Community Violence Threat Assessment & Support Protocol

A Collaborative Response to Assessing Violence Potential Southwest Saskatchewan Region

March 2020

Credit to:

These guidelines are based on: Assessing Violence Potential: Protocol for Dealing with High-Risk Student Behaviours, 8th edition (2009) and the work of J. Kevin Cameron, Director of the North American Center for Threat Assessment and Trauma Response.

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- Kawartha Pine Ridge, Peterborough Victoria Northumberland and Clarington Catholic Districts
- Southwest Alberta Region
- West Central Saskatchewan Region

The original Community Violence Threat Assessment & Support Protocol Southwest Saskatchewan Region was signed in May of 2014.

Community Protocol Partners recommitted to the partnership by re-signing the updated document on the following dates:

- October 2016
- March 2020

Renewal Procedure	
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Table of Contents

Community Threat Assessment and Support Protocol	5
Rationale	5
Community Protocol Partners	5
Vision	5
Statement of Principles	6
Commitments	6
Key Approaches in Violence Threat Risk Assessment (VTRA)	7
1. Sharing of Relevant Information	7
2. Investigative Mind-Set	7
3. Culture and Climate of School, Professional Agencies, and Community	7
4. Working With Cultural Diversity	8
5. Working With Individuals With Special Needs/Disabilities	8
6. Violence Threat Risk Assessment (VTRA) Overrides Suspension	8
7. Violence Threat Risk Assessment (VTRA) is Not a Disciplinary Measure	
8. Building Capacity	8
9. Program Review	
	•
10. Maintaining Contact Lists	
10. Maintaining Contact Lists Error! Bookmark Three Stage VTRA Model	not defined.
	not defined. 9
Three Stage VTRA Model	not defined. 9 10
Three Stage VTRA Model Stage One: Data Collection and Immediate Risk Reducing Interventions (School TAST)	not defined.
Three Stage VTRA Model Stage One: Data Collection and Immediate Risk Reducing Interventions (School TAST) Stage Two: Specialized Risk Evaluation (Community TAST)	not defined.
Three Stage VTRA Model Stage One: Data Collection and Immediate Risk Reducing Interventions (School TAST) Stage Two: Specialized Risk Evaluation (Community TAST) Stage Three: Comprehensive Intervention, Review, and Follow Up	not defined.
Three Stage VTRA Model Stage One: Data Collection and Immediate Risk Reducing Interventions (School TAST) Stage Two: Specialized Risk Evaluation (Community TAST) Stage Three: Comprehensive Intervention, Review, and Follow Up Determining When to Activate the VTRA Protocol	not defined.
Three Stage VTRA Model Stage One: Data Collection and Immediate Risk Reducing Interventions (School TAST) Stage Two: Specialized Risk Evaluation (Community TAST) Stage Three: Comprehensive Intervention, Review, and Follow Up Determining When to Activate the VTRA Protocol Immediate Risk Situations	not defined.
Three Stage VTRA Model Stage One: Data Collection and Immediate Risk Reducing Interventions (School TAST) Stage Two: Specialized Risk Evaluation (Community TAST) Stage Three: Comprehensive Intervention, Review, and Follow Up Determining When to Activate the VTRA Protocol Immediate Risk Situations High Risk Behaviours	not defined. 9 10 11 11 11 12 12 12 12 12 13
Three Stage VTRA Model Stage One: Data Collection and Immediate Risk Reducing Interventions (School TAST) Stage Two: Specialized Risk Evaluation (Community TAST) Stage Three: Comprehensive Intervention, Review, and Follow Up Determining When to Activate the VTRA Protocol Immediate Risk Situations High Risk Behaviours Non-Work Hour Cases	not defined.
Three Stage VTRA Model Stage One: Data Collection and Immediate Risk Reducing Interventions (School TAST) Stage Two: Specialized Risk Evaluation (Community TAST) Stage Three: Comprehensive Intervention, Review, and Follow Up Determining When to Activate the VTRA Protocol Immediate Risk Situations High Risk Behaviours Non-Work Hour Cases Children Under 12 Years of Age	not defined.
Three Stage VTRA Model Stage One: Data Collection and Immediate Risk Reducing Interventions (School TAST) Stage Two: Specialized Risk Evaluation (Community TAST) Stage Three: Comprehensive Intervention, Review, and Follow Up Determining When to Activate the VTRA Protocol Immediate Risk Situations High Risk Behaviours Non-Work Hour Cases Children Under 12 Years of Age Activation of the School and Community TASTs	not defined.
Three Stage VTRA Model Stage One: Data Collection and Immediate Risk Reducing Interventions (School TAST) Stage Two: Specialized Risk Evaluation (Community TAST) Stage Three: Comprehensive Intervention, Review, and Follow Up Determining When to Activate the VTRA Protocol Immediate Risk Situations High Risk Behaviours Non-Work Hour Cases Children Under 12 Years of Age Activation of the School and Community TASTs Roles and Responsibilities	not defined.

Community Protocol Partner Staff	14
Police of Jurisdiction	
Trauma Response	
Sharing Information	
Communication	
Media	
Parent/Guardian/Staff/Student	
Intra-Agency	
Documentation	
Definitions	
Anonymous Threats: Duty and Intervention	
Language of Commitment	
Identifying the Person of Concern	
Contra-Indicators	
Community Threat Assessment Categorizations	
High Risk Behaviours	
Immediate Threat	
Risk Assessment	
Threat	
Threat Assessment	
Violence	
Worrisome Behaviour	
Appendices	
APPENDIX A: Individuals With Special Needs/Disabilities	
APPENDIX B: Responding to Student Threat Making Behaviour: A Staff Guide	
APPENDIX C: Stage One Reference Guide	
APPENDIX D: Stage One VTRA Report Form	
APPENDIX E: Stage Two VTRA Report Form	54
APPENDIX F: Stage Three VTRA Report Form	57
APPENDIX G: Sample Schools Notification and Brochures	
APPENDIX H: Protocol Signing Members	65

Community Threat Assessment and Support Protocol

A Collaborative Response to Assessing Violence Potential

Rationale

The Chinook School Division, Holy Trinity Catholic School Division, and Great Plains College (referred to subsequently as the School(s)) and their Community Protocol Partners (please see full list of partners below) are committed to making our schools and communities safe.

The Schools and Community Protocol Partners will respond to individuals' behaviours that may pose a potential risk for violence to students, staff, and members of the community. The goal of early intervention by the Schools and Community Protocol Partners will be to reduce and manage school violence. This protocol supports collaborative planning among Community Protocol Partners to reduce violence and reflects safe, caring, and restorative approaches. It fosters timely sharing of information about students who pose a risk for violence towards themselves or others. The protocol promotes supportive and preventive plans being put in place.

The strength of this partnership lies in the multidisciplinary composition of the Community Threat Assessment and Support Team (referred to subsequently as the Community TAST). The Community TAST members will strive to:

- Share and review relevant student information
- Share the details of the threatening situation or evidence promptly
- Collaborate effectively
- Make use of a broad range of expertise

This collaborative process will respect the individual's rights to privacy and the safety of all, to the fullest extent possible.

Community Protocol Partners

The Schools are the lead partners in the Community Threat Assessment & Support Protocol within the Southwest Saskatchewan geographical area.

Current Community Protocol Partners include the following agencies and organizations:

- RCMP
- Saskatchewan Health Authority Mental Health and Addiction Services
- Ministry of Social Services
- Ministry of Justice

Vision

Violence prevention in our schools and neighbourhoods is a shared community responsibility. All community partners work together to promote and maintain safety and to strive to prevent violence.

Statement of Principles

All partners will undertake to follow the protocol. There is a shared obligation to take active steps to reduce violence in schools, post-secondary institutions, and communities. The partners agree to work together for the common goals of reducing violence; managing threats of violence; and promoting individual, school, and community safety. The partners will do so by proactively sharing information, advice, and support.

The partners will work together for the benefit of children, youth, their parents/guardians, and adult learners by:

- Building working relationships based on mutual respect and trust
- Working in ways that promote safe, caring, and restorative school environments and practices
- Involving children, youth, their families, and adult learners in planning for services and supports
- Recognizing that each child and youth has unique strengths and needs that should be considered when developing an appropriate service plan
- Realizing that working together successfully is a process of learning, listening, and understanding one another
- Being patient, trusting, and working together to help children and youth become happy, healthy, active, involved, and caring members of the community

The overriding goal is risk reduction and violence prevention to promote the safety of students, parents/guardians, school/campus staff, community members, the school/campus or other buildings or property.

The protocol is designed to facilitate communication so that when the Community TAST is activated, appropriate Community Protocol Partners and school division/post-secondary personnel may communicate relevant student information.

Commitments

Schools and Community Protocol Partners will commit to:

- Ongoing participation in a minimum of four advisory meetings per year (September, December, March, June)
- Discussion and review at advisory meetings that includes:
 - o Statistics review of screened and completed VTRAs
 - Age
 - Gender
 - Category for action that resulted in the VTRA
 - Evidence of Conspiracy of Two or More
 - Evidence of Fluidity
 - Level of Risk
 - Identifiable gaps
 - Protocol implementation
 - What is working

- Review of training needs
- Contact lists for Stage One
- Contact lists for Stage Two/Stage Three/if concerns arise during the process
- Ongoing staff development in violence threat risk assessment training and program review

Key Approaches in Violence Threat Risk Assessment (VTRA)

1. Sharing of Relevant Information

The sharing of information is carried out by any of the team members, on a proactive basis, to avert or minimize imminent danger that affects the health and safety of any person (see Sharing Information, page 15). Information is shared on a confidential basis and is to be used solely for the purpose of the assessment or for actions directly related to or flowing from the assessment.

2. Investigative Mind-Set

This is central to the successful application of the VTRA process. Threat assessment requires thoughtful probing, viewing information with professional objectivity, and paying attention to key points about pre-attack behaviours. Personnel who carry out VTRA must strive to be both accurate and fair.

Components of an investigative mind-set include:

- Open probing questions
- Healthy skepticism
- Attention to pre-attack behaviours
- Verification of facts; actions corroborated
- Common sense
- Ensuring that information makes sense

When determining if a person of concern actually poses a risk to the person/target, consideration should be given to the following:

- Is the threat plausible?
- Is the threat an emotionally charged threat?
- What are the precipitating and contextual factors?

3. Culture and Climate of School, Professional Agencies, and Community

A naturally open system is widely acknowledged as being key to creating a safe environment, where members experience a healthy culture and climate. By placing a strong emphasis on safety, acceptance, communication, and programming designed to facilitate social responsibility, an environment is created where violence is less likely to occur, and where systems are in place to allow for early identification of potentially at-risk individuals. The School Threat Assessment and Support Team (referred to subsequently as the School TAST) and the Community TAST needs to be aware of the type of system that currently exists when supporting the VTRA process.

4. Working With Cultural Diversity

The VTRA team needs to be aware of the potential for cultural bias in the VTRA process. When possible, respondents should be given the opportunity to speak in their first language and a neutral interpreter should be used to translate. It would be beneficial if individuals involved in the VTRA process were familiar with the cultural backgrounds of all people being interviewed.

5. Working With Individuals With Special Needs/Disabilities

When individuals with special needs/disabilities engage in threat making or aggressive behaviours that are typical to their baseline, the VTRA Protocol would not be activated. However, if the individual with special needs/disabilities moves beyond their typical baseline, the VTRA Protocol would be activated. Special considerations need to be considered when completing a VTRA on an individual with Autism (Appendix A).

6. Violence Threat Risk Assessment (VTRA) Overrides Suspension

If the person of concern does not pose an imminent or obvious safety concern, Stage One VTRA should occur before termination of employment or suspension is considered.

