should be appointed**. Even where multi-disciplinary interventions are deployed, there should be a single case manager responsible for collating information from all providers assigned to the case, and responsible for monitoring the overall progress and appropriateness of the support package being provided.

Staff Profile - Case Manager

In most cases, the lead intervention provider will serve as the case manager. This ensures the individual receiving the intervention has a clear and contactable primary point of contact with the broader MDT and TVTP program. Regardless of professional background, the case manager should have an extensive understanding of targeted violence, terrorism, radicalization and recruitment, both at a local and regional/global level. Intervention providers should also be certified to serve as such, or have been offered and undergone the necessary trainings as part of their induction into the MDT. When appointing a case manager, consider also whether age and gender might influence the individual receiving the intervention's receptiveness and responsiveness to their case manager.

The Management Process - Key Stages

1) Outreach:

Interventions may be:
- voluntary (e.g., for offering support when an individual's behavior is escalating towards criminality) or
- mandatory (e.g., as part of conditions set for avoiding prosecution or upon release from prison).

Either way, outreach and engagement to introduce the intervention process needs to be thoughtful and considerate of the individual's background, and informed by the assessment(s) previously conducted.

The MDT must determine on a case-by-case basis who is the most appropriate and effective person to make that first approach. This is usually the case manager. Consider, among others:
- age - if the individual concerned is a minor, ensure a parent or guardian is present
- gender
- criminal history (if any)
- specific interests

Be transparent when you introduce the proposed support package to the individual concerned (and their parent or guardian, if they are a minor). Make clear the expected trajectory of the intervention, including its objectives, any requirements for participation and, in the case of a multi-disciplinary intervention, which service providers will be involved and why. Where interventions are voluntary, lay out the advantages and potential risks of not participating, so that the individual can provide **informed consent**.

2) Delivering the Intervention:

Consider where you hold the interventions - interventions must be delivered in a safe space with the privacy needed to have honest and open conversations. Choose a neutral location, such as a trusted community center. To mitigate potential backlash or stigmatization, avoid holding interventions in venues affiliated with law enforcement.

Consider also frequency - how often is suitable for the individual concerned? It is important to strike a balance between providing enough support in a structured format and at a consistent pace while not overwhelming the intervention recipient.

3) M&E

The intervention process needs to be monitored thoroughly with regular, clear and succinct reporting. Consider:

- **clear objectives -** identify clear objectives that are informed by the various partners involved in providing support, as well as the individual themselves.
- **reporting template -** creating a reporting template that intervention providers are expected to fill out during or post every session helps facilitate consistent record-keeping and can help practitioners monitor changes in specific domains.
- **self-reporting vs. practitioner judgement -** given structured professional judgement is considered best practice in behavioral assessment, seek to apply the same principles as you monitor case progress. For example, consider creating a reporting template that accounts for quantitative data recording, the provider's professional judgement based on intervention sessions, and the intervention recipient's own assessment of their progress. In some disciplines, the assessment tool used to identify the initial "level" of risk in the behavioral assessment is used throughout the intervention process to help monitor changes to this "level" of risk. This allows providers to make informed judgements about whether the intervention is having its desired impact against a collected baseline of information.

The importance of consistent and thorough monitoring cannot be understated. Monitoring and evaluation plays an essential role not just in determining the impact of the intervention, but also in assessing **whether or not an individual is ready to transition from intervention into aftercare**. It will be easier assess this if you have clear progress reports at hand, and objectives to refer back to.

4) Regular Feedback and Discussion with the MDT

Discuss case progress at your regularly-scheduled MDT convenings. To be able to do so, MDT members must have signed appropriate legal agreements (e.g., MoUs, non-disclosure agreements (NDAs)). Go into such meetings with clear objectives - if you feel the individual is nearly ready to transfer to aftercare, for example, prepare to share why you feel this is the case and what you feel the aftercare strategy should look like, including what, if any, involvement this requires from other MDT members.

More broadly, consider also how to keep records of MDT meetings, including who is responsible for taking notes and where these are stored. As you set up the MDT (see Chapter 2) and its standard operating procedures, make sure to include what the quora should be for MDT convenings to happen, especially if sensitive information will be discussed, and if there needs to be MDT-wide decision-making regarding a live case or program.

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Legal Considerations - Key Concepts

There are a number of legal considerations practitioners must be aware of if they seek to deliver behavioral interventions. Key legal concepts that practitioners should familiarize themselves with include:

- **Civil liability** - refers to the "legal obligation that requires a party to pay for damages or to follow other court [orders] in a [civil action] lawsuit." Simply put, if a person or party is found liable for a non-criminal act that caused harm to the plaintiff, they are legally required to pay the monetary compensation awarded to the plaintiff by the jury or judge presiding over the case.

- **Criminal liability** - refers to "responsibility for a crime and the penalty society imposes for this crime." If you are held liable for a crime, you are therefore legally obligated to complete the penalty, which in the case of criminal law can be a fine, restitution, a period of probation or a prison sentence.

- **Information sharing and disclosure** - There are a number of legal and ethical considerations for data-sharing relevant to TVTP practice. Whether information sharing is required while conducting a needs assessment, or whether a case needs to be referred to external services or to law enforcement, the appropriate agreements (e.g., MoUs and NDAs) need to be in place to ensure this is done securely and legally.

- **Duty of care** - refers to the legal responsibility of individuals "to act reasonably so as to avoid injuring other people." When an individual or party fails to meet this duty, they may be considered liable for any resulting damages experienced by other individuals or parties. In civil law, tort cases that allege negligence or malpractice must be able to prove that the defendant had a duty of care to the plaintiff (e.g. like social workers have to their clients) and that any foreseeable harm experienced by the plaintiff was due to a breach of this duty.

- **Duty to warn** - duty to warn and to protect are often used interchangeably. Generally, however, duty to warn focuses on the potential victims of an identified threat - it permits or requires a health professional to breach patient confidentiality "to protect potential victims from a patient's violent behavior", usually by verbally informing the potential victim.

