



**PREVENTION
PRACTITIONERS
NETWORKSM**

Referring Cases to Multidisciplinary Teams for Risk and Threat Management

A PRACTICE GUIDE FROM THE
PREVENTION PRACTITIONERS NETWORK



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Executive Summary

This document provides a framework for localities – state, regional, county, and communities – to integrate assessing violence risk with capacity for short- and long-term threat and violence risk management. To assist local practitioners, the practice guide introduces the concept of multidisciplinary teams (MDTs), outlines the circumstances in which a referral to an MDT may be appropriate, and discusses factors that can influence an agency's decision to refer a case to an MDT. From there, the document provides further insight into the structural factors that shape MDTs' operations before outlining the hand-off process itself. It concludes with a list of relevant training courses.

In the face of growing caseloads, rising threats, and constrained budgets, MDTs offer a valuable alternative to other, more costly approaches to long-term threat and risk management. MDTs are specifically equipped to address complex cases, providing an avenue to address cases where concerning behaviors are present but may not rise to the level of a chargeable offense.

Members of the [Prevention Practitioners Network](#) who specialize in secondary and tertiary prevention have identified the referral process between local law enforcement agencies and appropriate multidisciplinary teams, including mental and behavioral health service providers, as a high-priority challenge. There are relatively few organizations and clinically licensed mental health providers

willing to receive referrals for at-risk individuals, and even fewer localities with standardized and institutionalized policies in place that include a team of multidisciplinary practitioners. This practice guide seeks to help address this gap.

Please note that evaluating and assessing the efficacy of certain methods and processes for law enforcement referrals is beyond the scope of this guidance.

Disclaimer:

The contents of this practice guide do not constitute legal advice. This guide is for informational purposes only.

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Introduction: What is a multidisciplinary team?

Targeted violence is an activity that involves acts dangerous to human life that are in violation of the criminal laws of the United States or of any state and involve a degree of planning and a pre-identified target, including individual(s) based on actual or perceived identity traits or group affiliation.¹ In the context of preventing targeted violence, a multidisciplinary team (MDT) is group of professionals from various backgrounds who provide specific services to individuals who have been identified as at risk for committing violence.² The purpose of an MDT is to consult and assist in case management and treatment planning, while ultimately diverting and mitigating potential crises before violence occurs. In contrast, behavioral threat assessment and management (BTAM) is an evidence-based and systematic process to identify, inquire, assess, and manage potential threats.³ MDTs can use the BTAM process but primarily focus on longer term treatment and management.

MDTs consist of experts from across several disciplines, including any combination of mental health professionals, social workers, educators, prison and

probationary staff, law enforcement, community and faith leaders, and parents or caregivers. Though not all MDT participants will necessarily possess expertise in targeted violence prevention, each team member brings unique insights from their field to help shape a tailored intervention and management strategy.⁴

MDTs also offer a trusted alternative to emergency care. Even though emergency care facilities cannot provide long-term case management, hospitalization often serves as a treatment of first resort due to a perceived lack of alternatives. MDTs, however, offer a more appropriate avenue for individuals with behavioral concerns and potential risk for violence.

MDTs serve a distinct purpose – and are conducted entirely separately – from criminal investigations. This separation is essential because it helps to foster trust between participants, their families, and the MDT team members. MDTs therefore play a crucial role in risk management, particularly in an era of complex threats and limited resources. Referrals to MDTs offer law enforcement officers, district attorneys, and judges an alternative to punitive approaches and costly surveillance operations. These teams provide a threat management option for cases that do not meet the threshold for a chargeable offense or for which a diversionary program offers a better alternative. In addition, MDTs provide a channel to engage with an individual outside the context of the criminal justice system, which may be particularly desirable when mitigating circumstances such as age and mental health are relevant factors.

