

Information-Sharing in Crisis Involving Potential Targeted Violence



Nielsen
Psychological Services

Acknowledgments

Nielsen Psychological Services would like to acknowledge the work of so many stakeholders across the state of Colorado and our nation in an effort to reduce targeted violence. It's been through the work of our front-line heroes, including community law enforcement, school administrators and teachers, and behavioral interventionists and therapists, that we are able to keep our community safe in respectful and innovative ways. This information-sharing guide is meant to serve as a starting point for any group or entity to use in developing their own practices around violence prevention.



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PURPOSE OF THE DOCUMENT

Voluntary support services like therapy and counseling interventions rely in large part on trust in providers, predicated on the premise of confidentiality. Trust is the linchpin of therapeutic services; however, when a person is in crisis and poses an imminent threat to self or others, the need for confidentiality must be balanced with the need for community safety. This guide walks professionals through legal, ethical, and contextual considerations when making the decision of when to involve others and what to report to law enforcement.

I. Decision-Making Around Sharing Information

Decisions around sharing information and disclosure of confidentiality in emergencies, in whole or in part, should incorporate four components:

- A. Laws and Legal Guidelines**
- B. Ethical Guidelines**
- C. The Context of the Case**
- D. Professional Judgment**

Professionals are often expected to intervene, and there may be a personal or professional liability in not assessing the situation efficiently and acting according to the best interests of the person in crisis, targets and victims, and the overall community.

This document provides guidance as to when to involve law enforcement and what is necessary to report as a professional. The intent is to protect the person in crisis, sometimes from their own self-destructive behavior, and others who may be at risk of being harmed. We generally have responsibilities to act in the following situations:

- When a person may harm themselves
- When a person may harm another person
- When a person poses a threat to public safety, including acts of terrorism
- When a person is gravely disabled and unable to care for themselves
- When a child, elderly person, or other legally defined at-risk person may be harmed, abused, or neglected



If a person is suicidal, confidential information will need to be shared with law enforcement, medical professionals, and other emergency workers to get the person stabilized in a safe place. If a client writes a manifesto, creates attack plans, shares attack plans and attempts to involve others, or makes a martyrdom video/statement, these are indicators of imminent targeted violence. Immediately contact law enforcement.

Suicidality and/or Homicidality:

While patient confidentiality is essential, there are safety exceptions when a person appears to be suicidal and/or homicidal. These are outlined in two confidentiality acts:

The Health Information Portability and Accountability Act (HIPAA) applies to health organizations that electronically transmit patient information. It outlines confidentiality, documentation requirements around disclosures of a client's protected health information, and when it is necessary to disclose PHI without an individual's authorization. Specifically, HIPAA's Permitted Uses and Disclosures includes Public Interest and Benefit Activities and adds that "covered entities may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make."²

The Family Educational Rights and Privacy Act (FERPA) applies to school settings. Disclosures are allowed when necessary to keep the client and the community safe from serious physical harm. Police records are not included in FERPA because they are not part of a student's educational record. A school may share personal information from education records about "the behavior of a student who has been disciplined for conduct that posed a significant risk to the safety or well-being of that student, other students, or other members of the school community."³

2. USDOL/OALJ Law Library - HIPAA Privacy Rules, 45 C.F.R. 164.512 | US Department of Labor

3. Are there situations in which school officials may non-consensually disclose personally identifiable information from education records of students who have been disciplined for conduct that posed a significant risk to the safety of the school community? | Protecting Student Privacy



A. Laws and Legal Guidelines

For professionals to manage threats to the safety of people in crisis and others, consider federal guidelines about confidentiality (HIPAA and FERPA), and state laws where you work or professional practice. This includes Duty to Warn, Duty to Protect, mandated reporting, and special state legislation that may have passed in the wake of a tragic event.

Duty to Warn and Duty to Protect:

Many states either require or permit reporting where information suggests that a person may seriously injure or attempt to kill others. Refer to [the laws and guidance for your state](#) about information law enforcement, potential victims, locations of potential attacks, etc.

