Pathways Supplemental Guide

SUICIDE

It is helpful to see suicide as a range of concerns, from ideas about wanting to die to more extreme contemplations about taking actions to die. Ideas may start with thoughts of disappearing and/or not wanting to live anymore. Threats become more frequent and clearer, shared with multiple people. The desire to die becomes increasingly powerful with an increase in feeling trapped, hopeless, and lost, with access to lethal means.

- Are you experiencing pain so intense and ongoing that you no longer want to be around?
- Have you thought about going to sleep and never waking up?
- If you have thought of suicide, have you thought about how you would kill yourself?
- Have you told other people that you want to die?
- Do you have a hope in a positive future for yourself?

Pathway 1	Pathway 2	Pathway 3
• Occasional suicidal thoughts and a desire to escape pain • Vague references to death (either verbal or on social media) • Growing loss of hope and increasingly feeling trapped	• Frequent suicidal thoughts and planning how to do it • Increasing references to suicide (either verbal or social media) • Chronic loss of hope, despair, and difficulty seeking help	• Constant suicidal thoughts with an action plan • Verbal or written suicide threat (lethal) with time and/or place • Total lack of hope, giving away possessions, making final plans
Occasionally feels "burnt out" or "tired of everything."	Researches suicide and sometimes wishes they "didn't wake up."	Discloses a plan using pills and says, "I can't do this anymore."

Joiner, T. (2005). Why people die by suicide. Harvard University Press.
Klonsky, E. D., & May, A. M. (2015). The three-step theory (3ST): A new theory of suicide rooted in the 'ideation-to-action' framework. International Journal of Cognitive Therapy, 8(2), 114–129.
Van Brunt, B. (2020). Harm to others: The assessment and treatment of dangerousness. Routledge.

DEPRESSION

Depression can occur in the way we feel about our lives as well as through our behaviors, such as not wanting to eat, eating too much, having trouble sleeping, or sleeping too much. Depression may involve feelings of hopelessness that could be vague thoughts, all the way to intense and overwhelming panic. An individual with depression may withdraw from social interactions, isolate themselves, and/or lack the energy to take care of their hygiene, day-to-day responsibilities, living arrangements, relationships, or finances.

- Do you lack the energy to engage socially, talk to others, or complete academic assignments?
- Have you experienced changes in your sleeping or eating habits (eating or sleeping too much or too little)?
- Do you feel an ongoing sense of sadness and worry about the future?
- Are you experiencing despair or a desire to escape this world?
- Have you thought of suicide or not wanting to be around any longer?

Pathway 1	Pathway 2	Pathway 3
• Occasional trouble eating or sleeping and a lack of energy • Sadness that doesn't go away and trouble focusing • Upset about a loss or breakup • Chronic sadness	• Frequent trouble with sleep, appetite, focus, and energy • Further withdrawal, isolation, and hopelessness • Growing despair and pain • Suicidal thoughts	• Not able to care for self • Not eating, sleep extremes • Chronic hopelessness, a lack of energy, and desperation • Desire to escape; inability to act • Thoughts of suicide
Reports low mood and fatigue but continues to attend classes.	Withdraws from friends and stops engaging in activities.	Stops attending classes, neglects hygiene, expresses hopelessness.

American College Health Association. (2022). National College Health Assessment III: Reference Group Executive Summary.
Beck, A. T., Steer, R. A., & Brown, G. (1996). Manual for the Beck Depression Inventory-II. Psychological Corporation.
Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. Journal of General Internal Medicine, 16(9), 606–613.

SELF-INJURY

Self-injury can be suicidal or non-suicidal in nature. Self-injurious behavior may occur multiple times a day or be infrequent, occurring only once or twice a year. It may give them a sense of control when other aspects of their life feel out of control. They may cut or harm themselves to cope with a previous trauma they experienced or out of a perceived lack of options about what else they may be able to do to function. Sometimes, self-injury may be a "test" behavior toward a suicide attempt, but more often it is related to a harmful behavior the person is using to control feelings of being powerless or unable to act.

- Have you ever cut or hurt yourself when you were upset or bored?
- If you have cut yourself before, were you thinking of killing yourself at the time?
- If you have the desire to self-harm, what triggers this or makes the desire more intense?
- Do you have a place where you keep the objects that you use to harm yourself?
- Have you ever worn clothes to cover up scars or markings from past self-injuries?

Pathway 1	Pathway 2	Pathway 3
• Occasional thoughts of self-injury, sadness, and pain • Past history of non-suicidal self-injury (NSSI) • Feeling overwhelmed and stuck • Trauma history	• Frequent desire to self-injure (daily) to cope • Current NSSI (weekly), injury witnessed by others • Thoughts of suicidal self-injury (SSI)	• History of SSI and NSSI with daily thoughts and NSSI • Inability to agree not to cut • Lack of options, increased desperation • Suicidal thoughts
Admits to scratching or minor cutting once "to feel something."	Cuts regularly to manage distress and hides scars under clothing.	Makes deeper cuts that require medical attention.

Klonsky, E. D. (2007). The functions of deliberate self-injury. Clinical Psychology Review, 27(2), 226–239.
Nock, M. K. (2010). Self-injury. Annual Review of Clinical Psychology, 6, 339–363.
Whitlock, J., Eckenrode, J., & Silverman, D. (2006). Self-injurious behaviors in a college population. Pediatrics, 117(6), 1939–1948.

ALCOHOL/THC

While any substance use or abuse may become concerning, here we are examining the use of alcohol and THC as a way of coping, reducing inhibitors for more extreme action, or engaging in a behavior that could impact their ability to function at school. While both alcohol and THC can be recreational and stress-relieving activities that may not be cause for concern, higher-level use that involves criminal activities, use or abuse that impacts a person's education, or the inability to cut back or reduce use are all causes for concern.

- Have you ever tried to cut back your alcohol or THC use and found it difficult to do so?
- Think about times where you have been happy. Can you think of a time when you were happy when you were not drinking or using THC?
- What are some reasons for your use of alcohol or THC?
- Do you always drink or use THC when you are sad, stressed, or overwhelmed?
- Have friends or family members ever expressed concerns about your drinking or use of THC?
- Has your alcohol or THC use ever caused problems with conduct or law enforcement?

Pathway 1	Pathway 2	Pathway 3
• Occasional use with some worry about consequences • Difficulty with class, conduct, peers, or grades	• Frequent use with failed attempts to stop • Negative conduct/police history • Impact on class, friends, family	• Daily use with failed attempts to stop • Conduct/police involvement • Loss of school, family, friends
Drinks socially on weekends without academic impact.	Misses classes or work due to hangovers and uses THC daily.	Refuses to cut back despite multiple conduct violations.

