



Network Coordinating Office

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# BEHAVIORAL THREAT ASSESSMENT IN SCHOOLS

## EVIDENCE, FIT, AND APPROPRIATENESS

MENTAL HEALTH TECHNOLOGY  
TRANSFER CENTER  
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PALO ALTO, CA

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## Executive Summary

School violence, including school-based gun violence, is a major public health issue that has negative consequences for students, families, schools, and communities (Basile et al., 2020; Peterson et al., 2021). Over the past 20 years, a multitude of school violence prevention programs have been developed with varying levels of effectiveness (American Psychological Association Zero Tolerance Task Force, 2008; Curran, 2019; Hirschfield, 2018; Juvonen, 2001). One approach that schools have adopted to address school violence is behavioral threat assessment (BTA). BTA is an approach first developed by the United States Secret Service to prevent targeted acts of violence (Fein & Vossekuil, 2000). In BTA, when threats of violence are identified or reported, a multidisciplinary team is convened to evaluate the threat and level of risk to potential victims. Then, the team develops appropriate responses to mitigate the threat based on its severity and other contextual factors (Fein & Vossekuil, 2000). BTA has been applied to U.S. schools and is now prevalent nationwide. Approximately 40 states and territories have policies or laws requiring or encouraging the use of BTA in schools (National Association of State Boards of Education, n.d.), with the Comprehensive School Threat Assessment Guidelines (CSTAG) (Cornell, 2020) being the predominant model.

At the request of the Substance Abuse and Mental Health Services Administration (SAMHSA), the Mental Health Technology Transfer Center (MHTTC) Network Coordinating Office developed this report to focus on the intersection of BTA in schools and youth mental health. **Importantly, the report does not take a position whether BTA should be used in schools and is not a formal review of research on BTA. This report aimed to:**

- 1. Describe the problem of school violence and how BTA became a widely implemented school violence prevention strategy;**
- 2. Report the current state of BTA implementation and its effectiveness;**
- 3. Describe considerations for the fit and appropriateness of using BTA in schools; and**
- 4. Offer recommendations for schools, policymakers, funders, researchers, and SAMHSA on addressing BTA use in schools.**

These aims were executed by integrating findings from the extant literature on BTA and school violence prevention, a scoping review of how outcomes are measured in BTA research and evaluation studies, and a roundtable discussion with key stakeholders.

Research on the effects of BTA on preventing school violence has found mixed results, with some studies reporting decreased bullying but no changes in aggressive acts of violence (Cornell et al., 2009; Nekvasil & Cornell, 2015; Cornell et al., 2011). Some studies support the effectiveness of BTA in reducing severe disciplinary actions and increasing positive school climates (Cornell et al., 2012; Cornell et al., 2009; Nekvasil & Cornell, 2015). However, others suggest that BTA use can exacerbate current disciplinary disparities among students receiving special education and students of color (Cornell, Maeng, Huang, et al., 2018; Crepeau-Hobson & Leech, 2022a; JustChildren & Cornell, 2013; Maeng et al., 2020).

Very few studies have examined associations between BTA implementation and BTA outcomes. Findings related to BTA implementation fidelity and disciplinary outcomes are mixed (Cornell & Maeng, 2020; Cornell et al., 2012). Training school personnel on BTA had positive effects on willingness to report threats, knowledge about school violence, and attitudes towards use of BTA (Ross et al., 2022), but research examining associations between training and BTA outcomes is absent.

Strengths of current research include examination of BTA across K-12 settings and among a variety of roles in the school environment. However, most research to date has been conducted by developers of the CSTAG and uses data collected from one state. As such, there are concerns about the generalizability of results to other states, settings, and models. There is also a lack of research examining BTA's effects on school violence, outcomes over time, and actual implementation, raising questions about BTA's long-term impact on students and whether training can improve student and school outcomes. Most research is also focused on disciplinary outcomes, even though BTA in schools aims to prevent school violence by "identify[ing] students of concern, assess[ing] their risk for engaging in violence or other harmful activities, and identify[ing] intervention strategies to manage that risk" (National Threat Assessment Center, 2018, p. 1). There is little research examining school violence prevention outcomes, intervention outcomes that are precursors to preventing school violence (e.g., school climate), and mental health-related outcomes (e.g., receipt of mental health services, mental health outcomes of students who underwent BTA).

Roundtable attendees, consisting of advocates, school mental health professionals, legal experts, researchers, and others, have raised concerns about the fit and appropriateness of using BTA in schools. These concerns relate primarily to BTA's roots in law enforcement, as opposed to child development, mental health, or education. Considerations related to fit and appropriateness include the following:

- Schools lack adequately funded, comprehensive violence prevention programs that are upstream and would reduce the need for BTA.
- Use of BTA may circumvent privacy laws and lead to inappropriate access of law enforcement personnel to student data.
- The role of law enforcement in schools and in the BTA process is debated.
- BTA models are employed within schools and systems that have historically oppressed students of color and may perpetuate discriminatory practices.
- Perceptions are mixed regarding how well BTA engages youth, family, and communities.
- Implementation of BTA varies widely, raising concerns about how BTA is actually used in schools.

Concerns specific to mental health include the following:

- A common misconception is that people with mental illness or mental health concerns are responsible for most mass shootings and violence. This myth should not unduly influence how a threat is managed. After identifying mental health needs, it is important to link students and families to appropriate services (e.g., counseling, special education).

- In practice, BTA teams often lack representation from all disciplines, including school and/or community mental health professionals.
- BTA models do not adequately integrate trauma-informed practices in schools.

Recommendations are provided for schools and school systems, policymakers, funders, and researchers. These recommendations include the following:

- Using a range of evidence-based programs to address school violence.
- Allocating more funding for health promotion and violence prevention programs.
- Meaningfully engaging youth, families, and communities to participate in the adoption and implementation of school violence prevention programs.
- Identify and addressing racial/ethnic and mental health and other disability biases.
- Delineating BTA policies and aligning them with best practices.
- Conducting research to fill gaps in knowledge about BTA research, including whether BTA is an effective violence prevention strategy, how BTA is actually implemented, increasing generalizability by studying BTA in other states and by multiple research teams, and measuring mental health-related outcomes.

Recommendations are also provided specifically for SAMHSA, including the following:

- Provide training and technical assistance for the school mental health workforce on managing student threats.
- Convene a panel to more extensively examine BTA.
- Produce an advisory statement focused on BTA and student mental health.

# 1. Introduction

School violence is a significant public health issue in the United States and includes bullying, threats, physical attacks, and gun violence, which have negative effects on students, families, schools, and communities (Basile et al., 2020; David-Ferdon et al., 2016; Eisenbraun, 2007; Peterson et al., 2021; Polanin et al., 2021; Rajan et al., 2022). In particular, school shootings can have devastating short- and long-term impacts on behavioral health (Flannery et al., 2004; Hill & Drolet, 1999; Rajan et al., 2022). Over the past 20 years, a multitude of school violence prevention programs have been developed, with varying levels of effectiveness in reducing school violence (American Psychological Association Zero Tolerance Task Force, 2008; Curran, 2019; Hirschfield, 2018; Juvonen, 2001). One of these approaches is behavioral threat assessment (BTA).

BTA is an approach used to prevent targeted acts of violence; when threats are identified or reported, a multidisciplinary team is convened to evaluate the threat and level of risk to potential victims, and the team develops appropriate responses to mitigate the threat based on its severity and other contextual factors (Fein & Vossekuil, 2000). Initially developed by the United States Secret Service, over the years, BTA has been increasingly applied as a school violence prevention strategy. The use of BTA in U.S. schools has become more prevalent following high-profile school shootings (e.g., Columbine High School in 1999, Virginia Tech University in 2006, Parkland High School in 2018); as of 2023, adoption of BTA in schools has been mandated or encouraged in about 40 states and territories (Arundel, 2022; Blad, 2023; Jackson & Viljoen, 2023). Studies assessing outcomes associated with implementation of BTA in schools are sparse; however, positive findings related to BTA implementation include reductions in severe disciplinary actions and improved school climates (Cornell et al., 2012; Cornell et al., 2009; Nekvasil & Cornell, 2015). There are persistent concerns about BTA leading to disparate outcomes among students with disabilities and students from marginalized racial/ethnic groups (Cornell, Maeng, Burnette, et al., 2018; JustChildren & Cornell, 2013; Hairston & Stafford, 2023; Maeng et al., 2020). Concerns about the absence of cultural competence in BTA research (O'Malley et al., 2019), and the role and involvement of law enforcement in BTA and implications for students of color (Center for Civil Rights Remedies et al., 2022), have also been raised.