- **Duty to protect** - this takes a broader approach than duty to warn and refers to the professional duty to take "reasonable precautions" to protect the client or other identified individuals from harm. This may require service providers "to inform third parties or authorities" like law enforcement or medical health professionals. Importantly, duty to warn or to protect only requires the specific threat or harms to be communicated to third parties or authorities. Details about the individual and their case history that aren't relevant to the identified threat should not be shared.

Further, there remain gray areas about **what triggers a duty to warn or protect versus what doesn't**. For example, in some states the standard of threat is an *imminent* threat of serious physical harm or death to others. In other states, the standard is a *serious* threat of physical violence. States also differ as to whether the duty is triggered when there is a reasonably identifiable, clearly identifiable, or specific potential victim. Who must be warned specifically, whether it's the identified potential victim and/or law enforcement, also varies.

These duties **may also be mandatory or merely permissive**. In states where the duty is mandatory, a mental health professional must issue the warning if the threshold for escalation is met. In permissive states, a professional is not required to breach patient confidentiality and issue the applicable warnings even when elements of the duty are met. The National Conference of State Legislatures (NCSL) provides a useful, interactive map that explores mandatory and permissive duty to warn legislation on a state-by-state basis.

- **The SAFETY Act** - The SAFETY Act (Support Anti-terrorism by Fostering Effective Technologies), was enacted as part of the Homeland Security Act of 2002. The purpose is to "ensure that the threat of liability does not deter potential manufacturers or sellers of anti-terrorism technologies from developing, deploying and commercializing technologies that could save lives." Importantly, "technologies" as used in the SAFETY Act is a blanket term that refers to "a product, device or service". The SAFETY Act essentially provides limits on liability arising from selling, practicing or using such a product, device or service (note that the Act has yet to be applied to the "service" of therapy or TVTP intervention), provided they are designated as a "qualified anti-terrorism technology" (QATT). The Act does not indemnify sellers, providers or users of covered technologies. Rather, it limits liability in the event of an act of terrorism where a QATT was deployed. The SAFETY Act only applies in events that are designated "acts of terrorism" by the Department of Homeland Security (DHS).

- **The Health Insurance Portability and Accountability Act (HIPAA)** - HIPAA was established in 1996 and delineates several federal regulations for mental health and broader healthcare practitioners. Of particular importance for TVTP is the HIPAA Privacy Rule, which "establishes national standards to protect individuals' medical records and other personal health information." The Privacy Rule essentially requires there to be safeguarding and security measures in place that adequately protect and uphold the privacy of personal health information. It also sets conditions for the use, and importantly, the disclosure of patient health information, while also giving patients rights over their information, particularly to obtain and correct their records.

- **The Family Education Rights and Privacy Act (FERPA)** - "a Federal law that protects the privacy of student education records." FERPA gives parents or guardians a series of legal rights regarding their children's education records. These are transferred to students when they turn 18. FERPA also provides conditions for when records may be disclosed without permission from the parent or "eligible student" (a student aged 18 or above).

Legal Considerations - Practice Tips

- **Ensure you have a clear understanding of legal and ethical mandates of your practicing discipline, the proper insurance, and other mitigation factors you have.** Tort cases are the most common civil liability cases in social work and other healthcare professions. Potential examples of tort cases related to TVTP include when an intervention provider tries to deliver a service they aren't qualified for (rather than referring the client externally). The intervention provider may be held legally liable for any harm that befalls the client as a result. Alternatively, if a client discloses intent to harm themselves or other identified individuals and the intervention provider does not respond appropriately (e.g. they ignore this stated intent), they may be accused of negligence and be held liable for any resulting harms.

- **Ask your legal counsel to prepare clear guidance on the duties to warn and protect in the state(s) where you operate.** As you deliver TVTP programming in vulnerable communities or with vulnerable individuals, one of your participants or clients may express a desire to harm a named individual or commit an act of violence against a specific institution or community. Deciding whether or not you are thus legally required or permitted to disclose this information to either the named individual or to the appropriate third party (e.g. law enforcement) requires an understanding of whether the state(s) you work in legislate the duties to warn and to protect as mandatory or permissive. **Review past cases to inform your understanding of what constitutes a duty to act versus what doesn't.**

- **Have robust information-sharing protocols in place in case a duty to warn or protect is triggered.** When a duty to protect is triggered, for example, you may be required to report threats of violence to law enforcement. Alternatively, you may need to call upon others to provide information about a client, be this medical or educational records, employment information, etc. You should therefore have a pre-existing understanding of the type of information you can retain, what you can and should share, when and with who, as well as who and what you can legally ask for when prompting others for information.

Understanding "imminence":

The "imminence" of a threat as a threshold for legal information disclosure is an ambiguous and often difficult measure to grasp. Have a look at existing guidance. See, for example, the TOADS metric, which some practitioners use to help determine the imminence of a threat:

T - time - does the person have the time to act on the stated threat?

O - opportunity - does the person have the opportunity to act on the stated threat?

A - ability - do they have the ability ("access to the means") to complete the stated threat?

D - desire - how strong is their desire to carry out the act?

S - stimulus - is there a precipitating stimulus that would trigger an act of violence?

Aftercare

Aftercare is an essential part of an intervention program concerned with long-term support and care.

Once the case manager and larger assessment panel/MDT have jointly decided the support package provided to an individual has met its objectives (e.g. risks have been appropriately mitigated, needs have been adequately addressed), an exit or aftercare strategy needs to be developed and implemented. **Aftercare is the care, treatment, help or supervision given to an individual after they have completed their core treatment or support package**. Aftercare is crucial in that it helps facilitate long-term behavioral change and resilience, and it provides a transition or buffer period that ensures the individual isn't suddenly without any support after months of regular care.