Larimer, M. E., & Cronce, J. M. (2007). Identification, prevention, and treatment revisited: Individual-focused college drinking prevention strategies 1999–2006. Addictive Behaviors, 32(11), 2439–2468.
National Institute on Drug Abuse. (2018). Principles of drug addiction treatment. NIH Publication No. 18-4180.
Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States (NSDUH).

SERIOUS DRUG USE

This broad category should be seen as the use of more addictive or higher risk substances such as cocaine, meth, heroin, LSD/acid, mushrooms, hallucinogens, prescription drug abuse, MDMA or ecstasy. Single or occasional use will be seen as less concerning than repeated use or use/abuse with failed attempts to cut back or stop. Likewise, continued use when family or friends express concern or if there have been "near misses" with police or life-threatening aspects (e.g., fentanyl scare) is more concerning. The highest concern related to serious drug use or abuse occurs when use impacts work, classes, social interactions, family, or involves criminal charges and an inability to function without the drug.

- Have you ever considered using a more serious drug like cocaine, meth, LSD, or ecstasy?
- Have you used drugs, even though you knew they were not safe and would likely lead to harm?
- Has your drug use led to problems with finances, friends, family, attendance, or completing class assignments?
- Have close friends or family members expressed concern about your use (even occasionally), and you continue to use despite these requests to stop?
- Have you ever taken steps to avoid or fake a drug test required for work, school, or the court?

Pathway 1	Pathway 2	Pathway 3
• Experimental use at pressure from friends • Concerned about the negative impact, but continues use • Friends, family, others express concern and worry	• Frequent use despite negative potential impact • "Close calls" with conduct or police • Growing difficulty with class, friends, family	• Trouble functioning without substance • Multiple legal, conduct, police involvements • Extreme concern by others • Inability to stop
Occasionally uses non-prescribed stimulants to study.	Repeated cocaine or hallucinogen use leads to declining grades.	Dependence on opioids or meth brings campus police involvement.

National Institute on Drug Abuse. (2020). Drugs, brains, and behavior: The science of addiction.
Van Brunt, B. (2012). Ending campus violence: New approaches to prevention. Routledge.
Volkow, N. D., & Boyle, M. (2018). Neuroscience of addiction: Relevance to prevention and treatment. American Journal of Psychiatry, 175(8), 729–740.

BEING TEASED

At early stages, bullying (including "trash talk" and inappropriate joking) is an occasional experience that affects self-worth and social connections. As bullying increases, their world becomes increasingly unsafe and harmful, leading to feelings of hopelessness, despair, being trapped, and potentially to feelings of suicide or a desire to send a message to their oppressors through violent action.

- Do people bully or tease you for your beliefs, appearance, or other reasons?
- Has bullying kept you from completing work or making friends?
- Have you been teased or bullied to the point where you considered suicide?
- Do you change your plans each day to avoid those who tease or bully you?
- Do you ever fantasize about hurting people because of bullying?

Pathway 1	Pathway 2	Pathway 3
• Feeling picked on and teased • Teasing impacts self-worth • General feelings of sadness and fear	• Frequent teasing/bullying impact life • Fear, low self-worth, hopeless • Avoids others; acts out negatively	• Daily, intense teasing/bullying • Impacts school, family, friends • Suicidal/need to take extreme action
Occasional teasing causes irritation but no functional impact.	Avoids certain peers or locations due to frequent mocking.	Severe bullying leading to isolation, rage fantasies, or suicidal ideation.

Hinduja, S., & Patchin, J. W. (2010). Bullying, cyberbullying, and suicide. Archives of Suicide Research, 14(3), 206–221.
Olweus, D. (1993). Bullying at school: What we know and what we can do. Blackwell.
Rigby, K. (2003). Consequences of bullying in schools. Canadian Journal of Psychiatry, 48(9), 583–590.

SOCIAL PROBLEMS

Social connection problems can be related to several factors, including autism spectrum disorder, developmental disorders, poor socialization, physical disability or difference, or a general difficulty connecting with others. In extreme cases, social disconnection may lead to a lack of support, isolation, and depression. Social difficulties may also lead to teasing or bullying behaviors. Notably, identifying social problems, as with any of the items on Pathways, presents an opportunity to connect with and help individuals overcome obstacles.

- Despite repeated attempts, do you have difficulty making friends and connecting with others?
- Do you find it harder to connect with others than most people seem to?
- Do your interests and things you do for fun make it harder to connect with others?
- Have you been teased or bullied because of your differences or not being able to make friends?
- Do you ask questions or talk in a way that disrupts the learning environment or residence hall?

Pathway 1	Pathway 2	Pathway 3
• Difficulty connecting with others and making friends • Prone to irritability, flying off the handle, and isolation • Odd interests, sensitivity to light/sound, teasing	• Increased teasing, isolation, explosive episodes • Escalating disruptive behavior in class • Difficulty making friends • Harassing dating behaviors	• Conduct/legal actions for disruptions or dating behaviors • Failing grades, increased isolation, explosive outbursts • Inability to follow expectations, making threats, suicidal
Spends most of their time alone, but enjoys pursuing interests.	Regularly teased for wearing a cape and carrying a large walking stick.	Often approaches women, touches their arms, and asks them out.

Gresham, F. M., & Elliott, S. N. (1990). Social Skills Rating System. American Guidance Service.

Segrin, C. (2001). Social skills and negative life events. Personality and Social Psychology Bulletin, 27(1), 96–106.

Van Brunt, B., & Lewis, W. S. (2014). A faculty guide to addressing disruptive and dangerous behavior. Routledge.

ACADEMIC TROUBLE

These difficulties occur when they are unable to meet the basic requirements of classroom behavior or submit assignments on time. In extreme cases, this may result in suspension, expulsion, a performance improvement plan (PIP), or termination. They may be overwhelmed and unable to take steps to get back on track with their school obligations.

- Do you have difficulty with school requirements and often feel behind?
- Have you experienced conduct meetings to address your difficulty achieving academic goals?
- Are your struggles in the classroom continual and lead to feelings of hopelessness?
- Is it too difficult to even think about what steps you would need to take to get out of the hole you are currently in?
- Has it been so hard that you find yourself feeling suicidal, rageful, or unable even to show up?

Pathway 1	Pathway 2	Pathway 3
• Difficulty adapting to new assignments • Constantly feeling behind or unable to catch up • Growing concern about failure	• Pervasive struggles in class • Inability to seek help • Feeling overwhelmed, trapped, and scared about the future • Failed attempts at tutoring	• Facing failure or expulsion • Unsure what to do; trapped and lacking choices • Panic attacks, suicidal thoughts, or rage and anger
Struggles with time management and misses minor assignments.	Goes on academic probation after failing multiple courses.	Expresses hopelessness and engages in plagiarism.

