

## Threat Assessment Job Aid

**What is considered a serious incident?** The vast majority of NAMI HelpLine connections will be relatively low-risk and focus on simply providing individuals with information, resource referrals, and support.

Very rarely, a connection (meaning any call, chat, text, email, or other communication to the HelpLine) may involve a serious incident where a help seeker communicates an explicit threat of imminent serious physical harm or death to a clearly identified victim or victims including businesses, organizations, and/or government agency.

There is a misconception that violent crime is common and normal for those with serious mental health conditions; this is not the case. **Any mention of potential violence toward others should be met with concern and assessment to rule out the possibility of an imminent threat of serious harm or death.**

Risk factors and warning signs for acts of serious violence are described below. **If a help seeker alludes to a potential act of violence and displays any warning signs or risk factors described below, HelpLine specialists should:**

**ACTION 1:** immediately message NAMI staff in #helpline-questions Slack channel that you are assessing a possible threat of violence

**ACTION 2:** assess for imminent danger to specific victim(s) using assessment questions in Threat Assessment Job Aid

**ACTION 3:** stay in communication with NAMI staff as they monitor connection & direct your next steps

**ACTION 4:** if the help seeker is deemed at **high risk** of committing an imminent act of serious violence toward a defined victim, the HelpLine specialist will should use the creative information gathering portion of this Job Aid to obtain:

- Name of threatened entity
- Location, time, and method of planned attack
- Location of threatened entity
- Location, name, phone number of help seeker
- Any other personal info that can be obtained to target whereabouts of attacker or potential victim

**ACTION 5:** debrief incident with HelpLine staff and provide information for incident report

## Risk Factors

Most violence is perpetrated by those without a mental health condition. However, there are certain mental health symptoms that have been linked to a higher risk of violent behavior. These symptoms include:

### Untreated Psychosis

- **Persecutory delusions** - persistent, troubling, false beliefs that one is about to be harmed or mistreated by others in some way. E.g., someone thinks others put implants in their head or are targeting them with harmful laser beams.
- **Command hallucinations** - hallucinations in which individuals hear voices that command them to harm someone.

### Mania/Manic Episodes

- **Impulsivity** – tendency to act on emotional impulses rather than rational thought; typically accompanied by high energy.
- **Grandiosity** – leads people to have an exaggerated sense of their own power, which can stunt their ability to empathize with others and cause them to feel entitled to exploit others.

### Psychopathy/Antisocial Personality

- **Psychopathy** - characterized by a lack of empathy, poor impulse control, and antisocial deviance. While psychopathy is not categorized as a mental illness, it is closely related to the youth-oriented diagnosis of conduct disorder and the diagnosis of antisocial personal disorder in adults.
- **Conduct disorder** - characterized by symptoms of bullying, physical cruelty, aggression, destruction of property, deceitfulness, and serious violation of rules.
- **Antisocial Personality Disorder** - characterized by failure to respect social norms and laws, deceitfulness, impulsivity, aggression, disregard for safety of self or others, consistent irresponsibility, and lack of remorse.

### Substance Use

- **Current or very recent intoxication is a significant risk factor for violence.** Studies have found strong associations between substance use disorders (SUDs) and violent behavior, particularly when the SUD co-occurs with another mental disorder.

### Other Risk Factors

- **A previous history of violence**
- **Recent life stressors** - financial strain, illness or death among friends and family, drug addiction, divorce, employment changes, conflict with peers, legal problems, transfer or relocation
- **Suicidality** - individuals who make threats of violence are actually more likely to take their own lives than to take anyone else's. People experiencing an increasing sense of hopelessness may have the belief that there's nothing to lose, and therefore be more likely to act on violent urges toward others.

### Warning Signs

- **Direct disclosure:** "I want to hurt my neighbor"
- **Anger:** "I am furious with my boss "
- **Vengefulness/blaming:** "This is all my mother's fault"
- **Expressions of empathy with people who engage in violence:** "I can understand why they brought a gun to school"
- **Fixation:** May be verbalized, "I can't stop thinking about my roommate", or the specialist may notice that the individual is unable to move on from the topic of conversation.
- **Fixations on weapons, violence, or previous perpetrators of violence**
- **Lack of empathy or emotional expression**

### Threat Assessment Questions

HelpLine specialists should use the below assessment questions to determine whether a help seeker is at high risk of causing serious harm to a specific person within an imminent time frame.

