

Mental Health Considerations in Threat Management of Terrorism Investigative Subjects

Effective multidisciplinary threat management^a practices may enhance or mitigate an individual's risk of engaging in violence in certain cases by contextually evaluating personal factors that include mental health stressors^b and mental disorders.^c Some individuals who have conspired, planned, attempted, or carried out terrorist attacks were previously known to law enforcement and mental health practitioners,^d or were diagnosed with a mental disorder after the terrorist activity occurred.

WARNING: The presence of mental health stressors or mental disorders should be evaluated in context with other personal factors and is not the basis for any investigation. Threat management of terrorism investigative subjects should always involve law enforcement, especially the FBI, and should not be conducted by stakeholders independent of such law enforcement engagement. The information contained in this document provides stakeholders with critical awareness and may not be used for conducting independent threat assessments or developing threat management strategies for terrorism investigative subjects, regardless of the presence of mental health stressors or disorders.

SCOPE: This product offers considerations for the handling of terrorism subjects with known or suspected mental health stressors or mental disorders and highlights the effectiveness of a multidisciplinary approach to the threat management process.

NOTE: The FBI's Joint Terrorism Task Force (JTTF), located in every FBI field office, is the primary investigative entity for terrorism investigative subjects. The FBI's Behavioral Threat Assessment Center (BTAC) is the primary resource for threat assessment and threat management (TATM) strategies, when needed, related to terrorism investigative subjects.

^aThreat management is a carefully planned intervention focused around a potential subject, potential targets, and/or the situation and setting in which violence may potentially occur. Threat management stakeholders include, but are not limited to, law enforcement officers, mental health professionals, public safety personnel, school staff, social services personnel, health care providers, lawmakers, court officials, probation and parole officers, coworkers, family members, friends, and neighbors.

^bMental health stressors refer to a range of psychological vulnerabilities, including those that may not be formally diagnosed. Stressors may impact an individual's decisionmaking, response to stress, and ability to relate to others. Stressors may include major life events, finances, and domestic issues.

^cMental disorders refer to a range of dynamic conditions that vary in scope and severity, which may affect one's thinking, feeling, mood, and behavior. Mental disorders include, but are not limited to, anxiety disorders, mood disorders, eating disorders, personality disorders, posttraumatic stress disorder, and psychotic disorders.

^dMental health practitioners may include, but are not limited to professionals associated with various aspects of mental health care: psychiatrists, other physicians, psychologists, social workers, nurses, counselors, forensic specialists, and occupational and rehabilitation therapists.



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Due to the dynamic nature of mental health stressors and mental disorders—including the variance among specific stressors or disorders, severity of symptoms, and an individual's treatment compliance—threat management professionals must evaluate an individual's behavior in context with specific indicators of violence. While no single or combination of factors may predict whether an individual will commit an act of terrorism, a multidisciplinary threat management approach allows for the sharing of information and expertise among stakeholders, which is critical in managing the threat posed by any investigative subject or individuals at risk of committing terrorism or violence.

Mental disorders are not primary drivers of terrorist violence, but they may co-occur with other risk factors such as substance abuse or dependence, or other mental health stressors, and research suggests that the presence of mental health disorders is higher in lone offenders^e than group-based actors. The use of multidisciplinary threat assessment teams working in coordination with law enforcement has proven effective in several terrorism cases involving a subject with known or suspected mental health stressors or mental disorders. The following case examples involve investigative subjects with known or suspected mental health stressors or mental disorders:

- A 2018 federal terrorism investigation involving a 22-year-old male subject with social media posts in support of ISIS, used a local Crisis Intervention Team (CIT) in parallel with the investigation to assess the subject's mental health needs based on a suspected, unidentified mental disorder. The local JTTF used mental health professionals and other community stakeholders, in conjunction with the CIT and BTAC, to conduct a threat assessment and implement a long-term threat mitigation plan that ensured psychiatric treatment and medication compliance were mandated as conditions of the subject's three-year supervised release.
- A 2018-19 case involving an incarcerated 20-year-old male with multiple diagnosed mental disorders, who made threats against several individuals and was believed to pose a threat to a local university, employed a multidisciplinary TATM team to develop and implement a threat management plan after the subject's release from prison. The subject had a history of domestic violence, assault, substance use, a suicide attempt, homicidal ideation, and noncompliance with limits and boundaries imposed by prior court orders. BTAC, local JTTF, local first responder services, and a variety of mental health practitioners with direct involvement in the subject's previous and current mental health treatment efforts worked together to implement a threat management plan that recommended the use of mandatory mental health treatment and established and enforced strict boundaries and limits on all orders. In addition, the plan included provisions for additional monitoring by members of the TATM team, who were best positioned to spot and assess future escalation to violence by the subject.

^eLone Offender: An individual acting alone or without the witting support of others to further social or political goals, wholly or in part, through activities that involve unlawful acts of force or violence. Lone offenders may act within the context of recognized domestic extremist ideologies, their own interpretation of those ideologies, or personal beliefs. The mere advocacy of political or social positions, political activism, use of strong rhetoric, or generalized philosophic embrace of violent tactics may not constitute extremism and may be constitutionally protected.