Credé, M., Roch, S. G., & Kieszczynka, U. M. (2010). Class attendance in college. Review of Educational Research, 80(2), 272–295.

Kuh, G. D., Kinzie, J., Buckley, J. A., Bridges, B. K., & Hayek, J. C. (2006). What matters to student success: A review of the literature. National Postsecondary Education Cooperative.

Tinto, V. (1993). Leaving college: Rethinking the causes and cures of student attrition (2nd ed.). University of Chicago Press.

FINANCIAL INSECURITY

Financial problems are frequently on their mind. At the lower levels, this may involve worrying about paying bills or having enough money for food, and may cause difficulty sleeping or focusing on other aspects of their life. As financial insecurity grows, they have less ability to focus on school or relationships, have difficulty seeking help from others, and may be irritable, frustrated, or isolate themselves from others. This can lead to feelings of rage and/or desperation, panic attacks, and suicidal thoughts. They develop an inability to act and become unable to make choices or solve problems.

- Do you have difficulty focusing on day-to-day tasks because you are worried about money?
- Have you been unable to make decisions and/or feel completely stuck when it comes to finding a way out of your financial stress?
- Do other people not understand how bad things are financially for you and offer advice that doesn't even begin to solve your problems?
- Has the difficulty with money gotten so bad that you have panic attacks or think about suicide as an option?

Pathway 1	Pathway 2	Pathway 3
• Thoughts often revolve around securing food • Worry about bills, expenses, and obligations • Difficulty sleeping and concern about the future	• Pervasive worry about food, rent, bills, and expenses • Growing inability to focus; feeling overwhelmed • Isolation, anger, and irritability • Difficulty seeking help	• Feelings of rage/desperation • Feeling stuck and trapped • Panic attacks, racing thoughts, rage, and anger • Petrified about choices • Suicidal thoughts
Occasionally borrows money or skips social outings.	Struggles to pay for food or books; financial stress distracts from class.	Skips meals regularly and may need to drop out because of costs.

American College Health Association. (2023). Basic needs insecurity among college students.
Broton, K. M., & Goldrick-Rab, S. (2018). Going without: An exploration of food and housing insecurity among undergraduates. Educational Researcher, 47(2), 121–133.
Goldrick-Rab, S., Richardson, J., & Hernandez, A. (2017). Hungry and homeless in college. Wisconsin HOPE Lab.

ADJUSTING TO CHANGE

Taking steps to adjust to change may become increasingly difficult. New living environments, classrooms, or unexpected alterations in plans create feelings of sadness, escalating isolation, and low energy. Returning to a previous location (like home) is the only thing that offers comfort, and being away increasingly leads to panic attacks, extreme thoughts, poor school performance, and even consideration of suicide.

- Have changes or transitions always been difficult for you to adjust to?
- Do you have an intense feeling of homesickness or difficulty adjusting to your new living environment?
- Do thoughts of leaving school for home create a feeling of peace or unbelievable relief?
- Do other people continually offer advice about adjusting to living at school, even though nothing they say really helps?
- Do you worry that if you are forced to live in this new place, things will get worse, like panic attacks or thoughts of suicide?

Pathway 1	Pathway 2	Pathway 3
• Concern about leaving home • Sad about being away from home/family/friends • Lack of engagement with activities and friends	• Increasing sadness, escalating isolation, and tearfulness • Lives for leaving and visiting or talking to those at home • Difficulty focusing on class	• Unbearable feelings only calmed by going home • Extreme isolation; suicidal thoughts • Poor focus/performance in class
Feels homesick and calls family daily.	Cries frequently and experiences panic when thinking of home.	Refuses to stay on campus and expresses suicidal ideation.

Bridges, W. (2004). Transitions: Making sense of life's changes (2nd ed.). Da Capo Press.
Fisher, S., & Hood, B. (1987). The stress of the transition to university. British Journal of Psychology, 78(4), 425–441.
Schlossberg, N. K. (1981). A model for analyzing human adaptation to transition. The Counseling Psychologist, 9(2), 2–18.

LOSS OR BEREAVEMENT

This category identifies individuals who have recently experienced a significant loss. This could be the death of a loved one, a meaningful relationship that ended, a parental divorce, or a disappointment related to a major or course of study. The nature of the loss here is secondary to the impact on their life. Similarly, there is no specific timeframe for recency here; instead, it looks to measure the effect of the pain. In extreme reactions to loss or bereavement, they become unable to function and may even contemplate suicide to escape from their pain.

- Have you lost someone important to you in recent months?
- Do you find it difficult to focus on everyday school due to intense thoughts about something or someone you lost?
- Have you recently experienced a significant loss in your academic program or activities?
- Has there been something important that you wanted that was suddenly taken away from you?
- Have you been struggling following an important breakup in a dating relationship or friendship?

Pathway 1	Pathway 2	Pathway 3
• Loss of an important relationship (breakup, death) • Sadness, worry, and difficulty focusing on other tasks • Difficulty moving on; questioning past actions	• Escalating grief and sadness; difficulty "letting go" • In grief, constant tearfulness, inability to function • In breakup, attempts to push boundaries with ex	• Inability to function or care for themself • Thoughts of despair, escalating behaviors, suicidal ideas • Desire to escape from pain and change circumstances
Recent loss but coping through friends and routine.	Persistent sadness and decreased functioning for weeks.	Withdraws from school with talk of "wanting to be with" the deceased.

Servaty-Seib, H. L., & Hamilton, L. A. (2006). Educational performance and persistence of bereaved college students. Journal of College Student Development, 47(2), 225–234.
Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals on grief theory. Omega, 74(4), 455–473.
Worden, J. W. (2009). Grief counseling and grief therapy (4th ed.). Springer.

BEING STALKED

Stalking involves unwanted contact from another that becomes increasingly invasive, affecting a person's school or home life. Stalking may occur online or in person, and it can occur infrequently or daily. In extreme cases, stalking may involve having their movements tracked, GPS devices following their movements, or intrusive conversations with friends or others to find out where they may be.

- Do you feel you are being watched or followed by another person?
- Have you had to change plans because you were worried about another person following you?
- Has someone's behavior following or talking with you harmed your schoolwork or relationships?
- Have you had to take steps to check your belongings for devices or plan what to do if you see someone who is stalking you?
- Have you felt threatened or fearful for your safety because someone won't leave you alone?