Since late 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) has funded the Mental Health Technology Transfer Center (MHTTC) Network, which is composed of 10 regional centers, a National Hispanic and Latino MHTTC, a National American Indian and Alaska Native MHTTC, and a Network Coordinating Office (NCO). The MHTTC provides free training and technical assistance to the public mental health workforce to improve the delivery of evidence-based practices and increase access to effective mental health care. The MHTTC Network also provides regional and population-tailored training and technical assistance to states and treatment provider systems across mental health prevention, treatment, and recovery. With supplemental funding, the MHTTC Network's school mental health initiative accelerates the implementation of effective mental health services in schools and school systems. The initiative raises awareness about student mental health and evidence-



based school mental health supports and services. The initiative also disseminates information and provides training and technical assistance on implementing mental health services in schools and school systems. The MHTTC Network Coordinating Office (NCO), housed at the Stanford University School of Medicine's Center for Dissemination and Implementation, provides leadership, infrastructure, and support to the Network.

In 2022, SAMHSA tasked the MHTTC NCO with developing a report on the use of BTA in schools and its intersection with youth mental health. **Importantly, the report does not take a position on whether BTA should be used in schools and is not a formal review of research on BTA. This report aimed to:**

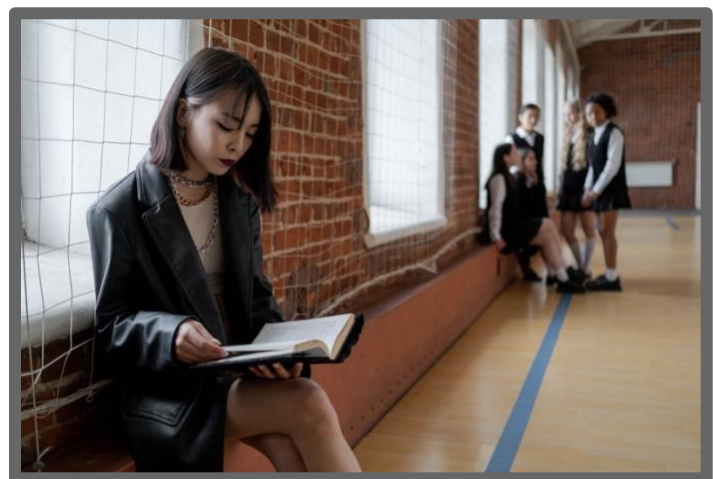
1. Describe the problem of school violence and how BTA became a widely implemented school violence prevention strategy;
2. Report the current state of BTA implementation and its effectiveness;
3. Describe considerations for the fit and appropriateness of using BTA in schools; and
4. Offer recommendations for schools, policymakers, funders, researchers, and SAMHSA on addressing BTA use in schools.

To provide context on the use of BTA in schools, the following sections describe the problem of school violence, different methods for preventing school violence, and how BTA became a widely implemented school violence prevention strategy.

## 1.1 The Problem—School Violence

### ***Students Are Exposed to Various Forms of School Violence***

School violence can be defined as any violence that takes place on school grounds and impacts the learning environment and school climate, including bullying, physical fights, threats, and gun violence (David-Ferdon et al., 2016; Eisenbraun, 2007; Polanin et al., 2021). Data from the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Survey indicate that among high schoolers, bullying is the most common form of school violence, with more than 19 percent of those who completed the survey reporting being bullied either on school property or electronically (Basile et al., 2020). Additionally, eight percent of students surveyed report involvement in a physical fight, and more than seven percent reported being threatened or harmed with a weapon (Basile et al., 2020).



## ***Gun Violence Is One Form of School Violence***

Gun violence is one form of school violence that encompasses direct exposure (e.g., being shot) and indirect exposure (e.g., witnessing gunfire or hearing gunshots) in schools (Rajan et al., 2022). The Center for Homeland Defense and Security (CHDS) (2023) defines a school shooting as any time a gun is brandished or discharged, and/or when a bullet hits school property. The CHDS (2023) reports that there have been 2,069 school shooting incidents on school property between January 1970 and June 2022. In more than 40 percent of school shooting incidents, the shooter is a current student (Holland et al., 2019; Rowhani-Rahbar & Moe, 2019). School shooting incidents with multiple victims have also occurred more frequently since July 2009 (Holland et al., 2019). Overall, more than 200,000 students have been enrolled at one of the K-12 schools where a shooting has occurred (Rowhani-Rahbar & Moe, 2019). While this represents a fraction of the approximately 49.4 million students enrolled in public schools as of 2021 (National Center for Education Statistics, 2022), this is a very concerning issue that must be fully addressed.



### ***School Violence, Including School-Based Gun Violence, Negatively Impacts Student Mental Health***

Whether students experience violence firsthand or witness it happening to others, violence has acute and long-term emotional and behavioral impacts that can harm social-emotional development (Flannery et al., 2004; Hill & Drolet, 1999; Rajan et al., 2022). Exposure to school violence, including school-based gun violence, is associated with concerns like anxiety,

depression, aggression, and post-traumatic stress (Flannery et al., 2004). There are also risks of decreased school performance and social withdrawal (Eisenbraun, 2007; Ganpo-Nkwenkwa et al., 2023; Kim et al., 2020; Polanin et al., 2021; Travers et al., 2018). Youth exposure to violence is considered an adverse childhood experience (ACE) (Basile et al., 2020). ACEs impact physical and psychological well-being and are associated with increased healthcare costs across the lifespan (Basile et al., 2020; Peterson et al., 2021), thus making violence exposure among school-aged youth a public health concern. Because of its acute and long-term impact on students, it is vital to better understand and effectively address school violence.

## **1.2 Strategies to Address School Violence**

As multiple-victim youth homicides in schools continue to increase (Frederique, 2020), a plethora of strategies have been developed, with varying levels of effectiveness in reducing school violence. Juvonen (2001) estimated that across the United States, over 200 institutional programs have been adopted to aid school violence prevention efforts. These efforts include

physical surveillance (e.g., cameras, metal detectors, security personnel), zero-tolerance policies (i.e., mandatory suspension or expulsion for specific offenses), instruction-based programs, profiling (i.e., identifying students who may carry out a targeted attack based on their characteristics), counseling, and conflict resolution (Juvonen, 2001).

### ***Some School Violence Prevention Strategies Are Not Evidence-Based***

A number of frequently used school violence prevention strategies are not effective or show little evidence of effectiveness. For example, the American Psychological Association (APA) Zero Tolerance Task Force (2008) found that zero-tolerance policies are rooted in inaccurate assumptions that school violence is at crisis levels. Adoption of these policies is associated with lower ratings of school climate satisfaction among staff and students and negative academic and behavioral outcomes among students; associations between consistency of school discipline and zero-tolerance policies have not been found (Curran, 2019; Hirschfield, 2018). Profiling is an ineffective school violence prevention strategy, as there is no definitive profile for student attackers or the schools that they target (National Threat Assessment Center, 2019). While there is mixed evidence on whether visible school security measures (e.g., metal detectors, cameras) reduce school violence, there is no evidence that these measures improve student perceptions of school safety (Perumean-Chaney & Sutton, 2013; Schildkraut & Grogan, 2019). The evidence is also mixed with respect to the associations between the presence of school resource officers and school climate, number of student arrests, and number of crimes committed by students in schools (Devlin & Gottfredson, 2018; Owens, 2017; Theriot, 2009; Theriot, 2016).

### ***A Multitiered System of Supports and School-Based Programs That Promote Health for All Students Is Foundational in Creating Safe Environments That Reduce School Violence***

The use of an overarching framework to identify problems and provide services for students in need, such as through a multitiered system of supports (MTSS), is common in efforts toward the reduction of violence in schools (National Association of School Psychologists [NASP], 2015b; Rossen & Cowan, 2014). MTSS is an effective framework integrated within the learning environment that supports wellness promotion and risk prevention for the entire student population, identification and early intervention for students deemed at risk, and more intensive interventions for students with more serious, ongoing problems. This framework supports the development of effective crisis response plans, provision of school safety and crisis preparedness training to all school staff members, and creation and sustainment of local police partnerships and school-community partnerships to enhance safety measures and reduce violence on school campuses (NASP, 2015a; Peterson et al., 2001; Riley & McDaniel, 2000). Key school violence prevention strategies used within this framework can also provide a social-emotional learning foundation for students, including the use of restorative practices and teaching alternatives to violence, such as peaceful conflict resolution and positive interpersonal relationship skills (Collaborative for Academic, Social, and Emotional Learning, 2023).

