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DarkFox: Education

DarkFox: Workplace

Case Example

Resources

DarkFoxDen

- + Demographics
- + Environment
- + Violence Risk Assessment
- + Threat Assessment
- + Suicide Assessment

RESUBMIT FOR REPORT

Skulks

- Your Responses

Birth year: 2007 Gender: Man Veteran: No

TBI: No IEP: No

Assessment data sources: parents, school records, counseling records, conduct records, PBIS/CARE team records, direct observations

Difficulties/loss within the last 1-2 months: Not entered

Current challenges: pending or likely suspension from school, pending involuntary medical withdrawal, pending voluntary medical withdrawal, return to school/work after embarrassing event

Violence Risk Assessment:

Free Fall: 1 Catalyst: Hopeless: Alone: Aggrieved: Vengeance: Incel: Costuming: Sadist: 2 Research: 1 Checklist: Objectification: Consumed: 2 Irrational: 2 Encouragers: Teased: Impulsive: Weapons Interest: Weapons Acquisistion: Defiant:

Threat Assessment:

Direct: 2Lethality: 2Time:Leakage:Location: 2Organization:Tone:Rhetoric:Planning:Penetration:Approach:Blaze:

Suicide Assessment:

Statement: 1Treatment: 1Self-injury: 1Self-concept: 2Eat: 2Sleep: 1Substances:Attempts:

- Summary

Life is not progressing how they would like. They often experience sadness and isolation, and their supports are beginning to fail (family, friends, work). It's difficult for them to hear praise or positive comments about themselves. This increasingly isolates them and makes developing friendships difficult.

Frequent odd and/or intrusive thoughts create a panic and worry and a negative impact with their friends, school, work, and/or family. A singular thought becomes all encompassing, leading to an inability to be redirected or focused. This impact their grades, work, and/or relationships as they rant about their ideas.

Upcoming conduct or discipline, such as suspension, present future stress and conflict that could escalate feelings of hopelessness, despair, and feeling trapped. A medical withdrawal is pending. This should be seen a potential escalation of catalyst events creating an action imperative for violence. Returning to school or work after an embarrassing event has the potential to raise feelings of isolation, teasing/bullying, low self-concept, and difficulty in social interactions.

Others express worry about their talk of not wanting to be around anymore and a desire to disappear. There is either a loss of appetite or rapid increase in appetite due to sadness. Excessive eating offers comfort while a stark reduction in eating offers a sense of punishment or control. Others have noticed the changes along with weight gain or loss. Eating disturbances cause an increase in overall suicide risk. Feelings of tiredness, exhaustion, and being overwhelmed due to a lack of sleep or too much sleep begin to impact their ability focus on tasks. Sleep disturbances can cause an increase in overall suicide risk. While not currently in care, they may be considering therapy as an option, as it may have helped previously. They have not been in the hospital before for mental health treatment. Self-injury occurs in a non-lethal way, motivated by frustration or boredom. Even though the occurrence is as low at a few times a year, they remain at a higher risk for suicide. Positive comments do little to improve their negative self-concept and they experience teasing, isolation, and a lack of friends. Avoidance of triggering concepts such as looks, weight, and having money for clothes or items occurs. The isolation and negative self-concept increase the risk of suicide.

There is a curiosity about the tactics, weapons, and planning of past mass shooters. They collect and organize materials for further study.

Comfort is taken in thoughts of harming others and causing pain. They have begun to acquire instruments to cause pain and have a history of harming and/or killing animals.

There has been a more specific threat to a person or place that includes a vague reference to a location, method, and/or time. Access to firearms is easily available from friends, a peer, or the store. It is likely they have the knowledge and ability to carry out a threat and the nature of the threat makes it likely they can carry it out. The threat includes a specific location that is mentioned online or verbally. The location is accessible to the threatener and chosen tactically to increase deaths. Given the presence of significant suicidal thoughts, any threats should be seen at a heightened level of concern given their chronic pain, hopelessness, and despair. They likely feel they have little to lose and if they are willing to take their own life, taking others with them to send a message or give meaning to their death should be considered.

