Behavioral Assessment and Management

A Practice Guide for the US Prevention Practitioners Network

ISD
Powering solutions to extremism and polarisation

McCain Institute
Arizona State University

About this Practice Guide

The US Prevention Practitioners Network

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

For more information about the Network or to access past information packs and practice guides, visit the McCain Institute's website.

About this Document

This document is one in a series of practice guides that ISD and the McCain Institute are producing for this emerging Prevention Practitioners Network. It is a resource for existing and prospective network members that deliver (or seek to deliver) TVTP interventions. This particular guide supplements the second symposium that was delivered for the emerging Network, and focuses on behavioral assessment and management, specifically how to integrate these two cores stages of TVTP intervention.

How does this differ from the read-ahead materials prepared in advance of the workshops?

The read-ahead materials provided to participants prior to each workshop and symposium are entry-level resources that provide context and background on a given topic, helping participants prepare for the workshop and identify potential questions for discussion. Read-ahead materials are prepared and provided for every workshop and symposium. You can access past read ahead-materials here.

The practice guides, on the other hand, combine the contents of the read-ahead materials with insights from the workshops to provide both a conceptual overview of and practice tips for the given topic, which Network members can refer to in their work.

Practice guides will be provided to Network members every few months. The first practice guide covers multi-disciplinary staffing considerations in interventions to prevent targeted violence and terrorism, the second provides an overview of key legal considerations for TVTP interventions, and the third looks at the targeted violence threat landscape in the US.

For any inquiries, please contact the McCain Institute or ISD.



*Created for the US Prevention Practitioners Network by the Institute for Strategic Dialogue (ISD) and the McCain Institute with funding from the **U.S. Department of Homeland Security**, opportunity number DHS-20-TTP-132-00-01.*

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Chapter One - Refresher: TVTP Interventions

Before delving into integrated behavioral assessment and management, this chapter serves as a refresher of some of the key aspects of TVTP interventions, drawing from past practice guides, workshops, symposiums and related read-ahead materials that were produced for the Prevention Practitioners Network.

What Do We Mean By "Interventions"?

This practice guide and past materials produced for the Prevention Practitioners Network use the following definition of interventions:

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

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

There are four core stages in an intervention:



1. **Intake** |
   Intake is the process of receiving referrals (e.g., from the public, other professionals like educators), determining their appropriateness for intervention and, if they are deemed eligible, preparing for case planning and management.



This practice guide focuses on **steps 2 and 3** of the four core stages of a TVTP intervention, and explores good practice for integrating these two steps, mitigating risks of a disconnect or delay between assessment and the provision of support.



2. **Risk, Needs and/or Threat Assessment (or "behavioral assessment")**|
   Risk assessments seek to understand the extent to which an individual is susceptible to targeted violence or terrorism. Threat assessments are used specifically to assess the imminence of danger. Needs assessments are used to identify services that will improve an individual's circumstances and build their resilience against radicalization, targeted violence and terrorism. **This practice guide refers to all the types of assessment collectively as "behavioral assessment"** (see page 6 for more information).

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3. **Intervention Delivery** | Intervention delivery, or **behavioral management**, refers to the provision of services to the individual concerned. The support "package" should be informed by the behavioral assessment, and is intended to mitigate or minimize risk of (further) harm to the individual concerned.

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

Single vs. Multi-Disciplinary Interventions

TVTP interventions can be single- or multi-disciplinary.

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

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

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

Multi-disciplinary interventions are increasingly regarded as good practice, and leverage multiple disciplines and professions to provide a holistic wrap-around service that addresses multiple needs (e.g. rather than just ideological and/or psychological). This can range from medical needs to employability, life skills, working with family and friend networks, among others.

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

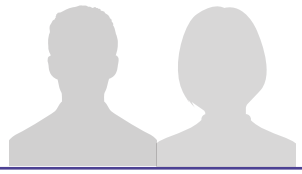
Refresher - Behavioral Assessment

As noted on page 4, behavioral assessments help practitioners, social workers, educators and others determine the needs, strengths and type and scope of support required to address specific behavioral concerns of an individual. Behavioral assessments in TVTP may entail an evaluation of:

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

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

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



Approaches to Behavioral Assessment

In addition to the above "types" of assessment, there are different approaches practitioners use to conduct behavioral assessments.