The existence of and standard operating procedures for these teams varies across the United States. They also vary across settings. Some may be operating out of juvenile justice programs, mental health clinics, and

1 Targeted Violence and Terrorism Prevention. U.S. Department of Homeland Security, Center for Prevention Programs and Partnerships. https://www.dhs.gov/sites/default/files/2024-08/2024_0806_cp3_prevention-resource-state-tvtp-strategy-development.pdf

2 Ellis, B. H., Miller, A. B., Schouten, R., Agalab, N. Y., & Abdi, S. M. (2020). The Challenge and Promise of a Multidisciplinary Team Response to the Problem of Violent Radicalization. *Terrorism and Political Violence*, 34(7), 1321–1338. <https://doi.org/10.1080/09546553.2020.1777988>

3 Behavioral Threat Assessment and Management in Practice. U.S. Department of Homeland Security, Center for Prevention Programs and Partnerships. https://www.dhs.gov/sites/default/files/2025-02/2025_0214_cp3_behavioral-threat-assessment-and-management-in-practice.pdf

4 “Interventions to Prevent Targeted Violence and Terrorism A Practice Guide for the US Prevention Practitioners Network,” Institute for Strategic Dialogue and Eradicate Hate, <https://eradicatehatesummit.org/wp-content/uploads/PPN-Interventions-to-Prevent-Targeted-Violence-and-Terrorism-1.pdf>

county government. For more information on creating and integrating multidisciplinary assessment and management teams, see the Prevention Practitioners Network practice guide, [Behavioral Assessment and Management](#).

Section 1: Appropriate cases for multidisciplinary teams

Multidisciplinary teams (MDTs) receive cases that can take many shapes and forms, and the referral and consultation process vary for each locality, structure, and organization. As such, not all cases are necessarily appropriate to involve an MDT and their respective expertise. When referring an individual to a multidisciplinary team, it is therefore important to think through individual case circumstances, the behavioral pathway to violence,⁵ team composition and structure.

What is appropriate and what is not?

MDTs take on complex cases that require multiple forms of intervention to support a client's personal, social, and behavioral needs. As such, individuals who are facing challenges solely related to a mental illness may be better served with psychiatric treatment, rather than an MDT. Additionally, if an individual has immediate needs to be psychiatrically hospitalized or involuntarily committed, those steps should be taken prior to making any referrals. Typically, the medium-to-high-risk cases are the best to refer and present to an MDT.

5 Jensen, M. A., Atwell Seate, A., & James, P. A. (2018). Radicalization to Violence: A Pathway Approach to Studying Extremism. *Terrorism and Political Violence*, 32(5), 1067–1090. <https://doi.org/10.1080/09546553.2018.144230>; Ellis, B.H. Understanding Pathways To and Away From Violent Radicalization Among Resettled Somali Refugees, 4 North American cities, 2013-2015. Inter-university Consortium for Political and Social Research, 2020-09-30. <https://doi.org/10.3886/ICPSR37449.v1>

On the other hand, individuals who are suicidal, homicidal, or have motive and opportunity, such as a manifesto, kill list, suicide plan, and/or access to weapons, are very high risk and may be inappropriate for a referral to an MDT. This also includes anyone for whom there is not a feasible safety plan. These high-risk individuals should be referred to law enforcement or taken to an emergency care facility if they are deemed to pose an imminent threat to themselves or others. If a threat is not imminent and an individual does not qualify for involuntary mental health treatment, an MDT can be a promising option for treatment and care.

First thing's first

Seeking out consultation with or referring to a multidisciplinary team is advisable when the most obvious or least challenging interventions have been attempted. Typically, this means connecting an individual to appropriate services that may address their struggling pain point, such as financial, employment, and housing assistance, drug and alcohol abuse treatment, etc. Current research suggests that perpetrators of violent extremism and targeted violence experience high levels of trauma and life stressors such as relationship, employment, health, or legal issues.⁶ One study of 173 targeted violence attacks found that 93% of perpetrators experienced at least one significant life stressor within five years of their attack,

6 Logan, M. K., Windisch, S., & Simi, P. (2022). Adverse Childhood Experiences (ACE), Adolescent Misconduct, and Violent Extremism: A Comparison of Former Left-Wing and Right-Wing Extremists. *Terrorism and Political Violence*, 36(1), 55–74. <https://doi.org/10.1080/09546553.2022.2098725>; Logan, M. K., Windisch, S., & Simi, P. (2022). Adverse Childhood Experiences (ACE), Adolescent Misconduct, and Violent Extremism: A Comparison of Former Left-Wing and Right-Wing Extremists. *Terrorism and Political Violence*, 36(1), 55–74. <https://doi.org/10.1080/09546553.2022.2098725.>; National Threat Assessment Center. (2023, January). Mass Attacks in Public Spaces: 2016–2020. U.S. Secret Service, Department of Homeland Security. <https://www.secretservice.gov/sites/default/files/reports/2023-01/usss-ntac-maps-2016-2020.pdf>.

and 49% experienced a stressor within one month of their attack.⁷ These common life stressors can serve as a catalyst for an individual already advancing on the pathway to violence.