7. Violence Threat Risk Assessment (VTRA) is Not a Disciplinary Measure

VTRA is meant to be supportive of the person of concern by providing the necessary assistance and interventions in order to lower their level of risk.

8. Building Capacity

The Community Violence Threat Assessment & Support Protocol is intended to be used by multidisciplinary teams trained in Level One and Level Two Violence Threat Risk Assessment. This protocol is not a substitute for training in the field of Violence Threat Risk Assessment and should not be used until adequate training is received.

The School TAST in each school will receive threat assessment training. Appropriate school division/post-secondary institution personnel and Community Protocol Partners will also be trained. The Schools will organize training sessions and ensure spaces will be made available for Community Protocol Partners.

9. Program Review

Schools and Community Protocol Partners will commit to ongoing program review.

Three Stage VTRA Model

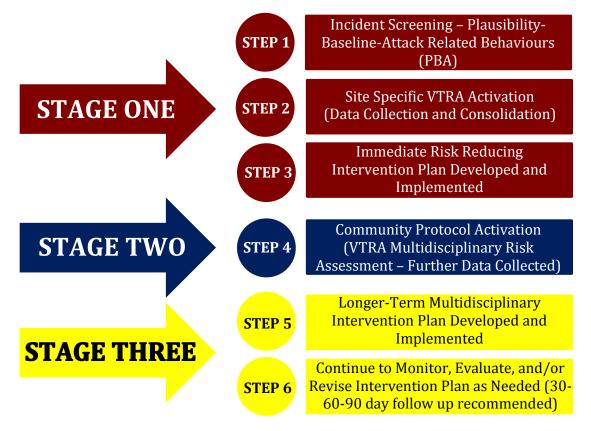
The VTRA model is the combination of early Secret Service research around school-based threat assessment and general violence risk assessment. The work reflects scientific research conducted by a number of disciplines including medical and mental health professionals, law enforcement, and specialists in the field of threat management.

The three stages of the VTRA model combine all appropriate threat assessment concepts and risk assessment factors. This protocol allows for a comprehensive determination of violence risk posed and the identification of appropriate interventions. It prevents under-reaction by professionals who may use general violence risk assessment tools as the unilateral measure to determine risk of violence of a young person. The three stages promote understanding that some individuals may not pose a risk for general violence, yet may be moving rapidly on a pathway of violence towards a particular target they consider justifiable.

When an individual engages in behaviours or makes threatening comments or gestures that may result in injury to others, the School TAST or Community TAST will react following the Responding to Student Threat Making Behaviour: A Staff Guide (Appendix B). This Community Violence Threat Assessment & Support Protocol is based on The North American Center for Threat Assessment & Trauma Response's Canadian Model of Violence Threat Risk Assessment (VTRA).

This protocol follows a three-stage model:

- Stage One Data Collection and Immediate Risk Reducing Interventions
- Stage Two Specialized Risk Evaluation
- Stage Three Comprehensive Intervention, Review, and Follow Up



Stage One: Data Collection and Immediate Risk Reducing Interventions (School TAST)

The VTRA model is built on the understanding of interdependency between micro dynamics and macro dynamics. The School TAST is activated when a single incident occurs that gives the team justification to activate the Stage One VTRA Protocol. The micro assessment is determining if the person of concern actually poses a risk to carry out the current threat while the macro assessment focuses on what historical and foundational risk enhancers may be contributing to overall level of risk (independent of the current case that has resulted in protocol activation).

- **Step 1:** Incident Screening Plausibility Baseline Attack-Related Behaviours (PBA)
- Step 2: Site-Specific VTRA Team Activation (data collection and consolidation)
- Step 3: Immediate Risk Reducing Plan Developed and Implemented

The School TAST must, at minimum, include the school principal/region manager, school division counsellor/student advisor, and police of jurisdiction, and teacher/instructor, as required. The initial data collection is often accomplished in one to two hours. It focuses on gathering case specific data and implementing risk reducing behaviours.

Immediate Risk Reduction

The school principal(s)/region manager and police will:

- Take immediate action to reduce risk
- Determine if the person of concern has access to a weapon
- Consult with school superintendent/college director or designate

Data Collection

The School TAST will:

- Screen the incident using The Stage One Reference Guide (Appendix C)
- Activate site-specific VTRA
- Complete the Stage One VTRA Report Form (Appendix D)
- Reference the Responding to Student Threat Making Behaviour: A Staff Guide (Appendix B)

Interventions

The School TAST will:

- Review findings of Stage One VTRA Report Form
- Decide course of action
- Develop and implement an intervention plan with parent/guardian support, if applicable
- Retain Stage One VTRA Report Form according to School policy

If the level of concern can be addressed at the School level at this stage, then arrange for follow up meetings at the intervals of 30, 60, and 90 days from the initial assessment. If the level of concern cannot be managed at the School level, the School TAST must activate the Stage Two process.

Stage Two: Specialized Risk Evaluation (Community TAST)

• Step 4: Community Protocol Activation (Further Data Collected – Risk Assessment)

At Stage Two, the Community TAST members work in collaboration with the Stage One School TAST. This stage focuses on further data collection beyond the initial data set obtained during the Stage One School TAST. The Stage Two Community TAST members may involve agency representatives from: health, mental health, social services, justice, and/or others. Stage Two may include the use of formal, structured professional instruments, concepts, tests, and measures as available to complete the formal risk assessment and evaluation.

When it has been determined that a Community TAST will be activated, the school superintendent/college director or designate, will:

- Contact Community Protocol Partners' lead staff
- In a timely manner, determine the date, time, and location of the Community TAST meeting

Risk Assessment/Data Collection

The Community TAST will:

- Ensure Release of Information/Consent is signed
- Share initial Stage One findings and evaluate level of risk to the safety of students, staff, and community
- Determine appropriate formal risk assessments and evaluations to be completed
- Determine any additional interviews, as required
- Collect data and use the Stage Two VTRA Report Form (Appendix E) to expand on information already collected and provide further clarification and insight
- Determine meeting details for Stage Three longer term planning meeting
- Retain Stage Two VTRA Report Form according to school/agency policy

Stage Three: Comprehensive Intervention, Review, and Follow Up

- **Step 5:** Longer Term Multidisciplinary Intervention Plan developed and maintained
- **Step 6:** Follow Up Continue to monitor, evaluate, and/or revise intervention plan as needed (30-60-90 day follow up, as needed)

As a result of the Schools' and Community Protocol Partners' evaluation of risk, the Schools and Partners will develop a longer term treatment and support plan (Appendix F). The longer term treatment and support plan will be developed collaboratively and responsibility for the implementation of the plan will be assigned by the Community TAST.

Treatment and Support Planning

The Community TAST will:

- Review results and findings
- Participate in the completion of Stage Three VTRA Report Form (Appendix F)

- Develop and implement a comprehensive multidisciplinary longer-term treatment support plan
- Assign roles and tasks as determined in the support plan
- Arrange for treatment and support planning follow up meetings at the intervals of 30, 60, and 90 days from the initial assessment
- Retain Stage Three VTRA Report Form according to school/agency policy

Note: If appropriate risk assessments have been completed, Stage Two and Stage Three may be completed at the same meeting.

Determining When to Activate the VTRA Protocol

Immediate Risk Situations

These situations include armed (e.g., gun, knife, or other weapon capable of causing serious injury or death) intruders inside the building or on the periphery, who may pose a risk to some target(s). When an immediate risk is identified, lockdown plans should be activated immediately, followed by a call to 911. In these situations, where a possible threat was present but no violence occurred, the person of concern will generally be taken into custody, remanded, and have initial evaluations conducted within the criminal justice system. Prior to release, the VTRA Protocol should be activated to determine level of risk and steps to assist with threat/risk management.

High Risk Behaviours

Thresholds for VTRA Protocol activation addressed in the protocol include, but are not limited to:

- Serious violence or violence with intent to harm or kill
- Indicators of suicidal ideation as it relates to fluidity (both homicidal and suicidal)
- Verbal/written threats to kill others (clear, direct, plausible)
- The use of technology to communicate threats to harm/kill others or cause property damage (e.g., "burn this office down")
- Possession of weapons (including replicas)
- Bomb threats (making and/or detonating explosive devices)
- Fire setting
- Sexual intimidation or assault
- Ongoing pervasive target issues with bullying and/or harassment
- Gang related intimidation and violence
- Hate incidents motivated by factors including, but not limited to race, culture, religion, and/or sexual or gender diversity

Suicide as a special consideration – when dealing with a situation where a person is of concern due to suicidal ideation, existing protocols for suicide risk assessment should be followed. When completing the suicide risk assessment, personnel should be open to the possibility that the individual being assessed may be fluid.

The VTRA Protocol should only be used as part of a case with suicidal ideation when there is evidence of:

- Fluidity
- Suicide pact
- Conspiracy of two or more (Puppet Master)
- Multiple suicides or attempts in quick succession in a community

Non-Work Hour Cases

If information of a threat is received during non-work hours, police will be called and steps will be taken to assess the person of concern, as well as notify and protect the target(s), as required. The VTRA Protocol will be activated if the case is deemed to be high risk.

Children Under 12 Years of Age

If there is a significant increase/shift in baseline behaviour, weapons possession, or clear, direct, and plausible threats, the formal VTRA Protocol will still be activated. Generally, most threat related behaviour exhibited by young children will fall into the category of worrisome behaviours; however, young children may still pose a risk.

Activation of the School and Community TASTs

To facilitate timely activation of the School TAST or Community TAST, each Community Protocol Partner will identify its lead TAST member(s) and provide current contact information to all partners at the quarterly advisory meetings.

The school superintendent/college director or designate, will activate the Community TAST and will be responsible for calling Community TAST members who may have information specific to that threat situation.

When a Community Protocol Partner staff member determines the need to activate the Community TAST, they will notify their designated lead Community TAST member. The lead Community TAST member of the partner agency will contact the principal/region manager of the school in which the child/youth is enrolled. Community TAST members will, at all times, take any actions necessary to facilitate immediate safety, without delay, regardless of the involvement or availability of other Community TAST members.

