

Behavioral Assessment and Management

Read-Ahead Materials for the US Prevention Practitioners Network

Background - the US Prevention Practitioners Network

Since October 2020, [the McCain Institute](#), with support from [the Institute for Strategic Dialogue](#) (ISD) and a steering committee of violence prevention and social safety experts, have been developing and engaging a [US practitioners network](#) for individuals working in **targeted violence and terrorism prevention (TVTP)**. The aim of this is not only to connect practitioners across the US with one another, but also to build their capacity and the efficacy of their programs through a series of workshops that cover both theoretical and practical elements of delivering prevention and intervention initiatives. This information pack is for the eleventh workshop being delivered for the emerging network, and covers **behavioral assessment and management**.

Why behavioral assessment and management?

Behavioral assessment and management are two core components of TVTP interventions. The former refers to risk, needs and/or threat assessment, and supports practitioners and intervention providers with making structured and evidence-based decisions around risk mitigation, and supervision and treatment for "at risk" individuals, facilitating their safety and that of those around them. Behavioral management refers to the package and process of support that is then provided to an individual: it should be directly informed by behavioral assessment and cater to the identified needs (and strengths) of that individual. The importance of bridging behavioral assessment and management can therefore not be understated, given **the delivery of an appropriate behavioral management plan relies on behavioral assessment that first identifies the strengths and needs of the individual concerned**. This information pack explores the relationship between behavioral assessment and management, and provides tips for achieving an integrated approach.

What is the purpose of this document?

These read-ahead materials provide an overview of behavioral assessment and behavioral management as two core stages of TVTP case management. This document complements the [materials](#) provided ahead of the ["Risks, Needs and Threat Assessment" workshop](#) delivered to the emerging Prevention Practitioners Network, by providing guidance on how to bridge that part of case management with intervention. This document also supplements ISD and the McCain Institute's practice guide on ["Interventions to Prevent Targeted Violence and Terrorism"](#). Importantly, this document does not seek to provide an exhaustive deep-dive into behavioral assessment and management. It takes readers through:

- a refresher on behavioral assessment and behavioral management;
- challenges that come with disconnected assessment and management;
- tips for integrating assessment and management in both a single-team and multi-team approach, including for information-sharing and the allocation of roles and responsibilities;
- a glossary of related terms;
- further reading recommendations.

Documents like this one are provided ahead of every workshop. Past documents and workshop recordings can be [found here](#). For any inquiries, please contact [the McCain Institute](#) or [ISD](#).

REFRESHER - BEHAVIORAL ASSESSMENTS IN TVTP

Behavioral assessments help practitioners, social workers, educators and others determine the needs, strengths and type and scope of support required to address specific behavioral concerns of an individual. Behavioral assessments in TVTP may entail an evaluation of:

- **Risk** - risk assessments help practitioners assess, monitor and understand factors and vulnerabilities of an individual that may make them susceptible to extremist narratives and/or violent behavior.
- **Needs** - needs assessments allow for practitioners to mitigate against risk by identifying appropriate services and the necessary types of support provision to address the identified needs of an individual.
- **Threat** - a type of assessment used specifically to determine the level and scale of immediate or potential danger that an individual poses to themselves, others, their surroundings and/or wider community.

CONSIDER LANGUAGE: The terms "risk assessment", "needs assessment," and "threat assessment" are sometimes used interchangeably. They are, however, different in scope.

Some practitioners have also voiced concern around the use of terms like "threat", specifically that this may imply certain behaviors are inherently threatening, and that it may stigmatize and isolate the individuals concerned.

This information pack uses "Behavioral Assessment" and "Behavioral Management" to refer to holistic approaches that accompany the three assessment types listed ("risk", "needs", and "threat"), while avoiding the loaded connotations that may accompany terms like "threat assessment".

Further, **this pack uses "Case Management" to refer to the entire process of behavioral intervention, including intake, assessment, intervention and aftercare.** "Case Management Team" refers to the (multi-disciplinary) team that oversees this process.

Depending on the setting and nature of a case, behavioral assessments may consider the following:

STATIC	DYNAMIC	ENVIRONMENTAL	RELATIONAL	EDUCATIONAL/ VOCATIONAL	CAPABILITY
<ul style="list-style-type: none"> • age • gender • criminal history • trauma history 	<ul style="list-style-type: none"> • socioeconomic status • attitudinal considerations • coping mechanisms • substance abuse/misuse • ideological convictions 	<ul style="list-style-type: none"> • home environment • school or work environment • recent or upcoming triggering events • movement considerations (e.g. have they recently moved to a new location and does this have implications for the threat picture?) 	<ul style="list-style-type: none"> • personal networks, including friends, family • social isolation or exclusion 	<ul style="list-style-type: none"> • educational status (e.g. are they in school? is there a history of truancy?) • employment status 	<ul style="list-style-type: none"> • access to means of harm (e.g. firearms)

Assessments should look at both **protective** and **risk** factors in these categories, where the former refers to factors that ["insulate and buffer an individual's resilience"](#), while the latter may make them more susceptible to harmful narratives and behavior.

