Behavioral Threat Assessment and Management: Prevent and Protect

A Leadership Guide for Preventing Targeted Violence in Health Care Settings

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Introduction

In recent years, physical and verbal attacks against health care workers have increased at an alarming rate. Unfortunately, health care workers are now assaulted more often than any other profession outside of law enforcement.

In 2017, the American Hospital Association (AHA) developed the Hospitals Against Violence (HAV) initiative to share resources and successful practices with the field to mitigate both workplace and community violence. HAV supports AHA members in addressing violence in their organizations and in their communities. Through these efforts, it has become clear that hospital and health system leaders are seeking resources to help them prevent targeted violence in health care settings. This led us to pursue a partnership with the FBI's Behavioral Analysis Unit-1 (BAU-1), which houses the Behavioral Threat Assessment Center.

Recognizing the unique challenges faced by health care organizations, this guide, co-developed by the AHA and the FBI BAU-1, provides practical, evidence-based tools and strategies to enhance security measures and threat management protocols. It includes templates, models and references for hospitals and health systems to use in establishing their own behavioral threat assessment and management (BTAM) teams. These multidisciplinary teams are critical for proactively identifying and mitigating potential threats before they escalate into acts of violence.

In addition, it offers guidance on how to involve local law enforcement and the FBI in hospital-based BTAM efforts. These collaborations are essential for a unified approach to threat assessment and violence prevention, leveraging the expertise and resources of both health care and law enforcement professionals. By fostering strong partnerships and communication channels, health care facilities can ensure a coordinated and effective response to any threats that may arise.

Finally, the guide provides direction on critical training and education for all health care team members, equipping them with the knowledge needed to recognize warning signs of violence and how to respond appropriately. It also highlights best practices for maintaining a culture of safety and vigilance within health care environments and promoting continuous improvement and resilience in the face of evolving threats.

This leadership guide distills and summarizes the key insights from its companion resource compendium, **Behavioral Threat Assessment and Management: Prevent and Protect**. The resource compendium presents 14 distinct, detailed chapters on implementing behavioral threat assessment and management strategies within hospital settings. The chapters of the resource compendium that correlate to each section of the leadership guide are linked below.

FURTHER READING

- **Why a National Guide Is Needed for Violence Prevention in Hospitals** by Gregory Saathoff, M.D.

Defining Targeted Violence in Health Care Settings

Targeted violence in health care refers to intentional and harmful acts where health care professionals, patients and facilities are specifically singled out as targets. Such acts of violence can take many forms, including physical assaults, verbal threats, harassment or large-scale attacks. Targeted violence compromises access to and delivery of care, creates hostile work environments, and impacts the overall safety and quality of health care delivery, with far-reaching effects that impact not only individuals directly involved, but also the broader community. Targeted violence undermines the fundamental mission of health care providers to offer a safe and healing environment for all.

According to Mario J. Scalora, Ph.D., in *The Importance of Training on Risk Factors, Warning Signs, and Pre-attack Behavior Indicators: What Health Care Workers Need to Know to Prevent Targeted Violence*, workplace violence and targeted violence in health care can stem from a variety of sources, including:

- Criminal intent from external parties (e.g., theft, sexual assault).
- Patient, family-driven and/or visitor violence (e.g., agitated/disgruntled patient, family members or other hospital visitors).
- Insider risks from co-workers (e.g., grievance between co-workers caused by incivility or bullying, workplace discipline, possible/pending termination).
- Domestic violence (directed toward patients or co-workers) intruding upon the workspace.
- Issue-driven grievances (e.g., conflicts over policies related to controversial issues or beliefs that may or may not be related to patient care.

In *The Pathway to Targeted Violence: Predatory Behavior, Shame and the Thin Line Between Suicide and Homicide*, Melissa R. Stormer, Psy.D., explains that violence can be broadly categorized as affective or predatory:

- Affective violence, driven by immediate emotions such as anger or fear, is impulsive and reactive. It often arises in high-stress settings such as emergency departments.
- Predatory violence, on the other hand, is premeditated and goal-oriented. Targeted violence, including mass shootings or revenge attacks, falls into this category. Predatory violence is methodical, involving calculated actions that align with specific objectives, such as achieving retribution or recognition.

While these forms of violence are distinct, overlap can occur. For example, a patient's initial affective outburst may lead to rumination and escalate into a planned act of retaliation; the patient's initial agitation could potentially be solved with de-escalation or another short-term violence mitigation technique, but intervening with their plan for retaliation requires a more intensive and planned intervention. Understanding these distinctions is crucial for health care professionals to tailor their interventions effectively.