While it is not feasible and inadvisable to exhaust all options prior to making a referral, certain prerequisites, as appropriate, should be completed. This can include collecting any relevant health and criminal history, mental and behavioral assessments, and any risk or protective factors that can better inform treatment planning. Gathering this information during any initial interactions with law enforcement is critical. It is also helpful to have specific questions to pose to the team, such as “Given what we already have in place, are there other intervention options that we have not considered?” Another referral question may be, “How do we best understand the risk of violent action related to the online threats this person has made?” These questions help orient the MDT and provide clarity for their suggested interventions.

An ideological component

Some MDTs require a client’s grievances or challenges to include an ideological component to provide services for that individual. While the pathway to violence framework focuses on behaviors, some MDTs specialize in ideologically motivated violence. Understand the requirements or criteria of the local MDTs in your region before making a referral.

Section 2: Behavioral considerations

The most common cases referred to MDTs involve concerning behavior that does not meet the threshold for a chargeable offense. These cases may involve real or perceived grievances, stockpiling weapons, threats, or associations with violent groups. Importantly, many of these behavioral indicators may be lawful or constitutionally protected activity. As such, they cannot be the sole basis for criminal investigative activity but can help to inform a multidisciplinary intervention outside the context of the criminal justice system.

MDTs should consider several behavioral factors to determine if a multidisciplinary intervention can provide timely and actionable analysis and recommendations, including:

- ▶ an individual’s progression on the pathway to violence,⁸
- ▶ the rate of behavioral change and any escalation in concerning behaviors,

PATHWAY TO VIOLENCE



⁸ U.S. Department of Homeland Security. (2024). Foundations of targeted violence prevention. <https://www.dhs.gov/foundations-targeted-violence-prevention>; Jensen, M. A., Atwell Seate, A., & James, P. A. (2018). Radicalization to Violence: A Pathway Approach to Studying Extremism. *Terrorism and Political Violence*, 32(5), 1067–1090. <https://doi.org/10.1080/09546553.2018.1442330>; Ellis, Heidi. Understanding Pathways To and Away From Violent Radicalization Among Resettled Somali Refugees, 4 North American cities, 2013-2015. Inter-university Consortium for Political and Social Research [distributor], 2020-09-30. <https://doi.org/10.3886/ICPSR37449.v1>

⁷ National Threat Assessment Center. (2023, January). Mass Attacks in Public Spaces: 2016–2020. U.S. Secret Service, Department of Homeland Security. <https://www.secretservice.gov/sites/default/files/reports/2023-01/usss-ntac-maps-2016-2020.pdf>

- ▶ whether the individual has committed a chargeable offense, and
- ▶ the individual's willingness to engage in services

Prosecutorial Discretions

Prosecutors and judges should consider how diversionary programming can incentivize behavioral change and generate mutually beneficial outcomes for the individual and broader community. Having an MDT in place with existing relationships with the judicial system offers opportunities to apply prosecutorial discretion and incentivize behavioral changes and engagement with mental and behavioral health services.

Willingness to engage in services

Another significant consideration for making a referral is an individual's willingness to engage in therapy, treatment, or other necessary services and supports that potentially address their drivers of violence and to ensure public safety. Surprisingly, many individuals either seek out help themselves or are voluntarily willing to engage when offered support. And unless an individual has been granted a deferred prosecution or diversionary agreement in court, their engagement with an MDT must occur on a voluntary basis.

Involuntary hospitalization and psychiatric holds

While involuntary holds are helpful tools for addressing an imminent risk, they are often insufficient to address longer term risk management. It is important for law enforcement officers to understand the implications and limitations of involuntary hospitalization and psychiatric holds. Contrary to common belief, they tend to not require the removal of firearms during the period of the

involuntary hold.⁹ Involuntary psychiatric holds are also intended for a severe mental health crisis in which the person presents an imminent threat to themselves or others. As previously noted, most mass attackers are not driven by serious mental illness.¹⁰ Therefore, a referral to an MDT may provide the opportunity to intervene more holistically using ancillary mental health care when appropriate, rather than relying solely on the limited application of a psychiatric intervention.