THE ROLE OF MENTAL HEALTH PRACTITIONERS IN THREAT MANAGEMENT: Law enforcement liaisons working with mental health practitioners should sensitize practitioners to the significance of common behaviors that may be indicative of a progression toward committing terrorism or violence. In investigations where law enforcement knows or has evidence of the subject's mental health stressors or a mental disorder, the investigator should consider providing relevant investigative concerns and information to mental health practitioners. While some information sharing may be "one-way" due to mental health and privacy laws, it is critical that mental health practitioners are informed and have the appropriate context to base their treatment decisions and ensure the safety of their client and the public. Collaboration between mental health practitioners and law enforcement personnel may lead to building trust among partners and additional opportunities to leverage their tailored support in subsequent investigations. In addition, these relationships may be strengthened through partnerships in training and practical application.

DUTY TO WARN AND DUTY TO PROTECT: Mental health professionals are mandated by law to use "reasonable care" in informing authorities, warning potential victims, or by exhausting all efforts, should they deem that a patient poses a threat to an identifiable third party. Some mental health professionals experience uncertainty in determining the point at which "dangerousness" outweighs patients' protective privilege or confidentiality. Likewise, patients sometimes use conditional and veiled threats or fantasize about their intent to commit violence, providing just enough pause for a mental health professional to question whether the individual intends to commit violence. The "Duty to Warn and Duty to Protect" is a two-pronged process and varies depending on each state's statutes, but serves a vital role in the process involving the intervention and prevention of terrorism. When referring an individual for evaluation, Law Enforcement's threat management partnership with mental health practitioners may include the passage of threat information, allowing practitioners to warn and protect if necessary.

THREAT MANAGEMENT STAKEHOLDERS: Partnerships between law enforcement personnel, mental health professionals, the courts, social services, and other stakeholders are at the core of threat management and may play a vital role in identifying and addressing gaps. The following list groups and organizations is not exhaustive, but highlights some of the key stakeholders in the threat management and mitigation process. A common and critical role among many of the stakeholders is to identify and report concerning or suspicious changes in behavior.



STAKEHOLDER	ROLE
BYSTANDERS (family, friends, and coworkers)	<ul style="list-style-type: none"> Define the social network of the potential subject Identify and report concerning or suspicious changes in behavior Provide context to observed or changes in behavior Serve as positive influence for the individual at risk, informed by overarching threat management strategy
CORRECTIONS PERSONNEL	<ul style="list-style-type: none"> Report those who may remain or become radicalized while incarcerated Provide prison release notification Implement risk management practices within correctional facilities
FIRE AND EMS PERSONNEL	<ul style="list-style-type: none"> Observe and report concerning behavior observed during service calls Identify and report concerning or suspicious fire and/or medical incidents
FUSION CENTERS	<ul style="list-style-type: none"> Identify potential subjects through suspicious activity reporting Collect and disseminate information among intergovernmental agencies Ensure tip information is provided to the appropriate jurisdiction
LAW ENFORCEMENT PERSONNEL	<ul style="list-style-type: none"> Gather information critical to threat assessment and management Mitigate threats through law enforcement options Respond rapidly to cases that involve a public safety threat Participate in threat assessment and threat management
LEGAL AUTHORITIES	<ul style="list-style-type: none"> Utilize judicial options to help manage and mitigate threats Educate stakeholders about laws related to mental health issues Identify and provide non-judicial options for intervention or rehabilitation
MENTAL HEALTH PROFESSIONALS	<ul style="list-style-type: none"> Assist in threat assessments and law enforcement investigations Identify and report concerning or suspicious changes in behavior Partner with and provide institutional knowledge and/or resources to law enforcement personnel
PROBATION AND PAROLE OFFICERS	<ul style="list-style-type: none"> Identify and report concerning or suspicious changes in the behavior Ensure adherence to court-ordered supervision Devise effective threat management options for release
RELIGIOUS ORGANIZATIONS	<ul style="list-style-type: none"> Provide faith-based intervention options Identify and report concerning or suspicious changes in the behavior
EDUCATIONAL INSTITUTIONS	<ul style="list-style-type: none"> Implement threat management strategies in educational setting Identify and report concerning or suspicious changes in the behavior
SCHOOL PSYCHOLOGISTS	<ul style="list-style-type: none"> Evaluate a student's need for educational and psychological services Make recommendations on the student's needs and resolving the problem or issue that stimulated the threatening behavior
SECURITY PERSONNEL	<ul style="list-style-type: none"> Identify and address areas of vulnerability of potential targets Make security decisions to coincide with threat management strategies Identify and report concerning and suspicious behaviors
SOCIAL AND YOUTH SERVICES PERSONNEL	<ul style="list-style-type: none"> Facilitate services (medical care, insurance coverage) for a potential subject Provide counsel to friends and family Identify and report concerning or suspicious changes in behavior