Roles and Responsibilities

School Superintendent/College Director or Designate

- Activate the Community TAST
- Stay informed and participate, as required
- Keep an updated list of Community TAST members and their contact information
- Provide summer contacts to Community Protocol Partners
- Store official reports securely

School Principal/Region Manager or Designate

- Take steps to reduce immediate risks
- Be the School VTRA lead member
- Call and coordinate the School TAST
- Consult the school superintendent/college director or designate
- Be responsible for the completion of the Stage One VTRA Report Form (Appendix D)
- Complete Stage One Step One: Incident Screening and Stage One Step Two: Site Specific VTRA Activation within hours
- Complete Stage One Step Three: Immediate Risk Reducing Intervention Plan Developed and Implemented, as soon as possible, within 24 hours
- Notify parents/guardians of the person of concern, at the earliest opportunity, to encourage a collaborative approach in order to gain more insight and data, as well as plan for appropriate interventions, when necessary
- Notify parents/guardians of the target, at the earliest opportunity, in order to offer possible emotional supports to the family, as needed
- Follow up and coordinate with Community Protocol Partners on intervention plans developed by the team
- Forward copies of the School TAST documentation and intervention plan to the school superintendent/college director or designate
- Participate in Stage Two/Three meetings
- Participate in follow up meetings
- Ensure the Stage One/Two/Three Report Forms are stored according to school policy
- Support school staff in understanding worrisome behaviour on an annual basis

School Counsellor/Student Advisor and Other Staff Involved at the Principal's/Region Manager's Request

- Assist in data gathering as assigned by the principal/region manager
- Assist the principal/region manager in Stage One/Two/Three
- Participate in follow up meetings
- Be available for consultation on general issues regarding threat assessment procedures relating to mental health
- Assist in developing plans or other interventions (i.e. behaviour plans, safety plans), and in facilitating access to programs or resources to reduce the risk of violence and respond to the student's educational needs
- Help families obtain needed assistance
- Support school staff in understanding worrisome behaviour on an annual basis

Community Protocol Partner Staff

- Have an appropriate staff member participate in the Community TAST
- Participate in completion of Stage One Step Two: Site Specific VTRA Activation and Stage One Step Three: Immediate Risk Reducing Intervention Plan Developed and Implemented, as requested
- Participate in a review of School TAST findings, as requested
- Participate in developing any recommended intervention plans, as requested (Appendix D)
- Participate in Stage Two/Three meetings

- Participate in follow up meetings
- Complete formal risk assessments, as needed

Police of Jurisdiction

- Take steps to reduce immediate risks
- Be involved in School TASTs and Community TASTs
- Participate in Stage One/Two/Three
- Investigate and determine whether a crime has been committed and if charges are appropriate or warranted
- Provide related information on police involvement
- Determine need to:
 - Conduct a police investigation
 - Generate a police occurrence report
 - Interview the person of concern and witnesses when a criminal offence has occurred

In most cases, the student behaviour that activates the Community TAST will be observed in, or affect, the school. Therefore, whenever possible, Community TAST meetings will occur on Schools' premises. The lead Community TAST member will be the superintendent/college director or designate.

Trauma Response

After a threat or an act of violence has occurred, Schools and Community Protocol Partner staff may be called upon to plan or provide post trauma counselling and interventions for students, families, and staff. It is important to ensure that the support services and interventions offered are culturally appropriate and accessible within the community. VTRA teams should be mindful of the extent of trauma that may be present with the target(s) of the threat. It is important to re-establish calm and provide longer term support, if needed.

Sharing Information

It is vital to note that legislation allows the release of personal information if there is imminent threat to health and safety.

The general intent of access to information and protection of privacy legislation is to regulate the collection, storage, use, and disclosure of personal information. (This includes personal health information.) **Wherever possible and reasonable, consent to disclose personal information should be obtained.** Valid consent does not exist unless the individual knows what he/she is consenting to and understands the consequences of the intended disclosure. The individual must be made aware that he/she can withdraw consent at any time by giving written or verbal notice. The Schools and Community Protocol Partners are committed to the sharing of relevant information to the extent authorized by law.

Each protocol partner is responsible for ensuring that there is legislative authority in every case where the collection, disclosure, or use of personal/confidential information is contemplated.

Each protocol partner must adhere to its policy or legislation that addresses when information may be disclosed. The presumption is that all information shared by partners about individual students and families is personal information and should be treated with a high level of confidentiality. Once sharing of information has occurred, each partner who receives the information will be responsible for ensuring appropriate storage, use, and disclosure of such information in accordance with the laws, regulations, policies, and procedures applying to that partner. Each partner will be responsible for the education of its staff in this regard.

Communication

Media

As part of the threat assessment process, the Schools and police of jurisdiction involved in the assessment may decide to develop congruent media releases, if needed, to address safety concerns. Any such releases will not violate confidentiality. In the case of a criminal investigation, police will be the lead regarding media releases. Whenever possible, media releases will be provided to affected Community Protocol Partners in advance of release to the media.

VTRA team members should not communicate with media unless requested to do so by director of education/college director or designate and the police of jurisdiction.

Parent/Guardian/Staff/Student

At the beginning of each school year, the Schools will send to parents, staff, and Community Protocol Partners the Violence Threat Risk Assessment notification and brochure, which outlines for parents/guardians and students the threat assessment process (Appendix G). Additional communication tools, such as brochures on the Schools' websites also will be used. All such communications will be shared with the Community Protocol Partners.

Intra-Agency

Internal Schools' and Community Protocol Partners' communication regarding the protocol will be the responsibility of each protocol partner.

Documentation

The Stage One/Two/Three Violence Threat Risk Assessment Report Forms (Appendix D, E, F) will be the written documentation of the School TAST or Community TAST meetings. The minutes taken in these meetings regarding the community threat/risk assessment, and the resulting shared information, are highly confidential. Only information required for the assessment can be shared and only with the Community TAST members involved in the particular assessment.

If the plan requires further action outside the school, the appropriate organizations may receive a copy of the original report. In such instances, it is essential that all organizations make reasonable efforts to ensure that their protocols for the sharing, storage, and retention of this information and this report are consistent with the following principles:

- At the minimum, partner organizations should ensure their personnel follow all requirements of any privacy legislation which may pertain to their agency
- Information written and reported must be kept confidential and is intended to be shared with others on a "need to know" basis only
- Information is shared only for the purpose for which it was created
- The written report is stored securely and retained only for the length of time required for the purpose for which it was created

Community Protocol Partners must ensure that policies and/or procedures are in place to protect the confidentiality of all information received by the organization and its employees through the assessment process. Community Protocol Partners should take steps to ensure that all employees involved in the assessment process have a clear understanding of the requirements for confidentiality and of the consequences for breaches of confidentiality. There should be appropriate enforcement by the Community Protocol Partners of their policies and procedures regarding confidentiality.

Requests to amend information or requests for access to information made by parents, students, staff, or third parties will be addressed in accordance with the legislation applying to the agency to whom the request is made.

Definitions

Anonymous Threats: Duty and Intervention

Anonymous threats are typically threats to commit a violent act against an individual(s), specific group, or site (the school). They may be found written on bathroom walls or stalls, spray painted on the side of schools, posted on the Internet/Social Media, or in letters left in a conspicuous place (teacher's desk), etc.

In the field of school-based child and adolescent VTRA, the lack of ownership (authorship) of the threat generally denotes a lack of commitment. Nevertheless, there are steps that should be followed to:

- Assess the anonymous threat
- Attempt to identify the person of concern
- Avoid or minimize the crisis/trauma response

Violence Threat Risk Assessment teams should consider the following in determining the initial level of risk based on the current data (i.e. the language of threat):

Language of Commitment

- Amount of detail (location where the violence is to occur, target(s), date and time the violence is to occur, justifications, etc.)
- Threatened to do what, with what (kill, murder, ruin your lives, shank, shoot, etc.)
- Method of delivery of the threat (who found/received the threat, when did he/she receive it, where did he/she receive it, who else did he/she tell and who else knows about it?)
- Is the threat clear, direct, plausible, and consistent

Identifying the Person of Concern

In many cases the author is never found, but steps that can be taken to identify the author(s) are:

- Handwriting analysis
- Word usage (phrases and expressions that may be unique to a particular person or group of people [street gang, club, sport team, etc.])
- Spelling (unique errors or modifications)

Contra-Indicators

Some authors will switch gender and try to lead the reader to believe they are a male (or female) when they are not or pretend to be someone else as a setup.

Some individuals who write anonymous "hit lists" embed their names in the list of identified targets. Depending on the severity of the threat, some or all staff members may be asked to assist in analyzing the anonymous threat.

Depending on the severity of the threat, some students may be asked to give their opinion regarding the origin and authorship of the threat.

Community Threat Assessment Categorizations

Low level of concern:	Does not imply "no risk" but indicates the individual is at little risk for
	violence.
Moderate level of concern:	The individual is at an elevated risk for violence and those measures
	currently in place or further measures, including monitoring, are
	required in an effort to manage the individual's future risk.
<u>High level of concern</u> :	The individual is at high or imminent risk for violence and immediate
	intervention is required to prevent an act of violence from occurring.

High Risk Behaviours

High risk behaviours express intent to do harm or act out violently against someone or something. High risk behaviours include but are not limited to: Serious violence or violence with intent to harm or kill, indicators of suicidal ideation as it relates to fluidity (both homicidal and suicidal), verbal/written threats to kill others (clear, direct, plausible), the use of technology to communicate threats to harm/kill others or cause property damage (e.g., "burn this office down"), possession of weapons (including replicas), bomb threats (making and/or detonating explosive devices), fire setting, sexual intimidation or assault, ongoing pervasive target issues with bullying and/or harassment, gang related intimidation and violence, or hate incidents motivated by factors including, but not limited to race, culture, religion, and/or sexual or gender diversity.

Suicide as a special consideration: when there is evidence of fluidity, suicide pact, conspiracy of two or more, or multiple suicides/attempts in quick succession in a community.

Note: Do not be deceived when traditional risk behaviours do not exist. There is no profile or checklist for the high risk student. Some students who actually pose a threat display very few traits of the traditional high risk student. Identify when homicidal and suicidal domains exist together. This is critical to the development of a response to the incident, including the creation of a student support plan.

Immediate Threat

In the case of immediate threat, staff will **CALL 911** and take the appropriate emergency response measures. The principal/region manager will contact his/her school superintendent/college director who will contact the appropriate individuals within his/her organization. The School's communications officer will become involved in activating their communication protocol.

Risk Assessment

A risk assessment is typically a more lengthy process that involves a number of standardized tests and measures that go beyond the scope of the school multidisciplinary Threat Assessment and Support Team (TAST) assessment. After the "initial level of risk" is assessed and "immediate risk reducing intervention" has occurred, a further risk assessment may be required. Therefore, risk assessment is the process of determining if a person of concern may pose a further risk to some known or unknown target(s) at some unknown period in time. The person may be evidencing increasing violent ideation or behaviours that suggest that the frequency or intensity of his/her violence or violence potential may be escalating. Unlike the immediate intervention, the risk assessment is meant to be a more comprehensive evaluation of all risk reducing and risk enhancing factors affecting the person's functioning and to use that data to guide longer term intervention and treatment goals.

Threat

A threat is any expression of intent to do harm or act out violently against someone or something. Threats may be spoken, written, drawn, symbolic, posted on the Internet, posted on social media, or made by gesture only. Threats may be direct, indirect, conditional, or veiled.

Threat Assessment

Threat assessment is the process of determining if a person of concern (someone who utters, writes, emails, etc. a threat to kill a target(s) actually poses a risk to the target(s) being threatened. Although many students, and others, engage in threat making behaviour, research indicates that few actually pose a risk to harm the target being threatened. Multidisciplinary Threat Assessment Support Teams (TASTs) engage in a data collection process, through semi-structured interviews, to determine "initial levels of risk" that may be posed and plan necessary risk-reducing interventions. Although a person of concern may be assessed as low risk, there may be data that indicates a more comprehensive risk assessment is required.

Violence

Violence is a continuing process of thoughts and behaviours that is dependent on the interaction between **a person** who is inclined to violence; **a stimulus** that causes the violence; and **a setting** that allows for violence or does nothing to prevent a violent act from occurring. Violence is dynamic and multidimensional. It is a process that is developed over time.

Worrisome Behaviour

Worrisome behaviour is defined as those behaviours that cause concern and may indicate that a student is moving toward a greater risk of violent behaviour. (The majority of behaviours from Prekindergarten to grade 12 fall into this category.) Worrisome behaviours include but are not limited to violent content in drawings and stories/journals, making vague threatening statements, unusual interest in fire, significant change in anti-social behaviour, and significant change in baseline behaviour. Worrisome behaviours may be an early warning sign of the development of more serious high risk behaviours. All worrisome behaviours should be addressed in a timely manner. These situations may result in activation of the School TAST and consultation with division/college staff.