Section 3: Mitigating factors and circumstances

Several variables help to shape both the overall risk profile presented in any given case, as well as the effectiveness of interventions designed to focus on strengths, needs, and protective factors. Successful interventions therefore require a comprehensive understanding of the individual, their family, and their social environment to help determine what mitigating factors and relevant resources might increase the likelihood of a positive outcome.

Skills gaps and developmental considerations

An individual's developmental and social skills must be taken into account when considering behavioral interventions. Clients with developmental delays or social skill gaps may experience different reactions

9 Barnhorst, A., & Rozel, J. S. (2021). Evaluating threats of mass shootings in the psychiatric setting. *International Review of Psychiatry*, 33(7), 607–616. <https://doi.org/10.1080/09540261.2021.1947784>

10 Amy Barnhorst, "Hate Is Not a Mental Illness," *Psychology Today*, November 9, 2018, [https://www.psychologytoday.com/us/blog/in-crisis/201811/hate-is-not-mental-illness.;](https://www.psychologytoday.com/us/blog/in-crisis/201811/hate-is-not-mental-illness.) Barnhorst, A., & Rozel, J. S. (2021). Evaluating threats of mass shootings in the psychiatric setting. *International Review of Psychiatry*, 33(7), 607–616. <https://doi.org/10.1080/09540261.2021.1947784>

and behaviors when faced with life stressors, trauma, and adverse circumstances.¹¹ Research has shown that neurodivergent individuals, for example, exhibit grievances driven by social isolation or may experience hyper-fixation related to violent ideation.¹² These factors should be considered in the full context of the case, and an individual's grievances may not necessarily materialize into a credible threat—especially if that individual lacks access to lethal means. A full understanding of the individual's experiences as it relates to developmental and mental health can help inform a more tailored risk assessment and intervention.¹³

Mitigating factors

Meaningful constraints on an individual's access to lethal weapons can serve as a mitigating factor for their risk of perpetrating violence. To reduce access to weapons, individuals and their families can pursue lethal-means safety counseling, lock away firearms, participate in community storage initiatives, or seek out (extreme) risk protection orders.¹⁴ Other

protective orders may also be appropriate such as workplace and school violence protective and restraining orders.

Consider the role of the family in the intervention, recognizing that they can exert a wide range of influences. Supportive families – or other strong anchors – can also help to mitigate the risk factors present in a case. For example, an individual's family may play a role by helping to safely store and dispense medication, or by finding opportunities for the individual to engage in pro-social activities. In other cases, family members may contribute or enable the concerning behaviors.

Beyond the context of the client and their family, available interventions may also vary based on access to services at the local community level. For example, the availability of a trained faith leader to engage with an at-risk individual could strengthen protective factors and help them to process their underlying grievances. These services, however, are not necessarily available in all localities and the lack of such resources should inform planning and overall case management.

Minors vs. adults

It cannot be overstated how age – and specifically whether or not the individual is a minor – affects a case. From investigating and information sharing to consent, the stakeholders involved, treatment planning, and possible legal implications, working with minors as it pertains to targeted violence prevention is extremely complex.

When dealing with juveniles, it is particularly important to work with parents, caregivers, and

11 van der Linden, K., Simons, C., van Amelsvoort, T., & Marcelis, M. (2022). Emotional stress, cortisol response, and cortisol rhythm in autism spectrum disorders: A systematic review. *Research in Autism Spectrum Disorders*, 98, Article 102039. <https://doi.org/10.1016/j.rasd.2022.102039>; Rumball, F., Brook, L., Happé, F., & Karl, A. (2021). Heightened risk of posttraumatic stress disorder in adults with autism spectrum disorder: The role of cumulative trauma and memory deficits. *Research in Developmental Disabilities*, 110, Article 103848.

12 Al-Attar, Z., & Salman, N. (2023, December 8). A systematic review of neurodivergence, vulnerability, and risk in the context of violent extremism: Executive summary. Centre for Research and Evidence on Security Threats. https://crestresearch.ac.uk/download/4715/23-048-01_neurodivergence_and_ve_systematic_review_exe_sum.pdf crestresearch.ac.uk

13 White, S. G., Meloy, J. R., Mohandie, K., & Kienlen, K. (2017). Autism spectrum disorder and violence: Threat assessment issues. *Journal of Threat Assessment and Management*, 4(3), 144–163. <https://doi.org/10.1037/tam0000089>

14 Allchin, A., Chaplin, V., & Horwitz, J. (2019). Limiting

access to lethal means: applying the social ecological model for firearm suicide prevention. *Injury Prevention: Journal of the International Society for Child and Adolescent Injury Prevention*, 25(Suppl 1), i44–i48. <https://doi.org/10.1136/injuryprev-2018-042809>

peers – those who are often most likely to observe concerning behavior and encourage behavioral change.¹⁵ Multidisciplinary interventions working with minors will also require engagement with a broader group of experts (e.g., educators and school psychologists) and may involve a consideration of distinct behavioral indicators, including as it relates to online activity.¹⁶ Consider as well that minors may be eligible for a broader range of diversionary programs and interventions that are unavailable to adult populations.