CONSIDERATIONS: Investigators and mental health practitioners who are engaged in the threat management of terrorism subjects with known or suspected mental health stressors or mental disorders should consider using or incorporating any of the following recommended actions and practices into their professional routines:

- Implement training aimed at destigmatizing and understanding mental health issues and their impact on terrorism investigative subjects.
- Conduct collaborative training aimed at the recognition of behaviors indicative of violence.
- Integrate local mental health practitioners and law enforcement personnel within new or existing threat assessment and threat management teams.
- Establish reoccurring liaison efforts between local mental health practitioners and other relevant stakeholders to encourage best practices in collaboration.
- Formalize protocols with local mental health practitioners on case referrals, as well as with emergency response and medical facility personnel on procedures involving positive hand-off of individuals at risk of committing terrorism or violence.
- Maintain a database of local mental health practitioners to provide to individuals with whom law enforcement interacts and are known or suspected of having mental health stressors.
- Develop a multi-disciplinary threat assessment team that addresses the needs of the community.
- Maintain relationships with available mental health services and facilities (inpatient, outpatient, clinical, private practice, and primary care) within your area of responsibility.
- Engage with local FBI Threat Management coordinators (TMCs) for tailored training and to coordinate with threat management teams.
- Engage the expertise and assistance of the Association of Threat Assessment Professionals.
- Adhere to intelligence gathering guidelines and privacy laws.

RESOURCES:

- **LAW ENFORCEMENT** – 1-800-CALL-FBI and <http://www.fbi.gov>
 - **FBI BEHAVIORAL THREAT ASSESSMENT CENTER (BTAC)** is the primary national resource for threat assessment and threat management related to FBI-led terrorism investigations. Requests for assistance can be made via the FBI's TMC or the Behavioral Analysis Unit coordinator in your local FBI Field Office. <https://www.fbi.gov/services/cirg>
 - **LONE OFFENDER TERRORISM REPORT (NOVEMBER 2019):**
 - Report: <https://www.fbi.gov/file-repository/lone-offender-terrorism-report-111319.pdf/view>
 - Quick Reference Guide: <https://www.fbi.gov/file-repository/lone-offender-quick-reference.pdf/view>
 - **ACTIVE SHOOTER PHASE II (JUNE 2018):**
 - Report: <https://www.fbi.gov/file-repository/pre-attack-behaviors-of-active-shooters-in-us-2000-2013.pdf/view>



- Quick reference guide:
 - https://chambermaster.blob.core.windows.net/userfiles/UserFiles/chambers/9047/CMS/A_Simons-Quick-Ref-Guide-BAU.pdf
- **MAKING PREVENTION A REALITY (2016):**
 - <https://www.fbi.gov/file-repository/making-prevention-a-reality.pdf/view>
- **CRISIS INTERVENTION TEAMS (CITs): “Responding to Mental Illness Crisis Calls”** The primary goal of CITs involves calming persons with mental disorder who are in crisis and referring them to mental health care services, rather than incarcerating them.
 - <https://leb.fbi.gov/articles/featured-articles/crisis-intervention-teams-responding-to-mental-illness-crisis-calls>
- **INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE (JUNE 2020):**
 - <https://www.policechiefmagazine.org/applying-counterterrorism-tools-to-prevent-acts-of-targeted-violence>
- **MEDICAL**
 - **CENTERS FOR DISEASE CONTROL (CDC) - Learn About Mental Health:**
 - <https://www.cdc.gov/mentalhealth/learn/index.htm>
 - **CDC - Mental Health Tools and Resources:** <https://www.cdc.gov/mentalhealth/tools-resources/>
 - **CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS):** <http://www.cms.gov/>
 - **HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA):** HRSA works to improve access to health care. The HRSA website has information on finding affordable healthcare, including health centers that offer care on a sliding fee scale. <http://www.hrsa.gov/>
 - **MENTAL HEALTH AND ADDICTION INSURANCE HELP:** Offers resources to help answer questions about insurance coverage for mental health care. <https://www.hhs.gov/mental-health-and-addiction-insurance-help>
 - **NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)** offers education, advocacy, help hotlines, and leadership in order to improve the lives of the mentally ill and their loved ones. <https://www.nami.org/home>
 - **NATIONAL BEHAVIORAL INTERVENTION TEAM ASSOCIATION (NABITA)** provides education, training, and support to school professionals to make education institutions safe through prevention and intervention strategies. <https://www.nabita.org>
 - **NATIONAL INSTITUTE OF HEALTH (NIH) – Mental Illness**
 - <https://www.nlm.nih.gov/health/statistics/mental-illness.shtml>
 - **NATIONAL LIBRARY OF MEDICINE (NLM) MEDLINEPLUS:** Directories and lists of organizations that help identify health practitioners. <https://medlineplus.gov/>
 - **SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA):** SAMHSA Treatment Referral Helpline: 1-800-662-HELP (4357) and Behavioral Health Treatment Locator <https://www.samhsa.gov/>





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