Although this is an integral part of the intervention process, there is limited literature on how to structure this specifically in TVTP programs. However, a review of what this entails for other types of interventions (e.g. alcoholism, substance abuse) provides transferable insights. Aftercare strategies may include:

- **the provision of a resource pack**, including, for example, a list of local services (e.g. counseling, therapy, classes) that can support should they feel they need it, or guidance and tips for healthy coping mechanisms and maintaining a healthy routine.
- **a communications plan** - for example, if the intervention provider wants to check-in on the individual in a few months' time or if the individual wants to maintain the option to contact the intervention provider.
- **expectations from the intervention program team** and from other agencies if the individual received a multidisciplinary support package. For example - attending x-number of Alcoholics Anonymous sessions in one year (if substance abuse was identified as an issue).
- **counseling, mentorship and other wraparound services** by community-based organizations, but geared towards overall well-being rather than ideological rehabilitation. Identifying and training local partners and service providers in TVTP is therefore an important process to facilitate smooth transition from formal intervention to aftercare.
- **facilitation of alternative treatments**. Aftercare strategies for individuals that have undergone alcoholism interventions often include referral to alternative therapies. Examples include art therapy, music therapy, meditation, exercise programs and regimes. This should be recommended based on the interests and hobbies of the individual. A young person, for example, might benefit from a team-based exercise program to harness important life skills like leadership, teamwork, collaboration, and to build a network of peers. This may also provide important structure to their personal life.

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Practice Tip - Start the Transition to Aftercare During the Intervention Stage
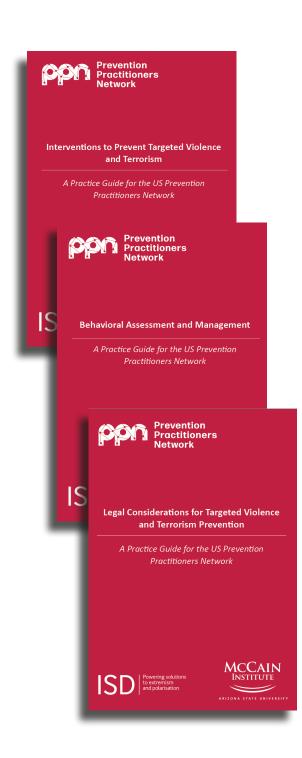
if, for example, the MDT determines that an intervention recipient may benefit from a long-term life coach, introduce the life coach and arrange a few sessions prior to the completion of the core support package. This allows for a smoother and more stable transition from intervention to aftercare.

ADDITIONAL CONSIDERATIONS FOR AFTERCARE

- Behavior change is complex - it is in no way linear. Intervention recipients ideally will reach their ideological and/or behavioral objectives with you as you deliver their tailored intervention package. Interventions aren't for life, however, nor should they be intended as such. Aftercare programming is an important next step that provides lighter-touch supervision post-intervention to facilitate long-term application of the positive changes individuals made throughout the intervention process. It helps sustain the skills that were built in intervention programming, and helps ensure support is available if an individual was to "revert" or "relapse" into unhealthy behaviors.

- Aftercare should consider an individual's interests, identified vulnerabilities and protective factors, including where there is a lack of the latter.

- Program fatigue - interventions can be emotionally fatiguing. It is possible, therefore, that the individual wants support to end after intervention, rather than transitioning into an aftercare program. To mitigate this, include the individual in aftercare planning. Account for their interests and what strategies have worked during intervention. Account also for their time and personal networks - if their family serves as a protective factor, consider how they can be incorporated into aftercare (e.g. family art therapy, giving the family informed guidance and tips for confidence- and resilience-building in the home, etc.).

- Triggering feelings of abandonment - to avoid feelings of abandonment, continue to be a source of support - ensure an open channel of communication between the individual and the lead intervention provider (or another designated member of the MDT) remains. Inform the individual of the aftercare strategy in due time so you can support them as they emotionally prepare to transition from intervention to aftercare.

ADDITIONAL RESOURCES
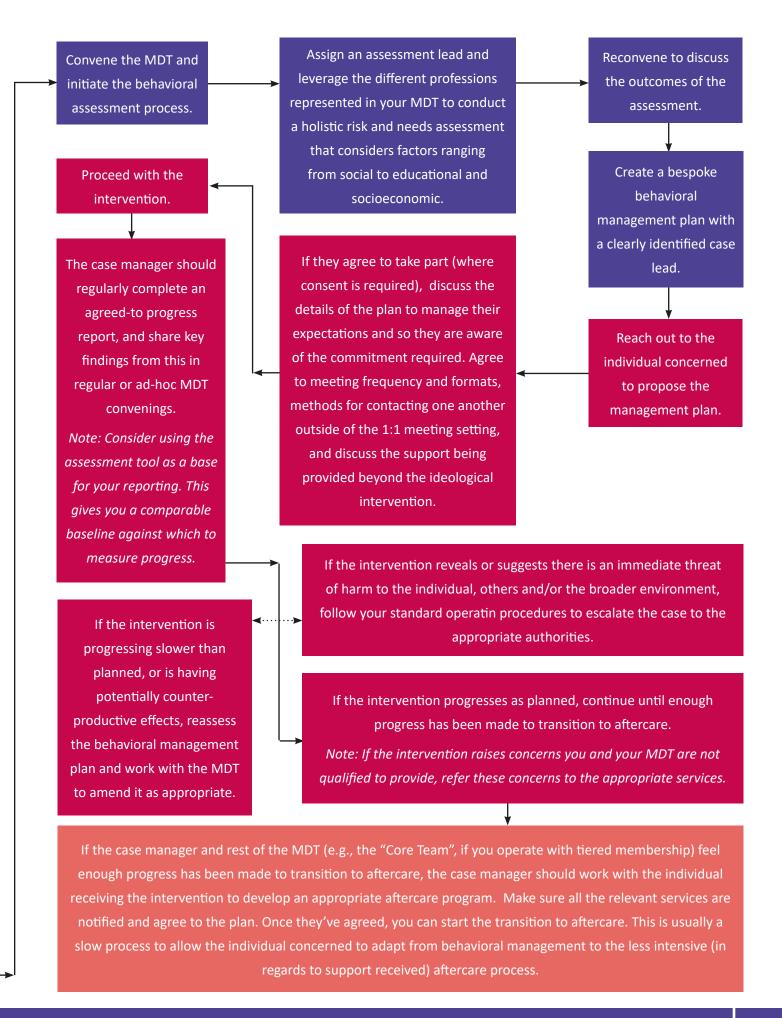
Provided are other resources on behavioral interventions created for the Prevention Practitioners Network. Refer to Appendix C for additional, external resources.