Pathway 1	Pathway 2	Pathway 3
• Followed in person or online • Lack of respect for boundaries to be left alone • General feelings of worry or safety around someone	• Daily worry someone follows them online/in-person • Requests to be left alone are ignored • Growing fear of being harmed	• Threats, boundary crossing; panic at being harmed • Impacts school, family, friends • Conduct/police involved; friends, family worried
Receives unwanted texts from an acquaintance.	Alters routes to class after ex repeatedly waits outside their dorm.	Fears for their safety after finding a GPS tracking device in their bag.

Logan, T. K., & Walker, R. (2010). Stalking victimization in the context of intimate partner violence. Violence and Victims, 25(3), 394–413.
McEwan, T. E., Mullen, P. E., & Purcell, R. (2007). An investigation of stalking. Law and Human Behavior, 31(2), 157–170.
Spitzberg, B. H., & Cupach, W. R. (2007). The state of the art of stalking. Aggression and Violent Behavior, 12(1), 64–86.

ANXIETY

Anxiety and worry become intense and overwhelming for them on a daily or weekly basis. What may start as a cloud of concern that seems to follow them everywhere they go eventually prevents them from completing daily classwork. The worry may escalate into intense panic attacks and fear of crowds or social interactions. They may feel hopeless and unable to imagine an existence without worry.

- Do you find yourself worrying about things you have little control over?
- Has your worry ever grown into a panic attack?
- Does your worry or anxiety keep you from completing your classwork?
- Have you had to cancel plans because of your worry and fear?
- Has your worry, anxiety, or hopelessness ever left you feeling like you can't continue?

Pathway 1	Pathway 2	Pathway 3
• Frequent worry or concern about the future • Currently manageable • Impacts fun, school, family, and friends	• Growing hopelessness, fear, and concern • Barely managing day-to-day • Hard to recall times when there is no worry	• Constant worry, extreme panic • Unable to attend class or be with friends • Incapacitated by anxiety and worry
Worries about exams, but manages with coping strategies.	Has frequent panic attacks and avoids social events.	Stops attending class due to intrusive, catastrophic thoughts.

American College Health Association. (2022). National College Health Assessment III.
Barlow, D. H. (2002). Anxiety and its disorders (2nd ed.). Guilford Press.
Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder (GAD-7). Archives of Internal Medicine, 166(10), 1092–1097.

INTENSE THOUGHTS/ACTION

Intense thoughts can involve unrelenting ideas that drive a person to actions that are often unsafe or unreasonable. These thoughts and actions may include financial overspending, unrealistic commitments, high-risk sexual encounters, dangerous risk-taking behaviors, or impulsive changes to their academic classes or work. These thoughts and actions manifest in a wide range of behaviors, often causing concern among friends, family, instructors, and supervisors. In extreme cases, behaviors lead to negative consequences such as conduct violations or criminal charges.

- Do you feel overwhelmed with ideas, resulting in overcommitment and failed follow-through?
- Are your friends and family always describing you as jumping from idea to idea without completing tasks?
- Have you frequently shifted majors, friendships, or memberships in clubs, organizations, or sports teams?
- Do you quickly make decisions to try new things without always considering your current commitments or long-term costs?
- Do you make impulsive decisions in relationships and social connections that often lead to negative outcomes, such as conduct or law enforcement involvement?

Pathway 1	Pathway 2	Pathway 3
• Rapid thoughts, intense energy, frequent new ideas • Some difficulty with follow-through, too many tasks • Financial difficulties • Strained friendships	• Intensive and powerful ideas and thoughts • Driven to action despite negative consequences • Escalating grand ideas, financial troubles, and conflicts	• Extremely risky ideas and impulsive actions • Law enforcement/conduct • Suicidal or hopeless feelings alternating with euphoria and escalation
Impulsively joins several clubs and drops them later.	Stress leads to excessive spending and risky sexual encounters.	Reckless behavior jeopardizes their safety or finances.

Evenden, J. L. (1999). Impulsivity: A discussion of clinical and experimental findings. Journal of Psychopharmacology, 13(2), 180–192.
Patton, J. H., Stanford, M. S., & Barratt, E. S. (1995). Factor structure of the Barratt Impulsiveness Scale. Journal of Clinical Psychology, 51(6), 768–774.
Van Brunt, B. (2020). Harm to others. Routledge.

HALLUCINATIONS/DELUSIONS

An individual experiences odd, strange, or intrusive thoughts, causing them concern and worry. These are often noticed by friends, peers, teachers, or supervisors, which can result in strange looks or avoidance. As these experiences escalate, the person struggles to focus on academics and relationships. Intensifying experiences include hearing sounds or voices that are not physically present, seeing images or having visions, or smelling things that are not actually there. These hallucinations may begin to command the person to do things or keep a continuous, negative commentary on their behavior, appearance, or actions.

- Do you have thoughts or ideas that you keep to yourself because other people find them strange or odd?
- Do you have recurring thoughts that describe your appearance or actions as negative?
- Do you see or hear things that you know are not there, but they will not stop?
- Do you experience voices or thoughts that keep you from completing tasks or harm your relationships?
- Do intrusive thoughts, visions, or voices keep you from getting out of bed or interacting with others?

Pathway 1	Pathway 2	Pathway 3
• Occasional intrusive thoughts or experiences • Concern or worry over loss of self • Noticed by others	• Frequent odd, intrusive, or punishing ideas • Panic or worry; lack of control • Impact on class, friends, family	• Daily odd, intrusive, or punishing thoughts • Inability to focus, care for self • Hallucinations "command" them
Reports odd coincidences or mild paranoia.	Hears voices occasionally and expresses mistrust of peers.	Hospitalized for incoherent thought processes and disorganized acts.

National Institute of Mental Health. (2023). Schizophrenia.
Tandon, R., Gaebel, W., Barch, D. M., et al. (2013). Definition and description of schizophrenia in the DSM-5. Schizophrenia Research, 150(1), 3–10.
van Os, J., & Reininghaus, U. (2016). Psychosis as a transdiagnostic and extended phenotype. World Psychiatry, 15(2), 118–124.

GROUP PRESSURE

This broad category describes a person who engages in behaviors or actions that make others feel uncomfortable, unsafe, or bad about themselves, sanctioned by a group they belong to (e.g., friends, sports team, club, department). As these behaviors increase, they become controlling, threatening, and present a risk of arrest or conduct action. These could include hazing, the use of power to force others to comply, and actions that become increasingly unreasonable beyond what a group or team considers acceptable. As circumstances increase, behaviors and rituals carry a risk of injury or death and have no sanction from the larger group.

- Have you ever participated in hazing others as part of a new friend group, sports team, or Greek life?
- Have there been times when things started as simple hazing but made you question and worry about what you were participating in?
- Have you teased, made fun of, or threatened another person to the point where you were surprised by their reaction?
- Have you bragged about causing harm, shaming, or teasing another person to a group of friends?
- Have you had student conduct or law enforcement involvement related to hazing, teasing, or treating another person in a harmful manner?

