

TOOLKIT

FOR CONSULTATIONS PERFORMED BY CLINICIANS

IN THE NEBRASKA VIOLENCE RISK ASSESSMENT CADRE
AND BY NEBRASKA CERTIFIED THREAT MANAGERS



GUIDANCE FOR CONSULTATIONS

Performed by Clinicians in the Nebraska VRA Cadre
and by Nebraska Certified Threat Managers

This document provides guidance for consultations performed by clinicians in the Nebraska Violence Risk Assessment Cadre and by Nebraska Certified Threat Managers. The purpose is to help all involved structure their requests and deliverables to make the consultation as effective and efficient as possible, not to provide guidance on how to conduct consultative activities. Consultation is used as a generic term encompassing services you are asked to provide as an external entity. The consultation may include assessment activity, case review, or process review. Note that Nebraska has a clinical service category called “therapeutic consultation” that could potentially be a billable service for adults and youth.

Learn more about the **therapeutic consultation service definition**.

Below are questions that new consultants often ask:

- **Who pays for consultation services?**

This may be the requester or the subject. Discuss fees at the beginning of the consultation. In-house consultation with a qualified professional negates the need for fee discussions, but it is still pertinent to determine who is requesting the service and expecting to see the documentation you produce.

- **What if I am asked to consult by the subject and not the threat team?**

It is possible that the subject or their family engages you. Be clear about what you can and cannot do as part of the consultation.

- **What structured professional judgement (SPJ) tools should I use?**

There are several tools available to assist with violence risk assessment, but they must be used with the population they were normed on. See **Borum et al. (2022) for a review of SPJ tools** that might be useful in violence risk and threat assessment and discussion of how to select an appropriate tool for a given case.

- **What’s the difference between a screening for imminent risk of harm versus a violence risk assessment?**

VRA is a more comprehensive assessment that examines an individual’s history and circumstances, often using empirically validated risk assessment tools. Screening

for imminent risk of harm, in contrast, is a less comprehensive, brief assessment that intends to quickly identify individuals who are at immediate danger of harming themselves or others and may utilize short screening tools to detect the presence or absence of factors associated with imminent risks of harm.

- **Should we expect the CTM to provide something in writing about their consultation?**

Generally, the CTM will provide their consultation verbally. The CTM will document their interaction and recommendation in their own records.

Nebraska Violence Risk Assessment Cadre

Mental health professionals are often asked to do evaluations, assessments, screenings, and consultations for organizations like schools, jails, or hospitals to help determine the risk of targeted violence or level of concern related to threatening behavior. Seek out training in violence risk assessment (VRA) prior to completing one if it was not part of your training.

Taking an assignment to complete a VRA often begins with an entity reaching out to you. They may or may not have information about how to structure their request to you. You can help them do this by asking questions before saying yes to the request. Be aware that some may ask you to “do a threat assessment” when what they really want is a violence risk assessment or a combination of both. Your assessment and consultation will be more valuable if you take time at the beginning to clarify and set expectations.

Here are a few questions to pose to an entity requesting an assessment or consultation.

- 1. What questions do you want to answer by this assessment/consultation?**

For example, do you want to know if the person is at imminent risk of harm to themselves or others or do you want to know if they can safely re-enter their community (e.g., re-enter school, place of employment, etc.)?

- 2. What type of recommendations do you want from this assessment/consultation?**

For example, a school may want to know if a student can safely re-enter a classroom situation or may want recommendations about potential interventions for this specific situation to prevent targeted violence.

- 3. Who is requesting the evaluation?**

For example, is a school requesting and requiring the assessment before a student can reenter the school community or is the parent requesting it? Clarify who is paying for the assessment if there is a fee involved.

- 4. Will the assessment be part of the threat assessment team record, or will it be part of the student/staff record?**

Assessments that are part of the student/staff record are discoverable and may be used by other parts of the organization (for example, special education or human resources). Threat assessment records are kept as security records and do not become part of the individual's permanent record.

5. What is the timeline for completing the assessment?

Find out when they expect to receive your report and if there is any flexibility in their request. The timeline may influence your ability to say yes to the request. Let them know early in the process if you cannot meet their timelines so they can engage another clinician who can.

6. What is the history associated with this request?

For example, what behaviors and concerns stimulated the request for a violence risk assessment? What other interventions were recommended by the threat assessment team? Get as much information from the entity as possible to inform you about the context and situation.

Remind the requesting entity that observed behaviors are not protected by any privacy laws. For example, behavior in a classroom observed and reported by a teacher is not protected by FERPA and can be shared with you.

These questions help the requestor think through why they are asking for a violence risk assessment or consultation and what they expect to get out of it. You can help them understand what you can and cannot do.

Proper documentation can reduce liability and malpractice risk. Documentation of your assessment may take the form of a written report to the requester. The content of the report should be in line with your type of licensure and expertise. For example, forensically trained psychologists may include more testing data than master's level clinicians. In general, documentation should include the reason for the consultation; dates, types, and content of contacts; known risk and protective factors; level of concern and what it is based on; interventions, actions, or recommendations for actions; and known outcomes resulting from interventions or actions. (See the **Violence Risk Assessment Report Template** in the Appendix.)

Consider including use of a structured professional judgement tool to augment your professional judgement. See the Appendix for more information **Structured Professional Judgment (SPJ) tools: A reference guide for Counter-Insider Threat (C-INT) hubs**.

Nebraska Certified Threat Managers (CTMs)

CTM consultation services focus on the process used in the field by an entity. Generally, entities will have BTAM capabilities in place prior to seeking a CTM consultation. However, there may be requests for consultation from entities that have not used these capabilities or who let their capabilities lapse. These cases may require the CTM to ask more questions and guide the process discussion. Other requests may come from entities with BTAM experience that just need reassurance and someone to talk through the steps they have already taken.

