

THE TRI-MUNICIPAL COMMUNITY TRAUMA, VIOLENCE & SUICIDE PREVENTION (TVSP) PROTOCOL 2025

*An integrated collaborative response to Keeping Our
Children and Community Safe*



PROTOCOL PARTNERS

Alberta Parenting for the Future Association

Center for Trauma Informed Practices

City of Spruce Grove

Child Intervention – Edmonton Region Children and Family Services

Evergreen Catholic Separate School Division

Living Waters Christian Academy

Parkland School Division

Parkland County

Recovery Alberta – Mental Health and Addiction Services

Royal Canadian Mounted Police (RCMP)

St. Matthew Lutheran Christian Academy

Town of Stony Plain

Unlimited Potential Community Services

Additional protocol partners will be engaged as broader community training occurs and the protocol expands to more comprehensively address the needs for collaborative crisis and trauma response in our communities.

ACKNOWLEDGEMENTS

The foundation of the Trauma, Violence and Suicide Prevention (TVSP) Protocol is research and practice from the Center for Trauma Informed Practices (CTIP). We would like to acknowledge Kevin J. Cameron and the employees of CTIP. Their training, documents, knowledge, experience and guidance over the years has been monumental in the creation of this Community TVSP Protocol.

A sincere thank you to Strathcona County for generously creating and providing the framework for this integrated protocol. Their collaborative sharing was invaluable. Their knowledge, expertise and collaboration supported and informed the thoughtful development of this protocol and its related pieces.

The efforts of the Community Protocol Leadership Table who have led this work have made this integrated protocol possible. Their commitment to this important collaboration is exemplary.

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INTRODUCTION

The Trauma Violence and Suicide Prevention (TVSP) Protocol reflects our community's dedicated effort to foster environments that support healing and resilience. By intentionally shifting our focus to trauma-informed practices, we empower organizations and protocol partners to recognize the deep connections between trauma, violence, and suicide. Also understanding that unaddressed trauma can lead to further violence and more embedded trauma. The Violence Trauma Continuum denotes the dynamic relationship between trauma and violence, including suicide. Research proves that trauma and violence are fundamentally linked. By not taking an active role, in supporting the community through violent and traumatic events, the "silence intensifies the impact of trauma, and trauma that goes unspoken, unwitnessed and unclaimed too often 'outs itself' as more violence to self and others" (Phillips, S.B. (2015). There is a dangerous role of silence in the relationship between trauma and violence. A group response, international journal of group psychotherapy, 65(1), 64-87)).

Together, we create a proactive framework and process to activate, designed to reduce harm, support recovery, and ultimately restore safety and well-being for all members of our Tri-Municipal communities. The protocol allows for prevention, early intervention and postvention work with trauma, violence and/or suicide.

This document has been prepared as a support to ensure a coordinated multidisciplinary approach between partner agencies, promote dialogue, establish relationships and create shared understandings between partner agencies. It allows collective awareness to identify trends of concern within the community. It allows partners to share pertinent information and appropriate sensitive information within the context of preventing harm and managing trauma.

This document outlines the common principles, varied resources and certain obligations and procedures that are required by provincial and federal legislation such as the *Alberta Human Rights Act*, the *Children First Act*, the *Child, Youth and Family Enhancement Act*, the *Criminal Code*, the *Education Act*, the *Health Information Act*, *The Access to Information Act (ATIA)*, *The Protection of Privacy Act (POPA)*, *Personal Information Protection Act (PIPA)*, *Privacy Act* and the *Youth Criminal Justice Act*.



DOCUMENT STRUCTURE

This document is an overarching policy that outlines how community organizations will work together to create safe environments to minimize trauma, violence and suicide. It includes sections on the vision, mission, guiding principles, and operational procedures required to prevent and respond when activating the TES, VTRA or CSPR. Intended outcomes, principles and privacy considerations are outlined. Specific operational details are provided in the attached appendices.

The following attachments outline the specific details and implementation steps for each area of the VTSP Protocol.

Attachment A: Tri-Municipal Traumatic Event Systems (TES)

Attachment B: Tri-Municipal Violence Threat Risk Assessment (VTRA)

Attachment C: Tri-Municipal Community Suicide Prevention and Response (CSPR)

VISION

Our vision is to build resilient and thriving Tri-Municipal communities where every resident is supported through compassionate, trauma-informed care. By uniting our efforts, we aim to reduce the ripple effect of trauma and foster environments that nurture healing and well-being.

MISSION

All partners are accountable to the protocol's purpose and have a shared obligation to actively take steps to prevent traumatic events in the community. All partner organizations will take a zero tolerance stand for not responding to any form of trauma, violence, or suicide that impacts the quality of life for our community members.

OUTCOMES

Through the implementation of the TVSP Protocol, we strive to achieve:

- Timely prevention of violent incidents through coordinated responses.
- Reduced impact of traumatic events, violent acts or suicide by ensuring rapid and appropriate intervention.
- Enhanced community support systems that facilitate recovery and promote lasting well-being.
- A learning framework that drives improvements in policies and practices based on community experiences.

THREE-PART INTEGRATED PROTOCOL

To effectively address a community crisis, the partners must have a functional process to follow, a shared language to utilize and a common understanding of the laws and ethical considerations entrenched within each individual critical event. To support effective mitigation of a traumatic event, a violent act or threat or, a suicide within the community, the protocol is divided into three interconnected components:

1. Traumatic Event Systems (TES)

Developed by CTIP, TES supports community leaders in navigating the aftermath of traumatic events by reducing systemic anxiety and facilitating collective recovery.

2. Violence Threat Risk Assessment (VTRA)

Developed by CTIP, VTRA provides a comprehensive, multidisciplinary threat and risk assessment model that guides early intervention measures for situations where violent behavior is anticipated.

3. Community Suicide Prevention and Response (CSPR)

CSPR addresses the complexities surrounding suicide, recognizing its potential link with other forms of violence. This component ensures that appropriate interventions are initiated to support at-risk individuals and minimize contagion effects.

TRAUMATIC EVENT SYSTEMS (TES)

Traumatic Events Systems (TES) created by the CTIP is intended to support leaders in guiding human systems such as organizations, and community through the impact and aftermath of traumatic events.

The primary role of TES intervention is to lower the anxiety of the system. High anxiety increases symptomology. TES allows protocol members and partners to respond to traumatic events as a collective. The scope and intensity of the response depends on the specific event.

Community-level traumatic events include but are not limited to:

- Impact extending beyond one organization
- Involvement of integrally connected individuals
- Multiple sectors affected
- One or multiple Tri-Municipal Community School-involved youth
- High-profile violence with weapon involvement or media-visible violence
- The potential for mimicking behaviours
- Occurrence in a public space
- Wide media coverage including social media
- Emergency or major crisis affecting the whole community (e.g., natural disasters, terrorism)

For more detailed information regarding specific roles and actions to be taken, please refer to ***Attachment A: Traumatic Events Systems (TES)***.

VIOLENCE THREAT RISK ASSESSMENT (VTRA)

The VTRA model developed by CTIP, encourages a comprehensive, multidisciplinary approach to violence prevention, threat assessment and intervention.

High-Risk Behaviours cause concern and may indicate an individual is heading toward violent behaviour. High-risk behaviours that lead to VTRA activation include, but are not limited to:

- Serious violence or violence with the intent to harm or kill
- Verbal/written threats to kill others (clear, direct, plausible)
- Internet, website, social media threats to kill others
- Possession of weapons (including replicas)
- Bomb threats (making and/or detonating explosive devices)
- Fire setting
- Sexual intimidation or assault
- Extreme cases of bullying and harassment
- Gang related intimidation and violence
- Rehearsal behaviours or evidence of planning
- Hate incident motivated by factors including, but not limited to: race, culture, religion, and/or sexual or gender diversity

Worrisome Behaviours are lesser behaviours yet still should not be ignored. These include, but are not limited to:

- Writing stories, journal entries and blog posts that contain violent content
- Social media messaging
- Drawing pictures of a violent nature
- Making vague threatening statements
- Unusual interest in fire
- Significant change in baseline behaviour, anti-social behaviours

Investigating worrisome behaviours by a multi-disciplinary team can create good interventions to prevent an escalation in violence. VTRA activation is based on collective understanding from information-gathering phases. If the person of interest is deemed violent, has uttered threats, or is in possession of a weapon, VTRA will be activated.

For more detailed information regarding specific roles and actions to be taken, please refer to ***Attachment B: Violence Threat Risk Assessment (VTRA)***.

COMMUNITY SUICIDE PREVENTION AND RESPONSE (CSPR)

Suicide response is prioritized due to the risk of community ripple effects and contagion. Suicide and homicide may present with fluidity. VTRA and TES should be activated if one or more suicides are likely to have a ripple effect or a large impact within the community.

Examples of activating the CSPR would include, but are not limited to:

- Fluidity of an individual between homicidal and suicidal states
- Suicide pact is created
- Conspiracy of two or more such as bullying or coercion into suicide
- Multiple suicides in quick succession
- Suicide act or glorification by an individual with wide influence (e.g., influencers)

Evaluation of the suicide(s) potential impact is required before activating community-level responses. To provide an appropriate trauma-informed response, collaboration must occur yet, honouring organizational internal procedures for suicide-risk, safety planning and intervention. Not all suicides will result in activation. If non-activation occurs, this does not minimize the grief and sadness of the suicide.

The CSPR requires members to share relevant suicide-related incidents. Suicides that seem unconnected or “low profile” may be a warning of community distress. Attention to suicidal trends or abnormalities enhances prevention. Coordination with other protocol components should be activated when needed.

For more details regarding this work, please refer to ***Attachment C: Community Suicide Prevention and Response***.

GUIDING PRINCIPLES

The TVSP partners and those participating in the TVSP protocol are guided by the following principles:

- Prevention of trauma, violence and suicide is a community responsibility as it is all partners' duty to report.
- Open and collaborative community partnerships help to ensure that the right individual receives the right support at the right time while respecting privacy and the dignity of the individual.
- Through consultation and information sharing with local cross-sector agencies and other specialized agencies, trauma impact, threatening and/or violent behaviour will be analyzed to guide site-based and community-based risk and harm reduction and, support planning in a timely manner.
- Proactive strategies to recognize early warning signs and initiate/reinforce trauma, violence and suicide reduction in the community are encouraged and supported.

CONSENT AND INFORMATION SHARING

The general intent of access to information and protection of privacy legislation is to regulate the collection, use, and disclosure of personal information. Whenever possible and reasonable, consent to disclose personal information should be obtained. Valid consent does not exist unless the individual knows what he or she is consenting to and understands the consequences of the intended disclosure. The partners collaborating on the *Tri-Municipal Trauma, Violence and Suicide Prevention Community Protocol* are committed to the sharing of relevant information to the extent authorized by law.

Section 126(6) of the *Youth Criminal Justice Act* enables information in a Youth Criminal Justice record to be shared, within the access period, with any professional or other person engaged in the supervision or care of young person, including the representative of any school board, or school or any other educational or training institution only in limited circumstances. Information may be shared to ensure the safety of staff, students or to facilitate rehabilitation of the young person or to ensure compliance with a youth justice court order or any order of the provincial director respecting reintegration leave. Such sharing of information does not require the young person's consent.

All participants in the TES, VTRA or CSPR process are bound by the legislation and/or policy that guides their agency or organization regarding confidentiality and information sharing. It is their responsibility to know their legislation, take it into account, and guide their actions accordingly.

Sharing of information is harm-reduction focused and will only be shared among authorized protocol participants in instances where that information:

- Allows response to an emergency that threatens an individual's life or the public's life, health or security
- Averts or prevents a significant risk of harm to the health or safety of any person
- Enables the affected parties to receive continuing treatment and care

Privacy Legislation and the Rights of a Minor to Provide consent:

Privacy legislation assumes that each individual has the rights and powers under the legislation, unless they do not have the capacity to understand and apply those rights, and if someone else has those rights. A child who has the capacity to understand can make their own decisions vis-à-vis their information, and a parent does not necessarily take those rights over. The following table identifies how privacy legislation in Alberta addresses this.

APPROPRIATE RESPONSE DURING ACTIVATION

When a threat or an occurrence of a violent or traumatic event is presented in the Tri-Municipal Community, TVSP core members gather to determine the appropriate intervention. The team will match the response to the need in the community. Responses may include using any of the three protocols: TES, VTRA, or CSPR or the overarching TVPS protocol if there is insufficient information. Additional protocol partners may be invited to this information gathering as appropriate.

Decisions are based on prior organizational involvement, expertise and services available. Responses are unique to each event, yet always trauma-informed and always considering the violence-trauma continuum. Response teams are adjusted based on the evolving situation. "Community as client" remains central. Every partner is obligated to act in the best interest of the community and under the guidelines of the integrated protocol. When applicable, Ad hoc members may be included upon completion of the necessary paperwork.

If a collaborative community-level response isn't required, partners follow their own organizational internal processes.