Pathway 1	Pathway 2	Pathway 3
• Intimidation or threats by a group • No risk of death or lasting harm • Bragging about actions • Shaming others based on finances, disability, weight, etc.	• Increasingly dangerous forced activities; includes mental torture • Sanctioned by group, club, team • Growing risk of harm or legal/HR/conduct involvement	• Activities could lead to death or permanent injury • Lack of group sanctioning or remorse for harm caused • Conduct/law enforcement
Goes along with mild hazing or peer drinking norms.	Feels trapped in group traditions involving humiliation.	Participates in dangerous hazing rituals, causing harm or arrest.

Allan, E. J., & Madden, M. (2008). Hazing in view: College students at risk. University of Maine.
Campo, S., Poulos, G., & Sipple, J. W. (2005). Prevalence and profiling of hazing. International Journal of Adolescent Medicine and Health, 17(2), 223–228.
Nuwer, H. (2004). The hazing reader. Indiana University Press.

VANDALISM

This includes either unintentional or intentional damage to buildings or property. Lower levels of concern include unplanned and impulsive actions that cause minimal damage or harm, often occurring when intoxicated. Escalating concerns arise when vandalism is planned, causes significant damage or harm to others, and continues despite facing student conduct or criminal charges. Vandalism becomes even more concerning when it is narrowly focused on a group or individual, with the desired outcome of shame, harm, or threats to change their behavior or intimidate them.

- Have you ever become intoxicated and vandalized a building or someone's property?
- Have you destroyed or defaced something simply for the thrill or chaos of the action (like throwing an electric scooter in a river or breaking a window in a public area)?
- Have you ever been so angry that you have gotten back at another person, system, or department by vandalizing their workspace or personal vehicle?
- Have you gotten in trouble with student conduct or law enforcement due to vandalism?
- Have you ever destroyed or vandalized something to send a message?

Pathway 1	Pathway 2	Pathway 3
• Unplanned and impulsive actions to a random target • Limited damage (spray paint, breaking exit signs) • Motivated by "thrill" or done while using substances	• Escalating damage to buildings or personal property • Increased targeting of location or narrowing to a site • Conduct or law enforcement involvement	• Excessive and escalating damage to a building or system • Fixation/focus on a person or group to send a message • Law enforcement involvement, felony damage
Writes graffiti on a whiteboard as a prank.	Breaks furniture while intoxicated.	Deliberately damages a professor's office door after a bad grade.

Cohen, L. E., & Felson, M. (1979). Social change and crime rate trends: A routine activity approach. American Sociological Review, 44(4), 588–608.

Felson, M. (2002). Crime and everyday life (3rd ed.). Sage.

Osgood, D. W., Wilson, J. K., O'Malley, P. M., Bachman, J. G., & Johnston, L. D. (1996). Routine activities and individual deviant behavior. American Sociological Review, 61(4), 635–655.

BEING CONTROLLED

This type of violence is experienced from a dating or domestic partner. It involves controlling their behavior, often by monitoring their lives and/or online presence. It may include verbal threats, jealousy, or rage. Their contact with others may be limited, they may be degraded, insulted, and experience pushing, slapping, or other forms of assault.

- Does the person you are with try to control where you go and who you see?
- Have you experienced feelings of gaslighting and being made to feel dumb or degraded by your partner when you raise a concern?
- Does your partner attempt to control your spending, travel, friends, time, demands for sexual contact, or other aspects of your life?
- Has your partner threatened or intimated you to the point where you felt concerned for your safety?
- Have you been hit, slapped, pushed, or shoved when they were angry or upset?

Pathway 1	Pathway 2	Pathway 3
• Experience controlling behavior • Social media, cell phone, money monitored by partner • Partner expressed extreme jealousy, demeaning language	• Contact with others is limited • Partner makes frequent threats of physical harm • Partner constantly minimizing feelings and/or shaming	• Physical violence experienced • Partner demands isolation from friends and family • Conduct/police involved; friends, family worried
Partner checks their phone or texts constantly.	Partner dictates friend group and spending.	Partner uses threats or violence to enforce control.

Centers for Disease Control and Prevention. (2022). Preventing intimate partner violence.

Johnson, M. P. (2008). A typology of domestic violence. Northeastern University Press.

Stark, E. (2007). Coercive control: How men entrap women in personal life. Oxford University Press.

HARASSING BEHAVIORS

These occur when a person harasses others through unwanted communication, despite being asked to stop or redirected through informal communications. Escalations of harassing behavior include deeper intrusions into the person's personal life, repeated behaviors despite requests to stop, and harassment that causes harm due to threats, sexual violence, or power differentials. The behaviors reach a further concern when student conduct or law enforcement becomes involved and/or the harassment creates a severe impact on the target's ability to function in their academic or personal life.

- Have you continued to follow a person or ask them questions when they have asked you to stop?
- Has your behavior ever been described as threatening or harmful to another person's ability to function in their daily life?
- Have you felt so driven to talk to another person about a problem that nothing else matters until you can have that problem resolved?
- Have you ever gotten into trouble with student conduct or law enforcement for harassing another person?

Pathway 1	Pathway 2	Pathway 3
• Unwanted communication/action • Continues despite limits and boundaries • Informal attempts to resolve	• Frequent unwanted behavior • Conduct/law enforcement history • Several attempts to stop the behavior by others	• Continual unwanted behavior • Inability to stop with intervention • Strong escalation with harm • Conduct or police involvement
Sends repeated messages after being told to stop.	Publicly posts about another person and receives a disciplinary warning.	Continues persistent contact after a no-contact order is imposed.

Fox, K. A., Nobles, M. R., & Akers, R. L. (2011). Stalking and fear of crime. Violence and Victims, 26(6), 684–700.
Murphy, A., & Van Brunt, B. (2017). Uprooting sexual violence in higher education: A guide for practitioners and faculty. Routledge.
Spitzberg, B. H., & Cupach, W. R. (2003). What mad pursuit? Obsessive relational intrusion and stalking. Aggression and Violent Behavior, 8(4), 345–375.

STALKING OTHERS

Stalking behaviors begin with an intense focus on another person or group, leading to fantasies of a connection with them, regardless of their openness to such interactions. These behaviors may occur in person or online and can progress from minor boundary violations to more elaborate observation, planning, and monitoring of the target. As the stalking behaviors increase, boundaries continue to be crossed, stay-away or no-contact orders may be put into place, and/or student conduct or law enforcement may have become involved. Threats of violence, breaking no-contact orders, and an obsessive progression toward the target indicate an extreme level of concern.