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

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

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

Factors In Behavioral Assessment

Behavioral assessments consider multiple **factors** when assessing whether an individual could benefit from behavioral management support. These include, among others:

Static

- age
- gender
- criminal history
- trauma history

Dynamic

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

Environmental

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

Relational

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

Educational/vocational

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

Capability

- access to means of harm (e.g. firearms)

Did you know?



Different static, dynamic, environmental, relational, educational/vocational and capability factors may serve as either risk or protective factors, where:

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

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

Sample Assessment Tools in TVTP

There are a number of assessment tools that have been used in different contexts and to different scales by TVTP practitioners across the world. This page lists a few these. For more information and further reading recommendations, please refer to Appendix C.

Extremism Risk Guidelines (ERG 22+)

- A tool that originated in the UK as a framework for assessing and monitoring risk amongst individuals convicted of extremism-related offenses.

Multi-Level Guidelines (MLG)

- The MLG were developed to assess risks of group-based violence (e.g. through gangs or extremist criminal networks) and examine both individual and group-level risk factors. This tools operates with structured professional judgement and can be used in both a pre- and post-crime setting for any individual affiliated with or formally a member of an extremist group.

RADAR

- RADAR was developed in Australia to assess individual-level risk of radicalization. It can be used in and out of prison settings, but is not intended for individuals already convicted of extremism-related offenses. It is designed for earlier use.

Returnee 45

- Structured Professional Judgement, designed specifically to assess the commitment, motivations and risk of returning foreign fighters and family members thereof from Syria and Iraq.

Significance Quest Assessment Test (SQAT)

- A self-questionnaire for individuals in or after detention, this tool uses the 3N radicalization model of "needs, narrative and network" and Likert scales to assess risk or degree of radicalization.

Terrorist Radicalization Assessment Protocol (TRAP-18)

- A structured professional judgement tool for individuals identified as (potentially) at risk by counter-terrorism officials and law enforcement.

Violent Extremism Risk Assessment Revised (VERA-2R)

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

Did you know?

This is **not an exhaustive list** of TVTP assessment frameworks. Further, **none of the existing frameworks for TVTP assessment have been validated to the extent that assessments in other related disciplines have.** They have also been applied inconsistently and with little public record of the results, making it difficult to evaluate and validate them, and for practitioners to decide which one to use.



Refresher - Behavioral Management

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

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

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

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

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

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

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

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

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

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

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

*The Importance of Monitoring and Evaluation:



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

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

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

Chapter Two - Integrating Behavioral Assessment & Management

By providing a baseline of information with which practitioners can design individualized intervention plans for their clients, behavioral assessments ultimately set the foundation for behavioral management. The safe and timely provision of a catered support package therefore relies on an integrated behavioral assessment and management approach where practitioners are able to smoothly and efficiently transition from assessing the needs of an individual to addressing them. A disjointed transition can lead to significant challenges and prove detrimental to the overall case management process. Among others, a disconnected assessment and management approach may cause:

- **Siloed and/or disrupted flows of information**, where the flow of information between the original case assessor and support providers may be disrupted. This may lead to **delayed support provision**, where support providers receive insufficient information or misunderstand the assessment they are provided with, in turn requiring additional time to come up to speed on case specifics, and causing delays to the provision of support that could have been avoided in a more integrated approach.
- **Inconsistent case evaluation**, where case monitoring and evaluation is disconnected from the baseline of information retrieved in the behavioral assessment stage. As noted on page 10, in some disciplines, the tool/framework used for behavioral assessment is used throughout behavioral management, to evaluate case progress and determine whether the management plan needs to be adapted at all. Integrated assessment and management will more efficiently facilitate such an approach. **This also points to an important understanding that behavioral assessment sets the foundation for behavioral management as a distinct step of the case management process, but also forms a key part of the behavioral management stage, as it helps monitor case progress and determine whether any changes need to be made to the management plan.**
- **Data security, storage and management challenges**, where inconsistent data management approaches (e.g., assessment and management teams that operate independently of one another may use different systems and databases to record and store information) may result in data loss and add unnecessary administrative strain that would be avoided in a more streamlined and integrated case management approach.

