



TX-BeTA *Texas Behavioral Threat Assessment Intervention and Prevention Program*



Source	Contact Made / Information Collected	Confidence Level in Information Received (Low, Moderate, High)

Analyzing Information:

Below is a list of key investigative and analytic questions specific to the BTAM process. These questions are meant to supplement an investigator’s prior training and experience and is not an exhaustive list.

These questions are not meant to provide a definitive answer as to whether a subject of interest is, or is not, a threat. However, they should equip the investigator with an additional set of tools to allow him or her to assess a threat of targeted violence and establish a management process, even with fragmented, incomplete, or unreliable information. Responses to these questions may require reevaluation and reassessment as new information is received.

Triage Process and Factors

The questions below should not be misconstrued as a substitute for an actual threat assessment, rather a review to assess urgency, credibility, and imminence of a potential threat. The answers to these questions will factor into subsequent discussion and decisions about further investigation, assessment, intervention, and potential management.

Notes

1. Has the person of concern directly threatened others or stated their intention of conducting an act of violence against others?
2. Is there information to corroborate or substantiate the underlying concern? Is the person of concern’s behavior consistent with the perceived or alleged threat?
3. Has the person of concern demonstrated behaviors, including indirect or nuanced threats, or movement from thought to action, indicating violence is necessary and justified to resolve personal grievances and/or to affect social or political change?

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4. Is there information to suggest the person of concern is capable (e.g., weapons, access, prior training, financial status, etc.) of committing an act of violence towards others?
5. Has the person of concern exhibited changes to their normal life, such as cessation of medications and/or substance use, withdrawal from life patterns, including social media, and/or increase in activity?
6. Is the person of concern demonstrating any last resort warning behaviors, such as end-of-life planning, hopelessness, or preparation of a legacy token?
7. Due to the known association between homicide and suicide it is important to recognize the presence of plans for suicide. Is there any indication the person of concern has a history of suicidality or plans to suicide during an act of violence against others?

Threat Enhancing Factors

These factors are existing realities about an individual that may increase the risk of violence they pose in a given situation.

Please check Y (Yes), N (No), or U (Unknown)

Risk Factors

(Existing realities about the person of concern that may increase the risk of violence they pose in a given situation)

Age (15-24 yoa) ____	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Weapons	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Gender (M)	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Firearms	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
History of Violence	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Explosives	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
History of Non-Violent Criminality	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Access to Networks/Funding/	
Childhood Exposure to Violence	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Resources	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Substance Abuse/Dependence	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Problematic Behaviors (e.g.,	
Mental Health Stressors	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Stalking, Harassing, Menacing)	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Major Mental Illness	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	History of Non-Compliance	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Personality Disorder	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Social/Environmental	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Antisocial Behaviors	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Family Dynamics/Support	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
History of Suicidality	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Isolation	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Organization	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Instability	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Coping/Resiliency	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Others are Concerned	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Other _____	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>		

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Warning Behaviors

(Represent changes in patterns of behavior that may be evidence of increasing or accelerating risk)

Pathway Behavior	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Approach Behavior	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Fixation Behavior	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Rejection of Non-Violent Options	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Identification	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Capability Development	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Novel Aggression	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Secrecy/Concealment/Deception	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Leakage (Legacy Token)	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Identification of Specific Targets	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Directly Communicated Threat	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>		

Indicators of Potential Imminence

(Behaviors that may indicate a person of high concern may be close to acting)

Energy Burst	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Cessation of Medications/ Substances	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
End-of-Life Planning	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Withdrawal from Life Patterns	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Last Resort Behavior	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>		

Triggers and Stressors

(Stressors can be anything in the person of concern's life that causes tension or anxiety)

Financial	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Divorce	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Family	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Employment/Education	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Recent Trauma or Loss	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Termination	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Medical	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Social/Professional Standing	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Anniversaries	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Humiliating Event	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Relationship	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Substance Use	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Other _____	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>		

Mindset

(Refer cases with indication of violent extremist group/ideology to your local FBI TMC, BAUC, or JTTF)

Identifying with an Extremist Group	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Belief that Violence is Justified	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Social Support for Extremist Views	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Sense of Perceived Injustice, Grievance, or Threat	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>

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Protective Factors/Mitigators

Please check Y (Yes), N (No), or U (Unknown)

Non-Violent Alternatives	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Shift in Ideology Away from	
Sense of Humor	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Extremism	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Future-Oriented	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Unmet Expectations in Extremist	
Healthy Self-Esteem	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Group	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Coping/Resiliency Mechanism	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Competing Roles and Priorities	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Access to Resources	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Dissatisfaction with Role in	
“On the Radar”	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Extremist Group	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Healthy Support System		Barriers to Action (Real or	
(Family/Social)	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	Perceived; Self or Imposed)	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>
Other _____	Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>		

Additional Notes

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Behavioral Threat Data Collection Checklist

The following sources of information are to be used in order to intake a comprehensive array of data.

- School records, to include grades, attendance, disciplinary records, and notes
- Employment and personnel records
- Criminal history/calls for service to the residence, non-arrest police reports
- Audio or video recordings to include body camera footage of the person of concern
- Interactions with social services agencies
- Reports and recordings of interviews, and lists of intended interviewees in the case
- Mental health/medical records
- Suicidal ideation, plans, gestures or attempts
- Collection checklist
- Data collection
- Substance use/abuse
- Journals, notes, other writings
- Correspondence, particularly to/from any identified potential victims (e.g., e-mails, letters, texts, graffiti)
- Social media accounts and activity and/or online research pertaining to past attacks, offenders, weapons, suicidality, and other relevant interests
- Physical or online purchase history and financial transactions
- Home Life: where and with whom does the individual reside and quality of relationships and support system
- Habits, routines, opinions, and views of the person of concern and any recent changes
- Interactions with others, both when the person of concern is satisfied and dissatisfied
- Current identified and potential targets of interest
- Weapons access and familiarity, or attempts to access/purchase weapons, target practice and shooting club membership, concealed carry permits and ownership registration or that of their parents and close family
- Military records
- Any additional documents:

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