- Have you ever wanted to be with someone so much that nothing else mattered?
- Have you fantasized about being with someone who has said they don't want anything to do with you?
- Have you ever violated a no-contact or stay-away order meant to keep you from contacting another person?
- Do you ever feel like if the other person would just listen to you, they would understand and they wouldn't see the behavior as stalking, but rather would see it as romantic?
- Do you feel like part of dating is continuing to show interest in someone who initially doesn't like you until they change their mind?
- Have your friends or family cautioned you to leave someone alone because your actions aren't right?

Pathway 1	Pathway 2	Pathway 3
• Specific interest and obsessional thoughts • Fantasies about being with target • Minor boundary crossings	• Frequent thoughts and fantasies • Monitoring of target • Conduct or law enforcement history	• Constant fantasies and injustice collecting • Threats, no-contact violations • Escalating behaviors
Fixates on peer online, checking their social media daily.	Repeatedly "coincidentally" appears at the peer's locations.	Follows target home or violates campus stay-away orders.

McEwan, T. E., & Strand, S. (2013). The role of psychopathy in stalking offender behavior. Journal of Forensic Psychiatry & Psychology, 24(2), 163–180.
Mullen, P. E., Pathe, M., & Purcell, R. (2000). Stalkers and their victims. Cambridge University Press.
Spitzberg, B. H., & Cupach, W. R. (2007). The state of the art of stalking. Aggression and Violent Behavior, 12(1), 64–86.

ACT OF PARTNER VIOLENCE

Partner violence occurs when the individual attempts to control, manipulate, degrade, threaten, or demean the person they are dating, living with, or with whom they have had a relationship in the past. Behaviors often start around limiting the friends they can have and how they spend their money, monitoring their phone and social media, and eventually lead to ultimatums, gaslighting, and threats of or actual physical violence. They may shout, slap, hit, or prevent movement (e.g., taking keys, locking doors, taking money or credit cards) and escalate into threats of death or more frequent physical violence. Threats and violence become constant, and there is involvement with Title IX, student conduct, and/or law enforcement.

- Have you ever been so mad at the person you are dating that you have hit them?
- Have you gone through your partner's phone, social media, or bank accounts to see what they are up to?
- Do you just know that your partner has been unfaithful, and you just want to understand why they would do this to you?
- Do you think things would be fine if the person you are dating would just spend more time with you instead of their friends and family?
- Have you been involved with student conduct or law enforcement because of domestic or partner violence?
- Have you ever had a no-contact or stay-away order placed against you?

Pathway 1	Pathway 2	Pathway 3
• Controlling behavior of partner • Monitoring of social media, cell phone, money • Verbal threats, demeaning language, jealousy	• Limiting contact with others • Shouting and threatening • Slapping, hitting, shoving, while blaming partner for aggression • Minimizing partner's feelings	• Frequent threats of violence • Weekly hitting, slapping, shoving • Unpredictable rage • Involvement with conduct/law enforcement
Yells or slams doors during arguments.	Pushes or restrains their partner and causes property damage.	Physically assaults or threatens to kill their partner.

Fals-Stewart, W. (2003). Substance use and intimate partner violence. Addictive Behaviors, 28(9), 1533–1554.
Johnson, M. P. (2008). A typology of domestic violence. Northeastern University Press.
Smith, S. G., Zhang, X., Basile, K. C., et al. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS). CDC.

SEXUAL VIOLENCE

Sexually violent behavior can be inclusive of grooming and approach behaviors such as coercing someone to have sex, expounding on misogynist attitudes, or objectifying a person by reducing them to a sexual outlet. As the behavior escalates, they use drugs, alcohol, or force to overcome hesitancy and resistance in their target. They may use group and social pressures to intimidate others, obtain sex and shame, and frighten their target into silence. There may have been past behavior of rape and sexual assault, harassment, and violence, with conduct, Title IX, and/or law enforcement action.

- Do you feel that a person telling you no to sex means they need to be convinced into a yes?
- Were you ever unsure if the other person was fully conscious while having sex with them?
- Do you think alcohol and drugs help women overcome hesitation and be able to have more fun and sex?
- Have you been involved in a Title IX complaint as the responding party?

Pathway 1	Pathway 2	Pathway 3
• Misogynist attitudes • Using alcohol to obtain sex • Separates desired person from their friends • Uses persuasion and coercion to obtain sex	• Has nonconsensual sex through alcohol/drugs • Threatens and intimidates others into sexual acts • Uses group pressure and threats to silence complaints	• Uses or threatens to use force to rape • Disregard for impact of behavior toward others • Threatens retaliation or shaming if victim reports
Makes sexual jokes and pushes boundaries while intoxicated.	Coerces their partner into unwanted sex; Title IX report filed.	Faces criminal charges for using drugs/alcohol to incapacitate victim.

Abbey, A. (2002). Alcohol-related sexual assault: A common problem among college students. Journal of Studies on Alcohol, (14), 118–128.
Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). The scope of rape. Journal of Consulting and Clinical Psychology, 55(2), 162–170.
McMahon, S. (2015). Bystander intervention and sexual violence on college campuses. Trauma, Violence, & Abuse, 16(1), 1–11.

INCEL BEHAVIOR

At the early stages, they often feel alone, unable to date, or unable to connect with women. They blame women and society for their perceived dating failures and increasingly turn to chat groups and the internet to find others who share their views. Their anger increases as they continue to create unrealistic expectations for their dating and sexual desires, and they become increasingly isolated, angry, and vindictive towards women and society. Their behavior further escalates to involve threats of violence with conduct and/or law enforcement engagement.

- How important is it to find someone to date and be with sexually?
- What are some of the roadblocks to dating and connecting with others?
- Do you think you have something valuable you can share in a relationship?
- How does society need to change to create an improved playing field?
- What would you tell a friend is the best way is to approach someone they want to date?

Pathway 1	Pathway 2	Pathway 3
• Alone, frustrated, and little social or dating success • Blames women for their failure • Reads incel theory online and/or joins incel chat groups	• Anger towards women with harassment and threats made • Failure at dating • Increased social media posts • Poor self-concept	• Vindictive and angry at women • Escalating angry threats and harassment of women • Giving up, isolation, adopting 'black pill' incel belief
Expresses frustration with dating, blaming themself.	Uses misogynistic language online and joins "red-pill" forums.	Posts violent rhetoric, idolizes past attackers, or makes specific threats.

Ging, D. (2019). Alphas, betas, and incels. Men and Masculinities, 22(4), 638–657.
Hoffman, B., Ware, J., & Shapiro, E. (2020). Assessing the threat of incel violence. Studies in Conflict & Terrorism, 43(7), 565–587.
Jaki, S., et al. (2019). Online hate speech on the incel Reddit. Proceedings of the 2019 WebSci.