Often, state statutes include an element of “imminent harm or danger” without defining it in terms of a specific timeframe. The case of [Tarasoff vs. Regents of the University of California](#) established a Duty to Warn third parties of a patient’s threats to their safety when a patient threatens to kill or seriously injure a reasonably identifiable person or target. Current Duty to Warn and Duty to Protect state laws were developed as a response to this case. However, “imminent” is not used in Tarasoff but rather “foreseeability.” The case states we “owe a duty of care to all persons who are foreseeably endangered by [a person’s] conduct” and must “exercise reasonable care to protect the foreseeable victim of that danger... The discharge of this duty may require the therapist to take one or more various steps, depending on the nature of the case. Thus it may call for them to warn the intended victim or others likely to apprise the victim of the danger, to notify the police (1), or to take whatever other steps are reasonably necessary under the circumstances.” Justice Tobriner famously summarized, “The protective privilege ends where the public peril begins...the risk that unnecessary warnings may be given is a reasonable price to pay for the lives of possible victims that might be saved.”

Mandated reporters are trusted professionals tasked with reporting child abuse, neglect, elder abuse, and grave disability to the most vulnerable people in our communities. First, determine if you are a mandated reporter by state law, and if so, follow state guidance about reporting to the proper authorities. States typically have statewide reporting hotlines for both child abuse and adult protective services. A report made to a child abuse reporting hotline can trigger a law enforcement response in certain cases. Mandated reporters can also contact law enforcement directly to report incidents of abuse, neglect, and grave disability.

Mandated Reporters by State

1, Child Welfare Enacted Legislation Database (NCSL)

Tarasoff v. Regents of University of California, 17 Cal.3d 425 (Supreme Court of California July 1, 1976)



B. Ethical Considerations

Each profession has its own Ethics Codes and Standards of Conduct which provide additional guidance when there is not a legal mandate to disclose information, but it may be important to do given your professional role. Although not exhaustive, the following are links to examples of professional ethical standards:

- [American Bar Association](#)
- [American Medical Association Code of Medical Ethics](#)
- [American Psychological Association](#)
- [American School Counselor Association \(ASCA\) Ethical Standards](#)
- [National Association of Social Workers](#)

For legal and ethical advice, professionals can contact their practice insurance provider, professional organizations like the [American Psychological Association's Ethics Hotline](#) or the [National Association of Social Workers free consultation ethics hotline](#).

C. Case Conceptualization and Considerations

All threats to self and others must be taken seriously and warrant follow-up. While behavioral threat assessments look similar for minors and adults, subsequent countermeasures and safety planning must be individualized and person-centered to be effective. Mental status, neurodiversity, substance use, personality, personal history, past interventions, and a host of other factors will impact the effectiveness of various interventions. Taking a trauma-informed, developmentally appropriate approach while maintaining boundaries and safety is important. Age is a significant factor in the ethical use of violence risk assessments and contextualizing behavioral threat assessments. When safety planning, minors can be compelled to participate in interventions, while adults have a right to refuse services. In addition, minors can receive additional support from schools or through at-home therapeutic and behavioral interventions. In contrast, adults who reject voluntary interventions and/or lack positive social supports may go longer without effective countermeasures.



D. Professional Judgment

Ultimately, we are tasked with making the best decisions possible with the available information. Balancing the privacy of the person in crisis and the potential for them to hurt themselves or others is complex. Here are some tips to aid your professional judgment:

- Educate yourself on state statutes, laws, state professional ethical standards, and codes of conduct for your role, and the relevant laws and guidelines in your state.
- When faced with two intersecting policies (e.g., state versus federal laws, or organizational versus professional standards), choose the stricter policy.
- Follow laws, then mandates, then ethics and professional standards.
- In high-risk situations, liability shifts from maintaining client confidentiality to ensuring the physical safety of the person in crisis and others.
- Don't fall prey to myths around information sharing. If violence or harm is likely, particularly in cases of homicidal ideation or potential targeted violence, our duties shift to public safety over individual rights and confidentiality.
- Document your decision-making process.
- Use consultation to ensure ethical, legal, and respectful decision-making in complex cases. You could consult with professionals in your field, supervisors and those in your chain of command, ethics boards, liability insurance, and professional hotlines.