- 1. Thoughts – clarify if help seeker is having thoughts of causing serious physical harm**
  - a. When you say ..., do you mean you are thinking of harming someone?
  - b. Are you thinking of killing someone? Do you have ANY thoughts about killing someone?
  - c. Is harming someone something you are thinking about doing today?
- 2. Plan – ask if the help seeker has a specific plan to cause harm, including a specific target, means, and timeframe**
  - a. Have you made a specific plan to harm someone?
  - b. Who are you planning to harm
  - c. What are you planning to do?
  - d. How do you intend to carry out this plan?
  - e. How would you do that?
  - f. When do you intend to carry out this plan?
  - g. When would you do that?
- 3. Intent – clarify if the help seeker intends to follow through with their plan to cause harm**
  - a. Do you intend to carry out this plan to harm someone?
  - b. Do you intend to follow through with this?
  - c. Are you saying you intend to do this?
  - d. Are serious about going through with this plan?
- 4. Access – determine the help seeker's current ability to cause imminent harm given the details of their plan**
  - a. Do you currently have access to (means of harm)?
  - b. Do you currently have access to a gun?
  - c. Do you currently have access to a knife?
  - d. Are you currently near (target)?

## Creative Information Gathering

Specialists should use the creative questions below, along with the same skills of empathy, perspective-taking, curiosity, and shared humanity they use when interacting with other help seekers, to obtain as much information as possible about the help seeker, their whereabouts, details of their planned attack, and information about their intended target.

### Tips for Creative Questions:

- Consider starting more generally and then get more specific as the conversation evolves (e.g., state, county, city, street address)
- Make conversation with the person to get cues that could narrow their location. Where do you usually go for lunch?
  - Where is your favorite place to get coffee in the area?
- If it's a phone call, listen to background noise for cues of environment. I hear bells ringing, are you near a church/school right now?
  - I hear some voices, are you around other people right now?

### Questions:

- My name is \_\_\_\_\_. I'm glad I can be here to help you today. What's your name?
- Local NAMI affiliates really want to help people like you in their communities. Let's help get you connected to the NAMI in your community. Where are you located?
- I found a local NAMI in \_\_\_\_\_. Is that close to you?
- I can look for therapists in your area. What city and state do you live in?
- You matter. Help is available near you. Can we talk about where you're located?
- You have value. You deserve to feel better. Could I send you some information about help in your area? What's your address?
- There must be a lot of people around [location]. How will you be alone with this person? Can you tell me their name?
- Who is your principal/school counselor?
- What is the name of your school/work?
- How long have you worked at \_\_\_\_\_?
- How do you usually relax and calm down? Is there somewhere you like to go?
  - Being near the water always helps me think more clearly when I'm upset. Is there anywhere you like to go to think through things?
- Tell me about this person you are angry with...
  - Where or when do you usually see them?
  - How long have you and [intended target] known each other/worked together?
- You are more than just the person who has been hurt by [intended target]. I'm sure your future holds so many great things that you might miss out on if you act on these thoughts. What do you think you might miss out on?
- Do you currently work with a mental health professional? Are you open to resources for doing that?
- I would like to talk about your situation so that we can find some resources that will be helpful to you. How does that sound to you?
- Have you ever had these types of thoughts before? What helped then?
- What has helped you feel better in the past? Is there a friend or family member you trust to talk to? What is their name?

### Empathetic Statements:

- I'm worried about how this choice will affect you and your life. I want you to be okay and get the support you deserve.
- Have you ever talked to anyone about these thoughts? Would you be open to talking to someone about them?
- I'm glad you called us today to talk about how you are feeling before doing something that could harm you or someone else. Please know that there is help available, and that you deserve to feel listened to without having to take drastic action.