- Vulnerability

MODERATE

VULNERABILITY brings together ALONE (low), FREE FALL (moderate), HOPELESS (low), TEASED (low), and SELF-CONCEPT (high). It represents an overall potential for isolation and vulnerability to considering suicide or violence to others. Overall vulnerability makes it more likely for the person to act out without regard to social pressures to conform, as they already perceive a high degree of negative emotion and punishment. As there is little hope for a better future, they consider more extreme action as they have little to lose.

Interventions

- As change creates a sense of uncertainty and fear about the future, it is important to support and praise early steps in the right direction and discuss
 wavs to help them overcome obstacles.
- Identifying ways to strengthen existing resources and looking for additional supports to their change would help address the sadness and isolation they
 are experiencing.
- Offer encouragement to help them appreciate that it will not always be like this in their life and the future is full of opportunities to change and adjust
 their behaviors to be more successful.

- Negative Thoughts

HIGH

NEGATIVE THOUGHTS brings together IRRATIONAL (high), AGGRIEVED (low), CONSUMED (high), OBJECTIFIED (low), INCEL (low). It represents an overall potential for a pessimistic and negative view of others and who is to blame for their difficulties in life. These obsessional, clouded, and misguided ways of seeing others contribute to the motivation for targeted violence. As they are seen as increasingly distant from others but with successful progression in their grades, work performance and/or relationships, there are few remaining reasons to conform with societal norms.

Interventions

- Given their tendency to assign blame quickly to others and become overwhelmed with intense feelings related to real or perceived injustices and mistreatment, encouraging them to talk calmly and without judgement or defensiveness about their thoughts may help them feel less combative and challenged. This could occur in counseling, group therapy, or supportive activities like sports, trivia night, book club, martial arts, religious or social justice organizations, hobbies, or clubs.
- There is a concern around a perceived loss of control, panic, and worry about what is happening around them. There should be a focus on assisting them
 to calmly and rationally assess their options for support. They will likely require assistance with connecting to additional support resources such as
 counseling or medical appointments.
- Odd or intrusive thoughts, delusions, and worry occupy an increasingly large part of their experience. A referral to a primary care doctor, counselor, or
 psychiatrist is warranted. The referral should be made along with efforts to ensure the appointment occurs. This means addressing obstacles such as
 finances, transportation, and stigma about receiving care.
- Social isolation will likely escalate if they continue to rant and blame others for their problems. This may occur with women due to a lack of dating
 opportunities as well as with classmates, work colleagues, family, and friends. Help them explore how their current behavior is leading to unwanted
 outcomes in their life. This development of discrepancy between their behavior and its outcome is also taught through motivational interviewing, a
 therapeutic approach to working with stuck or difficult people.
- Grades, work, family, and friendships are suffering because of the way they are interacting with others. While difficult, a referral to therapy or
 conversations with a mentor, coach, religious leader, sponsor, or trusted person may help return them to a balanced perspective.

- Environmental Stressors

MODERATE

ENVIRONMENTAL brings together their experience with difficulties, loss, and current challenges in life. The loss of key supports, changes in employment or school status, financial, or legal difficulties, and chronic experiences of teasing and bullying each contribute to weakened resiliency and an inability to remain positive and hopeful about the future. While rarely causal to suicide or targeted violence, the combination of recent losses with growing stressors creates less resistance in a person's life when they are considering suicide or violence to others.

Interventions

The upcoming discipline actions or suspension from school have the real potential to increase the stress and feelings of hopelessness. Efforts should be
made to discuss the impact of these upcoming events, as they bring with them disturbances that could escalate thoughts of suicide and/or violence to
others.