Evidence-based universal health promotion programs and frameworks, such as properly integrated positive behavioral interventions and supports (PBIS), social-emotional learning, interconnected systems frameworks, and comprehensive school mental health systems, are highly recommended school violence prevention strategies (Brock et al., 2012; Centers for Disease Control and Prevention, 2016; Gagnon & Leone, 2001). For example, PBIS is a comprehensive, proactive, whole-school approach to supporting students' behavioral, emotional, mental, academic, and social growth (Center on PBIS, 2023; Sugai & Simonsen, 2012). Implementation of PBIS includes the use of practices such as establishing school-wide behavioral expectations, ensuring school connectedness, and equitable access to and delivery of mental health services for all students, which may be precursors to preventing school violence (Espelage & Hong, 2019; Volungis & Goodman, 2017). PBIS has been associated with the creation of safe and positive school environments; promoting student success; and reducing student problem behaviors, suspensions, and other disciplinary referrals in elementary, middle, and high schools (Center on PBIS, 2023; Johnson et al., 2011; Noltemeyer et al., 2019).

### 1.3 The Emergence of BTA as a Widely Adopted School Violence Prevention Strategy

#### ***BTA Was Created by the United States Secret Service and Adapted for Use in Schools***

BTA was initially developed by the U.S. Secret Service as a method to analyze people or groups that had the means and interest in carrying out targeted attacks against public figures (Fein & Vossekuil, 2000). In 1998, the U.S. Secret Service created the National Threat Assessment Center (NTAC) to provide research and guidance on managing threats, including BTA (U.S. Secret Service, n.d.).

Since then, a number of BTA frameworks and guidelines have been developed to adapt BTA to K-12 and post-secondary education settings (e.g., Cornell, 2020; NTAC, 2018). The goal of this adaptation is to prevent school violence by “identify[ing] students of concern, assess[ing] their risk for engaging in violence or other harmful activities, and identify[ing] intervention strategies to manage that risk” (National Threat Assessment Center, 2018, p. 1). Several organizations also have guidelines or recommendations for the use of BTA in schools (e.g., NASP School Safety and Crisis Response Committee, 2021). Jackson and Viljoen (2023) list and discuss prominent school BTA frameworks in detail. Currently, the predominant model is the Comprehensive School Threat Assessment Guidelines (CSTAG) (Cornell, 2020). The CSTAG was first developed in 2001 by Dewey Cornell and colleagues at the University of Virginia under the name Virginia Student Threat Assessment Guidelines (for continuity, we refer to earlier iterations as the CSTAG). It consists of a 5-step process (see Box 1) that is based on classifying threats as transient (i.e., the student was expressing humor, rhetoric, anger, or frustration and it can be easily resolved), substantive (i.e., the student threatened to physically assault someone),

or very serious substantive (i.e., the student threatened to kill, rape, or cause serious physical injury to someone) (Cornell, 2020).

### ***BTA Is a Widely Adopted School Violence Prevention Method***

The use of BTA in schools as a method for school violence prevention has grown significantly, especially as school districts moved to prevent school shootings in the wake of the Columbine school shooting in 1999. Among a sample of 3,500 public K-12 schools nationwide, Hansen and Diliberti (2018) found that 42 percent had a BTA team, and approximately 40 states have policies addressing BTA (Arundel, 2022; Blad, 2023; National Association of State Boards of Education, n.d.). Based on the National Association of State Boards of Education's State Policy Database (n.d.) and a manually conducted search of state policies concerning BTA, Figure 1 displays which states and

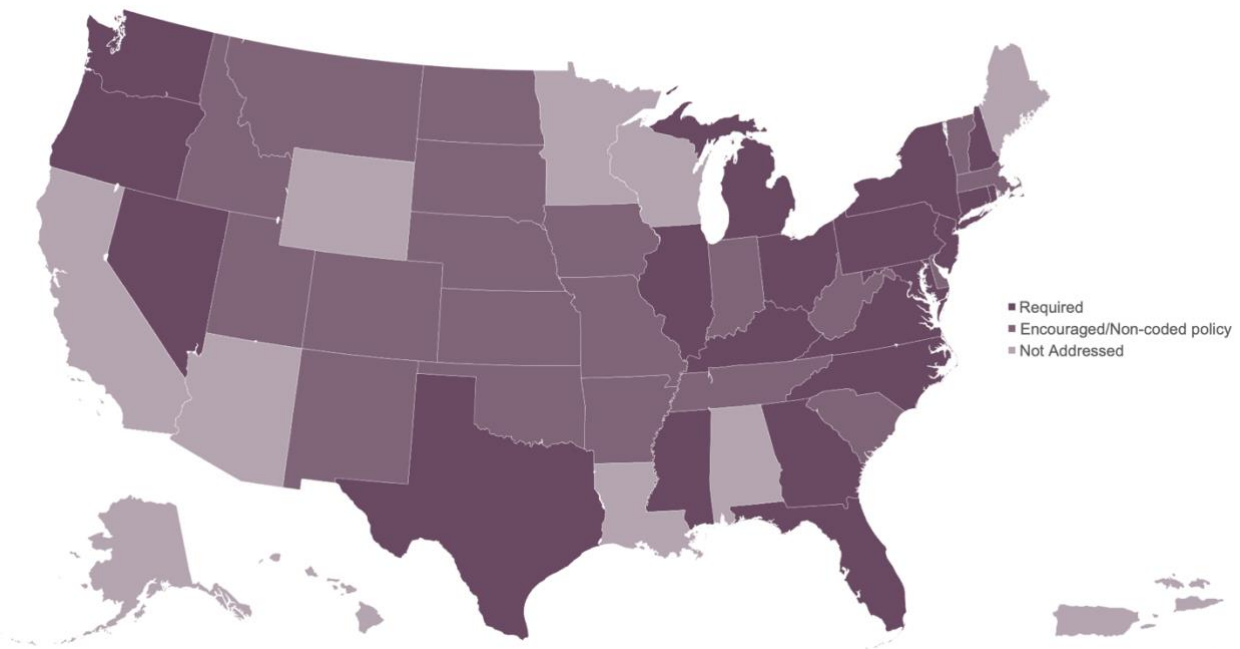
territories mandate school-based BTA by law (N = 20), encourage or address BTA by law or through non-codified policies (N = 21), or do not have any laws or policies addressing BTA (N = 18, including the District of Columbia) as of August 18, 2023. Although many states mandate BTA among public K-12 schools, some make a distinction to extend the mandate to charter schools (e.g., Public School Code of 1949, 24 Pa. Stat. § 13-1301-A, 2019). In other cases, a state mandate may only apply to some schools. For example, Ohio's mandate is only applicable to middle and high schools, not elementary schools (Safety and Violence Education Students Act, 2020). Moreover, based on the roundtable discussion and a review of state level information, there is wide variability in the specificity of state school-based BTA procedures and implementation guidelines. For example, Florida and Texas define multiple stages across BTA, including harmful behavior, team training, and threat assessment and response (Florida Department of Education, 2022; Texas School Safety Center, 2023), whereas Missouri and

### **Box 1: Steps in a BTA, Adapted From CSTAG (Cornell, 2020)**

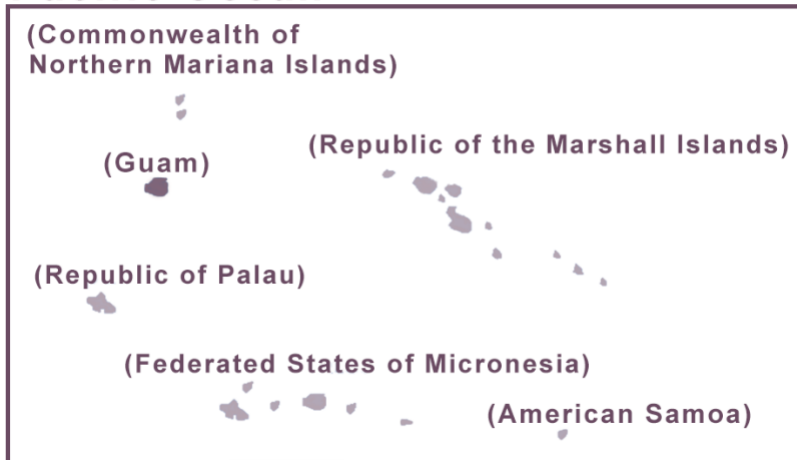
1. **Gather threat content and observations from witnesses, intended victim(s), and the student making the threat. Consider the circumstances around the threat and the student's intentions to evaluate whether there was an intent to harm.**
2. **Try to resolve the threat as transient.**
  - a. Obtain a student's retraction of the threat or an explanation/apology indicating no intent to harm anyone.
  - b. Provide students with additional services, if needed.
3. **Respond to substantive threats.**
  - a. Take precautionary measures to protect possible victim(s).
  - b. Warn possible victim(s) and their caregiver(s).
  - c. Search for ways to resolve the conflict.
  - d. Discipline the student, if necessary.
4. **Respond to very serious substantive threats.**
  - a. Conduct mental health screening to determine if a referral for services or counseling is needed.
  - b. Conduct law enforcement investigation to determine the extent of planning to execute the threat and collect evidence of preparation or criminal activity.
  - c. Develop a safety plan for managing risk and addressing the student's needs, including considerations for special education services or disability.
  - d. Assign a short-term suspension or alternative school placement until the actions above are completed.
5. **Implement a safety plan and maintain contact with the student, revising the plan as needed and monitoring its success.**

Nebraska, among others, are examples of states with less specificity in their BTA procedures and guidelines (Missouri Center for Safe Schools, 2008; Nebraska Department of Education, 2016).