To mitigate against these challenges and to support members of the Prevention Practitioners Network with integrated case management processes, **this chapter provides good practice tips for facilitating a productive, safe, ethical and timely transition from behavioral assessment to management.** This chapter is divided into three categories:

- **Structure and Process** - related to the structures within which case management take place. For example, whether you operate with a single team that owns the entire case management process, or whether this responsibility is devolved across multiple teams. This also includes considerations around communication channels, flow of information, case evaluation, etc.
- **Legal** - related to information sharing and other legal considerations.

This chapter is based on both ISD-led desk-based research and consultations with practitioners, as well as presentations and plenary discussions from the Prevention Practitioners Network symposium on integrated behavioral assessment and management, which took place in March 2022. Recordings of the panel discussions can be found on the McCain Institute's YouTube channel, here. There are four videos, covering:

- Clarifying Roles and Competencies
- Challenges in Multi-Sectoral Collaboration
- Reconciliating Language Across Assessments
- Integrative Assessment and Management in Schools

For Network members who were unable to attend the workshop, we recommend watching the recordings to supplement the information provided in this guide.

Structural and Process Considerations

Firstly, consider the structures in which you operate. Do you currently have one team responsible for both assessment and management, or is this devolved across two different teams? Organizations like NABITA and other behavioral assessment experts have identified a single-team, multi-disciplinary approach as best practice for case management. This refers to case management where behavioral assessment and management are conducted by a single team composed of diverse professions, allowing for the entire case process, from intake to aftercare, to be streamlined.

To set up a MDT, consider the following steps:

1. **Map existing services in your area and those the institution (e.g., school) in which you operate already has access to. Consider:**



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



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

and other needs. For more on the role mental health professionals can play in TVTP, see this factsheet.



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



Community and/or religious leaders - community and/or religious leaders can be called upon to support the reintegration of an individual back into their local communities post-intervention. Equally, in some cases, religious mentorship or theological intervention may be identified as a need and as an essential part of the support package created for an at-risk individual.



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



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



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

2. **Consider a tiered membership approach.**
   Having access to multiple professions will allow you to draw on different "types" of expertise and experience as you assess and support individuals deemed potentially at risk of violent behavior. However, too many people involved may complicate and delay the overall case management process. Some teams mitigate against this risk by deploying a tiered membership approach, where the core case management team that oversees intake, assessment, behavioral management and aftercare for

all cases is made up of maximum 10 individuals, to ensure everyone has the chance to contribute and to keep the case management process streamlined and efficient. Representatives of services that are called upon to support occasionally, but that aren't core to the case management process otherwise, can be part of a second tier of membership that meets less frequently but still has regular interface with the core team to ensure they feel up-to-date on processes and protocols, as well as case work. A tiered membership approach may look like:

TIER	COMPOSITION	SCOPE
ONE (CORE TEAM)	• Team Chair (e.g. a social worker) • Mental and Behavioral Health Professionals • Institutional Representatives (e.g. for schools, this may be the principal or student wellbeing officer. In a workplace, this may be someone from the Human Resources department). • Ideally, the institutional representative will know or be able to gather information about how the individual concerned navigates themselves within that institution - a principal or school teacher may be able to bring valuable information about a student's academic strengths and concerns, as well as friendship networks, for example. • Community Representatives (e.g. to serve as a community liaison officer and/or partnership manager) • School Resource Officer	• Meets regularly (e.g. biweekly, monthly). Expectation is that all members attend every meeting. • Members are formally trained on all tools (e.g. assessment frameworks) and will serve as "case leads", overseeing progress on a case-by-case basis. Meetings will function to update others on case progress and check in on overall activity of the Core Team.
TWO (OUTER TEAM)	• Specific areas of expertise that might be needed on a case-by-case basis (e.g. law enforcement, disability support services, medical health representatives, substance abuse recovery) • Alternative therapies (e.g. art therapy) that can be called upon for aftercare	• Invited to every other Core Team meeting (for example), or as needed on a case-by-case basis. Members may be called upon to support behavioral intervention and/or aftercare. Would usually not serve as case leads.