CTM consultation does not involve insertion in the decision-making process. It is focused on providing feedback about the process used by the entity to arrive at their intervention decisions. Begin the consultation process by asking for a high-level overview of the case and more granular information about the process they have already engaged in.

Help the entity structure their request by asking if there are specific aspects of the BTAM process of which they are concerned or unsure. Once this has been clarified, determine how the consultation will take place (e.g., by phone, virtual, in-person) and who will be present for the consultation. Recognize some entities may have a BTAM team in place while other requests may be from an individual or small group of individuals. Ask about the level of urgency associated with the consultation and determine if it is appropriate for your consultation or should be referred to law enforcement for immediate action. Finally, let the entity know they may be sent an online survey after the consultation has been concluded to get their perception about how the consultation went.

Document your interactions with the requester and any recommendations/results including a de-identified synopsis of the consultation and what was provided as part of the consultation process. Note the focus on the consultation.

For example:

- Case review focused consultation
- Meeting with BTAM team
- BTAM process focused consultation
- Resource identification
- Other

Note if the consultation requires follow-up and be specific about the type and timing of follow-up needed. Be sure to document the follow-up if you are responsible for completing it.

See the Appendix for a Summary of **Operational components related to the development, implementation, and sustainability of behavioral threat assessment and management programs** and an example of a **CTM consultation record**.

References

ATAP Certification program body of knowledge, January 1, 2025.

Borum, R., Scalora, M., Otto, R., Schneider, K., Kennedy, K., VanBerschot, J., Mix, E., & Jaros, S. (2022). Structured Professional Judgment (SPJ) tools: A reference guide for Counter-Insider Threat (C-InT) hubs. Defense Personnel and Security Research Center (PERSEREC).

Nguyen, Tin L.; Scalora, Mario J.; and Bulling, Denise, "Behavioral Threat Assessment and Management Programs: Practitioner-Informed Baseline Capabilities" (2024). Reports, Projects, and Research. 100. <https://digitalcommons.unomaha.edu/ncitereportsresearch/100>

Scalora, M. & Bulling, D. (2024). *Operational components related to the development, implementation, and sustainability of behavioral threat assessment and management programs*. National Counterterrorism Innovation, Technology, and Education Center.

Scalora, M. & Van Male, L. (2019). *Violence risk assessment & threat assessment: fundamental of operational implementation*. Presentation.

Websites

- Behavioral Threat Assessment & Management Webpage: ppcta.unl.edu
- Association of Threat Assessment Professionals: atapworldwide.org

Violence Risk Assessment Report Template

The following template is adapted from work created by Mary Alice Conroy and Daniel C. Murrie in the 2007 Wiley & Sons book "Forensic Assessment of Violence Risk: A Guide for Risk Assessment and Risk Management".

The template is meant as an example and can be adapted by clinicians to correspond with their level of expertise, licensing, and situation.

Modify the template as appropriate to the situation. For example, less formal consultations may result in a memo with bulleted headings while a more formal assessment may require a longer document.

Keep a copy of your report for your records and ensure it is delivered confidentially to the entity requesting and paying for the assessment/consultation. Be aware that the subject of the report may have access to it. Assessments or consultations done for law enforcement are considered security records and may not be accessible to the subject.

Take time to clarify with entities like schools how they expect to use the assessment. For example, your report focus will be different if you are asked to assess whether a student is safe to return to a regular classroom than if the request is to assess a student who is being considered for special education services.

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Template: Violence Risk Assessment Report

Name: *This is the person/subject of the assessment*

Date of Birth:

Date of Report:

Identification and Reason for Referral:

Use this section to provide basic demographic information about the subject of the assessment, who requested the assessment or consultation, and the specific reason for the request.

Procedures:

Detail and date what you did as part of the assessment or consultation. Include dates and subjects of interviews, tests or tools used in the assessment, and documentation or reports you reviewed. Note if you informed the subject or their parents or guardians of the nature of the assessment and limits of confidentiality.

Background Information:

Use this section to relate relevant background information about the situation and the person you are assessing. Include what you learned from the requester about the context and any actions already taken. You may want to include other relevant subheadings such as "Behavioral Health History" or "History of Violence / Suicide."

Impressions:

Use this section to detail what your recommendations are based on (e.g., observations, interviews, tools). Consider sub-headings for Tool/Test results, Mental Status, Violence Risk Factors (static and dynamic) and Protective Factors. You may wish to add Diagnostic Impressions if you are qualified to offer them and if they are relevant to the assessment.

Recommendations:

Offer recommendations specific to the request for your assessment or consultation. Be sure to note the limitations of your assessment in this section.

(Optional – References): *Offer references appropriate to the content of your report.*

Signature Line:

Include your title, degrees, and the date of submission.

Appendices:

You may wish to put specific details about procedures in the Appendix. For example, a list of interviews including date and duration, other professionals you consulted with, descriptions of the tools you used and why you chose them, etc.

Example: CTM Consultation Record**Who was the primary contact for the consultation you delivered?**

Primary Contact Name

Primary Contact Email

Primary Contact Organization

Note the dates of this consultation.

Date 1 mm/dd/yyyy

Date 2 mm/dd/yyyy

Date 3 mm/dd/yyyy

If more than 3 dates... please note additional dates here:

De-identified synopsis of consultation provided:**Check all that you provided as part of the consultation process:**☐ Case review focused consultation☐ Met with BTAM team☐ BTAM process focused consultation☐ Resource identification☐ Other (Please Specify) _____**Does this case require follow up later?** ☐ Yes ☐ No**Please use the space below to note the type and proposed date of follow-up:****Describe the outcome of the follow-up:**