- Practice Guide: Interventions to Prevent Targeted Violence and Terrorism
- Practice Guide: Integrating Behavioral Assessment and Behavioral Management
- Practice Guide: Legal Considerations for TVTP

- Information Pack: Risk, Needs and Threat Assessment
- Information Pack: Staffing Interdisciplinary Teams
- Information Pack: Behavioral Assessment and Behavioral Management
- Information Pack: Legal Liabilities
- Information Pack: Balancing Information Sharing & Privacy

- Workshop Recording: Risk, Needs and Threat Assessment
- Workshop Recording: Clarifying Roles and Responsibilities
- Workshop Recording: Challenges in Multi-Sector Collaboration
- Workshop Recording: Integrative Assessment and Management in Schools
- Workshop Recording: When and How to Involve Law Enforcement
- Workshop Recording: Reconciling Language Across Assessments
- Workshop Recording: Staffing Interdisciplinary Teams
- Workshop Recording: Civil Liability - the SAFETY Act
- Workshop Recording: Civil Liability - Key Principles

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In Summary: Visualizing the Case Management Process

KEY

- ■ Intake (blue)
- ■ Behavioral Assessment (purple)
- ■ Behavioral Management (red)
- ■ Aftercare (pink)

Whether through a program point of contact like a community liaison, helpline, online platform or law enforcement, the Intake Unit receives a referral.

An initial assessment is conducted to determine the referral's relevance and next steps.

The referral is a false positive.

No follow-up required.

If a referral turns out to be a false negative, make sure to review as a team why it was wrongfully dismissed as a false positive in the first place.

There are concerns, but not related to targeted violence.

Pass the referral to the relevant services.

There are concerns related to targeted violence.

Inform the relevant people involved in the intervention program to start the more in-depth behavioral assessment process.

There are concerns about an immediate threat of harm to the referred individual or others, or an institution.

Escalate the referral to law enforcement and other relevant counter-terrorism authorities.

Convene the MDT and initiate the behavioral assessment process.

Assign an assessment lead and leverage the different professions represented in your MDT to conduct a holistic risk and needs assessment that considers factors ranging from social to educational and socioeconomic.

Reconvene to discuss the outcomes of the assessment.

Create a bespoke behavioral management plan with a clearly identified case lead.

Reach out to the individual concerned to propose the management plan.

If they agree to take part (where consent is required), discuss the details of the plan to manage their expectations and so they are aware of the commitment required. Agree to meeting frequency and formats, methods for contacting one another outside of the 1:1 meeting setting, and discuss the support being provided beyond the ideological intervention.

Proceed with the intervention.

The case manager should regularly complete an agreed-to progress report, and share key findings from this in regular or ad-hoc MDT convenings.

Note: Consider using the assessment tool as a base for your reporting. This gives you a comparable baseline against which to measure progress.

If the intervention reveals or suggests there is an immediate threat of harm to the individual, others and/or the broader environment, follow your standard operatin procedures to escalate the case to the appropriate authorities.

If the intervention is progressing slower than planned, or is having potentially counter-productive effects, reassess the behavioral management plan and work with the MDT to amend it as appropriate.

If the intervention progresses as planned, continue until enough progress has been made to transition to aftercare.

Note: If the intervention raises concerns you and your MDT are not qualified to provide, refer these concerns to the appropriate services.

If the case manager and rest of the MDT (e.g., the "Core Team", if you operate with tiered membership) feel enough progress has been made to transition to aftercare, the case manager should work with the individual receiving the intervention to develop an appropriate aftercare program. Make sure all the relevant services are notified and agree to the plan. Once they've agreed, you can start the transition to aftercare. This is usually a slow process to allow the individual concerned to adapt from behavioral management to the less intensive (in regards to support received) aftercare process.

In Summary: Program Design Checklists and Guiding Questions

Intervention Program Design - Intake

☐ Referral mechanisms established

☐ Intake process confirmed with MDT, including:

- How and to who safeguarding concerns need to be communicated
- Decision-making about the intake assessment - will this be led by the member of the MDT who received or identified the potential concern, or is there a designated "Intake Unit"?
- How to action the results of the intake assessment - for example, if the intake assessment suggests there is an imminent threat of harm, what is the process for escalation to law enforcement? Do you have a point of contact there, if not a representative in the MDT?

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☐ Intake tools created and rolled-out. Consider creating templates for both a referral form and an intake assessment form to add consistency to the intake process. Provide clear thresholding criteria to help inform decisions about escalation or referral.

☐ Process for recording referrals and results of the intake assessment established and communicated to the MDT. Consider, for example:

- Where documents are stored - wherever you decide, ensure it is encrypted and that all members of the MDT abide by strict data security practices.
- Who can view referrals and findings from intake assessments, and how the findings are communicated to the wider MDT.

Legal Considerations - Guiding Questions

- Consider how you receive referrals - are you using **encrypted** communication channels or reporting mechanisms?
- Referrals, particularly those containing personal identifiable information, must be **stored promptly in a secure location**. This pertains to all documentation, files, records, forms and data related to a referral. Physical data must be stored in a secure location, while electronic or digital information must be saved in an encrypted drive or server. Consider who has access to this information and why.