3. **Clearly delineate and communicate the role and responsibility of each team member**.
   Being clear and transparent about who is responsible for each aspect of case management, and who is expected to be involved in each stage of case management (e.g., referral/intake, assessment, intervention and aftercare), helps mitigate risks of duplication both within a team and across teams (in multi-team settings, for example). This also outlines to each team member who they should engage if they have questions about a specific stage or aspect of case management. **Roles and key questions to consider include:**

- Who is the **team lead or "chair"?** This role is essential to ensure deployment of the team is coordinated, that activities per team member are complementary rather than duplicative, and to maintain an overarching view of the progress of active cases. The chair is responsible for, among others:

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

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

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

- Consider also **case-specific roles**, like the case manager. How is this decided per case? What is their responsibility and to what extent does the remainder of the case management team remain involved? Consider, among others, the age of the individual that will receive support, their gender, specific interests, criminal and trauma histories, if any. The factors listed on page 7 should inform decision-making about who will be the case manager.

4. **Train each member (especially in Tier One, if you operate with a tiered structure) on the four core stages of intervention, as well as processes for e.g., data-sharing, escalating concerns (how and to who), etc. Consider:**

    - **Information-sharing:** make sure everyone involved in case management understands the information-sharing protocols in place (e.g., agreed-upon threshold for information-sharing and

practical processes for doing so) and relevant privacy laws (e.g. HIPAA, FERPA). Are information-sharing agreements in place between all involved parties? See page 19 for more information.

- **Practical considerations:** It can be helpful to come up with guiding principles and codes of conduct that all members of the MDT are to abide by. This will help maintain transparency, professionalism, foster collaboration, and unite the panel with mutual expectations of one another. It also ensures there is documentation that new members can be provided in their induction. Consider also structural and practical questions, like around meeting frequency and quorum, as well as the (encrypted) communication channels through which information will be shared and meetings will be arranged.

- **Intake**: who receives referrals, how and what happens next? Who is responsible for making sure relevant referrals are then followed up with a behavioral assessment?

- **Assessment and Intervention**: are all members of the core case management team trained on the assessment tool(s)? This can help integrate behavioral assessment and management by ensuring those involved in the latter stage understand the assessment approach (and therefore understand the assessment outcomes), and that they feel confident to use the same assessment tool to monitor case progress.

  What is the process for discussing an assessment and developing the appropriate intervention plan? Ideally, this would be discussed as a group by the core case management team to ensure everyone agrees to the intervention strategy, and to facilitate hand-off between behavioral assessment and management. A member of the core team should be designated as case lead to oversee the transition between assessment and management, and to oversee the overall case management strategy.

  Once the assessment has been discussed, a case lead has been assigned and an intervention strategy has been agreed to, the case lead should liaise with the individual concerned to deploy the intervention. Create an individualized monitoring plan and ensure the relevant service providers are aware of the goals of the plan. Use case management team meetings to update others on case progress and, where necessary, brainstorm mitigations for any new or ongoing concerns and risks.

- **Aftercare**: once the goals of an intervention plan have been meet (or are almost met), regroup as a team to discuss the transition to aftercare. Do you need to call on any external services to support this? Does the case monitoring plan change at all once you transition into aftercare? How frequently does the case lead continue to meet with the individual being supported? If there is a (new) concern or a behavioral relapse, is everyone aware of the protocols and processes for raising this?