II. I have a duty to report to law enforcement. What do I need to share?

Members of law enforcement need sufficient information to respond appropriately to a report of an individual who is actively suicidal or homicidal. The most effective report is clear about the nature of the concern and provides information that enables law enforcement to intervene effectively.

Practitioners will likely need to share the following when making a report to law enforcement:

1. What is the person's name, date of birth, age, gender, and other identifying information?
2. What contact information is available for the person, such as phone number, address, employer, and/or school?
3. If applicable, how can parents or legal guardians be contacted?
4. What is the person's current location?
5. What is happening right now so immediate safety can be established?
6. What leads you to believe this person may be at risk of harming themselves and/or others?
7. What suggests the person may pose a risk of harm to self or others?
8. Does the person have access to weapons or means of harming themselves or others?
9. Have they disclosed a plan to harm themselves or others? If so, what have they stated?
10. Is there any known history of related behaviors or prior attempts?
11. Are there any people or places that may be targeted?
12. Are there any mitigating or aggravating circumstances that law enforcement should know about?
13. Are there specific safety concerns for law enforcement, should they approach the person?
14. How did you obtain this information?
15. Do you want to be contacted about follow-up measures by law enforcement?
16. Will you be involved after the report is made?

Deciding what information to share relies heavily on professional judgment and involves balancing the client's needs with the community's safety. Practitioners making a report must consider what is necessary to share while maintaining client confidentiality where possible. Practitioners are encouraged to consult with fellow professionals when deciding what information to share in each situation. Anyone filing a report should document the decision-making process, including any individuals who assisted throughout.

While reports to law enforcement can be made confidentially, reporters who want to receive follow-up information must provide their contact information. The Case Info Management Template in Section III is intended for professionals and teams to use to help organize information about a client before making a report to law enforcement.



III. CASE INFO MANAGEMENT TEMPLATE

In crisis situations, a person may need to have services quickly put into place to ensure safety to self and/or others. This template was created as a starting point for organizations to assess potential harm to self and/or others, which may require information-sharing with other parties to provide safety.

Today's Date: _____ Location (county/city/state): _____

I. Professional Contact Info:

Name: _____

Profession: _____

Email: _____

Phone number: _____

How does the Professional Contact know the Person in Crisis? _____

Have you received concerning behavioral information directly (from the person themselves or by your own observation) or are you sharing this information on behalf of another party? (In other words, did you indirectly receive info that you are passing along?) _____

If so, how can direct contact be made with the reporting party, how can screenshots/data/posts be accessed, etc.? _____

II. Info about the Person in Crisis:

Name: _____

Phone: _____

Address: _____

Email: _____

Occupation: _____

Most Recent Job Contact Info: _____

School Currently or Most Recently Attended: _____

Date of Birth / Age: _____

If DOB/age is unknown, what is an educated guess as to the person's age? _____

III. Consent and Releases of Information:

Circle one: ADULT or MINOR UNDER 18

Is this person old enough to consent to treatment and sign their own releases of information (based on age of consent for medical or mental health services per state statute)?

If not, who is the legal guardian(s) who would be able to provide a release of information?

If this person is an adult and a release of information would be required:

Have they signed an ROI? Circle one: Yes No

If not, have they been asked, and what was the outcome? For example, might they be willing to sign a release or were they asked and they refused?

If there are NO signed releases of information, are there concerns about safety that warrant the release of relevant information to keep both the person in crisis and others safe?

IV. Safety Concerns - Harm to Self

(Harm to self, harm to others/national security, gravely disables, child and elder abuse, etc.)

a. Are there concerns about harm to **self**? Circle one: Yes No

If yes, is there a history of self-harm? Circle one: Yes No

Check all that apply:

___Cutting, burning, or other superficial self-harming

___Suicidal ideation without planning or intent

___Suicidal ideation with a potential plan

___Attempted suicide(s)

b. Regarding any behaviors of concern toward self as identified above, please provide additional context if it is available:

When was the first time, last time, and the worst time?