See Appendix 3: Determining Response Level – Individual or Community

TVSP PROTOCOL MEMBERSHIP

Protocol Partners:

Every agency and partner in the Tri-Municipal Region is important to the TVSP Protocol as they have history, experience and valuable knowledge to support the community's

safety and well-being. The protocol partners have signed the integrated protocol to demonstrate their commitment to uphold and implement the guidelines, procedures and actively participate in sustaining community safety and well-being. They are committing to the protocol in its entirety. An advisory committee will meet at least twice annually to review TVSP practices, organize training and, recommend needed revisions to the protocol.

Ad Hoc Organizations:

Ad hoc organization are not formal members of the TVSP Protocol but may be invited to support specific activations of the TVSP, TES, VTRA and/or CSPR. These participants must sign the Ad Hoc Nondisclosure Agreement prior to participation in any collaborative information sharing.

See Appendix 7: Ad Hoc Participant Nondisclosure Agreement

All members commit to early communication and information sharing to support a coordinated response. Early intervention of anticipated or actual events enhances the success of the protocol.

PARTNER RESPONSIBILITIES

All protocol partners will, at all times, take actions seen as necessary to ensure immediate risk reduction, without delay, regardless of the involvement or availability of other protocol partners.

A protocol partner must commit to having the minimum training:

- Level 1 VTRA
- TES Training
- Suicide Response

MEMBERSHIP COMMITMENT

Members and partners of the TVSP Protocol commit to:

- Provide a designated key contact and alternative who is trained and available to support this work,
- Ensure well-being of all TVSP participants by allowing attendance at debriefs,
- Match the resource to the risk,
- Take timely actions to ensure immediate risk reduction,
- Provide inclusive responses for individuals, families and the community,

- Share information, knowledge and expertise with partners to address the root cause of the event,
- Communicate efficiently to partners at the onset of an anticipated or confirmed incident,
- Understand the commitment, role and expectations to ensure effective participation in the protocol process,
- Foster trust to promote successful working relationships,
- Adhere to the guiding principles,
- Participate in response and result reviews to promote learning and improvement,
- Identify activities to build capacity and information sharing to improve the integration of the TVSP protocol partners.

ANNUAL MEETINGS

Fall Meeting:

- Introduction of Protocol Partner Contacts
- Professional development activity (if applicable)
- Review upcoming training needs at all sites and agencies
- Review Calendar of Events for the Year

Spring Meeting

- Review TVSP protocol activities and statistics for the year
- Review any changes to legislation that could impact the protocol
- Review TVSP Protocol to ensure relevancy
- Professional development activity (if applicable)
- Determine TVSP Chairperson for next year
- Determine Fall and Spring meeting dates for next year

BUILDING CAPACITY

Training ensures shared language, clarity in expectations, and timely, effective response.

Traumatic Event Systems, Violence Threat Risk Assessment, and Suicide Prevention and Response training will be offered by our VTRA Trainers, from CTIP or, from our protocol partners on an ongoing basis. This could include:

- Trauma Violence Suicide Prevention Protocol Awareness
- Level One VTRA Training
- Level Two VTRA Training
- VTRA Refreshers
- Traumatic Event System (TES) Training
- Suicide Response & Prevention Training
- Family Assessment Training
- Psychological First Aid
- Mental Health Literacy

Support for the training of the Level One trainers within the community is essential for the sustainability of the protocol. Protocol partners are expected to complete orientation if formal training isn't possible. Training does not replace internal protocols but builds capacity for integrated response.

COMMUNITY BASED REFERRALS WITH SCHOOL-AGED YOUTH

When a protocol partner determines the need to activate the TVSP Protocol and a school-aged youth is involved, the partner will contact:

- The School Division TVSP Contact for the school that the youth attends.
- If the school youth attends is unknown, contact the TVSP Division Contact for Parkland School Division to assist in determining the youth's school.
- If the student is not a Parkland School Division student, contact the Division Contact for Evergreen Catholic Schools, and then the private schools. The TVSP School Division Contacts will assist through this process.

NON-WORK HOUR CASES (including non-instructional school days)

If a TVSP Protocol member receives information regarding a traumatic event, serious violence or a clear, plausible threat during non-work hours including non-instructional

school days, the RCMP will be notified. Steps will be taken to assess the situation to determine if protocol members are required to assist beyond regular work hours. Protocol members may be activated as needed if they are deemed relevant to the event. These off-hour/non-instructional school day responses are often key in cases dealing with gangs, relational violence, family violence, sporting event retaliation and/or weekend party vengeance.

COMMUNICATION

Safe communities are communities that promote open communication in a culture of information sharing and reporting of concerns. Throughout the entire community, agency administrators, staff, support staff, children/youth and parents/guardians must have the support to openly voice concerns about safety.

Accurate, timely communication reduces speculation and anxiety, especially with immediate accessibility to information on the internet and social media. To alleviate anxiety within the systems, it is important to provide accurate information from an appropriate authority while balancing the rights of privacy and the boundaries of any ongoing investigation.

Key communication practices of the TVSP Protocol members will be to:

- Collaborate across organizations for consistent messaging,
- Share information with respect to privacy, investigation boundaries and legal guidelines, and
- Support community recovery with trauma-informed messaging.

The TVSP protocol partners will guide strategies and coordinate messaging to lower the anxiety of the human systems and facilitate trauma-informed actionable steps toward wellness and recovery.

Communication within each individual organization or agency will be the responsibility of the Tri-Municipal Trauma, Violence and Suicide Prevention Protocol partner.

Responsible Reporting with Children and Youth

All agency staff, children and youth must be advised that any person in a community having knowledge of high-risk behaviour or having reasonable grounds to believe there is potential for high-risk or violent behaviour should promptly report the information to the RCMP, Site Administrator or another staff member. Actively teach children and youth that seeking adult support for worrisome behaviour is not “ratting or snitching” but rather a social responsibility for the well-being of all. All agencies need to operate within the limits of confidentiality and encourage timely reporting.

DOCUMENTATION

Each TVSP protocol partner will be responsible for documenting and storing information as required by the privacy and security requirements of their agency or privacy legislation governing their organization. Records are stored securely and summarized where necessary.

As a guide documentation will:

- Use the participants word whenever possible,
- Be created as quickly as possible after a conversation,
- Be factual, clear and concise, including what is said and what is observed,
- Be respectful and consider the safety of the participant and the possible consequence of disclosure,
- Be clear and concise,
- Be complete to allow for the best assessment and future safety planning.

During interviews with parties, it is advised to have two interviewers present. Ensure to follow all internal organizational policies and procedures.

REVIEW

A TVSP Protocol Subcommittee will review the protocol every 5 years or as needed to inform best practices and areas of improvement. Updates may influence broader policy change as appropriate. Re-signing occurs after each review if additions or edits were included in the existing TVSP Protocol.

CONCLUSION

The Trauma, Violence and Suicide Prevention Protocol supports community safety and well-being by equipping TVSP protocol partners with insight into risks and harmful community trends that impede well-being and safety and allows partners to respond effectively, collectively and fittingly to community critical events. This protocol aligns with trauma-informed practices and a social framework. It affirms a community commitment that fosters trust, safety, and healing. A shared understanding and a common multi-disciplinary community approach ensures a collaborative, timely, appropriate response. The TVSP Protocol commits to work diligently to reduce the impact of traumatic events, violence, aggressive threats and suicide in the Tri-Municipal Region. The protocol promotes meaningful community collaboration to support prevention, intervention and postvention to minimize the psychosocial impact trauma, violence and suicide bestows upon the Tri-Municipal Region.

APPENDIX 1: Definitions

ARTO	Assessment of Risk to Others denotes the level of risk that targets or other community members may be facing.
Baseline Behaviour	Baseline behaviour is the typical behaviour functioning for an individual of concern.
CFS	Children and Family Services
Conspiracy of 2 or more	A hypothesis in the VTRA Model that believes that often there are at least one or more people in the background adding to the event.
Community Suicide Prevention and Response (CSPR)	Preventative steps that can be taken to support a healthy community by identifying individuals who may be at risk of suicide and providing early intervention, support, referrals and connections for them and their families. CSPR considers the impact multiple suicides have on the well-being of the community.
Critical Periods	Specific timeframes when individuals and systems are more likely to experience heightened emotional or psychological symptoms. There are 5 Critical Periods in the TES Model.
CTIP	Center for Trauma Informed Practices
Empty Vessel	The relationship between the child/youth of concern and his/her connection to healthy adult supports and other social/cultural aspects of his/her personality.
Entitlement	Recognition that every individual is entitled to feel as affected by the traumatic event as they are. Individuals may react to an event that they are seemingly unconnected to because it rekindled a past traumatic experience. All reactions should be treated as legitimate responses to the traumatic event.
FCSS	Family and Community Support Services
Fluidity	The flow between suicidal thoughts and/or actions and homicidal thoughts and/or actions.
FSCD	Family Supports for Children with Disabilities. This is a department of Child & Family Services.
Genogram	A diagram expressing relationships within a family.
High Risk Behaviours	Behaviours that express a plausible intent to do harm or act out violently against someone or something.

Impact Zones	The systems, organizations or regions in where the individuals or communities have an emotional and behavioural response to a specific traumatic event. In the TES Model there are 3 Impact Zones.
Intervention Plan	May be created at any step of the process. The intervention plan matches the risk enhancers with appropriate interventions and denotes which partner is responsible for each action item in the support plan.
IOC	Individual of Concern is a person of interest involved in some capacity with a violent act or threat, traumatic event or a suicide.
Informed Consent	Ensuring the participant knows what he/she is consenting to and the risks and benefits of giving that consent.
Lead Organization	The partner organization that assumes the lead for a specific traumatic event while following the TES Model. It acts as the central point of contact. The TVSP partners agree via consensus and appoint a Lead Organization for each crisis.
Locker, Bedroom and Digital Dynamic	Locations where a TVSP Team may find evidence of planning, justification documentation and/or weapons, tools and items to carry out an aggressive or violent act.
Micro VTRA Site Based Response	Ensuring immediate risk reduction, collection of data, and initial assessment. (Stage 1)
Macro VTRA Community Response	The inter-agency process of determining the level of risk for threatening or violent behaviour. At this stage a multi-disciplinary intervention plan is also created. (Stage 2)
Originating Organization	The originating organization is the protocol partner that identifies the need for the initial TES activation. The originating organization is the protocol partner that typically receives the critical information first.
PBA Behaviours	Plausible, Baseline, Attack Related Behaviours. VTRA response is appropriate when: The threat is clear, plausible and direct; Baseline behaviour has changed; and there is evidence of attack related behavior.
Severity of Concern (SOC)	The assessed magnitude of potential harm, disruption, or risk associated with a particular issue, behavior, condition, or incident. It reflects the extent to which the concern may impact individuals, systems, or environments, based on the seriousness, urgency, and potential consequences if the concern is not addressed.
Threat	Any expression of intent to do harm or act out violently against someone or something. Threats may be spoken, written, drawn, posted online or made by gesture. Threats may be direct, indirect, conditional or veiled.

Threat Assessment	The process of determining if an individual of concern actually poses a risk to the target they have threatened.
Trauma	The response to a deeply or disturbing event that overwhelms an individual's to cope, causes feelings of helplessness, diminishes sense of self and the ability to feel a full range of emotions and experiences. (Integrated Learning Systems: https://integratedlearning.com/what-is-trauma/)
Traumatic Event System (TES)	A multiple stakeholder model that allows information from several sources to be combined to deliver community-level support. This allows the creation of a complete view of the impact of trauma and communities. The model addresses the impact of trauma on human systems and provides the approach to mitigate the effects. The TES model acknowledges the inextricable link between trauma and violence.
Tri-Municipal Community	The City of Spruce Grove, The Town of Stony Plain, and Parkland County.
Violence Threat Risk Assessment	A community-oriented strategic process which makes use of the expertise of community organizations and encourages a multidisciplinary approach to violence prevention. Trained VTRA teams work from the perspective that serious violence is an evolutionary process and therefore pre-incident information can help identify and prevent serious violence. VTRA allows community members to legally share information about the individual of concern before a major incident occurs.
Violence-Trauma Continuum	Denotes the dynamic relationship between trauma and violence, including suicide. Trauma and violence are fundamentally linked.
Worrisome Behaviours	Behaviours that cause concern and may indicate that an individual is moving toward a greater risk of violent behaviour but are not overly threatening or violent.