Section 4: Structural factors

Building trust and institutional buy-in

As noted in previous [PPN practice guides](#), establishing a successful referral process requires the trust and buy-in of all the relevant stakeholders, including MDT members, law enforcement, and the general public.¹⁷ Research demonstrates that the public often feels uncertain or confused about engaging with prevention resources,¹⁸ with hesitancy

often stemming from a mistrust in law enforcement. MDTs that clearly and publicly communicate their mission, partners, and scope of work can therefore help to assuage community concerns and earn the trust of the public.¹⁹ Again, the primary objective is public safety and intervening prior to any imminent threat of violence, in ways that address the underlying factors, motivations, and grievances that drive potentially violent behavior.

Maintaining a strong relationship between law enforcement and mental health practitioners supporting MDTs may require particular attention, and there are existing models for developing protocols that strengthen partnerships between these two sectors. MDTs that have established strong relationships with local law enforcement may also consider opting to work directly with local authorities — as opposed to the FBI or other federal officials — if a case presents an imminent risk of violence.²⁰ These local partners are then empowered to determine whether federal involvement is necessary. By establishing mechanisms for institutional buy-in across participating organizations, MDTs can ensure long-term sustainability, avoid reinforcing information silos, and eliminate single points of failure.

15 Frank Straub and Sammie Wicks, “Managing Adolescents and Preventing Targeted Violence,” Multi-Health Systems, <https://mhs.com/blog/managing-adolescents-and-preventing-targeted-violence/>.

16 Horgan, J., Lorig, C., Borum, R., Allely, C. S., & Herrenkohl, T. I. (2024). Understanding and preventing violent extremism in school settings. *Journal of School Psychology*, 106, 101346. <https://doi.org/10.1016/j.jsp.2024.101346>

17 Prevention Practitioners Network, “Behavioral Assessment and Management: A Practitioner’s Framework for Prevention Programming,” Eradicate Hate Global Summit and Institute for Strategic Dialogue, <https://eradicatehatesummit.org/wp-content/uploads/PPN-Behavioral-Assessment-Management.pdf>.

18 Eisenman, D. P., Weine, S., Thomas, P., & Grossman, M. (2022). Community reporting thresholds: Sharing informa-

tion with authorities concerning terrorism and targeted violence (Final report, NCJ 304119). National Institute of Justice, <https://www.ojp.gov/pdffiles1/nij/grants/304119.pdf>; Eisenman, D. P., Weine, S., Shah, N. D., Jones, N. V., Polutnik Smith, C., Thomas, P., & Grossman, M. (2022). Bystander reporting to prevent violent extremism and targeted violence: learning from practitioners. *Behavioral Sciences of Terrorism and Political Aggression*, 16(4), 511–529. <https://doi.org/10.1080/19434472.2022.2130960>

19 See, for example: Rochester Threat Assessment Committee, “How We Work,” <https://roctac.org/how-we-work>.

20 Ellis, B. H., Miller, A. B., Schouten, R., Agalab, N. Y., & Abdi, S. M. (2020). The Challenge and Promise of a Multidisciplinary Team Response to the Problem of Violent Radicalization. *Terrorism and Political Violence*, 34(7), 1321–1338. <https://doi.org/10.1080/09546553.2020.1777988>

Information sharing and standard operating procedures across agencies

Information sharing across partners in an MDT is often challenging. Professional guidelines around information sharing that are particular to professions (e.g., HIPAA, FERPA, and CJIS) can leave partners feeling confused or conflicted around what information can and cannot be shared. Consequently, information sharing protocols with and across teams must be safe, secure, and streamlined, ideally providing follow-through within 24-48 hours. To enable timely and effective collaboration during crisis response scenarios, consider proactively establishing a memorandum of understanding (MOU) with local service providers.²¹ That said, some localities with trusted historical partnerships may opt not to establish an MOU, instead relying on existing relationships to facilitate multistakeholder crisis intervention and response. One guiding principle for MDTs is that professionals can share the minimal information necessary to ensure the safety of the individual in crisis as well as potential victims.