- The upcoming medical withdrawal from school have the real potential to increase the stress and feelings of hopelessness. Efforts should be made to discuss the impact of these upcoming events, as they bring with them disturbances that could escalate thoughts of suicide and/or violence to others.
- Helping them strategize how to best approach their return to school or work after an embarrassing event would help lessen feelings of isolation, teasing/bullying, low self-concept, and social challenges. This would include identifying triggers that would escalate them and creating some sample scenarios and scripts that would help them practice how to handle themselves. A referral to a therapist may help with this process.

- Suicidality HIGH

SUICIDALITY brings together STATEMENT (moderate), EAT (high), SLEEP (moderate), TREATMENT (moderate), SELF-INJURY (moderate), SUBSTANCES (low), SELF-CONCEPT (high), ATTEMPTS (low), HOPELESS (low), IMPULSIVE (low), WEAPONS ACQUISITION (low) and VETERAN STATUS (no). Suicide is best understood as an idea to action process, where thoughts and ideas such as disappearing, feeling trapped, and wanting to die lead to suicide attempts, self-injury, skipping medication, and inpatient hospitalization. Additional changes to eating and sleep can further increase the risk of suicide as can previous attempts and self-injury. Substance use can dull emotions or escalate suicide risk due to an increase in impulsivity, particularly if they have access to weapons. Suicidality and hopelessness are some of the highest risk factors for targeted violence as the person has lost all social regulation for their behavior and any hope of a positive outcome for their future.

Interventions

- Talking about suicide with other people causes increased social disruption and may increase isolation and problems functioning at work, school, or with friends. Consider ways to encourage them to share these feelings with the appropriate staff and/or mental health clinician or medical personal. Talking with a trusted adult could be another way to address this concern if they are reluctant to engage in therapeutic support.
- Difficulty with appetite or eating too much can increase social difficulties, raise the potential of teasing and bullying, and impact overall wellness and self-concept. A referral to school-based guidance counseling or workplace Employee Assistance Programs (EAP) may be helpful to address these eating concerns. Talking with a trusted adult could be another way to address this concern if they are reluctant to engage in therapeutic support.
- Difficulty with sleeping too much or too little can increase social difficulties, raise the potential of teasing and bullying, and impact overall wellness and
 self-concept. A referral to school-based guidance counseling or workplace Employee Assistance Programs (EAP) may be helpful to address these sleep
 concerns. Talking with a trusted adult could be another way to address this concern if they are reluctant to engage in therapeutic support.
- They should be encouraged to explore therapy as an option to help address the difficulties they are experiencing. This could occur in the school through the guidance office or in the workplace through an Employee Assistance Programs (EAP). Talking with a trusted adult could be another way to address this concern if they are reluctant to engage in therapeutic support.
- While they engage in infrequent self-injury without an intent to kill themselves, there remains an increased risk of suicide. Helping them identify
 alternative behaviors to replace the non-suicidal self-harm would be advised. This could occur through the school guidance office, outpatient therapy, or
 talking with a trusted adult if they are reluctant to engage in therapeutic support.
- There is a sense of isolation and negative self-concept and they may experience teasing and a lack of friends. While they may be resistant to positive comments and praise, there should be an encouragement of hope that things will improve. A referral to the school guidance office, outpatient therapy, or talking with a trusted adult if they are reluctant to engage in therapeutic support.

- Attack Preparation LOW

ATTACK PREPARATION brings together WEAPONS INTEREST (low), RESEARCH (moderate), PLANNING (low), ENCOURAGERS (low), COSTUMING (low) and VETERAN STATUS (no). A target is being considered and they have begun researching, planning, and considering different weapons to be used in the attack. The injustices and grievances they have endured drive them forward with the plan and they are encouraged by others (often in online groups) to escalate the attack plan. The preparation often offers some emotional release and feeling of calm as they struggle with isolation, frustration, and hopelessness about life.