APPENDIX 2

Helpful Links

211 Resource Lists

<https://edmonton.cmha.ca/brochure/211-2/>

Addiction & Mental Health, Recovery Alberta

<https://www.albertahealthservices.ca/amh/amh.aspx>

The Do's and Don'ts of Calling 911

<http://globalnews.ca/news/509277/the-dos-and-donts-of-dialling-911/>

Information Sharing for Human Service Providers in the Alberta Public Sector

<https://open.alberta.ca/publications/6882472>

List of Chat Acronyms and Text Message Shorthand

<http://www.netlingo.com/acronyms.php>

Individuals with Special Needs/Disabilities: DSM-5 Diagnoses and the Application of VTRA https://ctipractices.com/hubfs/2022_CTI-Protocol10r_Disabilities.pdf

Violence Threat Risk Assessment (VTRA): Supporting Individuals with Neurodevelopmental Disorders

https://ctipractices.com/hubfs/2022_CTI-Individuals-Neuro.pdf

Legal Matters Pertaining to VTRA (Canada)

https://ctipractices.com/hubfs/2022_CTI-Protocol10r_Legal-ca.pdf

Legislation

Access to Information Act (ATIA)

<http://www.alberta.ca/access-to-information-act>

Alberta Human Rights Act

<http://www.albertahumanrights.ab.ca/about/legislation.asp>

Child First Act

<https://open.alberta.ca/publications/c12p5>

Criminal Code of Canada

<http://laws-lois.justice.gc.ca/eng/acts/C-46/>

Education Act

<https://open.alberta.ca/publications/e00p3>

Health Information Act

http://www.qp.alberta.ca/1266.cfm?page=H05.cfm&leg_type=Acts&isbncln=9780779724758

Protection of Privacy Act (POPA)
<https://www.alberta.ca/protection-of-privacy-act>

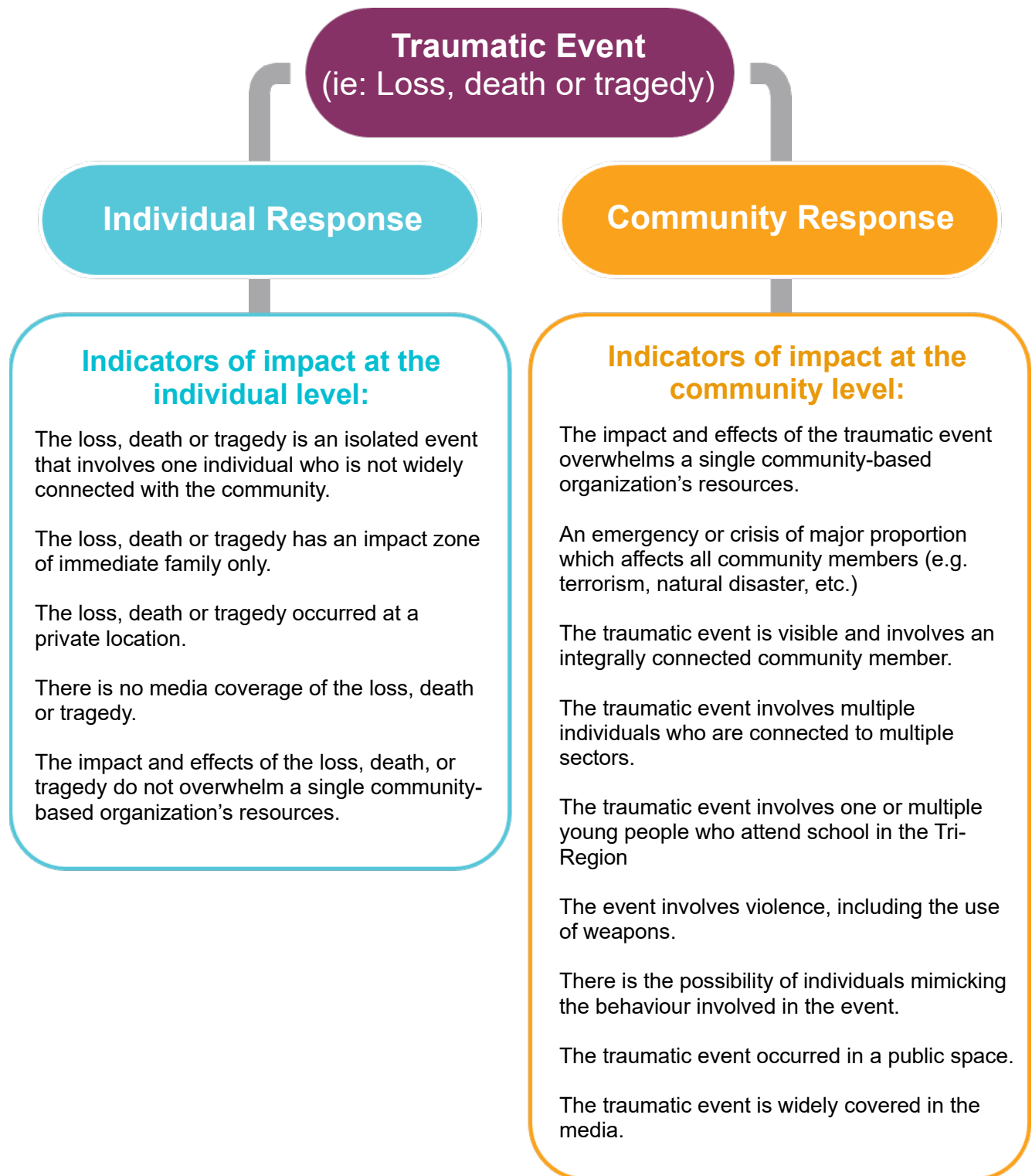
Privacy Act
http://www.priv.gc.ca/leg_c/r_o_a_e.asp

Youth Justice Act
<https://laws-lois.justice.gc.ca/eng/acts/y-1.5/index.html>

Centre for Trauma Informed Practices
<https://nactatr.com/BASIC-IR.html>

APPENDIX 3: Determining Response Level

TRAUMATIC EVENT FLOW CHART (adapted from the Strathcona County VTSP page 23 Appendices)





APPENDIX 4: Participant & Protocol Partner Collaboration Attendance Form

TVSP protocol partners have committed to creating and maintaining safe environments in which all community members feel safe. This meeting today is part of the collaborative process referenced in the Tri-Municipal Community Fair Notice Letter and Fair Notice Brochure.

We understand that everything discussed in today's meeting will be managed in a confidential manner and is collected for the purposes of preventing or responding to threats and risks to the health and safety of members of the community. Information identified as confidential within this meeting will not be discussed in public or disclosed to anyone who is not directly involved in the TVSP Protocol or specific activations. Sharing information among protocol partners will be done in a confidential setting only.

Purpose of this meeting: _____

First & Last Name	Title & Organization	Relationship to Person of Concern	Signature	Date

APPENDIX 5: Ad Hoc Participant Agreement

Ad Hoc Participant Non-Disclosure Agreement

Participants Name: _____

Organization and position (if relevant): _____

Relationship to event: _____

Address: _____

Phone Number(s): _____ **Cell:** _____

Email: _____

Date: _____

1. I acknowledge that I will be given access to confidential information presented during the *Trauma, Violence and Suicide Prevention (TVSP) Protocol* activations and proceedings.
2. I understand and acknowledge that all information presented will be held in the strictest of confidence. I will not disclose this information or knowledge to anyone outside of the *TVSP Protocol* members or partners present unless it is required to provide services by my home organization. This information will be used in good faith and in consideration of the best interest of the individual and community.
3. I promise to only take notes on a need-to-know basis and only if the members participating in the *TVSP Protocol* discussion identified my home organization to be directly involved in the situation the information pertains to. I promise to only take notes if the note taking is lawful.
4. I agree to adhere to the above conditions as well as to the policies regarding confidentiality set out by my home organization.

Participant's Signature: _____

Witness Signature: _____

Date: _____

APPENDIX 6: Fair Notice Letter

To All Tri-Municipal Community Members:

The Violent Threat Risk Assessment (VTRA) process is encompassed in the Tri-Municipal Community Trauma, Violence and Suicide Prevention (TVSP) Protocol as Attachment B.

Protocol partners are committed to creating and maintaining safe environments in which children, youth, staff, parents and others feel safe. Our VTRA partners include school boards, various levels of government, government agencies, RCMP and community partners within our region. All partners support a coordinated response to any violence or threats of violence involving youth. The Center of Trauma Informed Practices (CTIP) has provided intensive training to partner local personnel in the use of VTRA.

A threat is an expression of intent to harm or act out violently. Threats will be taken seriously and will be investigated with a clear and appropriate multidisciplinary response. In a culture of responsible reporting, students/youth need to trust that they will be believed when they confide; their information will be kept confidential, acted upon promptly and investigated thoroughly.

There is zero tolerance for not responding. Prevention of youth violence is a community responsibility, and it is everybody's duty to report. Under-reaction is an epidemic and a key factor of escalation from thought to action.

The VTRA team is a collaborative multiagency team that may consist of school staff, RCMP, child protection agencies, mental health workers, hospitals, probation/parole and other community professionals.

The purpose of a children/youth threat risk assessment is to promote the emotional and physical safety of all and to ensure that the protocol partners have a collaborative, common understanding. The VTRA process ensures the safety of the community and understands the context and the contributing factors of the threat and the behaviours of the individual of concern. The VTRA team views the individual of concern as in need of intervention rather than discipline and will develop a proactive intervention plan that addresses the emotional and physical safety of the individual of concern. This may include disciplinary action but also will recommend appropriate supports and interventions to aid the child/youth in developing and using positive strategies.

All threat making behaviours shall be reported to the organization's VTRA lead who will activate protocol for initial response. 911 will be contacted in imminent danger. The VTRA team is activated, data is reviewed, and interviews may be held with children/youth, the individual(s) of concern, parents, staff, and partner agency personnel to determine the level of risk and develop a response to the incident. The intervention plan will be shared as required and as appropriate.

It is important for all parties to engage in the VTRA process. If for some reason there is a reluctance to participate, the threat risk assessment process will continue to ensure a safe and caring learning environment and/or community environment for all.

For more information contact any Tri-Municipal Community TVSP protocol partner.

APPENDIX 7: Fair Notice Brochure



PARKLAND
SCHOOL DIVISION



Tri-Municipal Community Trauma, Violence & Suicide Prevention Protocol

Fair Notice and Practice



Community Safety is Everyone's Responsibility
An Integrated Collaborative Response to Keeping Our Children
and Community Safe

The Partners

TVSP partners are committed to creating and maintaining safe environments in which children, youth, staff, parents and others feel safe. Our TVSP partners include Children and Family Services, Evergreen Catholic Separate School Division, Living Waters Christian Academy, Parkland School Division, Recovery Alberta, RCMP, St. Matthew Lutheran Christian Academy, and Unlimited Potential Community Services. These partners collaborate in a multidisciplinary assessment when determining the level of risk posed and response required. Community agency, Alberta Parenting for the Future Association, provides services that are regularly included as part of the intervention plans. The City of Spruce Grove, Town of Stony Plain, and Parkland County support this coordinated response to any violence or threats of violence.

The Centre for Trauma Informed Practices (CTIP) has completed extensive research in youth and school violence. Kevin Cameron, Executive Director of CTIP, has trained partner local personnel in the use of the protocol.

Duty to Respond

There is zero tolerance for not responding. Prevention of youth violence is a community responsibility and it is everyone's duty to report. Under-reaction is epidemic and a key factor of escalation from thought to action.

What is a Threat?

A threat is an expression of intent to do harm or act out violently against someone or something. Threats may be verbal, written, drawn, posted on the internet, or made by gesture. Threats must be taken seriously and be investigated with a clear and appropriate response. In a culture of responsible reporting, students/youth need to believe that they will be believed when they confide, their family will be kept confidential, their information will be acted upon promptly and their concern will be investigated thoroughly.

What is a Threat Assessment Team?

Each threat assessment team is multi-agency. The team may include school staff, psychologists, police, child protection agencies, community mental health workers, hospitals, probation/parole and other professionals.

What is the Purpose of a Threat Risk Assessment?

The purpose of a child/youth threat risk assessment is to:

- Ensure the safety of children/youth, staff, parents and others,
- Ensure a full understanding of the context of the threat,
- Understand the factors that contribute to the individual of concern's behaviour,
- View the individual of concern as in need of intervention rather than discipline,
- Be proactive in developing an intervention plan that addresses the emotional and physical safety of the individual of concern which may include disciplinary action but will also include appropriate supports to aid the child/youth in developing and using positive strategies,
- Promote the emotional and physical safety of all; and
- Ensure all agency partners are working together with a common understanding and protocol.

What Happens in a Threat Risk Assessment?

All threat making behaviour shall be reported to the agency administrator who will activate the protocol for the initial response. The protocol requires contacting 911 if imminent danger is present.

When the VTRA team is activated, data is reviewed and interviews may be held with children/youth, the individual of concern(s), parents, staff, and/or partner agency personnel to determine the level of risk and develop an appropriate response to the incident.

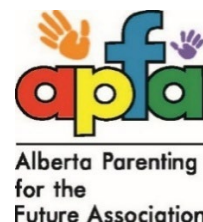
An intervention plan will be developed and shared with parents, staff and the individual of concern as required and as appropriate.

Can I refuse...?

It is important for all parties to engage in the process. If for some reason there is a reluctance to participate in the process by the individual of concern or parent/guardian, the threat risk assessment process will continue in order to ensure a safe and caring learning/community environment for all.