Section 5: Referral hand-offs to an MDT

As previously stated, the cases most appropriate to refer to a multidisciplinary team are those in which acute interventions have been first considered and there may be an ideological component driving the violence risk. The purpose of an MDT is to consult

and assist in case management and treatment planning, while ultimately diverting and mitigating potential behavioral health crises before violence occurs. In order to do this effectively, the MDT must have a full scope and picture of the individual in crisis, including their risk and protective factors, criminal and behavioral history, and any other relevant information to the case. Law enforcement officers should seek to gather as much information as possible to help an MDT assess risk and tailor an intervention appropriately.

The referral process

MDTs may request a range of information at the point of intake, and referring law enforcement agencies should be prepared to support this effort to establish a baseline of knowledge. For example, MDTs may request information related to the origins of the safeguarding concern, the nature of the referral, and any potential vulnerabilities related to the client.²²

For a multidisciplinary team to make timely and substantive treatment and management plans, it is necessary that they receive all relevant context, documentation, and that assessments have been conducted prior to the referral. MDTs can then conduct comprehensive analysis, drawing expertise from a range of fields and perspectives.

21 For an example of a sample Memorandum of Understanding, see Appendix D of: New York State Homeland and Emergency Services, “Threat Assessment and Threat Management Primer,” Office of Counterterrorism, August 2022, <https://media.cmsmax.com/tbsfqk1ijzqq3rgkdp5ld/tam-team-primer-0.pdf>.

22 “Interventions to Prevent Targeted Violence and Terrorism A Practice Guide for the US Prevention Practitioners Network,” Institute for Strategic Dialogue and Eradicate Hate, <https://eradicatehatesummit.org/wp-content/uploads/PPN-Interventions-to-Prevent-Targeted-Violence-and-Terrorism-1.pdf>.

As an example, the rubric below is used throughout the U.S. based on research and teaching from the FBI's Behavioral Analysis Unit's Making Prevention a Reality.²³

1. Overview
2. Drivers or enhancers
 - a. What is driving the violent ideation or behavior?
What factors are compounding or enhancing violence risk?
3. Mitigators
 - a. What factors might mitigate potential violence risk? Are there pro-social factors, interests, or support anchors to alleviate risk?
4. Mental health issues
 - a. Are there relevant mental health evaluations, assessments, or diagnoses? Are there concerns that are related to mental health and wellbeing?
5. Level of concern
 - a. Is this a low, medium, or high concern? And why?
6. Data gaps
 - a. What gaps exist? What additional information may be needed?
7. Immediate action steps
 - a. These next steps apply to the law enforcement officers as well as the multidisciplinary team members.
8. Date/time of next meeting

Circumstances with an ongoing investigation

Referrals from law enforcement to MDTs can take multiple forms and may occur in parallel with ongoing criminal investigations.²⁴ On the one hand, law

enforcement officials can deem a threat below the threshold of legal intervention and entirely "hand off" the case to the MDT. Alternatively, law enforcement may continue a wholly separate investigation while an MDT begins to engage with the client. In these cases, transparency and open communication are essential to ensure a common understanding of the client's expectation of confidentiality and the providers' ethical and legal responsibilities. Under no circumstances should an MDT be used for investigative or intelligence gathering purposes.

Section 6: Available trainings

Threat assessment - General

- ▶ Association of Threat Assessment Professionals, [Events and Training Catalog](#)
- ▶ Eradicate Hate Global Summit, [Professional Development in Behavioral Threat Assessment & Management \(BTAM\)](#)
- ▶ Global Peace Foundation and Maryland Department of Emergency Management, [Threat Assessment & Management Framework Training](#)
- ▶ National Threat Evaluation and Reporting Office (NTER), [Bystander Awareness Training: Foundations of Targeted Violence Prevention; Master Trainer Program](#)
- ▶ Pennsylvania Conference on Juvenile Justice, [Building Pathways to Recovery: Targeted Violence and Threat Management Essentials for Juvenile Justice Professionals](#)
- ▶ Virginia Department of Criminal Justice Services, [Threat Assessment in Virginia](#)