EATING/SLEEPING

They may experience a loss of appetite due to sadness or an increase in eating as a form of emotional coping. As eating problems increase, they begin to lose or gain weight, have increasing health concerns, and others express concern about their behaviors. Sleep may be difficult to maintain due to early waking, difficulty falling asleep, or sleeping as a means of escape or avoidance. They feel tired, overwhelmed, and exhausted, and struggle to focus on school or friendships. They may experience intense nightmares or wakefulness, and others express concern. As sleep and/or eating trouble increase, they can think of little else. Problems continue with increased isolation, and they are unable to function at school or with friends.

- How much time do you spend thinking about eating each day?
- Have other people expressed worry about your eating too much or too little?
- Do you find yourself sleeping eight hours or more and still feeling tired?
- Do you have difficulty falling asleep and staying asleep at night?
- Do you regularly use sleep to escape thinking about your life?
- Have you slept too much or too little, such that it has impacted your school?

Pathway 1	Pathway 2	Pathway 3
• Loss of appetite or eating more to cope • Unable to fall asleep, frequent waking, or early rising • Worry about food or sleep • Disturbance in daily routine	• Sleep and/or eating concerns are all-consuming • Low appetite, weight loss • Missing classes due to exhaustion • Others express worry over their eating/sleep habits	• Medical concern about weight • Jittery and unable to sleep or almost constant sleeping • Hopelessness, negative self-view • Suicidal thoughts/actions to avoid pain
Occasionally skips meals or naps excessively under stress.	Experiences chronic insomnia and noticeable weight change.	Extreme food restriction requires medical intervention.

American College Health Association. (2022). Sleep and mental health among college students.
Buysse, D. J., Reynolds, C. F., Monk, T. H., Berman, S. R., & Kupfer, D. J. (1989). The Pittsburgh Sleep Quality Index. Psychiatry Research, 28(2), 193–213.
Fairburn, C. G. (2008). Cognitive behavior therapy and eating disorders. Guilford Press.

AFFECTIVE VIOLENCE

Emotions and immediate environmental stressors drive this violence. The individual is reactive, impulsive, and acts in a poorly planned manner. This often involves yelling, intimidating gestures, and transient threats (threats possessing a lower likelihood of being carried out). This type of violence rarely leads to life-threatening actions (such as school shootings). However, as the individual escalates, they often face multiple interactions with student conduct and law enforcement.

- Do you ever get so angry that you want to hit something?
- Do you feel as if others push your buttons on purpose and really get what is coming to them?
- Have your friends, teachers, family, or others described you as someone with a short fuse?
- Have you gotten into frequent arguments with others that become physical?
- Have you had run-ins with law enforcement because of your anger?
- Have you lost relationships (dating, friendships) because of your anger?

Pathway 1	Pathway 2	Pathway 3
- Immediate emotional reactions - Impulsive behaviors that are poorly thought out - No major injury or legal involvement	- Escalating yelling, threatening - Outburst resulting in negative outcomes - Conduct or law enforcement involvement	- Daily anger, explosive outbursts, threats - Conduct/law enforcement history - Escalating behaviors growing out of control
Raises voice or swears during disagreements.	Throws objects and has frequent outbursts at peers.	Physical fights or threats require campus safety response.

Anderson, C. A., & Bushman, B. J. (2002). Human aggression. Annual Review of Psychology, 53, 27–51.
Buss, A. H., & Perry, M. (1992). The Aggression Questionnaire. Journal of Personality and Social Psychology, 63(3), 452–459.
Novaco, R. W. (1994). Anger as a risk factor for violence. In J. Monahan & H. Steadman (Eds.), Violence and mental disorder. University of Chicago Press.

TROLLING ACTIONS

They take pleasure in setting up scenarios that frustrate and infuriate others, in face-to-face and/or online interactions. They often don't care about the issue but instead take a stance to provoke a reaction from someone who feels strongly about a topic (often politics, religion, abortion, women's rights, LGBTQ+ rights). As the behavior increases, the frequency of the interactions and posts becomes defining in a person's life. They care little for others and often end up in student conduct or legal/criminal actions. They can end up isolated and alone, sometimes engaging in affective violence when they feel trapped or called out on their true nature.

- Do you enjoy saying or posting things online that you know are going to cause turmoil?
- Have you ever been spoken to by student conduct or police for what would be considered "trolling" or harassing behaviors?
- Do you feel like trolling others is really a way of pranking someone, and people shouldn't take it so seriously?
- Have you ever harassed or trolled someone and were surprised by the kind of reaction they had?
- What is your best story where someone fell for one of your jokes, posts, memes, or the like?

Pathway 1	Pathway 2	Pathway 3
- Enjoys 'pushing buttons' and getting attention - Posts on social media or verbal baiting; gaslighting - Has multiple issues they troll on, seeking to get reaction	- Increasing trolling intensity on social media or in person - Goes 'for the laugh' despite conduct or criminal outcome - Trolls on multiple subjects to increase reactions	- Trolling becomes constant - Legal/conduct action - Engages others intensely and aggressively - Total disregard for others' feelings or outcome
Posts sarcastic comments for humor.	Repeatedly antagonizes classmates online.	Creates hate-based or targeted harassment content.

Buckels, E. E., Trapnell, P. D., & Paulhus, D. L. (2014). Trolls just want to have fun. Personality and Individual Differences, 67, 97–102.
Hinduja, S., & Patchin, J. W. (2017). Cyberbullying: Identification, prevention, and response.
Sest, N., & March, E. (2017). Constructing the cyber-troll: Personality, sadism, and context. Computers in Human Behavior, 69, 69–75.

TRANSIENT THREATS

They make threats with very little likelihood of being carried out (actionability). The threat itself lacks danger (lethality), is often made in the "heat of the moment," and is reactive to a situation they find themselves in. The threats are poorly planned and have more in common with affective violence than predatory or targeted violence. As they continue to engage in transient threats, the frequency increases, the specificity toward a target narrows, and a time or location may be mentioned. It would be reasonable to see the extreme level of transient threats cross over into the substantive threat range, as the threats become more actionable (likely to occur) and lethal (dangerous).

- Have you ever gotten in trouble for something you said in the heat of the moment?
- Have you ever been so angry that you weren't sure of what you were saying to another person?
- Have you gotten in trouble for yelling or threatening something you didn't really mean?
- Have you had to talk to police or law enforcement because of a threat you made to another person?
- Are there times that someone has taken what you said in anger out of context and felt threatened by it?