### Managing Moderate Risk Connections (Transfer to 988)

If the help seeker endorses thoughts of harm and a specific plan to harm an identified target, **but they don't have intent or means to act on this plan within an imminent time frame**, they are at moderate risk. This may also apply to help seekers who present with **paranoia and active psychosis symptoms, where general threats are made but the intent or means/access to follow through is unclear**. If specialists are connected with an individual at moderate risk of committing an act of violence, they should take the following actions:

- **ACTION 1:** confirm with HelpLine staff that the individual is at moderate risk and should be transferred to 988 for further evaluation and assessment
- **ACTION 2:** frame transfer to 988 by communicating seriousness and concern to help seeker
  - “The thoughts you’re sharing with me are serious. Let’s get you connected to some help.”
  - “What you’re going through sounds very difficult. Let’s get you connected to the best support for your situation.”
  - “NAMI HelpLine specialists are not trained crisis counselors, so I will need to transfer you to the crisis hotline at 988 so they can better support you with these thoughts.”
- **ACTION 3 (phone):** conduct a warm handoff to 988. “Let’s contact a crisis help line together. I will help you make the call and I’ll stay on the line with you until a crisis counselor picks up.”
  1. **Confirm help seeker’s area code and phone number.**
    - “Can you please provide the **area code where you are currently located**? 988 asks for this information so you can be routed to a call center near you. “
    - “What is your **phone number**?”
  2. **Begin transfer to 988 and enter help seeker’s phone number and area code when prompted.** Continue engaging with help seeker while waiting for a representative to answer.
    - “There may be a short wait. I’ll stay on the line with you.”
    - “You may hear some background music while we wait.”
  3. **When a 988 crisis counselor connects, give them the following essential information:**
    - Help seeker’s **name**
    - **Detailed, comprehensive description of risk - the goal is for the 988 crisis counselor to know everything you know:** “Hi, this is Sam calling from the NAMI HelpLine. I have Morgan on the line with me. Morgan has told me they are having thoughts of strangling their neighbor because their neighbor has planted a device in their head. Morgan is not sure if they want to follow through this plan or when they might do this.
- **ACTION 3 (text/chat):** inform help seeker that you are transferring them to 988 and share link in the chat
  - “NAMI HelpLine specialists are not trained crisis counselors, so I will need to transfer you to the crisis hotline at 988 so they can better support you with these thoughts.”
  - “Let’s contact a crisis help line together. Click on this link. <https://988lifeline.org/chat/> I’ll be here supporting you until a crisis counselor starts messaging. Let me know when a crisis counselor connects with you.”
  - Continue to support help seeker until they tell you that a 988-crisis counselor has started communicating with them.
- **ACTION 4:** Follow-up with HelpLine staff to confirm the help seeker has been transferred to 988.

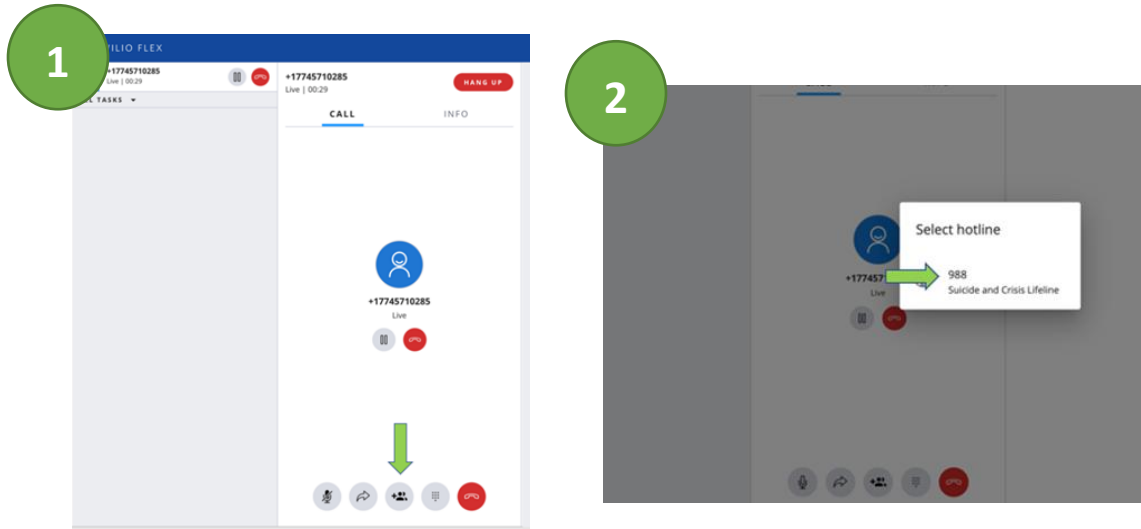
### Managing Low Risk Connections

If a help seeker has some thoughts of causing harm to another person but has no actual plan or intent to do so, then they are **low risk**. Specialists should handle this connection by providing emotional support and resources such as therapy or support groups. Specialists can use their NAMI Voice to connect with the help seeker about their frustrations and encourage them to manage emotions in healthy, non-violent ways.