FURTHER READING

- **The Importance of Training on Risk Factors, Warning Signs, and Pre-attack Behavior Indicators: What Health Care Workers Need to Know to Prevent Targeted Violence** by Mario J. Scalora, Ph.D.
- **Vulnerabilities in Patient Care Cycle: Utilizing a Proactive Approach in Mitigating Affective Violence** by Nicole Tuomi Jones, Ph.D.
- **The Pathway to Targeted Violence: Predatory Behavior, Shame and the Thin Line Between Suicide and Homicide** by Melissa R. Stormer, Psy.D.

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What Is Behavioral Threat Assessment and Management (BTAM)?

According to Lynn Van Male, Ph.D.'s *The Importance of Behavioral Threat Assessment and Management for Hospitals and Health Systems*, the BTAM process is an ongoing, iterative approach to preventing targeted violence before it occurs. Implemented correctly, the BTAM process provides a systematic approach for identifying, assessing and managing the threat of violence. It relies on all people involved in the health care setting — including health care workers, patients and visitors — reporting behaviors that cause a concern for safety, and the organization's trained BTAM team responding to the concern by triaging and assessing the situation and creating a response plan (*see Figure 1*).

FIGURE 1

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GLOSSARY

Behavioral Threat Assessment

A systematic, fact-based method of investigation and examination that blends the collection and analysis of multiple sources of information with published research and practitioner experience, focusing on an individual's patterns of thinking and behavior to determine whether and to what extent a person of concern is moving toward an attack.

Threat Management

The act of managing a person of concern's behavior through interventions and strategies designed to disrupt or prevent an act of targeted violence.

The BTAM Process

An approach that aims to identify at the earliest possible moment that an individual is progressing toward an act of violence and implement interventions that disrupt that progression.

Adapted from *The Importance of Behavioral Threat Assessment and Management for Hospitals and Health Systems* by Lynn Van Male, Ph.D.

By implementing the BTAM process when responding to threats of violence, health care facilities can work towards creating a safer, more secure environment for both patients and health care professionals, ensuring that high-quality care remains accessible to the communities they serve.

FURTHER READING

- **The Importance of Behavioral Threat Assessment and Management for Hospitals and Health Systems** by Lynn Van Male, Ph.D.
- **Best Practices in Building and Supporting Threat Management Teams** by John "Jack" Rozel, M.D.
- **Effective Use of BTAM in Health Care Settings** by Susannah Rowe, M.D., and Robert A. Fein, Ph.D.
- **Bystanders: An Overlooked Resource** by Special Agent Christopher Desrosiers

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Establishing BTAM Teams and Partnerships

Developing and supporting BTAM teams within the health care setting has been identified as a critical tool to reduce violence in health care by the International Association of Healthcare Safety and Security, and was recently identified as the number one recommendation for hospitals to help prevent mass violence by the National Council for Mental Wellbeing. For more information, read *Best Practices in Building and Supporting Threat Management Teams* by John "Jack" Rozel, M.D.

As explained by FBI CA Crime Analyst Jennifer Tillman in *Building Behavioral Threat Assessment and Management Teams Within Hospital Settings*, when establishing a BTAM team in a hospital or health system, experts recommend following the "Four Es" model to ensure the fundamental elements of a successful BTAM program are implemented:

- **Educate** hospital executives and leaders.

  Gain buy-in and support from hospital and health system leaders to ensure leaders at every level and across all departments understand and appreciate the importance of implementing a BTAM team in the health care setting and ensure the BTAM has the resources needed to fulfill their responsibilities.

- **Employ** multidisciplinary representation.

  Include experienced members of the workforce whose functions holistically represent the overall organization of the hospital or health system, creating as much variety in experiences, capabilities and perspectives as possible.

- **Establish** necessary team structure and organization.

  Most BTAM teams include individuals from disciplines such as behavioral health, security, legal services and human resources; many teams include representatives from clinical leadership, risk management, patient relations, compliance, employee assistance programs and internal communications.

- **Execute** best practices.

  Follow the BTAM process to identify concerning behaviors and mitigate threats to keep the patients, families, workforce and the community safe from targeted violence.

Hospital- and health-system-based BTAM teams should be part of a larger, unified approach to prevent targeted violence in the community. As explained by Karie A. Gibson, Psy.D., in *Law Enforcement BTAM Teams: What Hospitals Should Know*, the first contact between law enforcement and health care leaders is usually after a crime has occurred — but if connected sooner, law enforcement and hospital teams may have been able to share critical information or support to prevent the violent act from occurring.