APPENDIX 8: Signatories to TVSP Protocol September 25, 2025

Pamela Geddes,
Executive Director
Alberta Parenting for the
Future Association



Kerry Cameron,
Managing Director
Center for Trauma Informed
Practices



Mayor Jeff Acker
City of Spruce Grove



Heather Cluett,
Executive Director
Child Intervention –
Edmonton Region
Children and Family Services



Margaret Cargill, Board Chair
Evergreen Catholic Separate
School Division



Jennifer Duby, Chairperson
Living Waters Christian Academy



Dr. Lorraine Stewart,
Board Chair
The Parkland School Division



Mayor Allan Gamble
Parkland County



Tracy Palmquist,
Interim Executive Director
Recovery Alberta



Inspector Kevin McGillivray
Royal Canadian Mounted Police,
Parkland Detachment



Mark Dressler, Principal
St. Matthew Lutheran Christian
Academy



Mayor William Choy
Town of Stony Plain



Kelly Milliken,
Jurisdiction Principal
Unlimited Potential
Community Services





THE TRI-MUNICIPAL COMMUNITY TRAUMA, EVENTS SYSTEMS (TES)

Attachment A

2025

*An integrated collaborative response to Keeping Our
Children and Community Safe*



PROTOCOL PARTNERS

Alberta Parenting for the Future Association

Center for Trauma Informed Practices

City of Spruce Grove

Child Intervention – Edmonton Region Children and Family Services

Evergreen Catholic Separate School Division

Living Waters Christian Academy

Parkland School Division

Parkland County

Recovery Alberta – Mental Health and Addiction Services

Royal Canadian Mounted Police (RCMP)

St. Matthew Lutheran Christian Academy

Town of Stony Plain

Unlimited Potential Community Services

Additional protocol partners will be engaged as broader community training occurs and the protocol expands to more comprehensively address the needs for collaborative crisis and trauma response in our communities.

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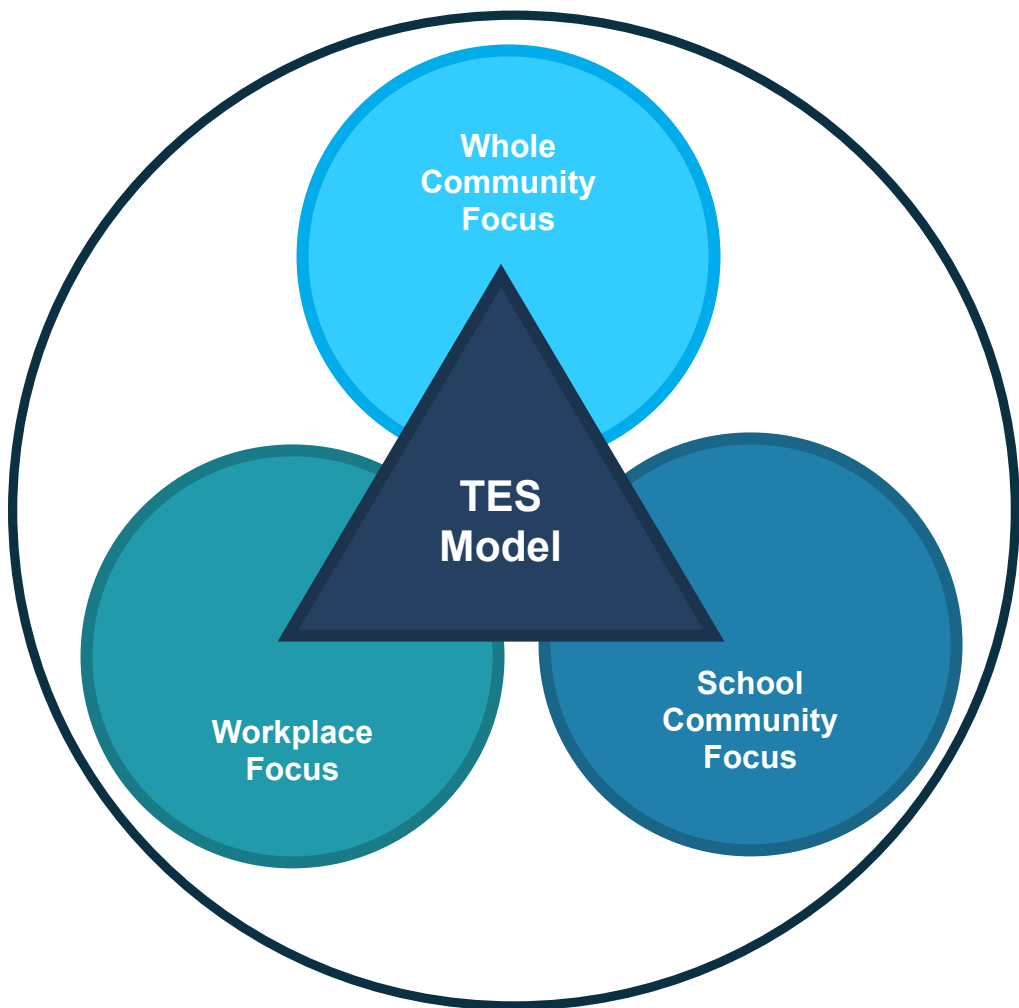
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TRAUMATIC EVENT RESPONSE (TES)

WHAT is TES

TES is part of the broader Trauma, Violence, and Suicide Prevention (TVSP) Protocol, created to guide organizations in responding to significant traumatic incidents in the community. This collaborative and coordinated approach aims to reduce trauma’s impact on individuals and systems, and to minimize the risk of further violence or distress. Each situation is unique and the response should be tailored to the scenario.

This protocol is founded on the work of the Center for Trauma Informed Practices (CTIP) and as such, reflects research and evidence-based practices from the fields of medical and mental health, law enforcement, threat management and more. Additionally, much of this protocol is adapted from the most recent CTIP TES Protocol, Third Edition, (2023) and the Strathcona County VTSP Protocol, TES – Attachment A (2022) and acknowledges the work and learning that influenced its development both by present partners as well as the previous various TVSP and TES Steering Committees.



WHY TES

The main objective of TES is to offer structured support following high-profile traumatic events. It provides a safe and unified response that acknowledges the emotional toll on the community and helps foster resilience. TES emphasizes open communication and coordinated action to address trauma and reduce anxiety within affected systems.

“Everything we do in crisis and trauma response is meant to strategically lower the anxiety of the system(s).” - Kevin J. Cameron

WHERE to Activate TES

The Tri-Municipal TES Model may be activated within any TVSP Protocol partner organization or agency residing within the Tri-Municipal Region.

WHEN to Activate TES

Any partner organization or agency within this region may initiate the TES process during a community crisis or traumatic event. TES is adapted from CTIP and serves as a roadmap for organizations to navigate traumatic events and critical periods. It helps communities cope by enhancing the protocol partner’s ability to respond constructively during emotionally charged situations. TES should be activated during the following events, but is not limited to:

- Impact extending beyond one organization
- Involvement of integrally connected individuals
- Multiple sectors affected
- One or more Tri-Municipal Community school-involved youth
- High-profile violence with weapon involvement media-visible violence
- The potential for mimicking behaviours
- Occurrence in a public space
- Wide media coverage including social media
- Emergency or major crisis affecting the whole community (e.g., natural disasters, terrorism)

TES brings together community agencies under a shared framework, clarifying roles and outlining how to meet the emotional needs of all affected individuals and reduce further impact in the community.

WHO Activates and Participates in TES

Under the TVSP Protocol guidelines and structure, the TES Model involves collaborative, inclusive and trauma-informed participation. The protocol partner site who originally receives the critical information is responsible for initiating and activating TES in the Tri-Municipal Community.

When a potentially qualifying event occurs, the TVSP protocol partners are notified to help assemble the appropriate team. Participating partners lead information gathering and decide on necessary actions. The involved team collaborates to determine whether other partners or organizations should participate. All protocol partners will be informed of the traumatic event and will engage as needed based on the specific situation and the identified outcomes. Ad Hoc partners will be invited to become involved for specific incidents when their expertise or services are beneficial. Consensus from the participating partners will decide whether or not to involve Ad Hoc partners.

All partners take action to mitigate risk and provide support. Once participation is confirmed, specific roles are assigned to ensure coordinated action.

Ad Hoc Participants are not official members of the TES Protocol but may be invited to participate in the traumatic response efforts. Occasionally, organizations or individuals may contribute or offer specialized services, represent affected communities, or support the implementation of trauma-informed practices during a specific event.

Non-members, visitors, and guests are generally considered ad hoc participants and can attend protocol meetings if:

- A current protocol member(s) believes their involvement would be beneficial
- Their services align with the needs and fall within their professional mandate

To ensure transparency and maintain confidentiality:

- The protocol partner(s) extending the invitation should notify the team in advance and, consensus is present whenever possible
- The Ad Hoc Participant Nondisclosure Agreement (outlined in Appendix 7 of the TVSP Protocol) should be reviewed and signed before participation

Non-members play a valuable role in enhancing the collective capacity of the response team, especially when they bring unique perspectives, cultural knowledge, or direct support services that may not otherwise be available within the existing protocol structure.

WHAT Are the Roles and Responsibilities in TES

The **TES Lead Organization** is agreed upon and appointed for each specific traumatic event. The TVSP protocol partners will reach consensus deciding upon the most appropriate and suitable partner and appoint that partner to be the Lead Organization in each particular traumatic event. Lead Organizations may differ for each TES activation. The Lead Organization acts as the central point of contact and is responsible for:

- Gathering and assessing information
- Coordinating appropriate response teams
- Activating members and partners
- Managing documentation and communication

If necessary, another partner may temporarily assume this role, but responsibilities remain consistent.

The **Originating Organization** is the organization that first identifies the need for TES activation. The originating Organization must:

- Provide relevant information about the event
- Engage fully in planning and implementation

TVSP Protocol Partner Organizations and Agencies have committed to:

- Actively participate in all protocol responses,
- Ensure effective communication within their organizations and sectors,
- Share crucial information that can assist with trauma response,
- Be accountable to one another for their actions, participation level and contributions to the TVSP Protocol and community work,
- Collaborate in problem-solving to reduce harm and alleviate systemic anxiety,
- Assist in appropriate information release and media messaging,
- Apply developed TES strategies within their own organizations, and
- Review outcomes and interventions and work collaboratively to adapt strategies as the crisis evolves.

Administration Duties are handled by the mutually agreed upon Lead Organization of the specific traumatic event. Handled by a representative of the Lead Organization, responsibilities include:

- Taking notes, assist with administrative duties, and organizing documentation,
- Managing protocol resources and tools,
- Sharing intervention summaries securely, and
- Coordinating updates among team members.

Additional support roles may include:

- Interviewers for affected individuals and families
- Analysts to evaluate and present data
- Any other necessary roles identified during activation agreed upon with consensus from the TVSP Team

Trauma-Informed Leadership as a TES Partner is imperative. Partners and members of the TVSP Protocol should participate from a collaborative strength-based community perspective while regarding individual's and family's well-being and safety. This includes:

- Sharing accurate, concise updates with all appropriate protocol partners,
- Modeling calm, stable leadership,
- Following routines,
- Identifying at-risk individuals,
- Supporting colleagues by sharing applicable factual information,
- Notifying their staff, who are directly impacted or supporting those impacted, about the traumatic event,
- Allowing space for emotional processing of the traumatic event, ideally before frontline engagement, and
- Facilitating staff debriefs if immediate individual processing is not possible.

HOW to Activate TES

The following considerations should be reviewed to initiate the TES in the Tri-Municipal Region:

- Assess the traumatic event or crisis appraising the further extending ripple effects, using the TES criteria to determine activation.
- If activation is warranted, the originating organization will notify the TVSP protocol partners.
- A collaborative and coordinated response is developed and initiated by the TVSP Team. TES Documentation (Appendix 2) should be used as a guide, considering:
 - Impact zones and high-risk groups
 - Critical periods and the roles of various agencies over time

- Participating organizations assume appropriate defined roles and participate in the trauma response.
- Continue to monitor and evaluate the timing of concluding active involvement from some organizations and agencies and whether additional support is needed.

TES activation provides a flexible, situationally responsive framework. The TES is a guide and malleable template to follow in crisis. Partners realize that activation and response is trauma, crisis and community specific.

TES is **not** a substitute for immediate emergency services; rather, it complements those efforts by focusing on emotional and systemic recovery.

HOW to Communicate with the Media

A traumatic event has the potential to draw, high-profile media attention. Media engagement and the release of information should be intentional and carefully planned and coordinated by the partner organizations.

- Statutes such as the *Access to Information Act (ATIA)* and the *Protection of Privacy Act (POPA)*, should guide the release of information.
- Public safety should be at the forefront of all decisions regarding the release of information.
- Releases should not interfere with or jeopardize police investigations.
- Media statements should reflect calm, clear leadership.

The TVSP Committee, along with the Lead Organization, oversees all messaging to ensure consistency and sensitivity.

Important: Media can magnify the traumatic impact. Constant exposure may impact more individuals, trigger old wounds, and amplify community anxiety. Communicating to the media in a trauma-informed manner is important. Responders are encouraged to avoid media consumption during response periods.

WHEN are the Critical Periods?

Critical periods are specific timeframes when individuals and systems are more likely to experience heightened emotional or psychological symptoms. It's important that these periods are recognized and addressed with the help of protocol members and partners.

Multidisciplinary teams should be prepared to offer support throughout all phases of a community's trauma response. Media coverage can often amplify and prolong the emotional effects of a traumatic event. Similarly, if a response is delayed, the ongoing media focus—especially on stories of compassion or support—can continue to stir strong emotions. As a result, families and entire communities may be unexpectedly overwhelmed by feelings they thought they had already processed or wouldn't experience at all.