**Figure 1: States and Territories with Laws and Policies on BTA in Schools**



### Pacific Ocean



## 2. Analytic Plan and Methods

This invited report integrates an examination of the extant literature on BTA and school violence prevention, with findings from a scoping review of how outcomes are measured in BTA research and evaluation studies and a roundtable discussion with key stakeholders.

### 2.1 Scoping Review to Examine How Outcomes Are Measured in BTA Research

A scoping review was conducted to better understand what student, school staff, and school/district-level outcomes of BTA are being measured in research studies and evaluations, especially mental health-related outcomes. In consultation with a medical school librarian, search strategies were developed and applied to PubMed, CINAHL, PsycINFO, Social Services Abstracts, ERIC, Scopus, and Criminal Justice Abstracts. Search terms included those related to BTA (e.g., threat assessment, risk assessment, crisis intervention), school settings (e.g., school[s], school health services, elementary school, middle school, high school), and violence or mental disorders (e.g., violence, mental disorders, mental illness, mental health services, threat, casualty[ies], shooting[s]). Search results were limited to English-language studies published from April 20, 1999 (i.e., the date of the Columbine high school shooting, which was a catalyst for schools' adoption of BTA), to March 31, 2023. Additional searches were conducted in Google and Google Scholar, references of three recent articles on BTA, and resources of multiple stakeholders in school mental health, school safety, and BTA.<sup>1</sup> Additionally, participants of our BTA roundtable were asked to provide relevant literature. In total, over 3,000 research articles and reports were screened to determine if their titles or abstracts met the criteria for review. The entirety of 272 of these documents were read to determine whether they should be analyzed, and 28 were determined to be relevant to the topic of outcome evaluation in BTA in K-12 schools. Data were extracted to learn which outcomes of BTA are being studied, determine if certain BTA guidelines or models are used, understand location(s) in which BTA is studied, and identify gaps and needs for future research. Full results of this scoping review are being prepared for publication.

### 2.2 BTA Roundtable to Gather Stakeholder Input Around BTA Use in Schools

Given the various considerations surrounding the use of BTA in schools from a number of voices (e.g., student and family advocates, education and mental health experts, legal experts), it was important to engage key stakeholders in discussion. A four-hour virtual roundtable discussion was conducted in January 2023 among 17 subject matter experts. The participants had expertise in K-12 education, BTA, school mental health, public policy, research, law

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<sup>1</sup>These stakeholders included the Readiness and Emergency Management for Schools (REMS) TA Center, the National Center on Safe Supportive Learning Environments, the National Threat Assessment Center, the Association of Threat Assessment Professionals, the Office of Safe and Supportive Schools, the Center of Excellence for Protected Health Information (CoE-PHI), and SchoolSafety.gov.

enforcement, law and privacy, and advocacy. Equity of voice was prioritized and information was gathered via small group breakout discussions and activities focused on BTA and mental health; the use of BTA in schools; youth and family engagement; legal and privacy considerations; cultural considerations; and implementation, training, and evaluation considerations. A total of 11 breakout sessions were facilitated over the course of the roundtable. Utilizing transcripts generated by a third party, the recordings of 10 sessions were examined using conventional content analysis (Hsieh & Shannon, 2005; the recording and transcript for the implementation, training, and evaluation breakout session was unavailable). Four of the current report's authors coded the transcripts using a codebook informed by data and information from the extant literature on BTA and initial reviews of the roundtable transcripts. After coding was complete, all coders organized the data into themes that were prominent in the roundtable discussion. A full evaluation of the roundtable is being prepared for publication.

### 3. Findings

This section reviews the research base for BTA intervention, postvention, and implementation outcomes, including strengths and limitations of current research. This section also describes considerations for the fit and appropriateness of using BTA in schools.

#### 3.1 Evidence Base for BTA in Schools

The use of BTA in U.S. schools has been understudied. Two reviews have been published to date. Ross and colleagues (2022) reviewed BTA procedures to inform best practices, while Jackson and Viljoen (2023) summarized the literature for several threat assessment models, including “reliability and validity, implementation in schools, and impact on school outcomes” (p. 1). While a systematic review, the former's primary focus is on BTA implementation/process outcomes and has a secondary focus on the association between demographic disparities and violence prevention outcomes. The latter reported overall a limited amount of research on school outcomes and implementation, as well as limited quality of research (e.g., lack of peer-reviewed studies and independent research). The latter was also published in May 2023 and, for this reason, did not meet inclusion criteria for our scoping review. Although not a systematic literature review, the following is a brief summary of the research base on BTA in schools, separated into research on BTA intervention (i.e., effects of the intervention on school violence or related factors), postvention (i.e., effects of the intervention on other school or student factors), and implementation/process outcomes (i.e., effects of strategies to implement or utilize an intervention, such as fidelity or training outcomes).

##### ***BTA Intervention Outcomes***

**Studies of Effects of BTA on Incidents of School Violence Have Found Mixed Results.** For example, Cornell and colleagues (2009) found, among 9th grade students in 280 Virginia high schools, that students in high schools using BTA reported less bullying compared to students in high schools that do not use BTA. However, this same study found no differences



on the number of aggressive discipline violations (i.e., acts of aggressive violence in schools). Similarly, Nekvasil and Cornell (2015) found that, among 7th and 8th grade students in 332 Virginia middle schools, students in middle schools using BTA reported less bullying compared to students in middle schools that do not use BTA. Cornell et al. (2011), in a study of schools trained on BTA versus a group of comparison schools, found that over 1 year, bullying infractions decreased in the BTA but not the comparison schools, but that there were no significant changes in student assaults, student threats (students threatening other students), or teacher threats (students threatening teachers).

**BTA Has Been Associated With More Favorable School Climates.** Compared to students in high schools that do not use BTA, Cornell and colleagues (2009) found that, on average, 9th grade students in 280 Virginia high schools that used CSTAG reported being more willing to seek help and more favorable perceptions of school climate. Nekvasil and Cornell (2015) also found that, on average, teachers in 166 Virginia middle schools using CSTAG reported less worry about a shooting occurring at school and more agreement that there was adequate safety and security at school.

### ***BTA Postvention Outcomes***

**BTA Has Been Associated With Lower Use of Severe Disciplinary Actions.** BTA usage has been associated with a lower likelihood of receiving severe disciplinary outcomes. For example, Cornell and colleagues (2012) found that, in a sample of 201 K-12 students in 40 Virginia schools, schools that used CSTAG were 65 percent less likely to issue a long-term suspension, 87 percent less likely to change a student's school placement, more than twice as likely to have a parent conference, and nearly four times as likely to provide counseling services compared to schools that do not use BTA. They also found that higher

fidelity to the CSTAG model was associated with a 27 percent reduction in the odds of long-term suspensions and a 24 percent increase in the odds of receiving counseling services. Similarly, Maeng et al. (2020) studied disciplinary outcomes in a sample of 1,318 K-12 students in 527 Virginia schools. Compared to schools that did not use CSTAG, schools that used CSTAG were 41 percent less likely to issue out-of-school suspensions and 54 percent less likely to take law enforcement actions against students after they underwent BTA. There were also no expulsions in CSTAG schools, in contrast to 11 expulsions in schools that did not use CSTAG.

### **Box 2: Summary of BTA Intervention and Postvention Research**

- **Research comparing schools that do not use BTA with schools using BTA have found:**
  - Less bullying.
  - Mixed results on prevalence of aggressive violence.
  - More favorable school climates.
  - Lower use of severe disciplinary actions.
- **Research has also shown that in schools using BTA:**
  - Compared to students who do not receive special education, students receiving special education are more likely to be referred for a BTA and more likely to receive a suspension as an outcome.
  - Compared to white students, students of color are more likely to be referred to a BTA and more likely to receive a disciplinary outcome.