Structural Considerations for Integrating Assessment and Management in a Multi-Team Setting

While a single MDT approach is considered best practice for facilitating an integrated case management process, many institutions already operate with a multi-team approach to the different stages of a TVTP intervention. Where this is the case, there are several steps that these teams can take to allow for as integrated a behavioral assessment and management process as is possible where multiple teams are involved. This includes:

- **Centralizing referrals:** a decentralized referral process may impede the efficiency with which a referred individual is assessed and receives support. In schools, for example, parents may contact the school counselor, principal, or a teacher when they have a concern. It is vital that whomever the parent voices concerns to is clear on who to pass the referral to - whether your institution operates with a multi-team or single-team framework, being clear about which team (and who from that team) is responsible for processing referrals helps ensure that a behavioral assessment can be conducted as soon as possible.

- **Clearly marketing the services of each team:** public communications about how and to whom to make referrals to, as well as the support your team is equipped to provide, can help ensure an individual receives the necessary support as soon as possible. In a multi-team setting, clearly outlining which team is responsible for what may avoid confusion amongst the general public about which team to engage when they have a specific concern, and facilitate a more efficient case management process. See more about marketing and public communications on page 19.

- **Overlapping membership**: if you work in a context where assessment and management are conducted by separate teams, consider overlapping membership of these teams. Otherwise, **designate a liaison** whose responsibility is to ensure coordination and collaboration between teams.

Did you know?



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

Legal Considerations*

** The contents of this section and the document as a whole are for informational purposes only, and do not constitute legal advice.*

There are also important legal considerations for integrating behavioral assessment and management, which apply regardless of whether you operate in a single-team or multi-team setting. This page provides a brief overview of some of these considerations. For more information, please refer to the second practice guide produced for the Prevention Practitioners Network.

- **Information-sharing**

  TVTP programs must have robust information-sharing protocols in place. For example, as you conduct your behavioral assessment, you may need to call upon others in or outside of your team to provide information about a client, be this medical or educational records, employment information, etc. You should therefore have a pre-existing understanding of the type of information you can retain, what you can and should share, when and with who, as well as who and what you can legally ask for when prompting others for information. This should inform a series of standard operating procedures and information-sharing agreements that your entire team (or teams - in a multi-team setting, to appropriately integrate assessment and management, you must have information-sharing agreements and protocols in place between the teams) enter into, and are trained and confident in. Consider:

  - Who you can ask for information:
    - Who would be legally permitted to disclose information?
    - Who do you have information-sharing and confidentiality agreements in place with?
  - What you can ask for and why you need that information;
  - How you should obtain this information (e.g. electronically, through what medium?);
  - Where and how this information should be stored.

  Further, As you conduct your intake or behavioral assessments, you may feel the needs of the individual cannot be met by your team(s). In this case, you will need to a) **refer** the individual to an external service not accounted for in the multi-disciplinary team or b) **escalate** the case to the appropriate authorities, should the "level" of risk require it. In both cases, it is important to have clear thresholds, policies and guidelines for referral and escalation. Consider:

  - the process of referral - how is case information shared? Through what medium? **Make sure you use secure channels so that you abide by HIPAA guidelines for data security and confidentiality.**
  - Consider **consent**. Ask your legal counsel for when you are allowed to share information without the individual's authorization to do so.
  - What can you share and why? Consider principles of:
    - Relevance - what does the recipient of the information need to know to take the case on effectively and in an informed manner?
    - Accuracy - how much information gives an adequate and accurate picture of the nature of the case?
    - Timeliness - information should be shared at the appropriate time to mitigate risks of missed opportunities for support.

Chapter Three - Other Considerations

Marketing and Communications

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

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

Consider also:

- Who is the **public face** of the program? Or who is the **point of entry/interface** for members of the public and members of different professions? Is this the same person? Clearly communicating who to contact in cases of concern (and ensuring this communication is consistent and accessible) helps centralize and streamline your referral process.
- Consider the role of the **community liaison** (see page 15) - this role should be filled by a member of your multi-disciplinary team that is embedded in the community and able to build local trust and awareness of your program.
- Related to this point, **trust-building** through accessible, clear and careful marketing is vital. For example, some research suggests 90% of students do not report concerning behavior because they don't want to be e.g., "snitches", "don't want to become part of the problem" and are generally uncomfortable doing so. Building trust and clarity around your program through good marketing that relays what it entails and that it is intended to *support* rather than *stigmatize* individuals may help mitigate against risks of under-reporting for this reason.