Critical Period 1:

Two weeks post-incident after a high-profile or violent trauma. Excessive media and social-media may extend this period.

Critical Period 2:

The month prior to major breaks or holidays. Routines are disrupted and emotional responses may intensify.

Critical Period 3:

Anniversaries of past high profile traumatic events that occurred anywhere in the impact zone and local anniversaries at ground zero can trigger renewed emotional responses.

Critical Period 4:

A current high-profile, traumatic event within the community or elsewhere in the impact zone has elements similar to past trauma the community has experienced. Parallel situations can revive unresolved trauma and create a new critical period for this site.

Critical Period 5:

A critical period which is based on the unique history of a community or system (e.g., repeated suicides in the same month).

Being proactive during these periods is essential for effective support.

WHAT are the Impact Zones?

- **Ground Zero:** The location or system where the trauma occurs. During a traumatic event, multiple systems are traumatized.
- **Impact Zone:** The geographical area showing significant behavioral and emotional shifts in response to the trauma at ground zero.
- **Secondary Trauma Sites:** Nearby systems displaying immediate trauma responses and are functioning similar to those at ground zero.

Understanding these zones helps allocate resources and prioritize responses.

WHO May Be High-Risk

TES response teams must prioritize those most likely to be affected and deemed High-Risk. These groups or individuals may require a response or intervention, including but not limited to:

- Witnesses and those with sensory exposure to the traumatic stimuli
- Immediate family members
- Relatives
- Close friends

- Current Partners (boyfriend, girlfriend, spouse, business)
- Ex-partners
- Peers, classmates, or colleagues—especially those with:
 - Mental health concerns
 - Past unresolved trauma
 - Strong emotional connections (positive or negative) to the incident
- Individuals who may feel responsible

High-risk groups should remain a priority in the development of the community TES response. Additionally, less obvious groups may emerge and should not be overlooked. Partners are reminded of the principle of **Entitlement**. Regular check-ins help determine if the response is effective, inclusive and reducing harm and enhancing well-being.

APPENDIX 1: TES Meeting – Draft Agenda

1. Welcome and introductions

2. Outline purpose of meeting

- a. Describe the situation
- b. Outline the intended outcomes of the response

3. Data phase

- a. What information do we need?
- b. What information do we already have?
- c. What are we seeing in participants in each organization?
- d. What are we seeing in the community? (e.g. neighbours, peer groups, ourselves, etc.)
- e. What are the impact zones?
- f. Who are the high-risk groups? Other groups?

4. Assessment phase

- a. What has been done thus far?
- b. What needs to be done?
- c. What are the current resources and what can they be expected to do?

5. Intervention phase

- a. What can be done and how will we do it? *Determine appropriate action.*
- b. Who needs to be involved?
- c. Who will do what? *Designate roles.*

6. Establish next check-in date and time

APPENDIX 2: TES Documentation

This documentation tool is designed to guide the thought process of activated members and partners in the instance of a traumatic event, offering spaces to capture information as well as questions to cue considerations in response.

Any incident involving one or more of the following warrants activation of TES to further evaluate needs and response:

- an impact and ripple effect that extends beyond a single organization
- an integrally connected community member with community influence/impact
- multiple individuals who are connected to multiple sectors
- one or multiple young people who attend school in Tri-Municipal Community high profile violence, including violence where weapons are used or violence that is displayed via social media
- the potential for individuals to mimic the behaviour involved in the event
- occurrence in a public space
- wide media coverage, including social media
- an emergency or crisis of major proportion which affects all community members (e.g. terrorism, natural disaster, etc.)

Incident Report

Incident			
Date of Occurrence		Date of Activation	
Incident Summary			
Intended Outcome			

Response Team

Organization	Name	Contact
Lead:		
Origination:		

Are there any other organizations not present that should be part of this response?

General Notes (including date added):

Date:

Notes:

Impact Zones

Ground Zero (systems that were directly impacted)		
Impact Zone (geographical area experiencing significant emotional and behavioural changes in response to trauma at ground zero)		
Secondary Trauma Sites (systems within the impact zone that have an immediate trauma response to the event so that emotionally and behaviourally, they function similar to ground zero)		

High Risk Groups

Primary	Need/Response	Organization(s) Supporting

Secondary	Need/Response	Organization(s) Supporting

Other Considerations	Need/Response	Organization(s) Supporting

Community Communication

Any planned, coordinated communications to the community should be developed collaboratively and with the TVSP Protocol partners. This space is meant to be a brief summary of communications and may be further supported by a more robust plan developed by the subcommittee.

Key Messages

Outgoing Content and Platform	Actioned By	Timeline

Updates

Date	Update Provided	Next Update Scheduled For:



THE TRI-MUNICIPAL COMMUNITY VIOLENCE TRAUMA & RISK ASSESSMENT(VTRA)

Attachment B

2025

*An integrated collaborative response to Keeping Our
Children and Community Safe*



PROTOCOL PARTNERS

Alberta Parenting for the Future Association

Center for Trauma Informed Practices

City of Spruce Grove

Child Intervention – Edmonton Region Children and Family Services

Evergreen Catholic Separate School Division

Living Waters Christian Academy

Parkland School Division

Parkland County

Recovery Alberta – Mental Health and Addiction Services

Royal Canadian Mounted Police (RCMP)

St. Matthew Lutheran Christian Academy

Town of Stony Plain

Unlimited Potential Community Services

Additional protocol partners will be engaged as broader community training occurs and the protocol expands to more comprehensively address the needs for collaborative crisis and trauma response in our communities.

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INTRODUCTION

The work of VTRA falls within the Tri-Municipal *TVSP Protocol* and upholds the foundational elements of this protocol, including but not limited to its guiding principles, vision, mission, outcomes and information sharing and documentation practices as outlined in the *TVSP Protocol* document.

Violence Threat Risk Assessment (VTRA)

As an element of the *Violence, Trauma and Suicide Prevention (VTSP) Protocol*, the purpose of VTRA is to promote a common language and understanding of threat assessment, make use of the expertise of protocol partners and encourage a multidisciplinary approach to violence prevention. Trained VTRA teams work from the perspective that serious violence is an evolutionary process and therefore no one just snaps. Pre-incident data is often available to help identify and prevent serious violence.

The role of the VTRA team is to determine why there was an increase or change in the baseline behaviour and whether the individual poses a risk to self or others. The process of data collection and assessment is not modified other than to ensure the appropriate interviewing strategies are used for individuals with diverse needs.

This protocol provides guidance for community-based VTRA activations and is intended to be inclusive of school-based activations. Acknowledging there are some VTRA considerations unique to school settings, appendices to this protocol provide school-specific guidance that may not be applicable to community-based activations.

This document has been prepared as a support to ensure a coordinated approach between partner agencies and promote dialogue, establish effective relationships and create shared understandings between partner agencies.

This protocol is founded on the work of the Center for Trauma Informed Practices (CTIP) and as such, reflects research and evidence-based practices from the fields of medical and mental health, law enforcement, threat management and more. Additionally, much of this protocol is adapted from the most recent Tri-Municipal VTRA Protocol (2022), the CTIP VTRA Protocol, Eleventh Edition, (2023) and Elk Island VTRA Protocol (2022) and acknowledges the work and learning that influenced its development both by present partners as well as the previous various VTRA Steering Committees.

KEY INFORMATION ABOUT VIOLENCE THREAT RISK ASSESSMENT

Responding to Threat Making Behaviour

VTRA follows a two-step process:

- **Micro VTRA– Site-Based Response** (Stage 1) – Immediate risk reducing intervention, data collection, and initial assessment.
- **Macro VTRA Community-Based Response** (Stage 2) – Comprehensive risk assessment and intervention by a multidisciplinary team.

Partner Responsibilities

All protocol partners will, at all times, take actions seen as necessary to ensure immediate risk reduction, without delay, regardless of the involvement or availability of other protocol partners.

VTRA Response

VTRA response is appropriate when:

- Baseline behaviour has changed
- The threat is clear, plausible and direct
- There is evidence of attack related behaviour

Threatening and Violent Behaviour for VTRA Activation

Examples of high-risk behaviours addressed in this protocol include, but are not limited to,:

- Serious violence or violence with the intent to kill
- Violence with intent to do serious bodily harm
- Verbal/written threats to seriously harm or kill others (clear, direct, plausible)
- Internet, web site, social media threats to seriously harm or kill others
- Possession of weapons (including replicas)
- Bomb threats (making and/or detonating explosive devices)
- Fire setting
- Sexual intimidation or assault
- Ongoing pervasive and targeted bullying and/or harassment
- Gang related intimidation and violence
- Rehearsal behaviours or evidence of planning

- Hate incidence motivated by factors including, but not limited to: race, culture, religion, and/or sexual or gender diversity
- Special Consideration for suicide. See *Attachment C: Community Suicide Prevention and Response*. Evidence of fluidity, suicide pacts, conspiracy of two or more, or multiple suicides in quick succession in a community would warrant VTRA Activation.

Worrisome Behaviours to Monitor

Worrisome behaviours are those that cause concern for members of the organization, school or community that may indicate a child/youth is moving toward risk of serious violent behaviour. The majority of high-risk behaviour for children and youth fall into this category. Worrisome behaviours are lesser behaviours yet still should not be ignored. These include, but are not limited to:

- Writing stories, journal entries and blog posts that contain violent content
- Social media messaging
- Drawing pictures of a violent nature
- Making vague threatening statements
- Unusual interest in fire
- Significant change in baseline behaviour, anti-social behaviours

Investigating worrisome behaviours by a multi-disciplinary team can create good interventions to prevent an escalation in violence. VTRA activation is based on collective understanding from information-gathering phases. If the person of interest is deemed violent, has uttered threats, or is in possession of a weapon, VTRA will be activated.

Immediate Risk Situation

Call 911 if immediate risk to safety is imminent and implement lockdown procedures immediately. Emergency situations require immediate RCMP intervention and protection. Some examples may include but are not limited to:

- Lethal weapons
- Dangerous person inside or on the periphery of the building
- Active shooter

Anonymous Threats

Anonymous threats are typically threats to commit a violent act against an individual(s), specific group, or site (ex. clinic and/or the school). They may be found written on bathroom walls or stalls, spray painted on the side of a building, posted on the internet, letters left in a

conspicuous place such as a staff room, or on a desk. Anonymous threats should be investigated to ensure safety. The following steps should be taken to assess the level of threat:

- Assess the anonymous threat (language of commitment)
- Attempt to identify the threat maker(s) (contra-indicators)
- Avoid or minimize the crisis/trauma response

VTRA Team Membership

The **Micro VTRA - Site Specific Team** will be made up of:

- Agency Administrator (e.g., school principal, clinic manager, site director)
- RCMP represented by a VTRA-trained member
- Additional Members may support the Micro VTRA work at the discretion of an Administrator (e.g., Family School Liaison Worker, Bus Driver, Staff Witnesses, and/or other community agencies that hold relevant expertise).

The **Macro VTRA - Community VTRA Team** will be made up of:

- RCMP VTRA Contact
- School Division VTRA Contact
- Children and Family Services VTRA Contact
- Addiction and Mental Health VTRA Contact
- Additional Community VTRA Members may be added, if available, at the discretion of the VTRA Team (Family and Community Support Services, Recovery Alberta, Community Corrections, and/or other community agencies that hold relevant expertise.).

*Please refer to Appendix 1: Micro (Stage 1) VTRA Threat Assessment: VTRA Lead Quick Guide, to support your organization's VTRA process.

Remember. "If the site-specific team is struggling with whether to activate the protocol, you already answered your question! Better safe than sorry, do it!"

J. Kevin Cameron, 2001

VTRA Reminders

VTRA is Not a Disciplinary Measure

VTRA is not intended to be a disciplinary or punitive measure. It is not appropriate for an administrator to tell the individual of concern that if they engage in similar behaviour again, that they will “do a threat assessment” on them. This is contrary to the purpose of VTRA. The purpose of VTRA is to determine the plausibility of risk by engaging in a Micro VTRA Response at minimum.

If suspension is necessary, a critical question beyond ‘when to suspend’ is ‘where to suspend’. The isolation and disconnection felt by high-risk students during an out of school suspension may be exacerbated if steps are not taken to keep the student connected with healthy adult supports.

VTRA and Suspension from School

In most cases, unless the individual of concern (IOC) already poses an imminent risk or obvious safety concern (e.g. brandishing a weapon), A Micro VTRA is activated by the Site-based Team and data is collected in a timely and reasonable manner.

At times, a poorly timed “out of school” suspension can be a very risky response as the suspension may be viewed by a high-risk student as the “last straw”. During an “out of school” suspension, individuals of concern may decide to finalize a plan to attack a specific target and/or school/site. This can include suicidal or homicidal acts. The suspension does not “cause” the violence to occur but creates the necessary “context” for the high-risk student who is already struggling with suicidal and/or homicidal ideation to take the final step from planning to taking action. As a result, in many cases, unless safety measures require otherwise, an *in-school suspension* should be considered best practice while VTRA interviews are being conducted.