**BTA Has Been Associated With Disparities in Referrals and Suspensions for Students Receiving Special Education Services.** Two studies of CSTAG found that students who receive special education services are more likely to have a threat classified as serious compared to students not receiving special education services. For example, Maeng et al. (2020) found in a sample of 1,318 K-12 students in 527 Virginia schools that students with special education classifications were nearly four times more likely to undergo a BTA and, after undergoing BTA, 36 percent more likely to receive a suspension compared to their peers. Similarly, Cornell, Maeng, Huang, and colleagues (2018) found that students receiving special education services were 27 percent more likely to face suspension after undergoing BTA compared to their general education counterparts.

**BTA Has Been Associated With Disparities in Referrals and Disciplinary Outcomes for Students of Color.** Students who are Black, Indigenous, People of Color (BIPOC) are more likely to be referred for BTA than white students. Crepeau-Hobson and Leech (2022a) found that, in 759 BTA cases from four Colorado K-12 school districts, Black students were more than twice as likely to be referred for BTA compared to white students; Native American students were over nine times as likely to be referred. Other districts have also referred Black students for BTA at disproportionate rates. For example, in the 2020–2021 school year, Black students in the Dallas Independent School District represented 31 percent of students receiving BTAs, despite comprising 21 percent of the student body (Hairston & Stafford, 2023). Another example can be found in Albuquerque Public Schools, where 9.6 of Black students received BTAs during the 2018–2019 school year despite representing 2.6 percent of the student body (Swelitz, 2019).

Mixed results have been reported for racial disparities in disciplinary outcomes resulting from BTA. One study found that, in a sample of 1,836 K-12 students in 779 Virginia schools using BTA, Black, Hispanic, Asian, and white students all had similar odds of receiving an out-of-school suspension, being arrested, or being transferred out of their school (Cornell, Maeng, Huang, et al., 2018). However, Burnette and colleagues (2018) found in a sample of 844 BTA cases from 339 Virginia K-12 schools that law enforcement actions were more than five times as likely to be taken against Hispanic students compared to white students. Similarly, Maeng and colleagues (2020) found that Hispanic students were more than 3.5 times as likely as white students to have law enforcement actions taken against them after undergoing BTA. In a report of 663 Virginia secondary schools using CSTAG, Black children received short-term suspensions more frequently than white children (JustChildren & Cornell, 2013). These short-term suspension disparities were similar for schools using zero-tolerance policies, although among these schools, white males received short-term suspensions at slightly higher rates than Black females. While long-term suspension disparities were narrower for schools using CSTAG as opposed to zero-tolerance policies, Black males still received long-term suspensions at a 77 percent higher rate than white males and at rates more than double that of Black females and nearly seven times that of white females.

## **BTA Implementation/Process Outcomes**

**Mixed Results in Measuring Fidelity to a BTA Model.** Three studies examined associations between fidelity to a BTA model and student and school-level outcomes; each used a different version of a fidelity scale for CSTAG. Cornell and colleagues (2012) utilized a five-item measure of compliance with attending training, as well as the principal's assessment of how well the school followed the model. Higher compliance was significantly associated with fewer long-term suspensions and more provision of mental health counseling. However,

### **Box 3: CSTAG Fidelity Measure (Cornell, 2018)**

1. School policy alignment with CSTAG recommendations
2. Disciplines of BTA team staff and their alignment with CSTAG recommendations
3. Staff awareness of BTA team/process
4. How well schools follow CSTAG recommendations for documenting threats
5. How BTA teams follow the CSTAG model decision-making process
6. Accuracy in classifying transient threats
7. Accuracy in classifying substantive threats
8. Accuracy in classifying very serious substantive threats
9. CSTAG knowledge based on participant answers to scenario-based questions

compliance was not significantly associated with parent conferences, notification of the victim's parents, or alternative placement. Cornell and Maeng (2020) studied the association between CSTAG fidelity using a 12-item measure with school discipline. Among a sample of over 1,700 Virginia K-12 schools, higher fidelity was weakly associated with higher frequencies of BTAs and positive measures of school climate among middle school students (i.e., feelings of safety and willingness to report homicidal threats and another student bringing a gun to school) and not meaningfully ( $r < .05$ ) associated with lower short-term suspension rates (per guidelines by Cohen, 1988). Finally, Bernhardt (2022) studied CSTAG fidelity (9-item scale, see Box 3; Cornell, 2018) and its association with perceptions of school safety in a small dissertation study among five K-12 schools in New York State; no significant relationships were found.

**Training in BTA Affects Knowledge and Attitudes.** Although not a focus of the scoping review, some research has examined the effects of training in BTA on school measures. In their recent review, Ross and colleagues (2022) reported that four studies found positive effects of BTA training on school personnel's willingness to report threats, knowledge about school violence, and attitudes toward use of BTA. These studies did not examine the effect of training on BTA intervention or postvention outcomes.

## **3.2 BTA Research Strengths and Limitations**

The following statements summarize the strengths and limitations of research methods used across the 28 research articles and reports (documents) included in our scoping review (see above; April 20, 1999 to March 31, 2023). Box 4 contains a summary of these findings.

## ***BTA Research Strengths***

**Research Has Examined BTA Across K-12 Settings.** Research covered K-12 school settings. All documents in our review examined BTA within elementary, middle, or high schools, with high schools being the most frequent setting (96 percent), followed by middle schools (79 percent) and elementary schools (71 percent).

**Research Has Examined a Variety of Roles in the School Environment.** Nearly all (93 percent) documents examined BTA outcomes among students or schools, while others examined BTA outcomes among educators, administrators, school mental health staff, district staff, or other staff members.

## ***BTA Research Limitations***

**One BTA Model Has Been Primarily Studied.** Most (78 percent) documents included in our scoping review studied the CSTAG, with few examining other models of BTA.

**Most Research Was Authored by CSTAG Developers and Collected Data From One State.** The majority (64 percent) of documents were authored by individuals from the University of Virginia, where the CSTAG was developed (Cornell, 2020), and collected data from the state of Virginia (61 percent). The other documents were authored by individuals from 20 different institutions and collected data from 6 other states. Of these, individuals from the University of Colorado, University of Missouri, and University at Albany, State University of New York most frequently authored a publication, and most collected data from the state of Colorado.

**Almost No Research Examined Outcomes Over Time.** Almost all (96 percent) documents utilized data on outcomes that were assessed at a singular point in time, as opposed to long-term or longitudinal findings assessed at multiple points over time.

### **Box 4: Summary of Strengths and Limitations of Research**

- **Strengths**
  - Research examined BTA across K-12 settings.
  - Research examined a variety of roles in the school environment.
- **Limitations**
  - One BTA model has been primarily studied.
  - Most research was authored by CSTAG developers and collected data from one state.
  - Almost no research examined outcomes over time.
  - Most research examined disciplinary outcomes, while few studies examined violence prevention or mental health-related outcomes.
  - Almost no research examined implementation outcomes, such as fidelity to or adaptations for a BTA model.

**Most Studies Examined Disciplinary Outcomes, While Few Studies Examined Violence Prevention or Mental Health-Related Outcomes.** Most (64 percent) documents in our review examined suspensions as an outcome. The next most frequently examined outcomes were changes in school placement (39 percent), legal or law enforcement actions (36 percent), expulsions (29 percent), and threat attempts (25 percent). Consistent with other reports (Crepeau-Hobson & Leech, 2022b), few documents in our review examined non-disciplinary outcomes. The most frequently examined non-disciplinary outcome was the

provision of mental health and special education services (32 percent). Other measures included parent conferences/notification (14 percent) and perceptions of safety (11 percent). School violence prevention outcomes were also not frequently examined. Examples of examined outcomes include bullying frequency in the school environment (14 percent) and threat prevalence in schools (11 percent). Additionally, in contrast to research on other school violence prevention programs, none of the reviewed studies examined mental health outcomes of students who received a BTA (e.g., mental health status or symptomatology) (Ialongo et al., 2001; Kam et al., 2004; Vuijk et al., 2007).

**Almost No Research Examined Implementation Outcomes, Such as Fidelity to or Adaptations of a BTA model.** Finally, and consistent with findings reported in other BTA literature (Ross et al., 2022), BTA fidelity was not well-studied, limiting our knowledge of how BTA is actually implemented in schools. From the scoping review, 3 of the 28 documents (11 percent) examined fidelity to CSTAG. Two other documents (seven percent) measured frequency of formal threat assessment team meetings, but not fidelity to a specific BTA framework. Moreover, no studies have examined adaptations to BTA based on school setting, population, or age group.