Appendices

Appendix A: Individuals With Special Needs/Disabilities	22
Appendix B: Responding to Student Threat Making Behaviour: A Staff Guide	27
Appendix C: Stage One Reference Guide	28
Appendix D: Stage One VTRA Report Form	37
Appendix E: Stage Two VTRA Report Form	54
Appendix F: Stage Three VTRA Report Form	57
Appendix G: Sample Schools Notification and Brochures	59
Appendix H: Protocol Signing Members	65

APPENDIX A: Individuals With Special Needs/Disabilities

Individuals With Special Needs/Disabilities; DSM-5 Diagnoses and the Application of VTRA

The multidisciplinary VTRA protocol will not be activated when individuals with special needs/disabilities engage in threat making or aggressive behaviours that are typical to their "baseline." In other words, if their conduct is consistent with their diagnoses and how it has been known to manifest in them then the VTRA team will not be called upon to conduct an assessment. For instance, some individuals diagnosed along the Autism Spectrum or Fetal Alcohol Spectrum may have histories of verbal threatening when they are frustrated and make statements such as "I'm going to take a knife and kill you" as part of their typical baseline behaviour. This would not result in the activation of the VTRA team. However, if the person with special needs/disabilities moves beyond their typical baseline and for the first time is caught with a knife in their possession or threatened a target with a knife in their hand, then the VTRA team would be activated to assist in determining why the increase in baseline and do they pose a risk to self or others.

Once the VTRA team is activated the process of data collection and assessment is not modified other than to ensure appropriate interviewing strategies with the individual with special needs. Site-specific staff members responsible for program planning and service delivery to individuals with special needs/disabilities will always be consultants to the VTRA team in these cases.

Good case management with individuals with special needs/disabilities means that program leads should already know more about these individuals than others as proper program planning requires comprehensive assessment in the first place. This foundational knowledge about the individual with special needs means that any significant shift in baseline that meets the criteria for the VTRA protocol activation is easily identified. The purpose of the team would be to assist with determining why the increase in baseline and then determine if intervention planning is required.

There are times when the individual with special needs/disabilities has had a "slow but steady" increase in the "frequency" and "intensity" of their violent or acting out behaviours. In these cases, there may not be a single incident prompting a Stage One VTRA but information may emerge that suggests we consider doing a "consensual" Stage Two risk evaluation to see what is contributing to the change.

A note of caution: sometimes VTRA team members may under react to a serious threat posed by an individual with special needs/disabilities. This occurs when they assume that the person's behaviours are caused by, or a result of, their diagnosis only. It is important to remember that an individual with special needs can move along a pathway of "justification" as well. The same dynamics and variables that can increase the risk of violence in the non-clinical population of society can also be factors in contributing to the violence potential of the individual with special needs/disabilities, independent of their diagnosis.

Autism Spectrum Disorder as a Special Consideration

Autism, a neurodevelopmental disorder, results from a combination of genetic and environmental contributions. Approximately 80% of the persons who have this diagnosis are male, and the prevalence of the diagnosis continues to increase.

Autism spectrum disorder (ASD) features a significant range of social communication challenges. People on the highest functioning part of the spectrum may be described as having traits found in ASD but may not have a diagnosis. The existence of an autism diagnosis is not necessary to consider this section relevant, as the collection of data, including the VTRA interview(s), can be complicated by "autism-like" challenges.

The diagnostic criteria for autism spectrum disorder (ASD) and the related diagnosis of social communication disorder (SCD) appear in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5).

The signs and symptoms of ASD are very similar to SCD, and there may even be overlap, so it is prudent to include the latter in this section for consideration. The difference between the two is that people with autism have difficulties with social communication AND they exhibit repetitive and/or disruptive behaviours; whereas, persons who have social communication disorder do not display repetitive behaviours/restricted interests.

The term "social communication" references difficulties in social emotional reciprocity, back and forth conversation, difficulty initiating or responding to social interaction, poor use of nonverbal and verbal language for social purposes, and difficulties in developing and maintaining peer relationships and friendships. Those on the autism spectrum will also exhibit restrictive, repetitive behaviour, which often manifests in repetitive motor movements; lining up objects; inflexible insistence on sameness; and fixated interests. More recently, hyper or hyposensitivity to sensory input might also be recognized as a feature, but this is not necessary for diagnosis.

Global communication, language, or other developmental delays are NOT part of the diagnosis. Individuals may have co-morbid diagnoses of a language or developmental delay, but their social communication functioning should be below that expected for their general developmental level.

Considerations for Preliminary Data Gathering When VTRA is Enacted with a Person of Concern Who May Fall on the Autism Spectrum

Deliberate deception can be difficult for a person with ASD. Therefore, questions that may be uncomfortable for most people to answer might not be for them. Assessing their ability to be truthful, as well as determining their level of comfort at the beginning of the interview, can help to establish an appropriate approach.

People with ASD often have difficulty understanding a situation from someone else's viewpoint. If they are required to interpret another person's behaviour, they might not be able to do so accurately. They may not be able to determine where they fit in a peer structure and speak to this. Exploring this in the interview could also reveal a "Puppet Master." Individuals with ASD can be easily overwhelmed with the extensive communication demands of an interpersonal friendship and so they typically seek out social connections online where they are more successful. Chatrooms meet some of their social needs while also creating a vulnerability. Exposure to unfiltered information can fill them with thoughts and ideas they are unable to process. A check on current events and social media trends may help to put concerning behaviours into context. Fully assess the "empty vessel" variable, asking the question: to what extent is the person of concern connected with a healthy mature adult and how is their baseline affected by the relationship?

People with High Functioning Autism (HFA) are usually not diagnosed until after the age of approximately 9 years. Therefore, they have had little to no intervention during the formal and developmental years and significant communication and social deficits that reach a crucial stage in the high school years.

Function of Behaviour

To develop an accurate picture of a person of concern with ASD, it is important to ask, "What is the function of this person's behaviour?", or as understood in the VTRA context, "What is the person of concern's baseline?" Adolescents with ASD may have less developed peer connections and less developed social skills to make these connections. Expressing their extensive knowledge of topics that may be considered aggressive, violent, or otherwise offensive may be an attempt to make social connections and attract attention, all the while, they are misreading social cues. Negative attention can be misinterpreted and reinforced because they are not perceiving the negative portion. Other possible functions of behaviour to consider may include the desire to avoid tasks or people, or to seek something tangible or sensory. Another function of behaviour could be escaping an environment because of the work being too easy or hard, sensory issues in the classroom, and/or peer and adult relationships.

Establishing and understanding the person of concern's baseline in a multidisciplinary milieu is necessary in working with individuals who present on the spectrum. For example, a person who is on the spectrum who is communicating and fixating on a school shooting like "Columbine." Though we can agree that the fixation on "Columbine" is worrisome, this may be the person of concern's baseline. However, when this same person of concern displays an increase in frequency and intensity of his/her fixation with "Columbine"; we agree that this denotes a shift in baseline thus activating the VTRA protocol should be considered (i.e. screening, worrisome behaviour, or full protocol activation if PBA data warrants).

ASD and Mental Health

Comorbidity occasionally exists between spectrum disorders and mental health disorders. However, this diagnostic presentation can sometimes be difficult to identify. Anxiety seems to be the most prevalent comorbid diagnosis in people with ASD. Anxious thoughts can impede function. It can also escalate worrisome behaviours and interfere in healthy resolutions.

Similar to anxiety, depressive symptoms can be quite common, which can intensify behaviours. The person with autism might suffer silently, as they likely will have problems communicating their unhappy thoughts and feelings. If left unchecked, it can ultimately impair functioning. Depression is seen more frequently in individuals with autism who have higher intelligence. Persons with autism tend to have restricted areas of interests and engage in doing the same thing over and over. This intense focus on a repetitive behaviour may mirror the symptoms of Obsessive Compulsive Disorder (OCD) but might simply serve as a source of personal satisfaction. However, at other times, these repetitive behaviours become truly disabling and interfere with their ability to adequately function in the neurotypical world --- especially when the repetitive behaviour is themed on morbid, aggressive, or sexual content.

Ideas to Consider When Building a Supportive Plan Following a VTRA

- The Hidden Curriculum, which people have learned by observing others, is often missed by youth with ASD. A plan that backfills this knowledge may be necessary, especially in the area of social communication skills and their ability to adequately engage in a more typical range of interests and activities.
- Social Connection is often missing. Connecting young people to healthy adults, but also connecting youth to a healthy peer group will be necessary. In addition to autism support personnel, community and/or school district resources can facilitate opportunities for people to build connections.
- Positive identity development, that is success oriented, can empower the individual.
- Assessment of the emotional message, given from the person of concern (function of their behaviour), will help to formulate a plan of approach. For example,
 - This might be attention-seeking behaviour or possibly serving to help them escape from an expectation (in which they will likely fail)
 - They could have a sensory need that they are seeking to fill or a sensory situation that is adversarial in its nature
 - They could be attempting to access a highly preferred activity or routine or alternatively might be just trying to avoid a rather disfavoured activity

Supporting the Needs of Someone With Autism

Evidence based practices for supporting the needs of persons who have this disorder tend to centre on several distinct areas of focus.

A caring and supportive relationship with another person is an essential core aspect of ASD therapy. Additional elements of care are often focused on a) environmental supports (adjusting the neurotypical world around the person so that it is more understandable and accessible for the person who has autism), b) positive behaviour supports (a specific focus on building success as opposed to reacting to failures), and c) direct teaching of the social and communication skills that the individual did not acquire during the typical developmental periods.

Research has shown that the use of Cognitive Behaviour Therapy (CBT) to circumvent and decrease the severity of the conditioned characteristics, such as low self-esteem, lack of empathy, and difficulty with perspective taking have been efficacious. As well, this therapy explores depression, anger management, anxiety, and the development of appropriate boundaries between family members and the community at large, as well as providing relief to those struggling to make sense of their world. Limiting an individual's exposure to violent and inappropriate media content, as well as monitoring their use of the Internet can be both preventative as well as supportive. These persons might struggle with the distinction between reality and fantasy. Helping a person with ASD filter the information can often stop the fulfillment of concerning content.

Destigmatizing the diagnosis and building family and workplace or school awareness can decrease some of the anxiety that builds up in persons with ASD.

Reinforcing the wrap around (multidisciplinary) model with government agencies, mental health facilities, medical doctors, school (or workplace), and home teams can often assist the team in finding a common and consistent way of intervening.

This information is not comprehensive but can assist the VTRA team to not only determine whether enacting a protocol is necessary, but also to help guide them to find ways to support the complexities that come with the diagnosis. When possible, it is best practice to include a person skilled in recognizing and supporting the varying behaviours that exist with ASD.

Acknowledgement for this section to: The Surrey School District's VTRA and Complex Needs Committee: Elizabeth Abraham, District Helping Teacher (Special Education), Deena Buckley, District Principal (Special Education), Nancy Arends, District Resource Counsellor, Dr. Kenneth Cole, Psychologist, Dannette Hoenisch, District Resource Counsellor.

In consultation with members of the Surrey School District's Student Support Team: Casey Chaulk, Christopher Kelly, and Jennifer Poole: District Resource Counsellors.