In *Legal Considerations for HIPAA and BTAM Teams in Hospitals: Working with Law Enforcement While Following HIPAA*, Angel Gray explains that HIPAA is often cited erroneously as a reason for not proactively working with or seeking out law enforcement. However, the law enforcement exception states that protected health information may be reported to a law enforcement official to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.

It is critical that BTAM teams at hospitals and health systems develop relationships with local law enforcement and the nearest FBI field office to establish working partnerships before an act of targeted violence occurs. Approaches could include hosting an event at the hospital or health system to meet local law enforcement members, seeking out information about what BTAM resources are available in the community and training together on what to look for to prevent targeted violence.

FURTHER READING

- **Best Practices in Building and Supporting Threat Management Teams** by John "Jack" Rozel, M.D.
- **Building Behavioral Threat Assessment and Management Teams Within Hospital Settings** by Crime Analyst Jennifer Tillman

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- **Don't Forget EMS and Fire: The Importance of Nontraditional Partners in BTAM** by Supervisory Special Agent Heather Koch
- **Law Enforcement BTAM Teams: What Hospitals Should Know** by Karie A. Gibson, Psy.D.
- **Legal Considerations for HIPAA and BTAM Teams in Hospitals: Working with Law Enforcement While Following HIPAA** by Angel Gray
- **A Mental Health Perspective: Overcoming Barriers to Working with Law Enforcement** by Kirk A. B. Newring, Ph.D., and Jessica Winternheimer

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CLOSE-UP   **Dartmouth Health**

Collaboration Between Health Care and Law Enforcement

One aspect of a successful BTAM team is the information exchange and relationship between health care and local law enforcement. If a threat necessitates bringing in law enforcement, a previous relationship is of the utmost importance. "We've really tried to forge a really good relationship with law enforcement," said Rich Mello, director of safety and security for Dartmouth Health. "I've gone out of my way to have these relationships in place … we don't hesitate to reach out to law enforcement to help inform us as to what we're dealing with." Cooperation between health system leadership and the legal and risk departments is just as important, including potentially sharing patient information.

Concerns regarding HIPAA are understandable, but safety for health care staff should always be at the forefront of leaders' minds. "I'm quite impressed with both legal and risk management in being on the same page and protecting our staff in our facilities," said Rich. There needs to be a balance between safeguarding protected health information and maintaining safety for staff, and "legal is often one of our partners because we have to understand that when we do release information, we have to understand why we're releasing it, who we're releasing it to and then making sure that we're on the right side of HIPAA and doing the right thing. It's not to be restrictive, it's just to safeguard the organization."

Training and Educating the Workforce About BTAM

All members of the health care workforce, including administrative leaders, frontline staff and support personnel, should be consistently educated and trained on identifying warning signs that may lead to targeted violence.

According to Mario J. Scalora, Ph.D., in *The Importance of Training on Risk Factors, Warning Signs and Pre-attack Behavior Indicators: What Health Care Workers Need to Know to Prevent Targeted Violence*, training and education should focus on highlighting the following values consistent with a Culture of Safety mindset:

- Valuing prevention, dignity and respect for all parties during the assessment and management of concerning behavior.
- Using supportive and nonpunitive strategies as appropriate in response to reports of concerning behavior.
- Handling reports of concerning behavior with discretion and confidentiality, as appropriate, to maintain the safety of the reporter and the dignity of all parties involved.
- Treating all reports of concerning behavior with appropriate attention and response.
- Engaging all members of the organization in feeling a shared responsibility and obligation to keep the workforce, patients and families safe from violence.

All parties within the organization should receive information periodically regarding potential behaviors of concern. Hospital leaders should provide staff with multiple reminders across different modalities (e.g., face-to-face training, online, reminders on websites, email) and make the information visible and easy to access for all employees.

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Raising Awareness for Common Concerning Behaviors

- Comments about hurting themselves or others.

- Creating a document, video, suicide note or other item to explain or claim credit for future violence.

- Seeing violence as a way to solve problems.

- Unusual difficulty coping with stress.

- Reduced interest in hobbies and other activities.

- Worsening performance at school or work.

- Increasing isolation from family, friends or others.

- Angry outbursts or physical aggression.

- Increasingly troublesome interactions with others.

- Obsessive interest in prior attackers or attacks.

- Bizarre or unexpected change in appearance, including dress or hygiene.

- Asking questions about or testing security at a possible target.

- Changing vocabulary, style of speech or how they act in a way that reflects a hardened point of view or new sense of purpose associated with violent extremist causes, particularly after a catalyzing event.

Hospital and health system staff can trust that our law enforcement partners are equipped with advanced de-escalation training and are committed collaborators in reducing incidents of violence within our facilities.

Adapted from FBI's Prevent Mass Violence Campaign.