Good to Know:

This guide uses "behavioral assessment" and "behavioral management" as alternatives to more loaded and potentially stigmatizing phrases like "threat management".

Language

Related to marketing and communications, consider the implications of the language you use on the individuals you work with, as well as their family, friends and the wider community in which they are based. The language you use to describe your services, different stages of case management, the support being provided, case progress, etc. can either build trust between you, your team and the people you serve, or isolate them entirely. This is particularly poignant when considering behavioral assessments. Some practitioners have voiced concern around the use of terms like "threat"* (e.g., "threat assessment"), specifically that this may imply certain behaviors are inherently threatening, and that it may stigmatize and isolate the individuals concerned.

Appendix A - Glossary of Useful Terms

Provided is a list of terms that are often used in TVTP case work, as well as in other public an social safety fields, including social work.

- **Behavioral assessment:** often referred to as either a risk, needs or threat assessment. While these terms are used interchangeably, risks, needs and threat assessments serve different purposes. Behavioral assessment should generally encompass all three:
    - **Risk assessments** help practitioners assess, monitor and understand factors and vulnerabilities of an individual that may make them susceptible to extremist narratives and/or violent behavior.
    - **Needs assessments** allow for practitioners to mitigate against risk by identifying appropriate services and necessary types of support provision to address the identified needs of an individual.
    - **Threat assessments** are a type of assessment used to determine the level and scale of immediate or potential danger that an individual poses to themselves, others, their surroundings and/or wider community.

- **Behavioral Intervention or Behavioral Management:** the stage of case management where an individual receives support to address any behavioral concerns identified in the assessment.

- **Behavioral Intervention Team (BIT):** the team responsible for developing, deploying and monitoring a behavioral intervention. In some institutions, this team also carries out the initial assessment. Such an integrated approach is increasingly regarded as best practice. Ideally, the BIT is multi-disciplinary. For an overview of the professions that can be involved in a BIT (sometimes referred to as a "multi-disciplinary team" or MDT), see our practice guide on "Interventions to Prevent Targeted Violence and Terrorism"). This information pack refers to the BIT as a "case management team", to reflect best practice guidance that recommends a single team oversees the entire case management process.

- **Case management:** this information pack uses "case management" to refer to the entire process of behavioral support, including:
    - **Intake -** the process of receiving referrals, determining their appropriateness for intervention and, if they are deemed eligible, preparing for case planning and management.
    - **Assessment** - when risks, needs and threat of a referral are evaluated.
    - **Intervention -** refers to the provision of services, which are informed by the risk, needs and/or threat assessments conducted, and are intended to mitigate or minimize risk of (further) harm to the individual concerned.
    - **Aftercare -** an essential part of an intervention program concerned with long-term support and care. Once it has been agreed that the intervention has met its objectives, an "exit" strategy should be designed to facilitate the individual's long term resilience against radicalization and/or recidivism to violence.

- **Criminogenic needs**: needs which, if not filled, may lead to criminal behavior. They typically encompass four to eight needs domains. See here for more.

- **Disengagement vs. deradicalization**: disengagement in TVTP refers to "the abandonment of extremist activity, [while] deradicalization is viewed as involving the abandonment or rejection of extremist beliefs and ideology".

- **Factors vs. indicators**; although often used interchangeably, factors and indicators are distinct. The Research Triangle Institute distinguishes between the two as follows: "...factors increase the likelihood of a given outcome, while indicators help signal the presence of that outcome". In practice, therefore, a risk factor could be having an extensive criminal history, while an indicator would be an individual expressing threats or violence offline or online.

- **Risk factors:** factors that "increase the likelihood of a given outcome". In the case of TVTP, factors that increase the likelihood of radicalization and violence.

- **Protective factors:** factors that make an individual more resilient to a given outcome, or that decrease the likelihood of a negative outcome. In the case of TVTP, factors that "insulate and buffer an individual's resilience to radicalization into violent extremist ideologies and organizations".