Criminal Charges – Parallel Process

Public safety forms part of the primary mandate of the RCMP. The police officer assigned to the VTRA Team will assist with identifying any potential offenses or charges and ensure a police investigation is initiated by the police force of jurisdiction, if applicable. The police officer may still continue to participate as an active member of the VTRA Team. A parallel process may occur being a criminal investigation and the VTRA process is going simultaneously.

An RCMP investigation does not prevent the remaining members from continuing on with data collection relative to the VTRA process. Good communication between the RCMP and VTRA Team is important so as not to compromise an investigation/prosecution or place unnecessary strain on a victim. It is understood that collaboration with the RCMP and VTRA Team members will be ongoing.

Community Based Referrals

When a protocol partner determines the need to activate the VTRA process, the partner will contact:

- The School Division VTRA Contact for the school that the individual of concern attends.
- If the school the individual of concern attends is unknown, contact the VTRA Division Contact for Parkland School Division to assist in determining the youth's school.
- If the student is not a Parkland School Division student, contact Evergreen Catholic Separate School Division, and then the private schools. VTRA school division contacts will assist through this process.

Early Elementary Aged Children and VTRA

If there is a significant increase in baseline behaviour, weapons possession, or clear, direct, and plausible threats, the Micro (Site based) VTRA process will be activated and possibly the Macro (Community) VTRA Team. When younger individuals of concern engage in violent or threat related behaviour, developmental and exceptionality issues need to be taken into consideration. Generally speaking, most threat related behaviour exhibited by elementary aged students would fall into the category of "worrisome behaviours". However, just because a child/student is elementary age, does not mean that they cannot pose a risk.

Students with Diverse Learning Needs and VTRA

The Macro VTRA Team process will not be activated when students with diverse learning needs engage in threat-making or aggressive behaviours that are typical to their "baseline". In other words, if their conduct is consistent with their diagnoses and how their symptoms have been known to typically present in them, then the Community VTRA Team will not be called upon to conduct an assessment.

However, if the student with diverse needs moves beyond their typical baseline and is engaged in high-risk behaviour warranting a VTRA response, then the Community VTRA Team would be activated following the Micro VTRA response. The role of the Macro Community VTRA Team would be to assist in determining why there has been an increase in the baseline behaviour and if the individual of concern poses a risk to self or others.

The process of data collection and assessment is not modified other than to ensure appropriate interviewing strategies with the student with diverse needs. Staff members from the school and division levels responsible for program planning and service delivery must consult to the VTRA teams in these cases.

There are times when the student with diverse needs has had a "slow but steady" increase in the frequency and intensity of their violent or acting out behaviours. In these cases, there may not be a single incident prompting a Micro VTRA response. In the school response, information may emerge that requires some or all of the response of the Macro Community VTRA Team. The principal should contact the school division VTRA contact to discuss the case and collaboratively determine if a full or partial response from the Community VTRA Team is the appropriate approach.

As a note of caution, sometimes school and community members may under react to a serious threat posed by a student with diverse needs. They may assume that all of their behaviours

are as a result of their symptoms rather than consider that a student with diverse needs can move along “the pathway to justification” as well. The same dynamics that can also be factors in contributing to violence in the general student population can be factors in contributing to the violence potential of the student with diverse needs independent of their challenges.

For more detailed information, please refer to the CTIP Document: *Individuals with Special Needs/Disabilities:DSM-V Diagnoses and the Application of VTRA, 2024.*

Guidelines for Conducting VTRA’s with Neurodivergent Students

“While there has been an increase in the number of discipline interventions, suspensions and expulsions across all student groups it is our neurodivergent students who have grown the greatest escalation in **actual or perceived** violence potential in school. Although the VTRA process is adequate for accessing neurotypical and neurodivergent students, the difficulty lies in the range of knowledge and skill of professionals conducting the assessments and the degree of collaboration among the adults who have invested in students. Notably, many suspensions and expulsions involving neurodivergent students, necessitate a nuanced, trauma informed, and research-driven VTRA approach. The primary reason for these specialized guidelines is to assist VTRA teams to enhance their understanding of the **subtleties** of a threat-risk assessment with neurodivergent students and make reasonable decisions based on the level of risk for serious violence and the capacity of each school to manage and intervene to lower the risk.” (*Guidelines for Conducting VTRA’s with Neurodivergent Students: A Whole Person Assessment (WPA)*). Cameron, J.K. et. al. (2025) Center for Trauma Informed Practices (CTIP).)

For more detailed information, please refer to the following CTIP Documents:

- *Violence Threat Risk Assessment (VTRA): Supporting Individuals with Neurodevelopmental Disorders.*
- *Guidelines for Conducting VTRA’s With Neurodivergent Students: A Whole Person Approach, 2025.*

Working with Cultural Diversity

It is imperative to remain cognizant of the potential for cultural bias, systematic racism, and marginalization. When activating a VTRA it is crucial to be familiar and empathetic to these cultural dynamics:

- The construct being measured (VTRA between different Indigenous cultures, western sub-cultures, non-western subcultures etc.)
- The content of the questions and/or how the questions are phrased (language and culture may influence interpretation with respect to the interviewer and/or respondent)
- Members of some cultures experience significant rates of poverty, racism, and discrimination, and language barriers may exist. These factors along with possible

distrust for authority figures, can lead to the presence of multiple stressors that increase the perceived level of risk or actual risk.

Parent/Guardian/Caregiver Roles in VTRA

Parent/Guardian/Caregiver Notification: Individual(s) of Concern (IOC)

Parent(s)/Guardian(s)/Caregiver(s) are an essential part of the VTRA assessment process, the intent of notification is meant to activate a collaboration between the home and the VTRA Team. The parent/guardian/caregiver may possess insight and data regarding the “locker, bedroom and digital dynamic”, an “increase or shift in baseline” behaviour and other “risk-reducing or risk enhancing” factors.

Parent(s)/Guardian(s)/Caregiver(s) of a young person under the age of 18, or one who is still under the guardianship of an adult should be notified at the *earliest opportunity*. Notification should occur after the decision to activate a Site based, Micro VTRA.

Parent/Guardian/Caregiver notification may be delayed depending on the initial level of risk or evolving dynamics. Common reasons may include, but are not limited to:

- Child protection issues, domain of Children and Family Services
- Parent/Guardian/Caregiver poses a potential risk of violence to the site where the VTRA was activated, domain of the RCMP.

Parent/Guardian/Caregiver Notification: Targets

A primary purpose of the VTRA Community Protocol is violence prevention, identifying, protecting and supporting target(s) of the threat is also a priority.

Parent(s)/Guardian(s)/Caregiver(s) of a young person under the age of 18, who is still under the guardianship of an adult, should be notified at the *earliest convenience*. The VTRA Team will notify the parent(s)/guardian(s)/caregiver(s) once the threat has been deemed clear, plausible and direct. This process will avoid unnecessary trauma if no risk is present. The target(s) will be secured and protected from potential harm when possible. Often the target and their parent(s)/caregiver(s)/guardian(s) are fearful or traumatized by the event. A plan for family emotional support should be created. Parent/Guardian/Caregiver notification may be delayed. Common reasons may include, but are not limited to:

- Long-standing dynamics between two conflicting families that are likely to result in escalation of the situation
- The parent/guardian/caregiver is highly likely to overreact and surge the intensity or impact before the VTRA Team has time to conduct interviews and take protective steps.

VTRA Process

Protocol partners participating in a VTRA will approach the situation in a respectful, strength-based and trauma informed manner while offering a timely response to the potential of violence. The VTRA partners consider the potential traumatic impact to the greater community as incorporated in the TVSP Protocol. (See *Appendix 1: Quick Guide*)

CRISIS AND TRAUMA MANAGEMENT

The VTRA Team makes an evaluation of the threat or risk posed by the Individual Of Concern (IOC). They will determine if the risk harm is **low, medium or high**. The interventions should be consistent and responsive to the level of risk posed by the individual of concern.

If the language of a threat is **low risk** and only a few people are aware of the incident, there is usually no need to notify the other children/youth, staff and/or parents/guardians/caregivers. In some communities, the unnecessary communication of “threat-related” incident will cause more damage than good.

If the language of the threat is **low risk** but several children/youth, staff, and others are aware of the incident and it appears to be elevating the anxiety of some in the community, then all students, staff and parents should be notified. Each agency should follow their appropriate communications protocol. Ultimately information that will be shared will be determined by the Superintendent, Supervisor or Directing Manager.

If the threat is more specific and deemed to be a **moderate to high risk** and includes names of particular targets, then those targeted must be notified. In the case of children/youth, parents/guardians, or caregivers must be notified pending any unique circumstances. If the case is only known to a few and threat selection is very clear and specific, then the rest of the community would only be notified if they are directly related to the case.

If the threat is deemed **moderate to high risk** but several community members outside of the target group are aware, then all children/youth, staff and parents/guardians/caregivers should be notified in general terms that an incident is under investigation and the organization is following the lead of the RCMP. Assure everyone that all children/youth and staff are safe and that the situation is being managed collaboratively as part of the multi-disciplinary VTRA protocol. Again, schools, agencies and organizations should follow their appropriate communication procedures.

Whether the threat is high risk or not, if the community is responding traumatically, then it is appropriate to move into a trauma response mode using the TES model following the appropriate school/agency procedures. This could involve bringing in additional support people (counselling staff, administrative support, security staff, etc.), closing the school, clinic or organization for the remainder of the day, etc.

The TVSP Protocol and specifically the Tri-Municipal Community TES (*Attachment A of the Tri-Municipal Community TVSP Protocol*) can guide the response to any impacts of trauma in the community.

COMMUNICATIONS

Safe communities are communities that promote open communication in a culture of information sharing and reporting of concerns. Throughout the entire community, agency administrators, staff, support staff, children/youth and parents/guardians/caregivers must have the support to openly voice concerns about safety.

Responsible Reporting

All agency staff and children/youth must be advised that any person in a community having knowledge of high-risk children/youth behaviour or having reasonable grounds to believe there is potential for high-risk or violent behaviour should promptly report the information to the RCMP, Site Administrator or another staff member. Actively teach children/youth that seeking adult support for worrisome behaviour is not “ratting or snitching” but rather a social responsibility for the well-being of all. All Agencies need to operate within the limits of confidentiality and encourage timely reporting.

Fair Notice

The *Tri-Municipal Community Violence Threat Risk Assessment and Intervention Protocol* partners are committed to keeping our schools and community safe for all people. As a result, partner community agencies will respond to youth behaviours that pose a potential risk to other members of the community.

All partners will make fair notice available to community members. See *Appendix 2: Fair Notice Letter* and *Appendix 3: Fair Notice Brochure*. It is recommended that, if possible, information about the *Tri Municipal Community Violence Threat Risk Assessment and Intervention Protocol* be posted on their web site. It is the responsibility of each agency to communicate fair notice as appropriate for their site.

APPENDIX 1: Micro (Stage 1) VTRA Threat Assessment: VTRA Lead Quick Guide

***It is not a micro VTRA if there is imminent danger. In these cases, call 911.**

Step 1: Secure safety Address any immediate risk factors	<ul style="list-style-type: none"> • If necessary, appropriately monitor and/or detain the individual(s) of concern until the police member of the team is present • Do not allow individual(s) of concern access to coats, backpacks, bags, desks, lockers or workspaces • Determine if the individual(s) of concern has immediate access to the means/weapon
Step 2: Check locker, backpack, bags, desk, workspace, etc.	<ul style="list-style-type: none"> • Follow procedures to check individual of concern's backpack, locker, desk, workspace, etc. • Take photographs or copies of anything found of concern. Ensure ongoing consultation with organization's VTRA lead throughout the process
Step 3: Contact organization VTRA Lead for micro VTRA activation	<ul style="list-style-type: none"> • Contact organization VTRA lead via cell or by urgent email • Review the threat and agree on activation of a micro VTRA • Dispatch member of VTRA team to assist with data collection • Conduct agency partner background checks as per protocol
Step 4: Contact Police	<ul style="list-style-type: none"> • Call the trained VTRA police member and share initial data • Police will determine if a history of weapon possession, use, or violence is noted in police accessible records
Step 5: Determine interview plan and begin data collection	<ul style="list-style-type: none"> • VTRA designate, VTRA police member, in collaboration with other micro VTRA team members will determine who will strategically interview sources of data including all participants directly and indirectly involved as well as "hard" data collection as outlined in report form
Step 6: Formal interview with individual(s) of concern and target(s) parent(s), guardians(s), other	<ul style="list-style-type: none"> • Use report form as guide • No more than two people present when interviewing individual of concern
Step 7: Notifications	<ul style="list-style-type: none"> • Notify individual(s) of concern and target(s) parent(s) at earliest convenience if a minor or applicable.
Step 8: Micro VTRA meeting. Meet to review data and determine level of risk	<ul style="list-style-type: none"> • Using report form as a guide, team members review all information collected. Draw genograms as needed. • As a team, determine level of risk and record on form
Step 9: Decide on course of action	<ul style="list-style-type: none"> • Use Risk Enhancer worksheet as a guide to determine and create an intervention plan using the Intervention Plan template • Address all relevant concerns identified during your micro assessment • Medium to high level of concern, advise organization's VTRA lead that macro VTRA is required. Use risk Enhancer worksheet as guide to determine intervention plan
Step 10: Communication and storage of plan	<ul style="list-style-type: none"> • Upon completion, plan is shared with individual(s) of concern and parent(s)/guardian(s) if applicable. Send all documentation (intervention plan, notes, photos, texts) to organization VTRA lead for safe storage. • Complete any other pertinent documentation required by your organization.