Educational content should also reinforce the critical importance of reporting concerning behaviors. Training should address how to report concerns internally to managers, leaders and the BTAM team, and externally to law enforcement such as the local police or the FBI. See the following resource on the AHA/FBI's Tiered Approach for Addressing Concerns and Targeted Violence (tip sheet) with staff as a guide for addressing concerns about potential violence.

In *Effective Use of BTAM in Health Care Settings*, Susannah Rowe, M.D., and Robert A. Fein, Ph.D., offer examples for leaders and managers to discuss with their teams to practice identifying and reporting concerns:

- A clinic employee is terminated for poor performance and leaves a frightening note on their supervisor's desk stating that they will regret this termination. The supervisor shares the note with their human resources representative and the employee union.

- A patient undergoes cosmetic plastic surgery and is unhappy with the results. The surgeon refers the patient for a second and third opinion, both of whom say the surgical result appears to be excellent. The patient declines to seek care with a different doctor and begins messaging the surgeon almost daily, with increasingly angry and threatening messages. The surgeon starts worrying about their safety when walking to and from their car. The surgeon contacts the Patient Safety and Quality Department to ask how they should handle the situation.

- A teenager is gravely injured after an altercation at a party. It has become clear that the patient is likely to die. An environmental services worker overhears a family member saying, "If they die, I'm going to make the other kid pay for what they did." The environmental services worker tells their supervisor.

Additional discussion scenarios are provided in Rowe and Fein's article.

FURTHER READING

- **The Importance of Training on Risk Factors, Warning Signs and Pre-attack Behavior Indicators: What Health Care Workers Need to Know to Prevent Targeted Violence** by Mario J. Scalora, Ph.D.

- **Effective Use of BTAM in Health Care Settings** by Susannah Rowe, M.D., and Robert A. Fein, Ph.D.

- **Law Enforcement BTAM Teams: What Hospitals Should Know** by Karie A. Gibson, Psy.D.

- **Legal Considerations for HIPAA and BTAM Teams in Hospitals: Working with Law Enforcement While Following HIPAA** by Angel Gray

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Case Studies

Many members of the AHA are implementing BTAM principles and processes in their organizations. Learn more from colleagues who have taken the critical steps of creating and maintaining BTAM teams, establishing partnerships with law enforcement and other community partners, and educating the workforce about how to identify threats of targeted violence.

Member Examples:

- **Scripps Health** | Communication, Collaboration and Caring: An Effective Strategy for Reducing Violence in Health Care
- **Ascension** | "'We've Got Your Back'"
- **Duke Raleigh Hospital** | Hospital Violence Prevention and Recovery: A Multifaceted Approach
- **University of Virginia Medical Center** | Threat Assessment and Management in the Real World

Veterans Health Administration: Incorporating Behavioral Health Professionals onto BTAM Teams

Understanding the pathway to violence and/or threats of violence is a crucial aspect of BTAM. While individuals who suffer from severe mental illnesses are more likely to be victims of violence than perpetuators, it's important to include behavioral health professionals on BTAM teams. Craig Coldwell, M.D., deputy chief medical officer for VA New England Healthcare System, states that behavioral health professionals can help "figure out how urgent the situation is and make recommendations on what can mitigate escalation." David Salthouse, assistant chief of police at VA Connecticut, agrees. "[VA police] can't work to its best potential if we're not looped into the mental health team." Communication — especially between law enforcement and clinical providers — is key to navigating potential escalating situations. Behavioral health professionals can communicate to law enforcement about potential triggers, while law enforcement can communicate to providers about potential precursors to violent behavior. "Everybody expresses their concerns, backed by their subject matter expertise, and they usually come up with a consensus," says Salthouse.

Additional Resources

From the AHA:

- Hospitals Against Violence
- Mitigating Targeted Violence in Health Care Settings
- A Tiered Approach for Addressing Concerns and Targeted Violence
- FBI Violence Prevention Strategies to Assess and Manage Threats Against Health Care (Podcast)
- Mitigating the Risk of Violence (Issue Brief)
- Violence Mitigation in a Culture of Safety (Issue Brief)
- Providing Trauma Support to Your Workforce Following an Incident or Threat of Violence (Issue Brief)
- Community Violence Intervention (Issue Brief)

From the FBI:

- Prevent Mass Violence
- Behavioral Analysis
- HIPAA Privacy Rule: A Guide for Law Enforcement
- Making Prevention a Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks
- Possible Attackers: A Comparison of Active Shooters and Persons of Concern
- Partnerships Are Key to Disrupting Violent Plots
- FBI Active Shooter Safety Resources
- Beyond Belief: Preventing and Countering Violent Extremism in America

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