Intervention Program Design - Behavioral Assessment

☐ Assessment tool identified. If you choose an existing tool, make sure relevant staff are trained on how to use it, and that they have read any literature available about its use and impact. Make sure there are clear thresholding criteria for referral and escalation.

Behavioral Assessment - Guiding Questions

- You may need to draw on other professions while you conduct the risk, needs and/or threat assessment of an individual that has been referred to you. Make sure you have the appropriate information-sharing protocols in place, which identify:
  - Who you can ask for information:
    - Who would be legally permitted to disclose information?
    - Who do you have information-sharing and confidentiality agreements in place with?
  - What you can ask for and why you need that information;
  - How you should obtain this information (e.g. electronically, through what medium?);
  - Where and how this information should be stored.

- As you conduct your intake or risks, needs and threat assessments, you may feel the needs of the individual cannot be met by your team or, in case you are part of a multi-disciplinary team, by the professions involved. In this case, you will need to a) **refer** the individual to an external service not accounted for in the multi-disciplinary team or b) **escalate** the case to the appropriate authorities, should the "level" of risk require it. In both cases, it is important to have clear thresholds, policies and guidelines for referral and escalation. Look at existing assessment frameworks (see, for example, the assessments listed in the first practice guide created for the emerging US Prevention Practitioners Network) to help develop these. Again, identify:
  - the process of referral - how is case information shared? Through what medium? **Make sure you use secure channels so that you abide by HIPAA guidelines for data security and confidentiality.**
  - Consider **consent**. Ask your legal counsel for when you are allowed to share information without the individual's authorization to do so.
  - What can you share and why? Consider principles of:
    - Relevance - what does the recipient of the information need to know to take the case on effectively and in an informed manner?
    - Accuracy - how much information gives an adequate and accurate picture of the nature of the case?
    - Timely - information should be shared at the appropriate time to mitigate risks of missed opportunities for support.

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Intervention Program Design - Interventions and Aftercare

☐ Role of the case manager / lead intervention provider defined

☐ Monitoring and decision-recording tools created and rolled out. Consider creating:

- **Progress reporting templates** - one for the lead intervention provider to monitor the ideological/behavioral intervention, another that other professionals can use to record progress in cases of multi-disciplinary intervention. Decide how frequently these should be filled out (e.g. after every session, after every two sessions, once a month, etc.). Using the same form each time helps monitor case progress.

- **Escalation and referral forms** - for instances in which a case is assessed as requiring support from law enforcement or services the MDT is not qualified to provide. The availability of such forms ensures consistent record-keeping.

- **Aftercare forms** - a form that lays out the aftercare strategy (agreed to by all relevant parties), specific expectations and requirements for the individual (e.g. attending a certain amount of life coach sessions in the next year), and that provides the necessary information to maintain an open line of communication between the MDT and the individual.

- **Exit forms** - for when an individual either decides they no longer want support (in cases of voluntary interventions), or they have completed the program entirely. Again, the availability of such forms helps embed a practice of keeping record of the intervention process and key decision-making. These forms do not need to be long - an Exit form can simply be a one-pager that records the date, terms of exit and confirms the individual has chosen to leave or is ready to leave the program.

☐ Information-sharing protocols (e.g. how to communicate sensitive information digitally, when a break of data privacy is permitted or legally required) identified and communicated to the entire MDT. This should at least account for information-sharing between members of the MDT, between the MDT or lead intervention provider and the individual receiving intervention, and between the MDT and law enforcement.

Legal Considerations - Guiding Questions

There should be clear escalation processes in place in the event that an individual expresses a threat of violence (against themselves or another) in one-to-one intervention sessions with you. Ask yourself:
- What is the threshold for escalation? What constitutes a "serious and imminent" threat that would make for lawful information disclosure?
- Consider state legislation about duty to warn and to protect. Are you in a state where duty to warn is mandated or permitted but not legally obligated?

Legal Considerations - Guiding Questions

During the one-to-one intervention stage, bear in mind the duty of care you have to the individual. Remember:

- Never provide a service you are not qualified to provide. This will not only be counter-productive but it may be seen as a breach of your duty of care because you did not refer the individual to someone who is qualified to help with the given need.
- Always deliver to the standard expected of your profession. Maintain clear professional boundaries with the individual concerned (and their family).
- If you're feeling burned out or like you cannot provide the necessary support to the level of standard required, report this to the appropriate colleagues immediately so that the necessary mitigations can be put in place.
- Record everything clearly and adequately. It is important to have a trail of decision-making and intervention progress-reporting, especially if there are complaints from an individual being supported or their family. This is also essential to monitor the overall impact of the support being provided and subsequently to identify whether:
  - the support package is adequate (e.g. it's having the desired impact) and/or the individual can either continue with support as is or can soon transfer to aftercare;
  - the support package is insufficient (e.g. additional services may be required);
  - the support package is counter-productive (e.g. it is having a negative impact). In this case, regroup with your (multidisciplinary) team to a) operationalize any mitigation policies you have in place and b) identify the appropriate type of support. You will breach your duty of care to the individual if you continue providing services that are deemed harmful or detrimental to their progress.

As you consider transitioning to aftercare, consider:

- What are the criteria that a case must meet for the individual to start transferring from intensive one-to-one interventions to aftercare?
- What information do you need to share (and can you legally share) with those involved in the aftercare support package, and do you have the right agreements in place with the relevant services?
- Do you have mitigation policies in place should additional risks and needs be identified during the aftercare phase of the intervention?