- Attack Approach MODERATE

ATTACK APPROACH brings together WEAPONS ACQUISITION (low), CATALYST (low), CHECKLIST (low), PENETRATION (low), APPROACH (low), SADIST (high), VENGEANCE (low) and VETERAN STATUS (no). Approach behaviors are those that occur prior to an attack and can be seen as the physical acting out of preparations. Weapons are selected and acquired for the attack, countermeasures for security of the target are devised and a checklist for preparation is created. Events have occurred in their life that have increased stress, feelings of hopelessness.

Interventions

• The presence of fantasies involving those in power inflicting pain on others could be the start of a more concerning escalation. The acquisition of items to cause pain could increase the risk of more extreme violence, as can a history of harming and/or killing animals. Be cautious, however, as this could be a private fantasy that is practiced consensually without force or damage. Explore the motivation and practice of their thoughts related to power and pain and keep in mind the increased risk if other approach behaviors such as catalyst, penetration, checklist, approach, or vengeance are present. Encourage them to talk with a trusted adult, school counselor, work supervisor, human resources, or EAP counselor. Exercise caution in jumping to a conclusion about power and pain dynamics as always being precursors to more dangerous behaviors. A coordinated response with the school, college, or workplace BIT/CARE and/or threat team would be advised.

- Threat **EXTREME**

THREAT brings together DIRECT (high), ORGANIZATION (low), LETHALITY (high), TIME (low), LEAKAGE (low), LOCATION (high), TONE (low), RHETORIC (low), PLANNING (low), APPROACH (low), BLAZE (low), VETERAN STATUS (no), and SUICIDE. Threat indicates the overall severity of a threat that has been made. Someone has the potential to be violent even without making a threat, however threats that are made provide insight into the planning prior to a potential attack. Threat gathers information together about the time and location of an attack, the lethality or dangerousness of the threat, and if planning or approach has begun. Information about the transient or substantive nature of the threat is gathered through the tone and rhetoric of the threat.

Interventions

• The threat is vague in nature. Asking some clarifying or follow up questions to determine if the threat is transient or substantive would be recommended. Encourage them to talk to a trusted adult, school counselor, work supervisor, human resources, or EAP counselor to offer them support and discuss

alternatives to making threats. These concerns are further heightened when other threatening behaviors such as organization, lethal, time, leakage, location, tone, rhetoric, planning, approach, blaze, veteran, or suicide are present.

- They have access to lethal items/weapons and the ability and knowledge to carry out an attack. Seeing this lethality access in relationship to threatening behaviors such as direct, time, leakage, location, tone, rhetoric, planning, approach, blaze, veteran, or suicide can increase the risk of an attack. A coordinated response with the school, college, or workplace BIT/CARE, and/or threat team would be advised.
- Threats made are tied to a specific location that is mentioned to others. Given that the location was chosen to increase deaths, this is a late-stage behavior that should immediately involve conversations with law enforcement, school authorities, parents, work supervisors, and human resources. The risk of an attack is further heightened when other threating behaviors such as direct, lethal, time, location, tone, rhetoric, planning, approach, blaze, veteran, or suicide are present. An open-source intelligence review should be conducted to determine if there are concerning social media posts. In addition, law enforcement should conduct a local systems check (computer automated dispatch/CAD), criminal history, and wants/warrants search. A coordinated response with the school, college, or workplace BIT/CARE, and/or threat team would be advised.

PRINT RESET

No data is stored in this online system related to your entries. Users are encouraged to print and save the outcome to a PDF and maintain this according to your institution's data privacy standards.



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DarkFox is an expert system that takes observations and user input and creates a risk report based on this data. The system creates a risk mitigation plan based on user input and research from psychology, criminology, threat, and law enforcement fields. DarkFox provides support to threat teams and law enforcement in the summary and development of a risk mitigation plan. Information provided by DarkFox should be used in conjunction within the context of the experience, research and expert judgement of law enforcement, counseling, and threat assessment professionals. None of the information provided is stored or recorded in any way.

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