APPENDIX B: Responding to Student Threat Making Behaviour: A Staff Guide

Any person who is concerned shall report any behaviour that may pose a risk or threat to others to the school principal/region			
manager, designate or agency lead			
Worrisome Behaviours)	Behaviours	Immediate Threat Call 911
 Include but are not limited to: Violent content Drawings and pictures Stories/journals Vague threatening statements Unusual interest in fire Significant change in anti-social behaviour Significant change in baseline behaviour 	 Include but are not limited to: Serious violence or violence with intent to harm or kill Indicators of suicidal ideation as it relates to fluidity (both homicidal and suicidal) Verbal/written threats to kill others (clear, direct, plausible) The use of technology to communicate threats to harm/kill others or cause property damage (e.g., "burn this office down") Possession of weapons (including replicas) Bomb threats (making and/or detonating explosive devices) Fire setting Sexual intimidation or assault Ongoing pervasive target issues with bullying and/or harassment Gang related intimidation and violence Hate incidents motivated by factors including, but not limited to race, culture, religion, and/or sexual or gender diversity Suicide as a special consideration: when there is evidence of fluidity, suicide pact, conspiracy of two or more, or multiple suicides/attempts in quick succession in a community		
	PRINCIPAL/REGION	MANAGER INFORMED	
Data Collection and Immediate		(School TAST)	Team tasks in intervention
 Risk Reducing Interventions Within one to two hours School TAST includes: School principal/region manager School counsellor/student advisor Police of jurisdiction Agency lead(s) (as needed or if initiated by Agency) 			 phase: Review findings of Stage One VTRA Report Form Decide course of action Develop and implement an intervention plan Retain Stage One VTRA Report Form according to school policy
	Stage Two (C	mmunity TAST)	
Stage Two (Colspan="2">Comprehensive Multidisciplinary Risk Evaluation • Referral within hours if Stage Two is deemed necessary Community TAST generally includes: • Superintendent/region manager or designate • School TAST • Police of jurisdiction • Agency lead(s)(as needed)		 Team tasks in risk assessment phase: Determine appropriate formal risk assessments and evaluations to be completed Determine any additional interviews, as required Determine any interventions Determine meeting details for Stage Three longer term planning meeting Distribute Stage Two VTRA Report Form Retain Stage Two VTRA Report Form according to school/agency policy 	
	Ctops Thuse ((Community TAST)	
Stage Three (C Longer Term Multidisciplinary Treatment and Support Planning • If appropriate risk assessments have been completed, Stage Two and Stage Three may be completed at the same meeting. Community TAST generally includes: • Superintendent/college director or designate • School TAST • Police of jurisdiction • Agency lead(s)(as needed)		 Team tasks in treatment and supp Review results and findings Develop and implement a comprehe treatment support plan Assign roles and tasks as determine Arrange for treatment and support intervals of 30, 60, and 90 days from 	ensive multidisciplinary longer term d in the support plan planning follow up meetings at the

APPENDIX C: Stage One Reference Guide

Stage One Reference Guide

Primary Purpose of the VTRA Guide and Report Form

- 1. Remind the user of key concepts and variables in VTRA
- 2. Determine whether the case at hand requires VTRA protocol activation
- 3. If the VTRA protocol is activated, determine if the threat maker (person of concern) actually poses a risk to the target(s)
- 4. If they do pose a moderate to high risk for violence, plan immediate interventions to lower the level of risk (Stage One) and prepare for a more comprehensive assessment and intervention (Stage Two)

Tricks of the Trade: Plausibility-Baseline-Attack Related Behaviours (PBA's)

Plausibility is the single most important variable in determining whether or not the verbal/written threat should be taken seriously enough to screen the case for a VTRA.

But

Baseline Behaviour is the <u>single most important variable in the field of VTRA in determining if</u> the threat maker or person of concern really poses a risk to act out violently. This is because serious violence is an evolutionary process and any significant increase or shift in baseline denotes evolution!

Caution: Even with training in VTRA some professionals continue to underreact to cases because they say, "That's just JD, he is always that way!" or "That's Jaz, she always says stuff like that!" without really considering the elements of baseline behaviour which include: history of human target selection, history of site selection, frequency of past violence, intensity of past violence and, recency of past violence.

And

Attack-Related Behaviours are the <u>single most important question in the VTRA Report Form</u> (i.e. Is there any evidence the threat maker has engaged in behaviours consistent with their threat).

Categories for Action

When to Enact the VTRA Protocol

Behaviours of a person of concern that pose a threat or risk to self or others can present in a variety of ways. Examples of high risk behaviours addressed in this protocol include, but are not limited to:

- Serious violence or violence with intent to harm or kill
- Indicators of suicidal ideation as it relates to fluidity (both homicidal and suicidal)
- Verbal/written threats to kill others ("clear, direct and plausible")
- The use of technology to communicate threats to harm/kill others or cause property damage (e.g., computer, cell phone)
- Possession of weapons (including replicas)
- Bomb threats (making and/or detonating explosive devices)
- Fire setting
- Sexual intimidation or assault
- Ongoing pervasive target issues with bullying and/or harassment
- Gang related intimidation and violence
- Hate incidents motivated by factors including, but not limited to; race, culture, religion, and/or sexual orientation

All behaviours that may pose a risk or threat to others are to be reported to the Site-Specific VTRA Lead. This includes the behaviour of students, clients, patients, staff, parent/guardian, or community members.

Suicide as a special consideration: when dealing with a situation where a person is of concern due to suicidal ideation, existing protocols for suicide risk assessment should be followed. When completing the suicide risk assessment, personnel should be open to the possibility that the individual being assessed may be fluid.

The VTRA Protocol should only be used as part of a case with suicidal ideation when there is evidence of:

- Fluidity
- Suicide Pact
- Conspiracy of two or more (Puppet Master)
- Multiple Suicides or Attempts in Quick Succession in a Community

Step One: Screening

Members of a truly functional VTRA team want to consult with each other **before** determining whether or not to activate the protocol. Below is a general criteria for determining if the case is "worrisome behaviour" or requires formal VTRA Protocol activation.

Remember

Locate the threat maker (person of concern) and determine whether they need to be immediately secured (taken to a secured and supervised area, taken into custody, etc.) or simply monitored (without the person of concern's knowledge) until a VTRA team member is ready to interview the person of concern.

Locate the target(s) and determine whether they need to be immediately secured/protected or simply monitored (without the person of concern's knowledge) until a VTRA team member is ready to interview/support the target.

"If the VTRA team is struggling with whether or not to activate the protocol, you already answered your question! Better safe than sorry, do it!"

How did the threat come to your attention? A good interview with the "Reporter" lays the foundation for the speed and breadth of the initial data. Remember that when one person comes on their own to report they are often "elected" by a larger peer group, so after obtaining the information they wanted to share, you must ask them: "Who else knows about this?" "Who else is concerned?" Questions for the Reporter (and others who will be interviewed) may include:

- 1. Where did the incident happen and when?
- 2. How did it come to the Reporter's attention?
- 3. What was the specific language of the threat, detail of the weapon brandished, or gesture made?
- 4. Was there stated:
 - Justification for the threat?
 - Means to carry out the threat?
 - **Consequences** weighed out (I don't care if I live or die!)?
 - **Conditions** that could lower the level of risk (Unless you take that Twitter post down I will stick my knife in your throat!)?
- 5. Who was present and under what circumstance did the incident occur?
- 6. What was the motivation or perceived cause of the incident?
- 7. What was the response of the target (if present) at the time of the incident? *Did he/she add to or detract from the Justification Process?*
- 8. What was the response of others who were present at the time of the incident? *Did they add to or detract from the Justification Process?*

Is the threat "clear, direct, and plausible"?

"Clear": Words are important, so what was actually stated, written, posted, etc.? Is there evidence they were personally escalated (increase in baseline) and/or meant to instill fear in a target(s)? It may be worrisome if someone says, "I swear revenge is coming!" but as a stand-alone statement there is no clarity. "I'm gonna get my brother's knife and stick it in your gut," is clear.

"Direct": Was the threat making or threat-related behaviour delivered in a way that suggests it was meant as a conscious or unconscious cry for help? Was it delivered with language of commitment and clarity to the target or someone who the person of concern believes will communicate to the target? Someone who believes they are privately mumbling to themselves, "I swear I'll kill him!" may simply be saying it as a colloquialism venting frustration.

"Plausible": While the first two variables in the jingle "clear, direct, and plausible" bring some focus to the case, the single most important variable is plausibility. An individual threatening to call down a Martian UFO to vaporize us all is not a plausible threat. An elementary student threatening his teacher that he is going to drive "a Sherman Tank through this school" may be clear and direct but it is certainly not plausible. One girl threatening another girl that "I'm gonna beat your brains in with a lead pipe" is plausible.

If the Threat is Plausible		

Plausible Threat	Activate Site Specific VTRA Team	Initiate Stage One VTRA
------------------	----------------------------------	-------------------------

NOTES:		
Name:	Age:	Grade/Position:
School/Organization:		Date:
□ Screened Out		□ VTRA Protocol Activation

Step Two: Stage One Site-Specific VTRA Activation (Data Collection)

Locate the threat maker (person of concern) and determine whether they need to be immediately secured (taken to a secured and supervised area, taken into custody, etc.) or simply monitored (without the person of concern's knowledge) until a VTRA team member is ready to interview the person of concern.

Locate the target(s) and determine whether they need to be immediately secured/protected or simply monitored (without the person of concern's knowledge) until a VTRA team member is ready to interview/support the target.

Schools and other protocol partners should have their own site-based teams who screen all cases that come to their attention to determine if it is a low risk matter that can be handled internally or a moderate to high risk matter that requires the assistance of the district/community partners to assess risk and plan immediate interventions.

"It is one thing to make a plausible threat; it is another thing to engage in behaviours consistent with the threat!"

The Site-Specific Team and the VTRA trained police members (VTRA team) do initial data collection to determine if the person of concern has a weapon consistent with their threat or if there is evidence they have attempted to obtain a weapon.

Check (Where Possible)

- Locker
- Backpack
- Desk(s)
- Vehicle
- Co-conspirators
- Social Networking
- The Person
- Other

In cases where the person of concern does not refer to using a weapon, the team still looks for evidence of planning or evidence that they are considering turning thought into action. Therefore, when the person of concern states they will kill a particular target or targets, such as "When you step off the property I will kill you!" or "I will slaughter everyone in this f...ing place!" we will still look for weapons but also check other sources that give us insight into what they are filling themselves with (empty vessel).

Check (Where Possible)

- School Assignments
- Online Journals (School)
- Social Networking Scans
- Writings, Drawings, Artwork, etc.
- Other



In schools and other programs where we already have relationships with students, subjects, clients, patients, and know their overall baseline behaviour then all elements of the **PBA's** (Plausible – Baseline Shift – Attack Related Behaviours) should be present at a Moderate to High Level of Concern before activating the VTRA Protocol. In cases where the student, subject, client is not known (or little is known) by the Site-Specific Team then "plausibility" alone will activate the formal VTRA Protocol. This distinction is made because some sites are high baseline themselves and if threat making behaviour alone required protocol activation the VTRA teams could be doing several VTRAs a week, in some circumstances.

"Low" categorization of risk does not imply "no risk" but indicates *the individual* is at little risk for violence and monitoring of the matter may be appropriate.

- Threat is vague and indirect.
- Categorization of low risk does not imply "no risk" but indicates *the individual* is at little risk for violence.
- Information contained within the threat is inconsistent, implausible or lacks detail; threat lacks realism.
- Available information suggests that the person is unlikely to carry out the threat or become violent.
- Within the general range for typical baseline behaviour for the person of concern in question.
- Monitoring of the matter may be appropriate.

"Moderate" categorization of risk indicates *the individual* is at an elevated risk for violence and those measures currently in place or further measures, including monitoring, are required in an effort to manage the individual's future risk.

- Threat is more plausible and concrete than a low level threat. Wording in the threat and information gathered suggests that some thought has been given to how the threat will be carried out (e.g., possible place and time).
- No clear indication that the person of concern has taken preparatory steps (e.g., weapon, seeking), although there may be an ambiguous or inconclusive reference pointing to that

possibility. There may be a specific statement seeking to convey that the threat is not empty: "I'm serious!"