REFRESHER - BEHAVIORAL MANAGEMENT IN TVTP

Behavioral management refers to the development and delivery of a catered support package (or "intervention") that addresses the needs identified in the behavioral assessment, and thus seeks to mitigate risks of increase in an individual's susceptibility to harmful narratives and behavior. Principles of behavioral management include:



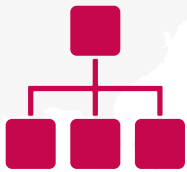
PERSONALIZED:

There is no one size fits all in TVTP case management. Support packages need to cater to the specific needs of the individuals concerned, and account for both the protective and risk factors identified in the behavioral assessment.



INFORMED:

To develop efficient and appropriate bespoke support packages, behavioral management must be informed by a (multi-disciplinary) behavioral assessment. These are not mutually exclusive processes - behavioral assessments must also be conducted as the management plan is delivered, to determine whether it is having the desired effects, or whether it is counterproductive and therefore needs to be adapted.



HOLISTIC:

Behavioral management plans should be holistic in that they provide a wrap-around support service that considers most, if not all, the needs identified in the behavioral assessment. Having access to a multi-disciplinary **behavioral intervention team (BIT)**, or at the very least being connected with diverse service providers that are trained in TVTP, enables a holistic management approach.



EVALUATIVE:

Behavioral management plans should have individualized monitoring frameworks that clearly outline the goals of the plan, and that are able to monitor change in needs and risk over time.



SOLUTIONS-ORIENTED:

Behavioral management should be strengths-based, and solutions- and goals-oriented, with a clear but **adaptable action plan** and timeline for the provision of support. They should also be realistic and take care not to over-promise what it can do for the individual concerned.

For more on behavioral assessment and intervention provision, see the ["Risks, Needs and Threat Assessment"](#) information pack, and our practice guide for ["Interventions to Prevent Targeted Violence and Terrorism"](#).



BEHAVIORAL ASSESSMENT AND MANAGEMENT - CHALLENGES

Behavioral assessment ultimately sets the foundation for behavioral management: it provides a baseline of information needed to be able to design an individualized management plan. However, one of the challenges with TVTP case work is integrating behavioral assessment and behavioral management, specifically **to safely, efficiently and productively bridge the gap** between these two components of TVTP case management. There are several risks with poor integration and transition between assessment and management, including:

- **Siloed information, or a disrupted flow of information:**

In scenarios where behavioral assessment and management are disconnected (e.g. conducted by siloed individuals/teams), the flow of information between the original case assessor and support providers may be disrupted. Support providers may receive insufficient information or misunderstand the assessment they are provided with, in turn requiring additional time to come up to speed on case specifics, and causing delays to the provision of support that could have been avoided in a more integrated approach.

- **Poor or disconnected overall case management:**

If a behavioral assessment team and BIT work in isolation from one another, there may be confusion about roles and responsibilities, particularly regarding referrals and the extent the assessment team remains involved in management and vice versa. This may also result in a **duplication of efforts** that adds otherwise avoidable strain to what may already be under-resourced and stretched teams. It can also confuse members of the community or environment in which the teams operate: for example, in a school where behavioral assessment and management are conducted by separate teams, educators, parents and students may feel uncertain of which team to approach with any concerns or questions they may have.

- **Difficult or inconsistent case evaluation:**

Ideally, the tool/framework used for behavioral assessment is used throughout behavioral management, to evaluate case progress and determine whether the management plan needs to be adapted at all. In a scenario where assessment and management are disconnected, case monitoring and evaluation may prove inconsistent and inaccurate.

- **Resource-related and practical challenges, including data security, storage and management:**

Disconnected assessment and management may also result in practical challenges and unnecessary strains on resources. At a practical level, inconsistent data management approaches (e.g. assessment and management teams that operate independently of one another may use different systems and databases to record and store information) may result in data loss and add unnecessary administrative strain that would be avoided in a more streamlined and integrated case management approach.

Finally, resource allocation may also prove more difficult in contexts where behavioral assessment and management are conducted by separate, siloed teams. For example, in the context of schools, the National Association for Behavioral Intervention and Threat Assessment (NABITA) remarks how multiple, siloed teams and consequent, decentralized referral processes are ["consistently cited as creating challenges for school administrators and for deploying support resources effectively"](#).

INTEGRATED BEHAVIORAL ASSESSMENT AND MANAGEMENT - IN PRACTICE

Organizations like NABITA and other behavioral assessment experts have identified [a single-team, multi-disciplinary approach](#) as best practice for case management. A single-team approach, which refers to case management where behavioral assessment and management are conducted by the same team, allows for the entire case process, from intake to aftercare, to be streamlined, and helps mitigate against some of the risks outlined on [page 4](#) of this information pack.