- **Threat Assessment Team (TAT):** some institutions may have a separate threat assessment team that operates independently from the BIT, even though the BIT relies on information from the TAT to deploy data-backed interventions.

Appendix B - Case Management Visualized

MDT receives referral - depending on the referral mechanisms you have in place, a member of the MDT is made aware of a safeguarding concern.

Intake assessment - depending on the structure of your program, a designated member of the MDT (e.g. the member that received or observed a potential concern) or a designated "Intake Unit" conducts an intake assessment to determine relevancy of the potential concern.

There is no identifiable safeguarding concern. Try to identify whether the referral was misinformed or malicious. A large number of false positives may suggest there is a need for communal awareness-raising about targeted violence.

There is a safeguarding concern but not related to targeted violence. Concern is **referred** to alternative services.

There is a safeguarding concern related to targeted violence, and the MDT is qualified to support.

The intake assessment suggests a threat of harm to the individual themselves and/or others. Concern is **escalated** to law enforcement.

The MDT, led by an assessment lead, conducts a thorough risk, needs and/or threat assessment to help inform an appropriate intervention/support package.

Assessment or case progress suggests there is an imminent threat of harm or imminent intent to commit a crime. Case is escalated to law enforcement.

The MDT designs and agrees to a catered support package, informed by findings of the assessment(s) conducted previously. A lead intervention provider or case manager is appointed. Where multi-disciplinary interventions are designed, all relevant MDT members are made aware and agree to providing the needed support.

The lead intervention provider meets with the individual concerned (and their parents/guardians if they are a minor) to introduce and discuss the support package. If the individual consents to receiving support, next steps are clearly defined and agreed to.

The intervention formally starts. Regular meetings with the lead intervention provider and with any other relevant MDT members are arranged. All MDT members are aware of their role (if any) in all live cases. Intervention providers monitor, record and report case progress in a pre-agreed to manner.

Eventually, case progress will have achieved most, if not all, objectives. The lead intervention provider should start preparing for aftercare, in close collaboration with the individual concerned and other MDT members.

Aftercare begins as the intervention reaches its end. The aftercare strategy should be clearly defined and agreed to by any relevant external services, the individual concerned and, where necessary, their family and peer networks.

Intake | **Behavioral Assessment** | **Behavioral Management/Intervention** | **Aftercare**

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Appendix C - Existing TVTP Behavioral Assessment Tools

Name (A-Z):	Type:
Extremism Risk Guidelines (ERG 22+)	Structured Professional Judgement, post-crime, all ideologies **Useful sources:** Inter-rater reliability of the ERG 22+; The Structural Properties of the ERG 22+
Identifying Vulnerable People (IVP)*	Structured Professional Judgement, pre-crime, any individual in a community setting about which there is concern, all ideologies but domains assessed steer heavily towards Islamist. **Useful source:** Guidance for IVP to Recruitment into Violent Extremism
Islamic Radicalization (IR 46)	Structured Professional Judgement, pre-crime, for individuals who may be susceptible to Islamist extremist ideology, for Islamist extremism only. **Useful source:** CREST Extremism Risk Assessment directory, pp. 19-23.
Multi-Level Guidelines (MLG)	Structured Professional Judgement, pre and post-crime, for any individual affiliated with or formally a member of an extremist group. **Useful sources:** MLG, Risk Assessment and Management of Group-Based Violence
RADAR	Structured Professional Judgement, pre-crime, for individuals identified as (potentially) at risk by counter-terrorism officials. **Useful source**: Evaluating Case-Managed Approaches, see "Data Sources"
Radicalization Prevention in Prisons (R2PRIS) / Radicalization Risk Assessment in Prison (RRAP)	R2PRIS provides two frameworks - the Frontline Behavioral Observational Guidelines and the Individual Radicalization Screening (IRS). Both are Structured Professional Judgement, both are intended for use in prisons. **Useful source**: www.r2pris.org
Returnee 45	Structured Professional Judgement, designed specifically to assess the commitment, motivations and risk of returning foreign fighters and family members thereof from Syria and Iraq. **Useful source**: RAN Manual Responses to Returnees, p. 30