### 3.3 Fit and Appropriateness of Using BTA in Schools

Roundtable attendees, including advocates, school mental health professionals, legal experts, researchers, and others, have raised questions about the fit and appropriateness of using BTA in school contexts, especially as it is rooted in law enforcement and not child development, mental health, or education. Other roundtable attendees recognized these concerns and proposed working to minimize unintended and negative outcomes and maximize positive outcomes. The following are concerns and considerations for the use of BTA in schools gleaned from the extant literature and BTA roundtable (see Table 1).

**Table 1**

*Summary of Concerns and Considerations About the Fit and Appropriateness of Using BTA in Schools*

Category	Concern/Consideration
General	<ul style="list-style-type: none"> <li>● Schools lack adequately funded, comprehensive violence prevention programs that are upstream and would reduce the need for BTA.</li> <li>● Use of BTA may circumvent privacy laws and lead to inappropriate access to student data by law enforcement personnel.</li> <li>● The role of law enforcement in schools and in the BTA process is debated.</li> <li>● BTA models are employed within schools and systems that have historically oppressed students of color and may perpetuate discriminatory practices.</li> <li>● Perceptions are mixed regarding how well BTA engages youth, family, and communities.</li> <li>● Implementation of BTA varies widely, raising concerns about how BTA is actually used in schools.</li> </ul>

Specific to mental health	<ul style="list-style-type: none"> <li>• A common misconception is that people with mental illness or mental health concerns are responsible for most mass shootings and violence, and this myth should not unduly influence how a threat is assessed and managed.</li> <li>• In practice, BTA teams often lack representation from all disciplines, including school or community mental health professionals.</li> <li>• BTA models do not address the need for trauma-informed practices at the school, school personnel, or student levels.</li> </ul>
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### **General Considerations**

The implementation of BTA in schools is accompanied by a number of general concerns, some of which have implications for student mental health.

**Schools Lack Adequately Funded, Comprehensive Violence Prevention Programs That Are Upstream and Would Reduce the Need for BTA.** Attendees from our roundtable discussed the inadequacy of current resources, such as the number of school mental health personnel and limited funding for special education and mental health services. They noted that many state and local mandates for BTA are underfunded, meaning that BTA implementation would use up already limited resources. The group considered whether alternative approaches to BTA (e.g., special education, community crisis response teams) are enough to address school safety concerns and student mental health needs. For example, compared to a BTA team, the Individualized Education Program (IEP) team plays a crucial role in conducting needs assessments concerning student behavior, making them better suited for evaluating a student’s situation and adjusting their educational program. However, some attendees noted that in practice, using alternative approaches leads to negative outcomes or doesn’t address threats as adequately as BTA. That said, focusing limited resources on BTA does not leave funds or organizational capacity to adequately support and utilize effective evidence-based solutions that address broader social and educational issues that would prevent threats from occurring (Center for Civil Rights Remedies et al., 2022).

**Use of BTA May Circumvent Privacy Laws and Lead to Inappropriate Access to Student Data by Law Enforcement Personnel.** Attendees also considered the potential disregard of educational and privacy laws (e.g., Individuals with Disabilities Education Act [IDEA], Family Educational Rights and Privacy Act [FERPA]) that may result in school removal for students with disabilities. These removals would occur without giving protected students due process, as well as grant BTA team members, including law enforcement, inappropriate access to student records. Attendees specifically indicated concern that law enforcement’s ability to bypass such confidentiality requirements to use and control student information at school and in the community could disproportionately enter BIPOC students into the criminal justice system. Furthermore, abuse of student privacy includes granting police decision-making authority over student behavior without proper consideration for constitutional safeguards of rights granted in the Fourth, Fifth, and Sixth Amendments (e.g., “searches of the family home without a warrant in order to permit the child to return to school, lack of Miranda warnings, and lack of legally required privacy protections”) (Center for Civil Rights Remedies et al., 2022). As is the case in Texas, this information can follow students through early adulthood (i.e., until a student is 24

years old; Tex. Educ. Code § 37.115, 2023), leading to further privacy concerns beyond the initial school conducting BTA.

### **The Role of Law Enforcement in Schools and in the BTA Process Is Debated.**

Concerns about police presence on BTA teams also include potential negative reactions among historically marginalized populations, worsened school climate, and increased inappropriate school disciplinary actions. Law enforcement's involvement in BTA could mean a higher probability of punitive and exclusionary measures due to their enforcement-focused training, rather than prevention or remediation approaches (Center for Civil Rights Remedies et al., 2022). For example, Servoss and Finn (2014) found that as schools adopted more security measures, including the hiring of officers, suspension rates increased by 19 percent. This has an effect for Black students particularly, as there is a greater disparity in suspension rates between Black students and white students in schools with more security measures (Finn & Servoss, 2014). When taken with the finding that Black, American Indian, Pacific Islander, and Latino students lost more days of school nationwide due to out-of-school suspensions in the 2015-16 school year compared to white students (Losen & Whitaker, 2018), concerns about law enforcement's interactions with BIPOC students undergoing BTA become amplified.



The role of law enforcement on BTA teams is controversial. Some attendees noted that without BTA teams, school administrators may freely contact law enforcement and their involvement would not be regulated. In other words, BTA may provide a structure for law enforcement to be trained and know their role when a student threat is made. On the other hand, when BTA teams include law enforcement officers, school staff report that BTA teams often proceed with the officer's

recommendation without a collaborative discussion (Center for Civil Rights Remedies et al., 2022). For these reasons, some attendees suggested limiting law enforcement's involvement on BTA teams by removing officers from teams entirely or training team personnel on appropriate police contact (i.e., when to request police assistance). Additionally, attendees recommended that if police become involved in BTA teams, officers must be trained and have their role clearly defined.

**BTA Models Are Employed Within Schools and Systems That Have Historically Oppressed Students of Color and May Perpetuate Discriminatory Practices.** Another concern attendees raised pertaining to students is how BTA models are employed within schools and systems that have historically oppressed students of color, raising skepticism about their implementation. Attendees mentioned that discussions about historical trauma are minimal in discourse on BTA. Research illustrates that Black and Brown students and students with

disabilities are disciplined more severely and at rates that are disproportionate to that of their white and able-bodied peers, which has consequences that can extend to early adulthood (e.g., out-of-school suspensions or expulsions, dropping out of school, interaction with the criminal justice system, lower rates of completing postsecondary education, decreased earning potential) (Davison et al., 2022; Losen et al., 2014; Losen & Skiba, 2010; U.S. Government Accountability Office, 2018; Welch & Payne, 2010). BTA is no exception, as there are racial and special education disparities with respect to threat identification and disciplinary outcomes (Cornell, Maeng, Huang, et al., 2018; Crepeau-Hobson & Leech, 2022a; Maeng et al., 2020; Ross et al., 2022). Additionally, O'Malley and colleagues (2019) found that, on average, school-based BTA publications from 2007 to 2017 had low coverage of a variety of cultural competence, with topics like the relevance of acculturation and deculturation to the BTA process and “enculturated notions of distress, illness, and well-being” (p. 267) not being covered at all. These findings indicate that BTA research does not consider culturally relevant experiences specific to BIPOC students. However, attendees also noted that without a multidisciplinary team, administrators have a greater ability to make unilateral decisions on school discipline, which could result in greater inequities for marginalized populations. A hope is that multidisciplinary BTA teams would reduce these instances, particularly by including school mental health staff and staff who have relationships with students.

**Perceptions Are Mixed Regarding How Well BTA Engages Youth, Family, and Communities.** Attendees considered youth, family, and community engagement in the implementation of BTA. Attendees suggested elevating marginalized communities that are disproportionately impacted by BTA so they may be involved in generating solutions for implementing BTA. Attendees preferred that schools create solutions for BTA implementation *with* communities, not *for* communities, as doing the latter may increase the possibility of disparate outcomes. This includes recognizing BTA’s origins in law enforcement, which has disparately punished marginalized populations (e.g., Homer & Fisher, 2020; Kim & Farkas, 2023). Roundtable attendees discussed how these origins influence the definitions of core BTA concepts, such as threat, success, and safety, but marginalized communities may define them differently based on their own experiences. Since the goal of BTA is to prevent school violence, these concepts should be contextualized in child development, mental health, education, or equity. Attendees also conveyed examples that highlighted how teams’ direct engagement with youth and families involved in a BTA can result in positive outcomes, including connecting families to resources. However, difficulties in engaging families were also discussed, including disagreements about student behavior classification, fragmented communications from schools, and socioeconomic factors. Attendees also outlined tensions between maintaining student privacy and increasing transparency in the BTA process. Although less transparency protects student privacy, it may limit stakeholder engagement and the ability to disseminate positive examples of BTA implementation.