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Appendix A – Assessment Tools

Name (A-Z):	Type:
Extremism Risk Guidelines (ERG 22+)	Structured Professional Judgement, post-crime, all ideologies **Useful sources:** Inter-rater reliability of the ERG 22+; The Structural Properties of the ERG 22+
Identifying Vulnerable People (IVP)	Structured Professional Judgement, pre-crime, any individual in a community setting about which there is concern, all ideologies but domains assessed steer heavily towards Islamist. **Useful source:** Guidance for IVP to Recruitment into Violent Extremism
Islamic Radicalization (IR 46)	Structured Professional Judgement, pre-crime, for individuals who may be susceptible to Islamist extremist ideology, for Islamist extremism only. **Useful source:** CREST Extremism Risk Assessment directory, pp. 19-23.
Multi-Level Guidelines (MLG)	Structured Professional Judgement, pre and post-crime, for any individual affiliated with or formally a member of an extremist group. **Useful sources:** MLG, Risk Assessment and Management of Group-Based Violence
RADAR	Structured Professional Judgement, pre-crime, for individuals identified as (potentially) at risk by counter-terrorism officials. **Useful source:** Evaluating Case-Managed Approaches, see "Data Sources"
Radicalization Prevention in Prisons (R2PRIS) / Radicalization Risk Assessment in Prison (RRAP)	R2PRIS provides two frameworks - the Frontline Behavioral Observational Guidelines and the Individual Radicalization Screening (IRS). Both are Structured Professional Judgement, both are intended for use in prisons. **Useful source:** www.r2pris.org
Returnee 45	Structured Professional Judgement, designed specifically to assess the commitment, motivations and risk of returning foreign fighters and family members thereof from Syria and Iraq. **Useful source:** RAN Manual Responses to Returnees, p. 30
Significance Quest Assessment Test (SQAT)	Uses a self-questionnaire, for individuals in or after detention. It uses the **3N radicalization model of "needs, narrative and network"** and Likert scales to assess risk or degree of radicalization. **Useful source:** The Practitioner's Guide to the Galaxy, pp. 15-16
Terrorist Radicalization Assessment Protocol (TRAP-18)	Structured Professional Judgement, pre-crime, for individuals identified as (potentially) at risk by counter-terrorism officials and law enforcement. **Useful sources:** Manual, Risk Management Authority
Violent Extremism Risk Assessment Revised (VERA-2R)	Structured Professional Judgement, pre and post-crime, all ideologies **Useful sources:** European Commission, Risk Management Authority
Vulnerability Assessment Framework (VAF)	Structured Professional Judgement, any individual deemed at risk of radicalization, all ideologies. Has since been replaced by the ERG 22+. **Useful source:** Channel Vulnerability Assessment

This is a list of examples only and should not be taken as exhaustive.

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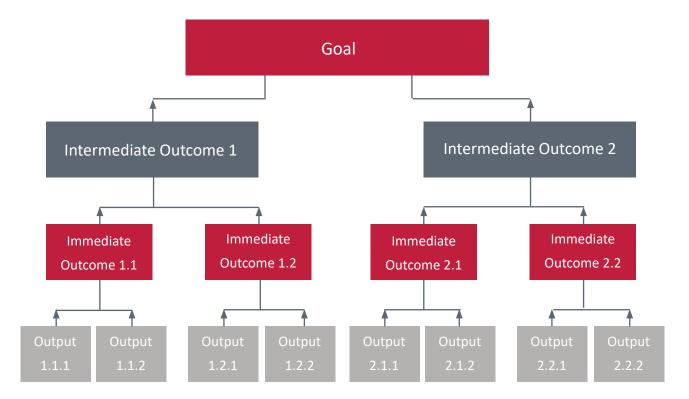
Appendix B - M&E

A Theory of Change (ToC) xplains the connections between planned activities and desired outcomes. This can be displayed as a process of change in a flow chart, which is sometimes called a logic model. The ToC below contains six levels. The top three levels ("Goal", "Intermediate Outcomes" and "Immediate Outcomes") outline the changes you expect to occur as a result of specific activities, and the bottom three ("Outputs," "Activities," and "Inputs") reflect the actions through which you plan to produce these changes. ToCs are arranged in this order to encourage you to work backwards, beginning with your ultimate goal.
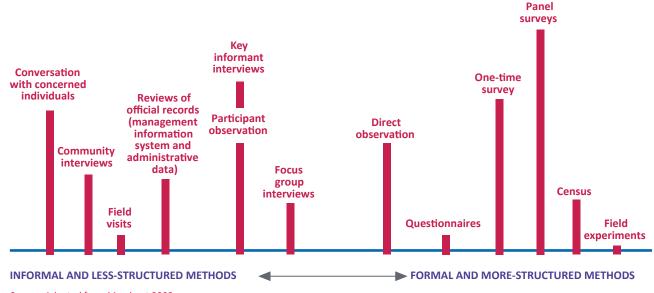
Goal	The ultimate long-term aim of a project and the highest-level change that it intends to contribute towards, but may not achieve alone.
Intermediate Outcomes	The medium-term results of a project that are expected to be obtained by the end of the implementation period. They usually include changes in behaviour, practice and performance.
Immediate Outcomes	The short-term effects of a project on its beneficiaries. These consist of changes in capacity such as increases in knowledge, skills, awareness, attitudes or access.
Outputs	The direct product or services delivered at the project level by the execution of activities. Outputs lead to outcomes, but are not themselves the changes expected to occur.
Activities	What a project actually does. These are the actions taken or work performed through which inputs are turned into project outputs.
Inputs	The human, financial, organizational and community resources required to implement a project

ToCs are often structured in the form of a pyramid. This shape helps to illustrate the cause-and-effect logic that underpins this type of framework. In order to move up the logic model towards the goal, a group of lower level components must first be completed or achieved.

Key Concepts - Data Collection Methods

Drafting a ToC where you work backwards from your overarching goal will help you identify the outputs and activities needed to achieve that goal. This in turn should provide a sense as to the types of data collection methods you can deploy to monitor and evaluate your activities.

Source: Adapted from Marchant 2000.

Appendix C - Resources

General Tools, Toolkits and Databases:

- Empowering Local Partners to Prevent Violent Extremism in the United States by the US Department of Homeland Security.