APPENDIX 2: Fair Notice Letter

To All Tri-Municipal Community Members:

The Violent Threat Risk Assessment (VTRA) process is encompassed in the Tri-Municipal Community Trauma, Violence and Suicide Prevention (TVSP) Protocol as Attachment B.

Protocol partners are committed to creating and maintaining safe environments in which children, youth, staff, parents and others feel safe. Our VTRA partners include school boards, various levels of government, government agencies, RCMP and community partners within our region. All partners support a coordinated response to any violence or threats of violence involving youth. The Center of Trauma Informed Practices (CTIP) has provided intensive training to partner local personnel in the use of VTRA.

A threat is an expression of intent to harm or act out violently. Threats will be taken seriously and will be investigated with a clear and appropriate multidisciplinary response. In a culture of responsible reporting, students/youth need to trust that they will be believed when they confide; their information will be kept confidential, acted upon promptly and investigated thoroughly.

There is zero tolerance for not responding. Prevention of youth violence is a community responsibility, and it is everybody's duty to report. Under-reaction is an epidemic and a key factor of escalation from thought to action.

The VTRA team is a collaborative multiagency team that may consist of school staff, RCMP, child protection agencies, mental health workers, hospitals, probation/parole and other community professionals.

The purpose of a children/youth threat risk assessment is to promote the emotional and physical safety of all and to ensure that the protocol partners have a collaborative, common understanding. The VTRA process ensures the safety of the community and understands the context and the contributing factors of the threat and the behaviours of the individual of concern. The VTRA team views the individual of concern as in need of intervention rather than discipline and will develop a proactive intervention plan that addresses the emotional and physical safety of the individual of concern. This may include disciplinary action but also will recommend appropriate supports and interventions to aid the child/youth in developing and using positive strategies.

All threat making behaviours shall be reported to the organization's VTRA lead who will activate protocol for initial response. 911 will be contacted in imminent danger. The VTRA team is activated, data is reviewed, and interviews may be held with children/youth, the individual(s) of concern, parents, staff, and partner agency personnel to determine the level of risk and develop a response to the incident. The intervention plan will be shared as required and as appropriate.

It is important for all parties to engage in the VTRA process. If for some reason there is a reluctance to participate, the threat risk assessment process will continue to ensure a safe and caring learning environment and/or community environment for all.

For more information contact any Tri-Municipal Community TVSP protocol partner.

APPENDIX 3: Fair Notice Brochure



PARKLAND
SCHOOL DIVISION



Tri-Municipal Community Trauma, Violence & Suicide Prevention Protocol

Fair Notice and Practice



Community Safety is Everyone's Responsibility
An Integrated Collaborative Response to Keeping Our Children
and Community Safe

The Partners

TVSP partners are committed to creating and maintaining safe environments in which children, youth, staff, parents and others feel safe. Our TVSP partners include Children and Family Services, Evergreen Catholic Separate School Division, Living Waters Christian Academy, Parkland School Division, Recovery Alberta, RCMP, St. Matthew Lutheran Christian Academy, and Unlimited Potential Community Services. These partners collaborate in a multidisciplinary assessment when determining the level of risk posed and response required. Community agency, Alberta Parenting for the Future Association, provides services that are regularly included as part of the intervention plans. The City of Spruce Grove, Town of Stony Plain, and Parkland County support this coordinated response to any violence or threats of violence.

The Center for Trauma Informed Practices (CTIP) has completed extensive research in youth and school violence. Kevin Cameron, Executive Director of CTIP, has trained partner local personnel in the use of the protocol.

Duty to Respond

There is zero tolerance for not responding. Prevention of youth violence is a community responsibility and it is everyone's duty to report. Under-reaction is epidemic and a key factor of escalation from thought to action.

What is a Threat?

A threat is an expression of intent to do harm or act out violently against someone or something. Threats may be verbal, written, drawn, posted on the internet, or made by gesture. Threats must be taken seriously and be investigated with a clear and appropriate response. In a culture of responsible reporting, students/youth need to believe that they will be believed when they confide, their family will be kept confidential, their information will be acted upon promptly and their concern will be investigated thoroughly.

What is a Threat Assessment Team?

Each threat assessment team is multi-agency. The team may include school staff, psychologists, police, child protection agencies, community mental health workers, hospitals, probation/parole and other professionals.

What is the Purpose of a Threat Risk Assessment?

The purpose of a child/youth threat risk assessment is to:

- Ensure the safety of children/youth, staff, parents and others,
- Ensure a full understanding of the context of the threat,
- Understand the factors that contribute to the individual of concern's behaviour,
- View the individual of concern as in need of intervention rather than discipline,
- Be proactive in developing an intervention plan that addresses the emotional and physical safety of the individual of concern which may include disciplinary action but will also include appropriate supports to aid the child/youth in developing and using positive strategies,
- Promote the emotional and physical safety of all; and
- Ensure all agency partners are working together with a common understanding and protocol.

What Happens in a Threat Risk Assessment?

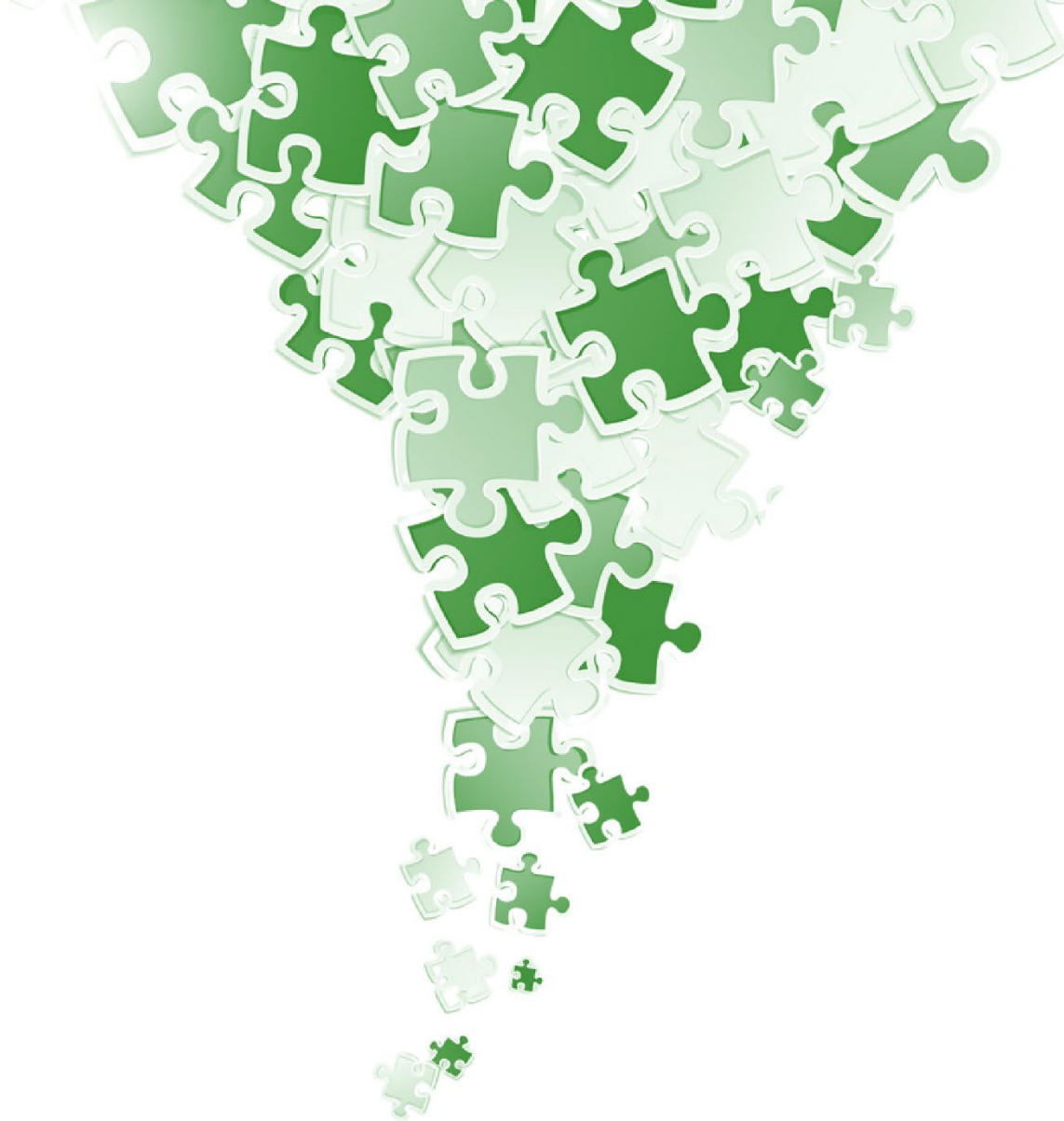
All threat making behaviour shall be reported to the agency administrator who will activate the protocol for the initial response. The protocol requires contacting 911 if imminent danger is present.

When the VTRA team is activated, data is reviewed and interviews may be held with children/youth, the individual of concern(s), parents, staff, and/or partner agency personnel to determine the level of risk and develop an appropriate response to the incident.

An intervention plan will be developed and shared with parents, staff and the individual of concern as required and as appropriate.

Can I refuse...?

It is important for all parties to engage in the process. If for some reason there is a reluctance to participate in the process by the individual of concern or parent/guardian, the threat risk assessment process will continue in order to ensure a safe and caring learning/community environment for all.



THE TRI-MUNICIPAL COMMUNITY SUICIDE PREVENTION and RESPONSE (CSPR)

Attachment C

2025

*An integrated collaborative response to Keeping Our
Children and Community Safe*



PROTOCOL PARTNERS

Alberta Parenting for the Future Association

Center for Trauma Informed Practices

City of Spruce Grove

Child Intervention – Edmonton Region Children and Family Services

Evergreen Catholic Separate School Division

Living Waters Christian Academy

Parkland School Division

Parkland County

Recovery Alberta – Mental Health and Addiction Services

Royal Canadian Mounted Police (RCMP)

St. Matthew Lutheran Christian Academy

Town of Stony Plain

Unlimited Potential Community Services

Additional protocol partners will be engaged as broader community training occurs and the protocol expands to more comprehensively address the needs for collaborative crisis and trauma response in our communities.

ACKNOWLEDGEMENTS

A sincere thank you to the Strathcona County VTSP Protocol Committee. We acknowledge that this document is founded on the work of the Strathcona County VTSP Protocol, SRP – Attachment C (2022). Their generous collaborative sharing is exemplary. Their knowledge, expertise and collaboration supported and informed the thoughtful development of this document. The work and learning that influenced its development both by present partners as well as the previous various TVSP, VTRA and SPR Steering Committees is noted.

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INTRODUCTION

Purpose of Community Suicide Prevention and Response (CSPR)

Suicide remains a leading cause of death in Alberta. However, preventing suicide extends beyond averting death; it involves fostering safe, connected, and healthy communities and individuals.

Some suicides may have widespread effects due to the individual's profile or the circumstances surrounding the event. When considering a response, the overall community impact must be evaluated. Not every suicide necessitates a community-level intervention, but that doesn't minimize its seriousness. The CSPR framework ensures a coordinated, compassionate response and supports community healing through trauma-informed practices. Insights from these incidents, as shared by the Trauma, Violence and Suicide Prevention (TVSP) protocol partners, may help assess community well-being and prompt further action.

This guide aims to assist TVSP members and the Tri-Municipal community in effectively preventing and responding to suicides, ultimately reducing trauma, violence and harm.

Document Structure

This guide outlines strategies and provides guidance for suicide prevention and response at both the community and individual levels.

The "Community Suicide Prevention and Response" section details scenarios that may affect the broader community and trigger the TVSP Protocol.

The "Understanding Suicide and Suicidal Risks" section offer basic guidelines for organizations that may not have formal procedures in place.

COMMUNITY SUICIDE PREVENTION AND RESPONSE

When to Respond on a Community Level

Professionals who encounter individuals showing signs of suicidal ideation should follow their organization's suicide risk assessment protocols. Where no such protocols exist, contact a professional or organization trained in Suicide Intervention.

Call 911 if risk is imminent.

CSPR is a vital component of the TVSP Protocol due to the potential connection between suicide and broader acts of violence, including homicide, or the possibility of contagion effects within the community. Activation is appropriate when one or more suicides could lead to broader community impacts. Examples of activating the CSRP would include, but are not limited to:

- Fluidity of a individual between homicidal and suicidal states
- Suicide pact is created
- Conspiracy of two or more such as bullying or coercion into suicide
- Multiple suicides in quick succession
- Suicide act or glorification by an individual with wide influence (e.g., influencers)

Sometimes, isolated suicide attempts may not meet the activation threshold on their own. However, when examined alongside data and observations from TVSP partners, concerning patterns may emerge. Member organizations are expected not only to manage the event directly but also to report it as part of their TVSP responsibilities, allowing for earlier identification of risk. Coordination with other protocol components should be activated when needed.