Pathway 1	Pathway 2	Pathway 3
• Occasional intimidation • Vague threat lacks actionability • Threat results from stressor or feeling threatened	• Frequent or more severe threat made • Specific and plausible threat • Others concerned they will act	• Threat is severe and detailed to target • Could be actionable and lethal • Threat reinforced or repeated
Says "I could punch that guy" out of frustration.	Posts an angry statement online that is interpreted as violent.	Yells a threat in class that triggers a lockdown or police response.

Calhoun F, Weston J. (2008). Threat Assessment and Management Strategies: Identifying the Howlers and Hunters. (CRC Press, Boca Raton, FL.)

Cornell, D. G., & Sheras, P. (2006). Guidelines for responding to student threats of violence. Longwood University.

Cornell, D., Sheras, P., Kaplan, S., et al. (2004). A retrospective study of school threat assessments. School Psychology International, 25(2), 203–211.

SUBSTANTIVE THREATS

In contrast to transient threats, substantive threats are more actionable (likely to occur) and lethal (life-threatening and dangerous). While substantive threats may be vague and broad at first, there remains a level of concern in what was said that is different than a transient threat. Lower-level substantive threats (like transient ones) are often used to save face, avoid embarrassment, or intimidate another person. As the threat becomes more specific (e.g., mentions time, location, weapon, overcoming security, or a police response), the threat becomes a higher level of concern. In extreme cases of substantive threats, the individual often sees no other option and is willing to carry out their threat with little concern for their personal safety.

- Have you ever made a threat that resulted in you talking with the police?
- Have you ever made a threat that resulted in you talking with the police?
- When people hurt you, do you think it's best to wait and get them back when they are vulnerable?
- Have you made a threat that has caused someone so much worry that they missed school or a social event?
- Do you agree with the phrase, "If someone pushes me far enough, I don't threaten, I make a promise to them about what is about to happen?"

Pathway 1	Pathway 2	Pathway 3
• Ultimatum or intimidation • Non-lethal , even if acted upon • Used to save face or emotional reaction	• Clear, repeated, detailed threat • Intimidates, changes behavior, saves face • Actionability and lethality	• Clear, direct, actionable, lethal • Likely to occur, non-conditional ultimatum • Feels trapped without options
Makes a vague threat, saying, "You'll regret this."	Mentions a time or place, adding, "You'll see me tomorrow."	Threat includes the mention of a weapon and location

Cornell, D. G., & Sheras, P. (2006). Guidelines for responding to student threats of violence. Longwood University.

Meloy, J. R., Hoffmann, J., Roshdi, K., & Guldimann, A. (2014). Some warning behaviors in threat assessment. International Journal of Forensic Mental Health, 13(1), 3–19.

Reddy, M., Borum, R., Berglund, J., et al. (2001). Evaluating risk for targeted violence in schools. Psychology in the Schools, 38(2), 157–172.

WHITE SUPREMACY

As with incel behavior, white supremacist ideology and action should be seen as a spectrum of behavior that ranges from interest and exploration to a dedication to the cause and a commitment to act. This often arises from feelings of isolation and separation, in which the group connection fills a void for the individual. They push against concepts such as "being woke" or "politically correct" and feel as if being white is increasingly seen as a negative in society. They find groups of like-minded individuals, such as the KKK and Proud Boys, and attend protests, wear images and symbols of the movement, and justify their violent threats and actions as a reaction to their perceived discrimination and marginalization. Of note, the swastika symbol with a red circle and line through it is a symbol used by some in the alternative straight-edge or punk movements to denote their anarchist, anti-government views, while sending a clear message that they do not affiliate with Nazis or other white supremacists.

- Do you feel as if society and woke culture have left white people behind?
- Do you think the only way to change the marginalization of white America is through direct action?
- Do you feel the Jewish people have unfair control of powerful markets, like banking and entertainment?
- Have you studied the white power movement through groups such as the Proud Boys and the KKK?
- Do you feel that there is nothing bad about being proud of being white and sharing these ideas with others?
- Would you ever date or marry someone who was Black or Jewish?

Pathway 1	Pathway 2	Pathway 3
• Interest in white nationalism • Frustration at being left behind, called racist • Hates PC speech or action	• Increasingly angry sharing of white supremacy doctrine • Explores or joins extremist group • Growing commitment to cause	• Attends protests, makes threats • Justifies violence based on their white supremacy • Escalating action or planning
Expresses resentment toward "woke culture."	Shares extremist content and attends online rallies.	Joins a hate group and posts violent manifestos targeting peers.

Belew, K. (2018). Bring the war home: The white power movement and paramilitary America. Harvard University Press.
Jones, S. G., et al. (2020). The rise of far-right extremism in the United States. CSIS.
Perry, B. (2004). White pride worldwide: Constructing global identities online. In F. M. M. N. Kolpinskaya (Ed.), Online Hate.

WEAPONS INTEREST/ACCESS

The person has access to different types of firearms, knives, explosive devices, and corresponding tactical equipment such as harnesses, night-vision goggles, expanded magazines, optics, and bulletproof vests. As their interest progresses, they become increasingly obsessed with the topic and talk about weapons freely with others despite negative consequences to their friendships or academics. They gain experience with weapons by shooting at a range or practicing in another location.

- Do you have plans to acquire a gun or other weapon?
- Have you spent time researching firearms and other weapons?
- Has your interest in weapons ever gotten in the way of your school or other responsibilities?
- Have friends, family, teachers, or supervisors expressed a concern about your interest in weapons?
- Have you lost friendships over your interest in firearms?

Pathway 1	Pathway 2	Pathway 3
• Talks about weapons, tactics • Plays first-person shooter games several hours/day • Develops plans to save up to acquire guns or firearms	• Researches/discusses weapons • Looks for opportunities to shoot, rent, or test-fire guns • Develops ways to access guns, may have access at home	• Easy access to firearms at home • Practices with guns and has a familiarity with their use • Constant talking about guns impacts school and relationships
Watches shooting videos and visits gun ranges occasionally.	Talks about "needing protection" and purchases tactical gear.	Writes about revenge in a post containing a photo with weapons.

Hart S, Logan C. (2011). Formulation of violence risk used evidence-based assessment: The structured professional judgment approach. In Forensic Case Formulation. P Strurmey, M McMurran, eds. (Wiley-Blackwell, Chichester, United Kingdom.)
Kellermann, A. L., & Rivara, F. P. (1993). Gun ownership as a risk factor. New England Journal of Medicine, 329(15), 1084–1091.
Knoll J. (2010). The "pseudocommando" mass murderer: Part I, the psychology of revenge and obliteration. J Am Acad Psychiatry Law. 38, 87–94.