**Implementation of BTA Varies Widely, Raising Concerns About How BTA Is Actually Used in Schools.** While BTA is widely adopted by U.S. schools, most are not required to adhere to a particular BTA model. For example, while many schools in Virginia are mandated to have BTA teams and may use CSTAG, it is not the only BTA model used (e.g., Virginia



Department of Criminal Justice Services, 2023). NTAC (2018) also indicates that their guidelines are minimal with respect to using BTA in schools. They further emphasize that these procedures should be adapted based on school or district needs; otherwise, they can serve as supplemental procedures if a school already uses BTA or other school violence prevention plans. Because of this, there is wide variability in the implementation of BTA across states, and little is known about how BTA is actually used. This raises concerns about its effectiveness, discriminatory practices, adherence to best practices (e.g., multidisciplinary teams), adaptations for specific populations and ages, incorporation of trauma-informed practices, and more.

### ***Mental Health-Specific Considerations***

**A Common Misconception Is That People With Mental Illness or Mental Health Concerns Are Responsible for Most Mass Shootings and Violence, and This Myth Should Not Unduly Influence How a Threat Is Assessed and Managed.** Contrary to the myth, people with mental illness or mental health concerns are not responsible for most mass shootings and violence (DeAngelis, 2022; Walsh & Fahy, 2002). This bias leads to the conflation of acts of violence with the mental health status of individuals. However, it is uncommon for serious mental illness alone to lead one to perpetrate a violent act (DeAngelis, 2022). A range of factors can increase the likelihood of individuals to commit violence, such as substance use, adverse childhood experiences, and other environmental issues, like residing in a high-crime area (DeAngelis, 2022). Mental health status alone is not sufficient information to make determinations about a person's likelihood to behave violently (DeAngelis, 2022). Regardless of whether or not a student has a mental illness, school BTA literature recommends that a student's mental health status, existing substance use, and coping skills all be addressed when conducting a BTA (Mitchell & Paik, 2016). Given this information, this myth should not influence disciplinary or non-disciplinary outcomes resulting from the BTA process, particularly among students with mental illness.

**In Practice, BTA Teams Often Lack Representation from All Disciplines, Including School or Community Mental Health Professionals.** Minimizing bias related to mental health status in the BTA process may be addressed by involving multidisciplinary teams, which is considered best practice (Reeves et al., 2022). For example, school psychologists are recommended to be present on a BTA team, as their expertise in trauma, understanding behaviors, and conducting effective interviews is important (Erbacher & Wycoff, 2021). However, although a multidisciplinary team is considered optimal, BTA teams often lack representation from all disciplines. Even when a team includes school mental health professionals, they are not always required to participate in every threat case (Cornell et al., 2015). In one study, only 32 percent of cases included a psychologist, and 21 percent included a social worker (Cornell et al., 2015). This may be due in part to the shortage of school psychologists or other licensed mental health care workers (Enos, 2022; Young et al., 2021). Due to nationwide shortages of school psychologists and other mental health providers, most states in the nation are also not meeting the recommended student-to-mental health professional ratios (Hopeful Futures Campaign, 2022). These shortages may impact the outcomes of BTA. While BTA models are considered by some to be a proactive violence prevention method compared to zero-tolerance approaches and should factor in student mental

health status, students who could benefit from a mental health intervention may not always receive it after undergoing BTA (Cornell, 2021).

**BTA Models Do Not Address the Need for Trauma-Informed Practices at the School, School Personnel, or Student Levels.** Altogether, these concerns highlight the need for trauma-informed practices (e.g., identifying and avoiding student triggers, engaging in relationship building, promoting consistency) (Minahan, 2019) to supplement BTA. For example, the training objectives for the CSTAG 1-day training workshop for BTA teams (Cornell, 2020) do not explicitly focus on trauma-informed practices, and in CSTAG, there is no mention of how to incorporate these practices (Cornell, 2020). To remedy this, O’Malley and colleagues (2019) suggested ways to incorporate trauma-informed practices into the CSTAG, including training school personnel and students in trauma-informed care, using trauma-informed techniques during threat evaluation (e.g., avoiding stigmatizing language), and considering trauma history during threat determination. Other frameworks, such as PBIS, incorporate trauma-informed approaches across all tiers of support and can be used to supplement BTA (Center on PBIS, 2023; NASP, 2021).

## 4. Recommendations

The following are general recommendations regarding the use of BTA in schools for schools and school systems, policymakers, and researchers, as well as SAMHSA (see Table 2). These recommendations are focused on the intersection of BTA and mental health and do not reflect support for or opposition toward using BTA.

### 4.1 Recommendations for Schools, Policymakers, Funders, and Researchers

#### ***Address School Violence Using a Range of Effective Programs***

As one roundtable attendee noted, BTA is “by no means a panacea” that prevents all instances of school violence and should “not [be] a replacement for other support systems.” If schools use BTA as a method of school violence prevention, they should utilize other evidence-based strategies to supplement BTA (e.g., social-emotional learning, restorative practices, trauma-informed care, PBIS). For example, NASP (2021) discusses that BTA is more effective when part of MTSS.

#### ***Allocate More Funding for Health Promotion and Violence Prevention, Including Mental Health Resources***

None of the roundtable participants reported instances in which schools, districts, or states had adequate mental health and special education resources. Across the country, only two states meet the recommended ratio of school psychologists and school counselors to students, and no state meets the recommended ratio of school social workers to students (Hopeful Futures Campaign, 2022). Additionally, despite schools’ reported changes to student mental health



services since the start of the COVID-19 pandemic, inadequate staffing, access to licensed professionals, and funding remain barriers to providing effective mental health services to all students in need (Panchal et al., 2022). Without funding for these and other health promotion and violence prevention programs, schools are forced to choose which programs to implement, and underfunded state and local mandates complicate these choices. Given the prevalence of BTA

policies across the country (i.e., 41 states and territories) and the importance of financing when implementing a new program (Damschroder et al., 2022), it is important to allocate more funding for health promotion and violence prevention programs, especially when passing new state or local mandates.

### ***Include Meaningful Engagement and Participation from Youth, Families, and Communities in the Adoption and Implementation of School Violence Prevention Programs***

Considering the importance of obtaining feedback from recipients when implementing a new program (Damschroder et al., 2022), the voices of youth, families, and communities should be considered when adopting and implementing school violence prevention programs. Meaningful engagement with youth, families, and communities should utilize key concepts and principles in community engagement. For example, building community capacity gives communities an opportunity to identify and solve problems like school violence based on community strengths (Wallerstein et al., 2015). This may include mitigating possible risks for BTA (e.g., stigma for students who undergo BTAs, student privacy, police presence, biases) or selecting alternative school violence prevention programs if stakeholders are firmly opposed to BTA.

### ***Address Racial/Ethnic and Mental Health Disability Biases in BTA***

Roundtable attendees discussed how BIPOC students and students with disabilities are more likely to be referred to BTA teams than white students and students in general education. These BTA referral disparities have also been identified in some research findings (Hairston & Stafford, 2023; Kaplan & Cornell, 2005; Ross et al., 2022; Swelitz, 2019). Attendees also discussed how BIPOC students and students with disabilities are viewed as a threat. These stereotypes can lead to misinterpretation of mental health needs among these historically marginalized populations. All school staff, regardless of BTA team status, must understand and address root causes of disparities that can affect judgments related to BTA (e.g., threat perception, BTA referral, disciplinary outcomes). McIntosh and colleagues (2021) have begun to explore this in school discipline by embedding culturally responsive behavior strategies (e.g., improving staff-student relationships, teaching desired behaviors to students, providing feedback on unwanted

behaviors) and strategies to minimize unconscious bias (i.e., to allow time for conscious thought) into a school-wide PBIS framework.

Students with disabilities, including mental illnesses, are protected from discrimination under Section 504 of the Rehabilitation Act of 1973 (U.S. Department of Education, 2020). Given this and the finding that more than one in five children have a mental health condition (Bethell et al., 2022), it is important for all school staff to identify how student mental health needs may manifest to ensure that youth can access services to which they are entitled. These services may include special education services or an individualized education plan. Additionally, if students are receiving mental

health, special education, or other services, these teams should be in communication with BTA teams to provide further insight and expertise during the BTA process.