- A moderate or lingering concern about the person of concern's potential to act violently.
- Increase in baseline behaviour.
- Categorization of risk indicates *the individual* is at an elevated risk for violence and those measures currently in place or further measures, including monitoring, are required in an effort to manage the individual's future risk.

"High" categorization of risk indicates *the individual* is at high or imminent risk for violence and immediate intervention is required to prevent an act of violence from occurring.

- Threat is specific and *plausible*. There is an identified target. Person of concern has the *capacity* to act on the threat.
- Information suggests concrete steps have been taken toward acting on threat. For example, information indicates that the student has acquired or practiced with a weapon or has had a victim under surveillance.
- Information suggests <u>strong</u> concern about the person of concern's potential to act.
- Significant increase in baseline behaviour.
- Categorization of risk indicates the individual is at a high or imminent risk for violence.
- Immediate intervention is required to prevent an act of violence from occurring.

NOTES:

Step Three: Stage One Community Protocol VTRA Activation (Further Data Collection)

The Site-Specific VTRA Team notifies appropriate Community Protocol Partners (In the case of schools, the school district/division VTRA team is notified) *and* consults on the initial data presented and strategizes on any immediate steps that need to be taken and plan for further data collection and strategic interviewing of individuals related to the case at hand.

In Cases Involving Children and Youth

- Call Children's Services (Child Protection) VTRA member for record check relevant to the case at hand
- Call Mental Health VTRA member for record check relevant to the case at hand
- Call Youth Probation VTRA member for record check relevant to the case at hand
- Other

Upon receipt of the Site-Specific Stage One data, the partner agencies check to see if the threat maker (person of concern) is or was a client and then the agencies determine if they are in possession of information that in conjunction with the Site-Specific data allows them to "disclose." Community VTRA team leads will report that a record check has been completed and:

- 1. Information relevant to the case at hand is disclosed as per the VTRA Protocol
- 2. If there is nothing to report, <u>relevant</u> Community VTRA team members will remain as active contributors and/or consultants for the remaining steps of the Stage One process with the Site-Specific Team

Using the Screening Data (PBA's) already collected, the VTRA team will complete the Stage One Report Form through further data collection and strategic interviewing.

Three Primary Hypotheses in VTRA

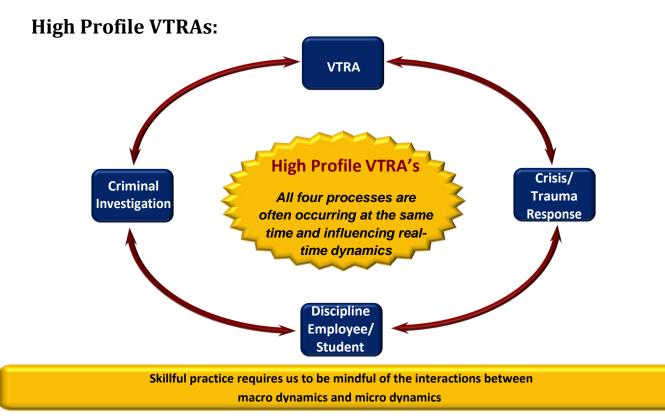
One: Is it a conscious or unconscious "Cry for Help"? **Two:** Conspiracy of two or more! Who else knows about it? Who else is involved? **Three:** Is there any evidence of fluidity?

Immediate Sources of Data Collection

- Reporter(s): re-interview, if necessary
- Target(s)
- Witnesses
- Bedroom/locker/digital footprint dynamic: check/search or question parents/caregivers about the person(s) of concern's bedroom
- Teachers and other school staff (secretaries, teacher assistants, bus drivers, etc.)
- Friends, co-workers, classmates, acquaintances
- Parents/caregivers (call/contact both)
- Current and *previous* employment/school records
- Police record check
- Other

NOTES:





APPENDIX D: Stage One VTRA Report Form

(Data Collection and Immediate Risk Reducing Interventions)

Date of Incident:			Date of VTRA:		
Location of Incident:			VTRA Team Lead:		
Name:			Date of Birth:		
Phone:			Age:		
Address:			Gender:	Male	Female
School/Organization:			Grade/Position:		
Parent/Guardian/Partner:			Phone:		
Parent/Guardian/Partner:			Phone:		
Address:			Other Address:		
Previous VTRAs:	Yes	No			
Previous Incident Type(s):					

Plausible / Baseline / Attack-Related Behaviours (PBA's) (Information Relevant to Risk)

Information Relevant to Risk Disclosed by Community Protocol Partners

Series One Questions: Details of the Incident

- 1. Where did the incident happen and when?
- 2. How did it come to the reporter's attention?
 - What was the specific language of the threat, detail of the weapon brandished, or gesture made?
- **3.** Was there stated:
 - Justification for the threat?
 - Means to carry out the threat?
 - Consequences weighed out (I don't care if I live or die!)?
 - **C**onditions that could lower the level of risk (unless you take that Twitter post down I will stick my knife in your throat!)?
- 4. Who was present and under what circumstance did the incident occur?
- 5. What was the motivation or perceived cause of the incident?
- 6. What was the response of the target (if present) at the time of the incident? *Did he/she add to or detract from the Justification Process?*
- 7. What was the response of others who were present at the time of the incident? *Did they add to or detract from the Justification Process?*

Series Two Questions: Attack-Related Behaviours

- **1.** Has the person of concern sought out information consistent with his/her threat making or threat-related behaviour?
- **2.** Have there been any communications suggesting ideas or intentions to attack a target currently or in the past?
- **3.** Has the person of concern attempted to gain access to weapons or does he/she have access to the weapons she/he has threatened to use?
- **4.** Has the person of concern developed a plan and how general or specific is it (time, date, identified target selection, site selection, journal of justifications, maps and floor plans)?
- **5.** Has the person of concern been engaging in suspicious behaviour such as appearing to show an inordinate interest in alarm systems, sprinkler systems, video surveillance in schools or elsewhere, schedules and locations of police or security patrol?
- 6. Has the person of concern engaged in rehearsal behaviours, including packing or brandishing fake but realistic looking weapons, air rifles, pistols, or engaged in fire setting (i.e. lighting fire to cardboard tubes cut and taped to look like a pipe bomb, etc.)?
- 7. Have others been forewarned of a pending attack or told not to come to work/school because "something big is going to happen"?

Series Three Questions: Empty Vessel

- 1. Does the person of concern have a healthy relationship with a mature adult?
- 2. Does the person of concern have inordinate knowledge versus general knowledge or interest in violent events, themes, or incidents, including prior work/school-based attacks?
- 3. How has he/she responded to prior violent incidents (local, national, etc.)?
- **4.** Is there evidence that what he/she is filling himself/herself with is influencing his/her behaviour? (Imitators vs. Innovators)
- 5. What themes are present in his/her writings, drawings, etc.?

Series Four Questions: Threat Maker Typology

1. Does the person of concern appear to be more:

- Traditional Predominately Behavioural Type?
- Traditional Predominately Cognitive Type?
- Mixed Type?
- Non-Traditional?
- 2. Does the person of concern have a history of violence or threats of violence? If yes, what is their past:
 - (HTS) History of Human Target Selection
 - (SS) History of Site Selection
 - (F)requency of Violence or Threats
 - (I) ntensity of Violence or Threats
 - (R)ecency
- 3. In the case at hand, what is their current:
 - (HTS) Human Target Selection
 - (SS) Site Selection
 - Does it denote a significant increase in **BASELINE** behaviour?

NOTE: In Stage One VTRA, history of violence is a significant risk enhancer but the best predictor of future violent behaviour is an **increase or shift in baseline**. This may also include an individual who has become more withdrawn or quiet as opposed acting out!

- 4. Do they have a history of depression or suicidal thinking/behaviour?
- 5. Is there evidence of fluidity in their writings, drawings or verbalizations?
- 6. Does the person of concern use drugs or alcohol? Is there evidence it is a risk enhancing factor in the case at hand?
- **7.** Is there a mental health diagnosis or evidence of a mental health diagnosis that may be a risk enhancing factor in the case at hand?

Series Five Questions: Target Typology

Remember that in some cases the target is higher risk for violence than the person of concern with the most common case being where the person of concern is the victim of bullying and the target is the bully.

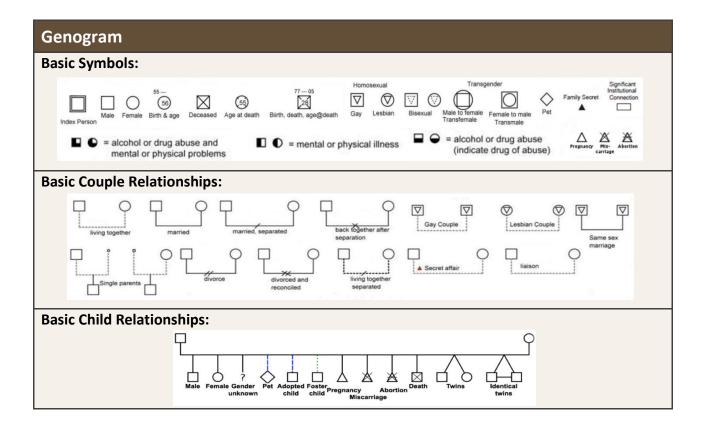
- Does the target have a history of violence or threats of violence? If yes, what is their past history?
- If yes, what is the frequency, intensity, and recency (FIR) of the violence?
- What has been their past human target selection?
- What has been their past site selection?
- Is there evidence the target has instigated the current situation?

Series Six Questions: Peer Dynamics

- **1.** Are others involved in the incident that may intentionally or unintentionally be contributing to the justification process?
- 2. Who is in the person of concern's peer structure and where does the person of concern fit (i.e. leader, co-leader, and follower)?
- **3.** Is there a difference between the person of concern's individual baseline and their peer group baseline behaviour?
- **4.** Who is in the target's peer structure and where does the target fit (i.e. leader, co-leader, and follower)?
- **5.** Is there a peer who could assist with the plan or obtain the weapons necessary for an attack?

Series Seven Questions: Family Dynamics

- **1.** How many homes does the person of concern reside in (shared custody, goes back and forth from parent to grandparent's home)?
- 2. Is the person of concern connected to a healthy/mature adult in the home?
- 3. Who all lives in the family home (full-time and part-time)?
- 4. Has anyone entered or left the home who may be influencing level of risk?
- 5. Who seems to be in charge of the family and how often is he/she around?
- 6. Has the person of concern engaged in violence or threats of violence towards his/her siblings or parent(s)/caregiver(s)? If so, what form of violence and to whom including frequency, intensity, recency (FIR)?
- **7.** What is the historical baseline at home? What is the current baseline at home? Is there evidence of evolution at home?
- 8. Are parent(s) or caregiver(s) concerned for their own safety or the safety of their children or others?
- **9.** Does the person of concern's level or risk (at home, school, work, or the community) cycle according to who is in the home (i.e. the person of concern is low risk for violence when his/her father is home but high risk during the times his/her father travels away from home for work)?
- **10.** Does the person of concern have a history of trauma? Including car accidents, falls, exposure to violence, abuse, etc.
- **11.** Has the person of concern been diagnosed with a DSM-5 diagnosis?
- **12.** Is there a history of mental health disorders in the family?
- 13. Is there a history of drug or alcohol abuse in the family?