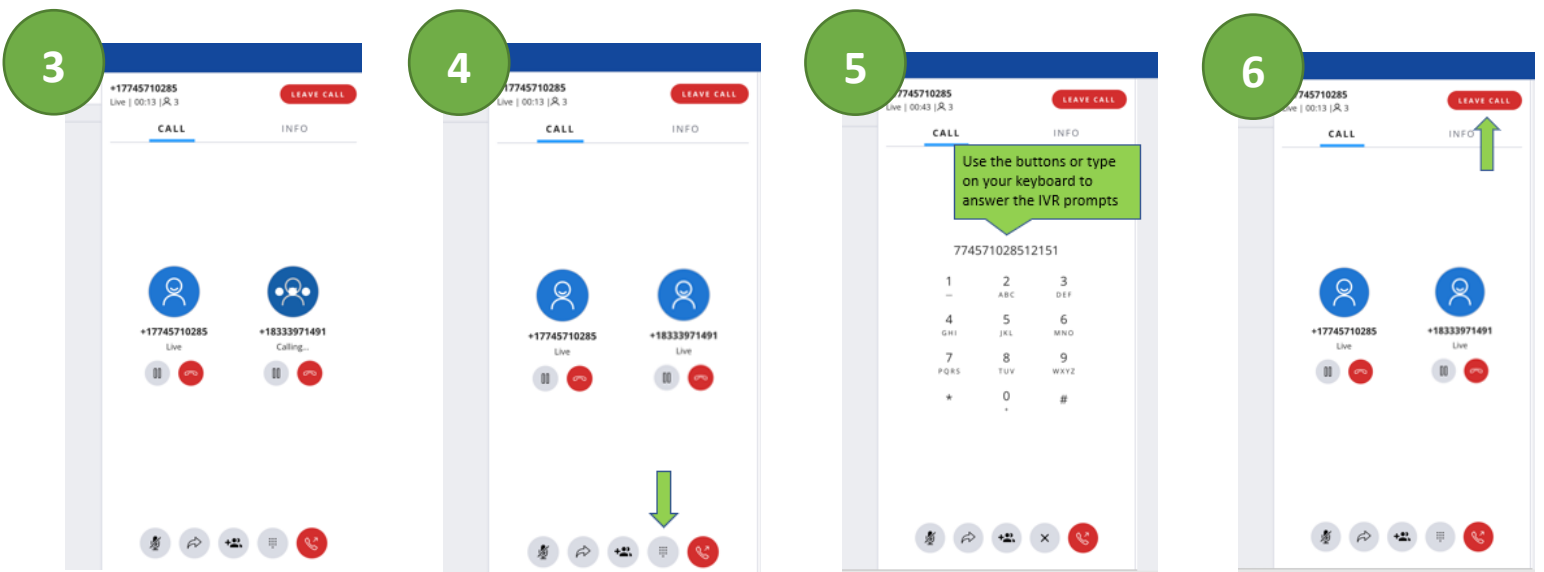
- **Specialists should wrap up any interaction that involves passive thoughts of harm by encouraging help seekers to contact 988 if they ever have urges to act on violent thoughts.**
  - “Thank you for connecting with the NAMI HelpLine today. Please reach out to us again in the future if you’re in need of more support. If you ever have serious thoughts of causing harm to another person, please contact the mental health crisis line at 988 or <https://988lifeline.org/chat/>.”

## How to Transfer a Call to 988 Suicide Crisis Lifeline

Once ready to transfer, click on the “Call” tab of an existing call. Use the middle button at the very bottom (icon of two people and a plus sign). Then, select “988 Suicide and Crisis Lifeline” option to forward a call to the crisis line.



Once 988 is selected, you will see another call appear on your screen to +18333971491. This is the unique 988 number for the NAMI HelpLine (**IMPORTANT:** This number is *confidential to NAMI* and should **NEVER** be shared with others, including help seekers). Once connected, you will hear prompts asking you to input the help seeker’s phone number and the area code where they are currently located. You will do this by using the dial pad at the bottom of the screen.



Once the help seeker is connected and you have conducted a warm handoff by providing essential information to the 988 specialist, you can leave the call.