23 Making Prevention a Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks. Behavioral Analysis Unit - National Center for the Analysis of Violent Crime. <https://www.fbi.gov/file-repository/reports-and-publications/making-prevention-a-reality.pdf/view>

24 Ellis, B. H., Miller, A. B., Schouten, R., Agalab, N. Y., &

Abdi, S. M. (2020). The Challenge and Promise of a Multidisciplinary Team Response to the Problem of Violent Radicalization. *Terrorism and Political Violence*, 34(7), 1321–1338. <https://doi.org/10.1080/09546553.2020.1777988>

Crisis intervention

- ▶ California Commission on Peace Officer Standards and Training, [Crisis Intervention Behavioral Health Training: Mental Health Training in Law Enforcement](#)
- ▶ University of Memphis Crisis Intervention Team Center, [National Curriculum](#)

School-based assessment

- ▶ Florida Department of Education, [Model Behavioral Threat Assessment Policies and Best Practices for K-12 Schools](#)
- ▶ Maryland Center for School Safety, [Training and Exercises: Behavioral Threat Assessment](#)
- ▶ National Association of School Psychologists, [PREPaRE Training Curriculum](#)
- ▶ National Center for School Safety, [Training and Resources](#)
- ▶ National Threat Assessment Center, [Enhancing School Safety Using A Threat Assessment Mode: An Operational Guide for Preventing Targeted School Violence; Behavioral Threat Assessment Units: A Guide for State and Local Law Enforcement to Prevent Targeted Violence](#)
- ▶ Ohio Attorney General's Office, [School Threat Assessment Training](#)
- ▶ Virginia Department of Criminal Justice Services (DCJS), [K-12 Behavioral Threat Assessment and](#)

[Management Basic Training - Virtual](#)

- ▶ Virginia DCJS, [Campus Threat Assessment Team Training](#)
- ▶ Virginia Department of Criminal Justice Services, [2025 Virginia School Safety Training Forum](#)

Conclusion

The MDT referral process requires strong partnerships, localized knowledge, and flexibility to adapt to the unique circumstances of each case. Though not appropriate in all situations, MDTs provide an essential tool to help practitioners move beyond risk assessment alone and towards a comprehensive risk management plan. They fill a gap for cases in which an individual's behavior does not meet the threshold for a chargeable offense but nonetheless warrants a tailored intervention. To increase the likelihood of a successful referral, law enforcement practitioners should seek to familiarize themselves with the structure and function of MDTs, understand the factors that shape risk, and proactively build trust with relevant stakeholders.



PREVENTION PRACTITIONERS NETWORKSM

The **Prevention Practitioners Network** (PPN) is a national network of over 1,600 interdisciplinary professionals dedicated to using public health approaches to prevent hate-fueled violence.

The network serves as a guiding body for organizations and institutions across the United States who are looking for partners and collaborative support as well as promising practices in a field that previously lacked resources for practitioners.

What does PPN do?

PPN brings together the leading experts in psychology, psychiatry, social work, community and public safety, justice, education, trauma, criminology, sociology, and law enforcement to develop a community of practice to prevent targeted violence. The focus of PPN is to convene practitioners across disciplines who are at the front lines of violence prevention, including first responders, clinicians taking referrals, judges, and law enforcement.

As a network, we conduct capacity-building workshops and facilitate trainings for individual and cross-sectoral fields.

PPN welcomes all professionals who play a role in prevention, including those focused on raising awareness, bolstering youth resilience, training bystanders, and assessing and intervening with individuals who may be at risk of violence.

Reach Out Resource Hub

The practitioners, resources, and organizations in the Prevention Practitioners Network are encouraged to join the Reach Out Resource Hub to connect individuals with the local and relevant resources or organizations that can help intervene when someone may be thinking about perpetrating an act of violence.

Previous Work & Publications

PPN conducts workshops and facilitates symposia and trainings, addressing the gaps, challenges, and best practices in the interdisciplinary field of violence prevention. Recordings can be found on our website.

Some of the resources PPN publishes in partnership with the Institute for Strategic Dialogue are these practice guides for practitioners:

- ▶ Preventing Targeted Violence and Terrorism: A Guide for Practitioners
- ▶ Interventions to Prevent Targeted Violence and Terrorism
- ▶ Legal Considerations for Targeted Violence and Terrorism Prevention
- ▶ The Targeted Violence Threat Landscape
- ▶ Behavioral Assessment and Management
- ▶ Prevention Through Education

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