Series Eight Questions: Contextual Factors

- 1. Has the person of concern experienced a recent loss, such as a death of a family member or friend; a recent break-up; rejection by a peer or peer group; been cut from a sports team; received a rejection notice from a college, university, military, etc.?
- 2. Have his/her parents just divorced or separated?
- **3.** Is he/she the victim of child abuse and has the abuse been dormant but re-surfaced at this time?
- 4. Is he/she being initiated into a gang and is it voluntary or forced recruitment?
- 5. Has he/she recently had an argument or "fight" with a parent/caregiver or someone close to him/her?
- 6. Has he/she recently been charged with an offence or suspended or expelled from school?
- 7. Has he/she recently been either suspended from work with or without pay?
- 8. Has he/she recently been terminated from a job?
- **9.** Has he/she recently been issued or served with a trespassing notice, restraining order, no contact order, etc.?
- **10.** Is the place where he/she has been suspended to likely to increase or decrease his/her level of risk?

Remember

If the increase (shift) in **baseline** is "too steep," the two leading hypotheses are:

- **1.** A recent traumatic incident that has contextually increased vulnerability.
- 2. The "person of concern" is meeting the cognitive baseline of the "puppet master."

Basic Categorization of Risk

VTRA team members collate the data and discuss all relevant information regarding the student. As a team, ask the question: *"To what extent does the student <u>pose</u> a threat to school/student safety?" "Does the student pose a threat to himself/herself or someone outside the school (i.e. family)?"* The Stage One assessment is an overall assessment of current level of risk and is a precursor to (if necessary) a more comprehensive Stage Two Risk Evaluation.

Low Level of Concern

Does not imply "no risk" but indicates the individual is at little risk for violence and monitoring of the matter may be appropriate.

- Threat is vague and indirect.
- Categorization of low risk does not imply "no risk" but indicates *the individual* is at little risk for violence.
- Information contained within the threat is inconsistent, implausible, or lacks detail; threat lacks realism.
- Available information suggests that the person is unlikely to carry out the threat or become violent.
- Within the general range for typical baseline behaviour for the person of concern in question.
- Monitoring of the matter may be appropriate.

Moderate Level of Concern

The individual is at an elevated risk for violence and those measures currently in place or further measures, including monitoring, are required in an effort to manage the individual's future risk.

- Threat is more plausible and concrete than a low level threat. Wording in the threat and information gathered suggests that some thought has been given to how the threat will be carried out (e.g., possible place and time).
- No clear indication that the person of concern has taken preparatory steps (e.g., weapon, seeking), although there may be an ambiguous or inconclusive reference pointing to that possibility. There may be a specific statement seeking to convey that the threat is not empty: "I'm serious!"
- A moderate or lingering concern about the person of concern's potential to act violently.
- Increase in baseline behaviour.
- Categorization of risk indicates *the individual* is at an elevated risk for violence and those measures currently in place or further measures, including monitoring, are required in an effort to manage the individual's future risk.

High Level of Concern

The individual is at high or imminent risk for violence and immediate intervention is required to prevent an act of violence from occurring.

- Threat is specific and *plausible*. There is an identified target. Person of concern has the *capacity* to act on the threat.
- Information suggests concrete steps have been taken toward acting on threat. For example, information indicates that the person of concern has acquired or practiced with a weapon or has had a victim under surveillance.
- Information suggests <u>strong</u> concern about the person of concern's potential to act violently.
- Significant increase in baseline behaviour.
- Categorization of risk indicates the individual is at a high or imminent risk for violence.
- Immediate intervention is required to prevent an act of violence from occurring.

*Sources for the above categorizations represent the work of the FBI, Durham Regional Police Service, Ontario Provincial Police Threat Assessment Unit, and the North American Center for Threat Assessment and Trauma Response.

Course of Action

Are there risk reducing interventions that need to be put into place immediately?

With the input of <u>all</u> Threat Assessment Team members, decide on a course of action. If there is a low to moderate level of concern, the person of concern can likely be managed at school with appropriate (increased) supervision.

- □ Low to Moderate Level of Concern
 - Implement the Intervention Plan (*Most students can be managed at school with interventions*).
- □ Moderate to High Level of Concern
 - The Threat Assessment Team has determined that a Stage Two Threat Assessment is needed.

Parent Notification

Notify the person of conern(s) and target(s) parent(s)/guardian(s) at the earliest opportunity.

- □ Parents/guardians have been notified of the situation and this Stage One data collection phase.
- □ Parents/guardians have NOT been notified because:

	STAGE ONE VTRA (Data Collection and Immediate Risk Reducing Interventions)								
			2 – 24 Hrs.	24 – 48 Hrs.	One Week +				
	Risk Enhancer #1	(C or	· H):						
	Intervention	ST							
I	Identify ST or LT	LT							
N C	Professional/Other								
	Buy-in Risk Enhancer #2	IC or	· H)•						
י ם	Intervention	ST	<i>iii</i> .						
E	Identify ST or LT	LT							
N	Professional/Otl	her							
т	Buy-in								
	Risk Enhancer #3	(C or	· H):						
/	Intervention	ST							
<i>'</i>	Identify ST or LT	LT							
Е	Professional/Other Buy-in								
v	Risk Enhancer #4 (C or H):								
Е	Intervention	ST							
Ν	Identify ST or LT	LT							
т	Professional/Otl	her							
	Buy-in								
	Risk Enhancer #5	-	· H):						
	Intervention Identify ST or LT	ST LT							
	Professional/Otl								
	Buy-in								
			2 – 24 Hrs.	24 – 48 Hrs.	One Week				

Terms of Reference

Risk Enhancers:

C – Confirmed Risk Enhancer

H – Hypothesized Risk Enhancer

Interventions:

ST – Short Term Intervention

LT – Long Term Intervention

STAGE ONE VTRA (Data Collection and Immediate Risk Reducing Interventions)									
2 – 24 Hrs. 24 – 48 Hrs. One Week									
Risk Enhancer #		(C or H):							
Intervention	ST								
Identify ST or LT	LT								
Professional/Oth	ner								
Buy-in									
Strategies to s	uppc	ort the intervention:							

Terms of Reference

Risk Enhancers:

- **C** Confirmed Risk Enhancer
- H Hypothesized Risk Enhancer

Interventions:

- ST Short Term Intervention
- **LT** Long Term Intervention

	Stage One Intervention Plan					
Stu	Student: Date:					
	Disciplinary action taken:					
	Intended victim warned and/or parents or guardians notified.					
	Suicide assessment initiated on:	By:				
	Contract not to harm self or others created (please attach).					
	Alert staff and teachers on a need-to-know basis.					
	Daily or Weekly check-in with (Title/Name):					
	Travel card to hold accountable for whereabouts and on time arriv	val to doctinations				
	 Travel card to hold accountable for whereabouts and on-time arrival to destinations. 					
	Backpack, coat, and other belongings check-in and check-out by:					
	Late arrival and/or early dismissal.					
	Increased supervision in these settings:					
	Modify daily schedule by:					
	Behaviour plan (attach a copy to this Threat Assessment).					
	Identify precipitating/aggravating circumstances and intervene to	alleviate tension. Describe:				
	Drug and/or alcohol intervention with:					
	J - /					

□ *Referral to IIP team to consider possible Special Education Assessment.*

□ If Special Education student, review IIP goals and placement options.

- **□** Review community-based resources and interventions with parents or caretakers.
- Obtain permission to share information with community partners such as counsellors and therapists (See Release of Information Form).

Other action:

PARENTS/GUARDIANS (attach additional pages as needed)

Parents/guardians will provide the following supervision and/or intervention:

Parents/guardians will:

Stage One VTRA Team Members							
Site-Based							
Position/Title	Team Member Name	Signature					
	Community Protocol Partners						
Position/Title	Position/Title Team Member Name Signature						

APPENDIX E: Stage Two VTRA Report Form

Date of Incident:			Date of VTRA:		
Location of Incident:			VTRA Team Lead:		
Name:			Date of Birth:		
Phone:			Age:		
Address:			Gender:	Male	Female
School/Organization:			Grade/Position:		
Parent/Guardian/Partner:			Phone:		
Parent/Guardian/Partner:			Phone:		
Address:			Other Address:		
Previous VTRAs:	Yes	No			
Previous Incident Type(s):					

Review of Stages

Stage One:

The School TAST must, at minimum, include the school principal/region manager, school division counsellor/student advisor, and police of jurisdiction, and teacher/instructor, as required. The initial data collection is often accomplished in one to two hours. It focuses on gathering case specific data and implementing risk reducing behaviours.

Stage One School TAST			
Principal/Region Manager			
Student Services Counsellor/Student Advisor			
Student Services Coordinator			
Police			
Other:			

Stage Two:

Multidisciplinary risk evaluation is focused on further data collection beyond the initial data set obtained by the Stage One School TAST. The Stage Two Community TAST may involve some or all of the following: police, psychology, psychiatry, mental health, child protection, youth probation, and others. At Stage Two, the Community TAST members work in collaboration with the Stage One School TAST to conduct the formal risk assessment and evaluation. Stage Two may include the use of formal, structured professional instruments, concepts, tests, and measures as available.

Stage Two Community TAST				
Principal/Region Manager				
Student Services Counsellor/Student Advisor				
Student Services Coordinator				

Child and Youth Mental Health			
Child & Family Services			
Health (Pediatrician, Psychiatrist, Specialist, etc.)			
Police			
Other:			
Stage Two VTRA Referral Information			
Stage One VTRA Report and Intervention Plan (attached)			

Stage Three:

As a result of the Schools' and Community Protocol Partners' evaluation of risk, the Schools and Partners will develop a longer term treatment and support plan. The longer term treatment and support plan will be developed collaboratively and responsibility for the implementation of the plan will be assigned by the Community TAST.

Process

Review of Stage One VTRA Form
The Incident
Data Collection and Information Gathering
Level of Threat
Risk Enhancers
More detailed information may be found in the Stage One VTRA Report.
Updates

Assessment Results

Other Agency Involvement

Stage Three Multidisciplinary Intervention Meeting Date

APPENDIX F: Stage Three VTRA Report Form

Date of Incident:			Date of VTRA:		
Location of Incident:			VTRA Team Lead:		
Name:			Date of Birth:		
Phone:			Age:		
Address:			Gender:	Male	Female
School/Organization:			Grade/Position:		
Parent/Guardian/Partner:			Phone:		
Parent/Guardian/Partner:			Phone:		
Address:			Other Address:		
Previous VTRAs:	Yes	 _ No			
Previous Incident Type(s):					

	Intervention Plan Initial Plan & Review / Follow Up						
	Risk Enhancer #1	(C or I	4):				
I N C I D E	Intervention Identify ST or LT	ST LT					
	Professional/Other						
	Buy-in						
	Risk Enhancer #2	(C or I	4):				
	Intervention	ST					
	Identify ST or LT	LT					
	Professional/Other						
Ν	Buy-in						
Т	Risk Enhancer #3 (C or I		4):				
/	Intervention	ST					
	Identify ST or LT	LT					
	Professional/Other						
Ε	Buy-in						
V	Risk Enhancer #4		<i>ч)</i> :				
Е	Intervention	ST					
Ν	Identify ST or LT	LT					
_	Professional/Other						
Т	Buy-in						
	Risk Enhancer #5 (C or I		1):				
	Intervention Identify ST or LT	ST LT					
	Professional/Other						
	Buy-in						

Intervention Plan Initial Plan & Review / Follow Up									
Risk Enhancer #		(C or H):		,		r			
Intervention	ST								
Identify ST or LT	LT								
Professional/Other									
Buy-in									
Strategies to support the intervention:									
30 Day Review									
60 Day Review									
90 Day Review									

Terms of Reference

Risk Enhancers:

- **C** Confirmed Risk Enhancer
- H Hypothesized Risk Enhancer

Interventions:

- **ST** Short Term Intervention
- LT Long Term Intervention

APPENDIX G: Sample Schools Notification and Brochures



Box 1809 Swift Current, SK S9H 4J8 Phone Toll Free: 1-877-321-9200 Phone: (306) 778-9200 Fax: (306) 773-8011

Dear Parents/Guardians/Caregivers:

It is with great pleasure that I am able to announce Chinook School Division and Holy Trinity Catholic School Division have collaborated with community partners across the southwest to develop the "Community Threat Assessment and Support Protocol." This Protocol allows community partners to share information and use their expertise to implement the appropriate supports for students and their families. Furthermore, Chinook Schools have also established School Threat Assessment and Support Teams including the principal, school counsellor, and police to work with the Protocol.