ACTIVATING COMMUNITY SUICIDE PREVENTION & RESPONSE

Activation of CSPR may occur following a suicide(s), suicide attempt(s) or pattern of suicide-related concerns in the Tri-Municipal area. It is critical that interventions to prevent harm or death are prioritized immediately, potentially involving emergency services like the RCMP or other emergency supports before formal activation.

The CSPR activation process involves:

1. Assess the event considering both individual(s) and the community-wide ripple effects, impact and risks within the community.
2. Contact the TVSP protocol partners to determine the appropriate response level:
 - Evaluate risks such as harm to self and others identifying access to weapons and possible coercion.
 - Consider the *impact zones* and *high-risk groups*.
 - Consider the *critical periods* and the different organizations roles at different stages.
3. The *originating organization* in collaboration with the TVSP Team will choose a response path, including:
 - Referring to Attachment A: Tri-Municipal Traumatic Event Systems and following the activation guidelines, rules and responsibilities within the document.
 - Referring to Attachment B: Tri-Municipal Violence Threat Risk Assessment and follow the activation guidelines, roles and responsibilities within the document.
 - Convening relevant TVSP Protocol members to review the context and situation to decide on next steps to provide a trauma-informed response to reduce harm and enhance well-being.

All initial activations must be followed up by TVSP partners sharing appropriate relevant information related to the crisis. If no further action is required, individual agencies continue to support those affected within their capacity appropriate to the situation.

Events involving *conspiracy of two or more* or suicide pacts typically follow the Violence Threat Risk Assessment (VTRA) model.

Intervention planning should entail both immediate and long-term planning. Both forms of planning may occur in tandem, depending on the nature of the event and available resources. Immediate priority should be focused on interventions to reduce risk of harm or death.

COMMUNITY LEARNING AND IMPROVEMENT

TVSP protocol partners will use regular meetings to share observations, trends, and instances of concern and trends related to suicide and suicide attempts. Considering the links between trauma and violence identified in the *violence-trauma continuum*, this collaborative knowledge-sharing approach acts as a proactive harm-reduction measure. The valuable knowledge, information and experiences shared among the Tri-Municipal TVSP Partners augments learning and enables improvement in regards to community suicide prevention and response.

UNDERSTANDING SUICIDE AND SUICIDAL RISKS

High-Risk Groups

Seniors

Older adults (65+) have among the highest suicide mortality rates, with men being particularly vulnerable. Risk factors include social isolation, grief, major life transitions, depression, and limited access to support. Seniors provide less warning signs, discuss suicide less and tend to be more determined and lethal when attempting suicide.

Risk factors for seniors are social isolation, depression, mental illness and major life changes such as moving to a retirement home, loss of a loved one, retirement and financial changes.

Protective factors include strong emotional and physical health, family support, social connections, interests, hobbies and activities and reduced access to lethal means.

Youth and Young Adults

Youth and Young Adults (ages 15–24) represent a highly vulnerable group as they are at a critical age for brain function and mental health development.

Risk factors include bullying, criticism, stress, social-media influence and gender differences.

Protective factors encompass physical activity, connection to healthy peers and/or adults, and emotional, mental and social support systems.

2SLGBTQ+ Individuals

Youth and adults that are members of the 2SLGBTQ+ community often face elevated suicidal ideation, suicidal behaviours and suicidal completion compared to their non-2SLGBTQ+ peers.

Risk factors encompass higher rates of bullying, harassment, assault, mental health challenges, family rejection, and homelessness.

Protective factors include affirming families, self-acceptance, peer acceptance, and communities with strong and authentic emotional and social support.

Indigenous Peoples

Due to the history of colonization, residential schools, sixties scoop and intergenerational trauma, Indigenous Peoples may experience elevated suicidal ideation, suicidal behaviours and suicidal completion. Cultural consideration must be made when enacting this protocol.

Risk factors are tied to intergenerational trauma, racism, isolation from home community, disconnection from culture, an elevated rate of homelessness and incarceration, and lack of culturally appropriate services.

Protective factors Cultural engagement and language revitalization offer protective benefits.

Suicidal Behaviour Versus Self-Harm

The major difference between Self-harm often referred to as non-suicidal self-injury (NSSI) and Suicidal Behaviour is the intent behind the behaviour. Self-harm usually stems from a need to cope with emotional pain. Individuals that self-harm utilize unhealthy coping mechanisms such as “cutting” to harm themselves. They cut to pursue to release pain and find relief. Suicidal attempts denote a desire to die. Self-harm, although a lower-risk behaviour than suicidal behaviour still indicates emotional distress and warrants counselling services. Suicidal ideation and suicidal behaviours warrant professional support.

EMERGENCY INDIVIDUAL SUICIDE PREVENTION AND RESPONSE

Supporting Individuals at Risk

If suicide behaviour or suicidal ideation is suspected or disclosed:

1. In **emergency situations – call 911**. Stay with the individual, do not leave them alone. Model calmness. Offer supportive listening (See Appendix 2) while waiting for emergency services.
2. When dealing with minors, contact the appropriate parents/guardians/caregivers. Refer to Appendix 1: Individual Suicide Risk Decision Tree
3. If suicidal ideation is confirmed but not imminent, contact a professional or organization trained in suicide intervention.
4. Stay with the individual, do **not** leave them alone. Offer supportive listening (See Appendix 2) while waiting for a trained counsellor or guardian.
5. If the individual denies suicidal ideation, try to encourage the individual to speak with a trained professional.
6. After warm hand-off is complete, debrief with a supervisor as soon as possible. **Self-Care is important**. Ensure your own mental wellness by debriefing as suicidal situations are intense and emotionally draining.

*It is OKAY to consult or,
Provide a warm-hand-off,
YOU are still a safe support!*

SUICIDE INTERVENTION RESOURCES FOR TRAINED PROFESSIONALS

Personal Resources

An individual's own strengths and support systems can be the most valuable and effective resources. Encourage reflection on past healthy coping strategies and guide the individual to realize and identify the positive resources, strategies and techniques they have used in the past during tough emotional distress to alleviate distress. If trustworthy and reliable, family and friends may be excellent supports. Identifying the unhealthy coping mechanisms that provided negative impacts or increased the suicidal ideation and behaviour in the past, is important as the individual should be reminded to avoid these strategies.

Community Resources and Referrals

Support services and community programs can enhance an individual's wellbeing and aid mental wellness recovery when they are suitable and appropriate. When suggesting referrals:

- Ask what they've already tried or have considered trying. If the experience was unsuccessful or elicited a traumatic response, research why it was a negative experience. If individuals feel they cannot keep themselves safe, where can they go to feel supported and not alone?
- Determine what (if any) additional support they need at this time. Be cognizant whether they are overwhelmed by the referrals and supports. Offering too many resources can feel staggering and may cause an individual to shut down. Offer only essential services at this time. Some individuals may respond well to many referrals offered, as they like the feeling of having some control when provided the opportunity to choose.
- To make an appropriate referral consider:
 - **What** services are provided,
 - **Location:** Transportation may be an issue or some prefer privacy and want to travel outside of their community,
 - **Process:** Whom should the individual speak to? What is the process when they call?
 - **Time Line: Is there a waitlist? Are there interim options to fill gaps?**
 - **Follow-up:** Check on the progress of the referrals with the individual.

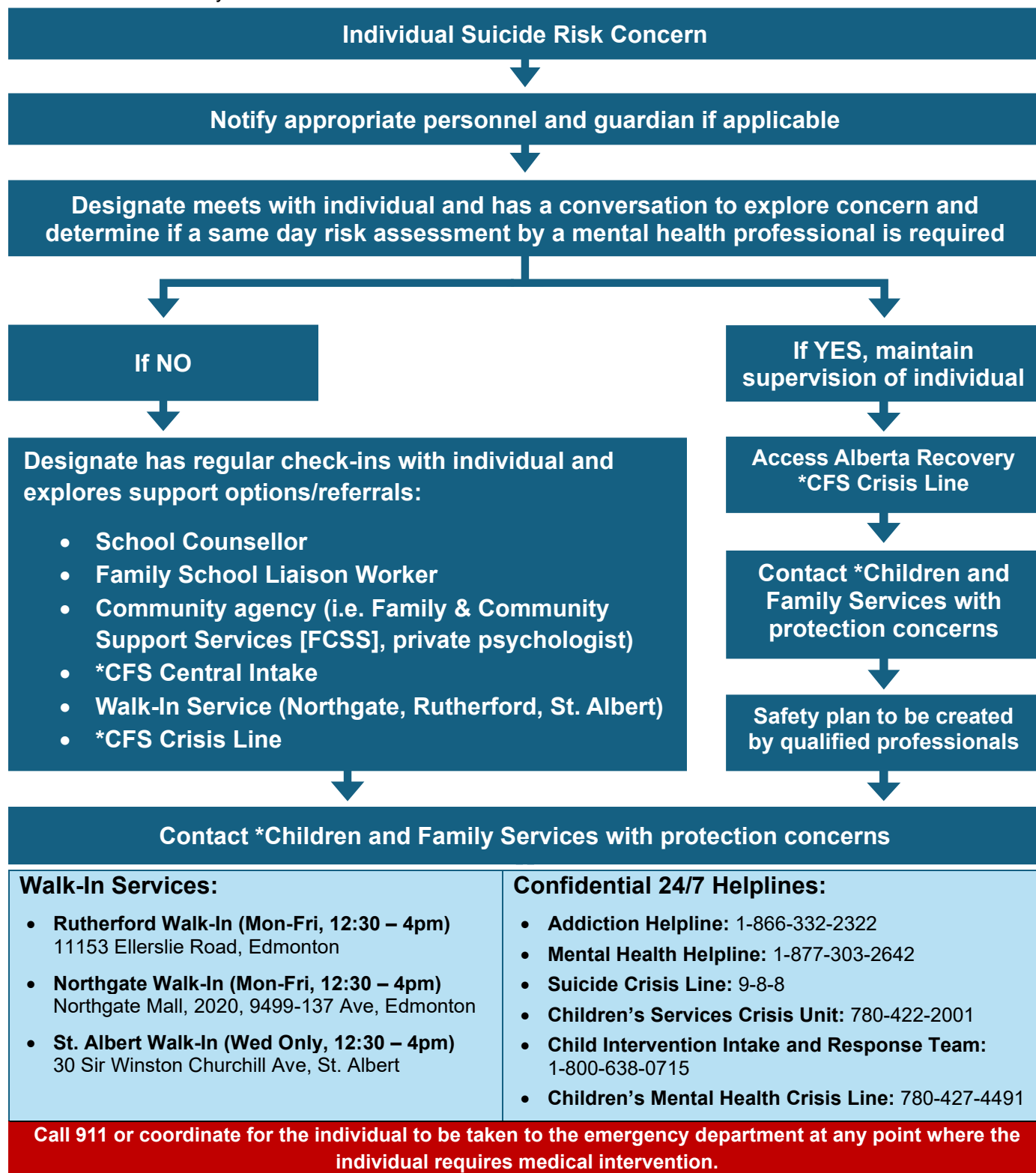
Summary

Suicide is a devastating occurrence. Responses to suicide, on both the individual and community level, must be thoughtfully planned in order to best support the community in a trauma-informed manner.

Community Suicide Prevention and Response addresses the ripple effects of violence and trauma that may persist after suicides that impact the larger community. This work is a critical component of the comprehensive approach to safety and well-being in the Tri-Municipal Community.

APPENDIX 1: Individual Suicide Risk Decision Tree

*Sourced from Recovery Alberta



APPENDIX 2: Language and Listening Around Suicide

Value-Free Language

In the past, many of the phrases used to describe suicide and suicide attempts have carried meanings of implied value. People who work with suicide now prefer to avoid “committed suicide” because “commit” is usually used to describe crimes. Similarly, a suicide attempt that ends in death is not “successful” nor is a non-fatal attempt “failed.”

Instead of the above, staff should use the following neutral terms:

- Die by suicide
- Died by suicide
- Death by suicide
- Non-fatal suicide attempt
- Attempted suicide

Direct Language

Using indirect language to ask participants questions about suicide can be unclear and can suggest that staff are uncomfortable discussing difficult topics. Instead of asking if a person is thinking of hurting themselves or harming themselves, be direct:

“Are you thinking of killing yourself?”

“Are you thinking about suicide?”

All of this language can feel uncomfortable when people start to use it; remember that being neutral and direct makes you a safer, more trustworthy person to talk to.

Supportive Listening

Staff who do not perform suicide risk assessments or interventions are asked to use supportive listening with participants until they are joined by assessment and intervention staff. Keep these points in mind:

- Give participants as much space as needed to share their stories. If they are silent or crying, it is not always necessary to do anything more than be present with them and show with eye contact and body language that you are present and listening.
- Remain non-judgmental and avoid giving advice.
- Reflect what you hear people say, keeping as close to their words and meanings as possible. Focus on their feelings rather than on their stories.
- Avoid asking questions—your goal is to be with the person and keep them calm rather than to open up the conversation.