- Homegrown Violent Extremist Mobilization Indicators – 2019 Edition by the Office of the Director of National Intelligence.

- Global Terrorism Database by The National Consortium for the Study of Terrorism and Responses to Terrorism at the University of Maryland.

- Management of Violent Extremist Prisoners and the Prevention of Radicalization to Violence in Prisons by the UN Office for Drugs and Crime.

- Mapping Militants by the Center for International Security and Cooperation at Stanford University.

- Resource Library by the ADL.

- Glossary of Extremism by the ADL.

About White Supremacist and Anti-Government Narratives and Groups:

- A Dark and Constant Rage: 25 Years of Right-Wing Terrorism in the United States by the ADL.

- "Accelerationism in America: Threat Perceptions" by the Global Network on Extremism & Technology (GNET).

- "Atomwaffen and the SIEGE parallax: how one neo-Nazi's life's work is fuelling a younger generation" by the SPLC.

- "COVID-19 Disinformation Briefing - Far-Right Mobilisation" by ISD.

- New Hate and Old: The Changing Face of American White Supremacy Report by the ADL.

- "Popular Among Antigovernment Extremists, 'Second Amendment Sanctuary' Resolutions Pose Risks" by the SPLC.

- "Special Report: the Atomwaffen Division: the Evolution of the White Supremacy Threat" by the Soufan Center.

- "The Alt-Right is Killing People" by the SPLC.

- "The Great Replacement" by ISD.

- "The Long Road to the Capitol" three-part blog series by ISD.

- "'There is no political solution': Accelerationism in the White Power Movement" by SPLC.

- "Think Global, Act Local: Reconfiguring Siege Culture" by Centre for Research and Evidence on Security Threats (CREST).

- "Uniting for Total Collapse: The January 6th Boost to Accelerationism" by Brian Hughes and Cynthia Miller-Idriss for the Combating Terrorism Center.

- "Visions of Chaos: Weighing the Violent Legacy of Iron March" by SPLC.

- "White Supremacists Embrace 'Accelerationism'" by the ADL.

- "White Supremacists and the Weaponization of the Coronavirus" - intel brief by the Soufan Center.

- "White Supremacists Embrace 'Race War'" by the ADL.

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The "Manosphere":

- "Incels: A Guide to Symbols and Terminology" by Moonshot CVE.

- Dr. Tim Squirrell's Definitive Guide to Incels:
    - Part One - Incelocalypse
    - Part Two - The A-Z Incel Dictionary
    - Part Three - The History of Incel
    - Part Four - Why Can't Everyone be Blackpilled?
    - Part Five - Why are Incels Becoming More Extreme?

- "Misogynist Incels and Male Supremacism - Overview and Recommendations for Addressing the Threat of Male Supremacist Violence" by Megan Kelly, Alex DiBranco, Dr. Julia R. Decook for New America.

- "Adding Fuel to the Fire: How Digital Media Has Transformed Inceldom" by Victoria Munoz for Ethics and Society.

- "Inceldom 101 & How You Can Help" by Joyous Njoku for Risk Intervention & Safety Education.

- "Incels: America's Newest Domestic Terrorism Threat" by Bruce Hoffman and Jacob Ware for Lawfare Blog.

- "Inside Incels' Looksmaxxing Obsession: Penis Stretching, Skull Implants and Rage" by Jesselyn Cook for Huffington Post.

- "Incels Categorize Women by Personal Style and Attractiveness" by Rebecca Jennings for VOX.

- "Is the 'incel' ideology a terror threat? That's the wrong question to ask" by Milo Comerford and Jakob Guhl for the New Statesman.

- "The Psychological Profile of Incels" by William Costello.

Internationally-Inspired Targeted Violence and Terrorism:

- The Cloud Caliphate: Archiving the Islamic State in Real Time by Moustafa Ayad (ISD), Amarnath Amarasingam (ISD) and Audrey Alexander (Program on Extremism).

- The Fuouaris Upload by Moustafa Ayad at ISD.

- Terrorism in America after 9/11 by New America.

- Homegrown: ISIS in America by Seamus Hughes and Alexander.

- Incitement: Anwar al-Awlaki's Western Jihad by Alexander Meleagrou-Hitchens.

- Violent Extremism in America: Interviews with Former Extremists and Their Families on Radicalization and Deradicalization by RAND.

- Radicalization in Custody: Towards Data-Driven Terrorism Prevention in the United States Federal Correctional Facilities by Bennett Clifford for the Program on Extremism.

- Rethinking Transnational Terrorism: An Integrated Approach by Martha Crenshaw for the United States Institute of Peace (USIP).

- Returning Foreign Fighters and the Reintegration Imperative by USIP.

- The Challenge of Foreign Fighters: Repatriating and Prosecuting ISIS Detainees by Vera Miranova for the Middle East Institute.

- Women, Girls and Islamist Extremism by the ISD.

- Trial and Terror by The Intercept.

- ISIS in America by the Program on Extremism.

Early Childhood and Inter-Generational Trauma

- Fast Facts: Preventing Adverse Childhood Experiences by the Center for Disease Control (CDC).

- What is a Traumatic Event? by the CDC.

- 6 Guiding Principles to a Trauma-Informed Approach by the CDC.

- Trauma Types by the National Child Traumatic Stress Network (NCTSN).

- Child Trauma Toolkit for Educatiors by the NCTSN.

- Interrupting the inter-generational trauma of family violence by Judith McMullen for the Marquette University Law School.

- What is Trauma-Informed Teaching? by Crisis Prevention Institute

- Trauma-Informed Teaching Strategies by ASCD

- Supporting Brain Development in Traumatized Children and Youth by the Child Welfare Information Gateaway

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- [Hidden burdens: A review of intergenerational, historical and complex trauma, implications for indigenous families](#) by Linda O'Neill, Tina Fraser, Andrew Kitchenmann, Verna McDonald for the Journal of Child & Adolescent Trauma

Prevention through Education

- [Preventing Violent Extremism in Schools](#) by the FBI's Office of Partner Engagement.