<b>Table 2</b> <i>Recommendations for Implementation and Study of BTA</i>	
<b>Recommendation</b>	<b>Stakeholder(s)</b>
Address school violence using a range of effective programs.	Schools/school systems
Allocate more funding for health promotion and violence prevention, including mental health resources.	Policymakers, funders
Include meaningful engagement and participation from youth, families, and communities in the adoption and implementation of school violence prevention programs.	Schools/school systems, youth, families, communities, advocates
Address racial/ethnic and mental health disability biases in BTA.	Schools/school systems, researchers
Clarify BTA policies and align them with best practices, such as including mental health staff on all BTA teams and conducting mental health screening before police investigations.	Schools/school systems, researchers, policymakers
Conduct research to fill gaps in knowledge about BTA, including mental health-related outcomes.	Researchers, funders, youth, families, communities
Develop training and technical assistance on BTA to support the school mental health workforce due to its prevalence.	SAMHSA
Convene a panel to examine BTA and student mental health.	SAMHSA
Produce an advisory statement on BTA and student mental health.	SAMHSA

***Clarify BTA Policies and Align Them with Best Practices, Such as Including Mental Health Staff on All BTA Teams and Conducting Mental Health Screening Before Police Investigations***

Policies around BTA vary by state and school, so it is important to clarify these policies to the furthest extent possible. For example, New Jersey’s BTA law states that school resource officers or a liaison to law enforcement must be included on a BTA team, but it does not provide more guidance on how their involvement will be regulated (N.J. Stat. § 18A:17-43.4, 2022). These laws should also be aligned with best practices, such as staffing teams from multiple disciplines and involving police only after a student undergoes mental health screening following a very serious substantive threat or if there is imminent danger to a student’s life (e.g., a bomb threat) (Cornell, 2020). For example, New Jersey requires BTA teams to include a staff member with counseling experience as part of a multidisciplinary team approach (N.J. Stat. § 18A:17-43.4, 2022). While New Jersey’s law does not allocate additional funding for schools to hire additional staff with counseling experience, the state has sought grant funds to hire more school mental health staff and improve their ratios of staff to students (Hopeful Futures Campaign,

2022; New Jersey Department of Education, 2023). Alternatively, in contrast to best practices of involving law enforcement officers after a mental health screening is conducted, California mandates that student threats of homicide be reported to law enforcement and that law enforcement officers conduct a BTA (CA Educ. Code § 49393, 2022; CA Educ. Code § 49394, 2022).

### ***Conduct Research to Fill Gaps in Knowledge About BTA, Including Violence Prevention and Mental Health-Related Outcomes***

Relative to other programs, there is limited research on BTA in schools, and many gaps have been identified. The authors of documents included in the scoping review have noted a variety of directions for future research. Specifically, research on how BTA is implemented in practice (e.g., composition of BTA teams, fidelity to specific models) was the most recommended in our scoping review. Additionally, the current literature base on BTA outcomes has limited generalizability as most studies have examined outcomes associated with a single BTA model, and most data were collected in the state of Virginia, by the developers of the primary BTA model (i.e., CSTAG). Roundtable attendees also noted this critique of the literature. Also, while sometimes used interchangeably (Ellington, 2019), BTA was not developed to assess threats of self-harm or suicide. While there are some studies examining this (e.g., Burnette et al., 2019), future research should examine BTA's feasibility and effectiveness in addressing these threats.

Since violence prevention is the main goal of BTA in schools (NTAC, 2018), more research should examine BTA's effects on school violence. Studies should compare the effects of BTA with those of other violence prevention strategies, such as restorative practices, to determine if there are any advantages or disadvantages to using a particular strategy. Increasing data collection in underrepresented states, geographic areas, and communities, in addition to studying alternative models



or adaptations to the CSTAG, are also important to determine whether BTA outcomes can be replicated (there are some studies underway) (Jackson & Viljoen, 2023; Maeng et al., 2023). Independent access to deidentified BTA implementation and outcome data is also important so that schools, districts, and independent research teams may evaluate the effectiveness of BTA implementation and make decisions on school violence prevention strategies accordingly. Finally, non-disciplinary outcomes, such as mental health and special education services, have been infrequently investigated compared to disciplinary actions. Given the lack of investigation of non-disciplinary outcomes and the recommended use of alternatives to discipline when feasible (APA Zero Tolerance Task Force, 2008; Cornell et al., 2012; Crepeau-Hobson & Leech, 2022b), mental health-related BTA outcomes should be further researched.

## 4.2 Recommendations for SAMHSA

### ***Develop Training and Technical Assistance for the School Mental Health Workforce on Managing Student Threats***

While there are multiple perspectives on its use in schools, BTA is a widely adopted school violence prevention strategy, to the point where most secondary school counselors have indicated their job responsibilities related to BTA have increased (National Association for College Admission Counseling, 2020). However, BTA implementation varies widely. For example, while CSTAG encourages mental health treatment referrals when appropriate (Cornell, 2020), this would largely depend on the available resources in school communities and a clinician's knowledge in treatment approaches. As a result, a student's BTA outcome can become tied to what is available in the school community. Even with those resources, school counselors may also rely on the expertise of student support services staff (e.g., school psychologists, school social workers). However, in these instances, the shortage of school psychologists, school social workers, and other school mental health staff can serve as a barrier to BTA implementation (Ellington, 2019; Hopeful Futures Campaign, 2022). Given the increased focus on BTA and the variability in its implementation, SAMHSA should develop training and technical assistance opportunities to support the school mental health workforce in threat identification, assessment, and response.

### ***Convene a Panel to Examine BTA and Student Mental Health***

As recently as June 2021, the U.S. Department of Education (2021) released a public request for information asking for comments about the nondiscriminatory administration of school discipline. There were specific requests for comments around BTA and topics related to BTA, such as referrals to and interactions with law enforcement, student possession and usage of weapons in school, and alternate school placements. The request received over 3,600 comments, indicating a growing interest around BTA. Given this growing interest, lack of adequate research, and possible effects on student mental health, SAMHSA should convene a multidisciplinary panel of stakeholders to explore the intersection of BTA and student mental health. While we were able to begin exploring this topic through the roundtable, SAMHSA can commit more resources to exploring BTA in greater depth. For example, SAMHSA may consider obtaining perspectives from subject matter experts in areas that were not represented in the current roundtable discussion (e.g., youth, families, policymakers).

### ***Produce an Advisory Statement on BTA and Student Mental Health***

SAMHSA has released a number of advisories on emerging, current topics in mental health. These topics include the potential harms and side effects of cannabidiol, use of digital therapeutics for behavioral health management and treatment, and identification and management of mental health symptoms and conditions associated with Long COVID. As conversations continue around how to prevent school violence, especially in the aftermath of school shootings, this topic will continue to be emergent in the mental health field. As such, SAMHSA should produce an advisory statement on BTA that provides specific guidance on its intersection with student mental health.

## 5. Conclusion

School violence is a major public health problem in the United States. This report summarized research on BTA and highlighted key concerns about its fit and appropriateness for use in schools, including as it relates to student mental health. Three overarching conclusions can be drawn.



First, the intent of BTA is to provide a standardized way to assess threats and prevent school violence. However, long-standing systemic biases and discrimination within the U.S. have led to inequitable and negative outcomes for people from marginalized communities. Without adequate attention to these realities, implementation of BTA may replicate inequities and negative outcomes for BIPOC students and students with disabilities, as BTA outcome research

has found. Strategies to address and reduce negative outcomes include ensuring that BTA is implemented by multidisciplinary teams that are trained in mental health, with proper attention to privacy concerns. These teams should also receive training on ecological risk factors that are associated with school violence (e.g., ACEs, trauma, substance use, community violence). BTA must also define a limited role for law enforcement. This role should be backed by proper training, with the purpose of fostering collaboration and prioritizing student safety, health, and education.

Second, research conducted to date suggests that BTA can have positive outcomes. However, the research base is limited, including related to school violence outcomes. There is a crucial need to expand research beyond the confines of the CSTAG model and collect data from other states. Longitudinal studies and within-group designs are also essential to unveil the sustained impact of BTA interventions on students and school climate over time. Examining associations between BTA and non-disciplinary outcomes is needed to offer a more holistic assessment of the multifaceted impacts of BTA interventions.

Finally, while schools are part of the solution to addressing school violence, reducing school violence requires an ecological approach. Schools alone cannot be responsible for reducing school violence. For example, staffing shortages and limited funding can inhibit a school's ability to utilize support services for BTA cases and implement universal school-based health promotion programs to reduce school violence. Engaging funders and policymakers and working across child-serving systems to invest in these programs, successfully engaging stakeholders affected by BTA (i.e., youth, families, and communities), and utilizing their input for its implementation may help reduce school violence and its effects on our nation's youth.

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