Name (A-Z):	Type:
Significance Quest Assessment Test (SQAT)	Uses a self-questionnaire, for individuals in or after detention. It uses the **3N radicalization model of "needs, narrative and network"** and Likert scales to assess risk or degree of radicalization. **Useful source:** The Practitioner's Guide to the Galaxy, pp. 15-16
Terrorist Radicalization Assessment Protocol (TRAP-18)*	Structured Professional Judgement, pre-crime, for individuals identified as (potentially) at risk by counter-terrorism officials and law enforcement. **Useful sources:** Manual, Risk Management Authority
Violent Extremism Risk Assessment Revised (VERA-2R)	Structured Professional Judgement, pre and post-crime, all ideologies **Useful sources:** European Commission, Risk Management Authority
Vulnerability Assessment Framework (VAF)	Structured Professional Judgement, any individual deemed at risk of radicalization, all ideologies. Has since been replaced by the ERG 22+. **Useful source:** Channel Vulnerability Assessment

Considerations As You Learn About TVTP Behavioral Assessments:

Method:
Structured professional judgement has become the go-to method for risk and needs assessment. This is generally lauded by professionals and academics, and is considered the leading existing practice.

Factors:
Literature about existing frameworks for TVTP risk assessments demonstrate there is notable overlap in the risk factors they consider. Generally, they consider ideological / attitudinal factors, as well as capability considerations.

While some don't include explicit red flag indicators to determine threat and imminence thereof, the "capability" domain they include helps mitigate this by still accounting for ability to commit violence.

Finally, the inclusion of protective factors in assessment, although improving and recommended as good practice, is still limited. Where possible, choose a tool that accounts for protective factors.

Appendix D - Further Reading Recommendations

On behavioral assessment and/or management:

- Risk, Needs and Threat Assessment
  By the Institute for Strategic Dialogue (ISD) - *overview of risks, needs and threat assessment in TVTP; created for the Prevention Practitioners Network*

- Staffing Multi-disciplinary Interventions
  By ISD - *overview of the four core stages of TVTP intervention and how to resource these effectively; created for the Prevention Practitioners Network*

- Interventions to Prevent Targeted Violence and Terrorism
  By ISD - *practice guide that covers the basics and staffing implications for the four core stages of TVTP intervention (intake, assessment, intervention and aftercare); created for the Prevention Practitioners Network*

- Who's on the Team? Mission, Membership and Motivation
  By NABITA - *a white paper on school-based behavioral assessment and management*

- Standards for Case Management
  By NABITA - *a series of standards for non-clinical case management. Standards are for school settings but applicable to other contexts*

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

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

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

- Countering Violent Extremism: The Use of Assessment Tools for Measuring Violence Risk
  By RTI - *runs through existing frameworks for risk assessment and associated challenges*

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

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

On information-sharing, confidentiality and ethics:

- Legal Liability
  By ISD - *an overview of legal considerations for TVTP, including about information sharing.*

- Information Sharing with Relevant Agencies
  by Active Social Care Limited - *resource about information sharing, including the importance of having proper protocols in place.*

- "Sharing Client Information with Colleagues"
  by Frederic G. Reamer - *overview of ethical challenges with information sharing.*

- "The Complexities of Client Privacy, Confidentiality, and Privileged Communication"
  by Frederic G. Reamer - *overview of client confidentiality and implications for information sharing.*

- The School Social Worker and Confidentiality
  by the National Association of Social Workers - *briefing on information sharing in school settings.*

- Sharing Behavioral Health Information: Tips and Strategies for Police - Mental Health Collaborations
  by the Justice Center - *tips for information sharing and broader collaboration between law enforcement and mental / behavioral health professionals.*

- Information Sharing in Criminal Justice - Mental Health Collaborations: Working with HIPAA and Other Privacy Laws
  by the Justice Center - *considerations for information sharing in the context of HIPAA, FERPA and other legislation.*

- "Confidentiality and its Exceptions"
  by the Society for Advancement of Psychotherapy - *overview of duty to warn and implications for confidentiality.*