What information do you have about the frequency, intensity, or severity?

Have interventions for these behaviors been offered? Circle one: Yes No

If yes, what was the outcome?

If referrals were made, did the PIC accept services in the past or currently? Circle one: Yes No

If yes, can information or records be obtained to provide additional context and information in this situation?

If no, what interventions or referrals would make sense to try next that are more significant or provide a different approach to the problem (i.e. case management, mentorship, job placement, behavioral health, career or education assistance, etc.)?

V. Public Safety and Potential Harm to Others

Is the person in crisis known to be receiving any of the following services? Circle one: Yes No Unsure

___ Individualized Education Plan (IEP) at school

___ Behavioral or safety plan at school

___ Probation or Parole Status

___ Social Services

___ Human Resources involvement at work

___ Campus safety involvement

___ Court-Mandated Services (drug court, juvenile justice, restoration)

___ Other: _____

Are there concerns about harm to other people or locations? Circle one: Yes No

If yes, check all that apply below:

___ History of planning to harm others

___ History of completed incidents of harm to others such as assault, property damage, intimidation, and harassment

Regarding the behaviors of concern toward self/others as identified above, please provide additional context if information is available:

When was the first time, last time, and the worst time?

What information do you have about the frequency, intensity, or severity?

Have interventions for these behaviors been offered? Circle one: Yes No

If yes, what was the outcome?

If referrals were made, did the PIC accept services in the past or currently? Circle one: Yes No

If yes, can information or records be obtained to provide additional context and information in this situation?

If no, what interventions or referrals would make sense to try next that are more significant or provide a different approach to the problem (i.e. case management, mentorship, job placement, behavioral health, career or education assistance, etc.)?

Have you ever contacted anyone else in regard to the safety concerns in this case? Circle one Yes No

If yes, please check all that apply:

- ☐ school administrators
- ☐ safety team
- ☐ mental health and behavioral health interventionists
- ☐ parents
- ☐ employers
- ☐ colleagues
- ☐ coworkers
- ☐ subject matter experts
- ☐ other students
- ☐ emergency management
- ☐ 911 or emergency services
- ☐ Safe-to-Tell or Safe-to-Help style hotlines
- ☐ fusion centers
- ☐ local law enforcement, such as local police departments
- ☐ campus safety
- ☐ federal law enforcement like FBI
- ☐ risk management
- ☐ legal aid and advice
- ☐ other: _____

Additional information relevant to escalation toward self-harm and/or harm to others:

VI. History of Attack Behaviors

Describe any known attack behaviors, such as violent incidents against people or property. If none have been identified, have sources been checked to rule out a history of violent behavior?

Circle one: Yes No

If yes, describe the behavior and any other information relevant to the individual's attack behaviors:

If no, what sources were checked that indicate the absence of violent behavior toward self, others, or property?

Has the individual performed any attack behaviors AND disregarded protocols or requests by organizations or other individuals to stop attack-related behaviors and/or psychologically disruptive behaviors? Circle one: Yes No

If yes, describe the behavior and any interventions that were attempted:

VII. Follow-Up Contact Information

Who is assisting or otherwise involved in a professional capacity in this case? Please list the names and contact details below:

Will you continue to be involved in this situation or case after today? Circle one: Yes No
If yes, in what capacity?

Who will be the point of contact responsible for collecting and managing case information?

Do you need or want feedback and status updates about this referral? Circle one: Yes No

Do you need a way to do so anonymously? Circle one: Yes No

If no, and you would prefer to receive follow-up, what is the best way to contact you?

Date and time of report made:

Initiating Party:

Co-signing party (if applicable):

Professional consultation party (if applicable):

If you have any questions, comments, or
would like to reach out to the team, we
would love to talk with you!

CONTACT INFO:

DIRECT OFFICE: 720-340-1678
WWW.NIELSENPSYCHSERVICES.COM



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