- [A Teacher's Guide on the Prevention of Violent Extremism](#) by UNESCO.

- [A Comprehensive School Safety Framework](#) by NIJ.

- [Understanding School Violence](#) and [Technical Packages for Violence Prevention](#) by the CDC.

- [School-Based Violence Prevention: A Practical Handbook](#) by the World Health Organization.

- [Foundational Elements of School Safety](#) by the World Health Organization.

Teachers' Guides for Digital Literacy and Citizenship Training

- [Digital Citizenship: Programming Toolkit](#) by ISD.

- [Be Internet Citizens](#) by YouTube and ISD.

Behavioral Intervention

- [Extremism Risk Assessment: a directory](#) by the Centre for Research and Evidence on Security Threats (CREST) - *provides a useful overview of six TVTP risk assessment frameworks (ERG 22+, IR 46, IVP, MLG, TRAP-18, VERA-2R)*

- [The Practitioner's Guide to the Galaxy - A Comparison of Risk Assessment Tools for Violent Extremism](#) by the International Centre for Counter-Terrorism (ICCT) - *compares the VERA-2R, ERG 22+, SQAT, IR 46, RRAP, Radar and VAF*

- [Risk Factors and Indicators Associated With Radicalization to Terrorism in the United States: What Research Sponsored by the National Institute of Justice Tells Us](#) by Allison G. Smith Ph. D. - *this is a very useful source, which compares two TVTP risk assessments with one for generic violence*

- [Countering Violent Extremism: The Application of Risk Assessment Tools in the Criminal Justice and Rehabilitation Process](#) by the Research Triangle Institute (RTI) - *a useful overview of the history of risk assessment and challenges this in TVTP*

- [Countering Violent Extremism: The Use of Assessment Tools for Measuring Violence Risk](#) by RTI - *runs through existing frameworks for risk assessment and associated challenges*

- [Developing, implementing and using risk assessment for violent extremist and terrorist offenders](#) by the Radicalization Awareness Network (RAN) - *provides guidance for risk assessment in TVTP*

- [Violent Extremism: a comparison of approaches to assessing and managing risk](#) by Caroline Logan and Monica Lloyd - *maps the landscape of risk assessment, with a close look at a selection of existing frameworks. Also includes guidance for making risk assessments.*

- [Understanding Referral Mechanisms in Preventing and Countering Violent Extremism and Radicalization That Lead to Terrorism](#) by the Organization for Security and Co-operation in Europe - *an overview of key concepts, challenges and considerations for TVTP referral mechanisms*

- [Who's on the Team? Mission, Membership and Motivation](#) by NABITA - *a white paper on school-based behavioral assessment and management*

- [Standards for Case Management](#) by NABITA - *a series of standards for non-clinical case management. Standards are for school settings but applicable to other contexts*

Civil Liability

- ["Civil Liability - Types of Actions"](#) by Criminal Defense Lawyer.

- ["General Law of Torts"](#) by Law 101: Fundamentals of the Law.

- ["Tort Law Guide"](#) by The Lawyer Portal.

- ["Negligence & Breach of Duty of Care"](#) by HG.org.

- ["Negligence, the 'Duty of Care,' and Fault for an Accident"](#) by NOLO.

- ["Ethical Misconduct and Negligence in Social Work"](#) by Social Work Today.

- ["Civil Conspiracy"](#) by Find Law.

- ["Civil Cases vs. Criminal Cases: Key Differences"](#) by Find Law.

- [Civil Cases](#) by US Courts.

Criminal Liability

- [Criminal Liability](#) by Criminal Defense Lawyer.

- [What is the Difference between Civil and Criminal Lawsuits?](#) by Castle Law Office.

- [Criminal Law](#) by the LII.

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- Criminal Law by Justia.

- Types of Criminal Offenses by Justia.

- Sentencing Laws in the US by Find Law.

- Criminal Cases by US Courts.

HIPAA, FERPA and the SAFETY Act

- Summary of the HIPAA Privacy Rule by the US Department for Health and Human Services (HHS).

- "HIPAA for Professionals" by the HHS. See also the FAQ.

- "To Whom Does the [HIPAA] Privacy Rule Apply and Whom Will it Affect?" by the National Institute of Health.

- HIPAA and psychotherapy notes by the HHS.

- Summary of information disclosure regulations under FERPA by the US Department of Education.

- Useful printable introductory materials on the SAFETY Act by SAFETYAct.gov.

Information Sharing

- Information Sharing with Relevant Agencies by Active Social Care Limited.

- "Sharing Client Information with Colleagues" by Frederic G. Reamer.

- "The Complexities of Client Privacy, Confidentiality, and Privileged Communication" by Frederic G. Reamer.

- The School Social Worker and Confidentiality by the NASW.

- Sharing Behavioral Health Information: Tips and Strategies for Police - Mental Health Collaborations - by the Justice Center.

- Information Sharing in Criminal Justice - Mental Health Collaborations: Working with HIPAA and Other Privacy Laws by the Justice Center.

- "Confidentiality and its Exceptions" by the Society for Advancement of Psychotherapy.

- "Information Sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers" by Her Majesty's Government, United Kingdom. While this is written for a UK audience, it will have

transferable insights and learnings for US-based practitioners.

Related to duty of care, duty to warn, and duty to protect:

- Summary of the duty to warn and its clinical significance, by the National Center for Biotechnology Information.

- "Duty to Warn, Duty to Protect" by The New Social Worker.

- "Duty to Protect" by the American Psychological Association

- The Duty to Protect: Four Decades after Tarasoff by Ahmad Adi and Mohammad Mathbout.

- "Common Induction Standard 5: Principles for Implementing Duty of Care" by the Social Care Institute for Excellence.

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