These actions have been undertaken to help fulfill our Board expectation to provide a safe, respectful learning environment within our schools. Chinook is dedicated to ensuring that students, staff, school visitors, and community members feel safe. Collaboration with families and community partners is viewed as critical to attain our goal.

For more information on the Community Threat Assessment and Support Protocol, please visit our website at <u>chinooksd.ca</u>. Information and a brochure that outlines the steps for the Protocol can be found under "Safe and Caring Schools." If you have any questions about the process, please contact your school principal.

We look forward to working with you and our community partners to provide safe and caring schools.

Sincerely,

Kyle McIntyre Director of Education Chinook School Division



Student Violence Threat Risk Assessment FAIR NOTICE

Chinook School Division is committed to creating and maintaining school environments in which students, staff, parents/guardians/caregivers and others feel safe. Schools cannot ignore any threat of violence.

What is a threat?

- an expression of intent to do harm or act out violently against someone or something
- may be verbal, written, drawn, posted on the Internet, or made by gesture

Duty to Report

To keep school communities safe and caring, staff, parents/guardians/caregivers, students and community members must report all threat related behaviours to the school principal.

What is the purpose of a Student Violence Threat Risk Assessment?

- to ensure and promote the emotional and physical safety of students, staff, parents, the student making the threat, and others
- to ensure a full understanding of the context of the threat
- to understand the factors that contribute to the person of concern's behaviour
- to be proactive in developing an intervention plan that addresses the emotional and physical safety of the person of concern
- to promote the emotional and physical safety of all

The information in this brochure reflects the thinking and work of J. Kevin Cameron, Director of the North American Center for Threat Assessment and Trauma Response.

The complete Violence Threat Risk Assessment Protocol may be found on Chinook School Division's website at <u>www.chinooksd.ca</u>.

What behaviours warrant a Student Violence Threat Risk Assessment to be initiated?

A Student Violence Threat Risk Assessment will be initiated for behaviours including, but not limited to:

- serious violence or violence with intent to harm or kill
- indicators of suicidal ideation as it relates to fluidity (both homicidal and suicidal)
- verbal/written threats to kill others (clear, direct, and plausible)
- the use of technology to communicate threats to harm/kill others or cause property damage (e.g., computer, cell phone)
- possession of weapons (including replicas)
- bomb threats (making and/or detonating explosive devices)
- fire setting
- sexual intimidation or assault
- gang related intimidation and violence
- hate incidents motivated by factors including, but not limited to race, culture, religion, and/or sexual orientation

What Parents and Students Need to Know

- any threat must be reported to the school principal
- investigation may involve the student services counsellor, the police of jurisdiction, or other community agencies
- investigation may involve locker or personal property searches
- interviews will be held with the person of concern and other students or adults who may have information about the threat
- parents of students who are directly involved will be notified
- threatening behaviour may result in disciplinary action
- an intervention plan may be developed for the student making the threat and a support plan developed for any individuals targeted by threats



February 10, 2020

Dear Parents/Guardians/Caregivers:

It is with great pleasure that I announce Holy Trinity Catholic School Division and Chinook School Division have collaborated with community partners across the southwest to develop the "Community Threat Assessment and Support Protocol." This Protocol allows community partners to share information and use their expertise to implement the appropriate supports for students and their families. Furthermore, Holy Trinity Schools have also established School Threat Assessment and Support Teams including the principal, school counsellor, and police to work with the Protocol.

These actions have been undertaken to help fulfill our Board expectation to provide a safe, respectful learning environment within our schools. Holy Trinity is dedicated to ensuring students, staff, school visitors, and community members feel safe. Collaboration with families and community partners is viewed as critical to attain our goal.

For more information on the Community Threat Assessment and Support Protocol, please visit our website at htcsd.ca. Information and a brochure that outlines the steps for the Protocol can be found under "Parents" then "Safe and Caring Schools." If you have any questions about the process, please contact your school principal.

We look forward to working with you and our community partners to provide safe and caring schools.

Sincerely,

Ward Strueby Superintendent of Learning

Holy Trinity Catholic School Division believes in a multi-disciplinary approach to Violent Threat/Risk Assessment and ongoing threat assessment training.

What is a Student Violent Threat/Risk Assessment Team?

- The Student Violent Threat Risk/ Assessment team may include:
 - Principal/Vice-Principal
 - Division Liaison
 - Student Support Services Staff
 - Police/RCMP
 - and/or personnel from other relevant agencies
- It is important for all parties to engage in the Student Violent Threat/Risk Assessment process.
- If for some reason there is reluctance to participate in the process by the threat-maker or parent/guardian, the threat assessment process will still continue in order to ensure a safe and caring learning environment for all.

Fair Notice and the process described in this brochure are based on the work of J. Kevin Cameron, Director of the *North American Centre for Threat Assessment and Trauma Response* and were developed in collaboration with other agencies.

http://www.nactatr.com/

Please click on the link below to get a copy of <u>Community Threat Assessment Protocol</u>. You can also go to <u>www.htcsd.ca</u> and look under the heading Safe, Caring, and Respectful Schools.



Holy Trinity Catholic School Division

445 – 13th Avenue N.E. Box 427 Moose Jaw, SK S6H 4P1 Phone: 306-694-5333





Fair Notice: Holy Trinity Protocol for Assessing Threat



www.htcsd.ca

What is a Threat?

- An expression of intent to do harm or act out violently against someone or something
- May be verbal, written, drawn, posted on the Internet or made by gesture

Duty to Report

- To keep school communities safe and caring for all, every threat must be taken seriously
- To keep school communities safe and caring, staff, parents, students, and community members should report all threat-related behaviors to the principal and/or vice-principal.

Duty to Respond

- All threats will be taken seriously, investigated, and responded to in an appropriate manner
- The threat assessment process assists division staff in determining appropriate intervention strategies to assist the student and promote safety
- Holy Trinity Catholic School Division has the duty to respond to all serious violence or threatening behaviour(s)

Mission Statement

Our mission is to Create Hope by Fostering Learning and Honouring Diversity in a Catholic Environment

> Vision Statement "Christ Centered Life Long Learning

What is the Purpose of a Student Violent Threat/Risk Assessment?

- To ensure and promote the emotional and physical safety of students, staff, parents, the student making the threat and others
- To ensure a full understanding of the context of the threat
- To understand the factors which contribute to the threat-maker's behaviour
- To be proactive in developing an intervention plan that addresses the emotional and physical safety of all

High Risk Behaviours

Thresholds for VTRA Protocol activation addressed in the protocol include, but are not limited to:

- Serious violence or violence with intent to harm or kill
- Indicators of suicidal ideation as it relates to fluidity (both homicidal and suicidal)
- Verbal/written threats to kill others (clear, direct, plausible)
- The use of technology to communicate threats to harm/kill others or cause property damage (e.g., "burn this office down")
- Possession of weapons (including replicas)
- Bomb threats (making and/or detonating explosive devices)
- Fire setting
- Sexual intimidation or assault
- Ongoing pervasive target issues with bullying and/or harassment
- Gang related intimidation and violence
- Hate incidents motivated by factors including, but not limited to race, culture, religion, and/or sexual or gender diversity

What Happens in a Student Violent Threat/Risk Assessment?

- All threat-making behaviour(s) by a student(s) shall be reported to the principal or vice principal who will activate the Holy Trinity Catholic School Division Violent Threat/Risk Assessment Protocol
- Interviews will be held with the student(s), the threat-maker, parents, and staff who are directly involved
- Interviews will help determine the level of risk and an appropriate response to the incident
- Intervention plans will be developed for the student making the threat and a support plan developed for any individuals targeted by the threat
- Threatening behaviour may result in disciplinary action





Violence Threat Risk Assessment

FAIR NOTICE

Great Plains College is committed to creating and maintaining an educational environment in which students, staff and community members feel safe. The college cannot ignore any threat of violence.

What is a threat?

- an expression of intent to do harm or act out violently against someone or something
- may be verbal, written, drawn, posted on the Internet, or made by gesture

Duty to Report

To keep our college locations safe, staff, parents/guardians/caregivers, students and community members must report all threat related behaviours to the GPC-VTRA Lead at their location. If the lead and backup are not available, another member of the GPC-VTRA Committee will be contacted.

What is the purpose of a Violence Threat Risk Assessment?

- to ensure and promote the emotional and physical safety of students, staff, parents, the individual making the threat, and others
- to ensure a full understanding of the context of the threat
- to understand the factors that contribute to the person of concern's behaviour
- to be proactive in developing an intervention plan that addresses the emotional and physical safety of the person of concern
- to promote the emotional and physical safety of all

What is the purpose of a Student Violence Threat Risk Assessment?

A Violence Threat Risk Assessment will be initiated for behaviours including, but not limited to:

- serious violence or violence with intent to harm or kill
- indicators of suicidal ideation as it relates to fluidity (both homicidal and suicidal)
- verbal/written threats to harm or kill others (clear, direct and plausible)
- the use of technology to communicate threats to harm/kill others or cause property damage (e.g., "burn this office down")
- possession of weapons (including replicas)
- bomb threats (making and/or detonating explosive devices)
- fire setting
- sexual intimidation or assault
- ongoing pervasive target issues with bullying and/or harassment
- gang related intimidation and violence
- hate incidents motivated by factors including, but not limited to race, culture, religion, and/or sexual or gender diversity

The information in this brochure reflects the thinking and work of J. Kevin Cameron, Director of the North American Center for Threat Assessment and Trauma Response.

The complete Violence Threat Risk Assessment Protocol may be found on Great Plains College website at www.great plainscollege.ca.

What Students Need to Know

- Any threat must be reported to the GPC-VTRA Lead or backup
- Investigation may involve the GPC-VTRA committee, the police of jurisdiction, or other community agencies
- Investigation may involve locker or personal property searches
- Interviews will be held with the person of concern and other students or adults who may have information about the threat
- Threatening behaviour may result in disciplinary action
- An intervention plan may be developed for the student making the threat and a support plan developed for any individuals targeted by threats

APPENDIX H: Protocol Signing Members

March 2020

Chinook School Division, Holy Trinity Catholic School Division, Great Plains College and Community Protocol Partners are committed to making our schools safe for students, staff, volunteers and visitors through participation in the Community Violence Threat Assessment & Support Protocol.

Chinook School Division	Holy Trinity Catholic School Division				
Kyle McIntyre	Ward Strueby				
Director of Education	Superintendent of Learning				
Great Plains College	RCMP				
David Keast	Inspector Mark Harrison				
President and CEO	South District Management Team				
Ministry of Corrections and Policing	Ministry of Social Services				
Todd Emery	Kari Paton				
Director of Operations, Community Corrections – South – Rural	Director, Service Delivery – South				
Ministry of Health					
Michael F. Seiferling					
Director of Mental Health and Addictions – South West					