"BY HAVING A SINGULAR, MULTI-DISCIPLINARY TEAM WITH A CENTRALIZED REFERRAL PROCESS, ADMINISTRATORS SHOULD BE ABLE TO REDUCE SILOED COMMUNICATION SO THAT THEY MAY EFFECTIVELY AND HOLISTICALLY ASSESS BEHAVIOR AND CONDUCT APPROPRIATE INTERVENTIONS" - NABITA.ORG



However, NABITA also notes that [multi-team approaches remain common practice](#), particularly in schools. While a streamlined, single-team approach is ideal, there are fortunately ways to facilitate integrated behavioral assessment and management in a multi-team structure, as outlined below.

Integrating Behavioral Assessment and Management: Practice Tips

There are several steps that can be taken to bridge the gap between behavioral assessment and management, and to facilitate a generally streamlined case management process regardless of whether you operate with a single-team approach or not. These include:



Centralize your referral system: a decentralized referral process may impede the efficiency with which a referred individual is assessed and receives support. In schools, for example, parents may contact the school counselor, principal, or a teacher when they have a concern. It is vital that whomever the parent voices concerns to is clear on who to pass the referral to - whether your institution operates with a multi-team or single-team framework, being clear about which team (and who from that team) is responsible for processing referrals helps ensure that a behavioral assessment can be conducted as soon as possible.



Related to the above, **clearly market your services:** public communications about how and to whom to make referrals to, as well as the support your team is equipped to provide, can help ensure an individual receives the necessary support as soon as possible. In a multi-team setting, clearly outlining which team is responsible for what may avoid confusion amongst the general public about which team to engage when they have a specific concern, and facilitate a more efficient case management process.





Clearly delineate and communicate the role and responsibility of each team member: being clear and transparent about who is responsible for each aspect of case management, and who is expected to be involved in each stage of case management (e.g. referral/intake, assessment, intervention and aftercare), helps mitigate risks of duplication both within a team and across teams (in multi-team settings). This also outlines to each team member who they should engage if they have questions about a specific stage or aspect of case management. **Roles and key questions to consider include:**

- Who is the **team lead or "chair"**? This role is essential to ensure deployment of the team is coordinated, that activities per team member are complementary rather than duplicative, and to maintain an overarching view of the progress of active cases. In a multi-team setting, different team leads should consider holding regular meetings to coordinate and reconcile their respective team's activities.
- **Partnership manager:** who is responsible for liaising with external services, or services that aren't represented on the case management team but may need to be called upon to support specific cases? Having existing partnerships in place, as well as the necessary information-sharing agreements, helps facilitate a smoother transition between behavioral assessment and management.
- **Community liaison:** assigning someone to serve as the interface between the wider community and the case management team helps build trust and confidence, increase community awareness about the case management team as well as clarity around the scope of services it provides.
- Consider also **case-specific roles**, like the case manager. How is this decided per case? What is their responsibility and to what extent does the remainder of the case management team remain involved?



Partnerships and tiered membership: interventions must consider and cater to the needs and strengths of the individual concerned. Among others, individuals may require support with:

- Life skills training
- Education
- Employability and job skills training
- Anger management and other specific behavioral issues
- Medical and mental health awareness (e.g. substance abuse rehabilitation, eating disorders, self-harm, depression, suicidal ideation)
- Housing support
- Family support
- Mentorship (general or specific e.g. to a career path, hobbies and interests, religious)

However, **the case management team should never try to provide a professional service its members aren't qualified for.** If domains of need are identified that can't be serviced by members of the case management team, existing external services should be leveraged to support. To avoid a disjointed transition between behavioral assessment and management, it is therefore vital that partnerships with external services are already in place, as well as the necessary information-sharing agreements. As noted, you may also want to consider having a designated partnership manager, who serves as the main interface with external services and is responsible for liaising with them when their support is required on new and/or existing cases.

Additionally, **consider a tiered membership / engagement approach.** The core case management team that oversees intake, assessment, intervention and aftercare for all cases shouldn't be larger than 10 individuals, to ensure everyone has the chance to contribute and to keep the case management process streamlined and efficient. Representatives of services that are called upon to support occasionally, but that aren't core to the case management process otherwise, can be part of a second tier of membership that meets less frequently but still has regular interface with the core team to ensure they feel up-to-date on processes and protocols, as well as case work. A tiered membership approach may look like:

**TIER ONE:
CORE TEAM**

Includes:

- Team Chair (e.g. a social worker)
- Mental and Behavioral Health Professionals
- Institutional Representatives (e.g. for schools, this may be the principal or student wellbeing officer. In a workplace, this may be someone from the Human Resources department).
 - Ideally, the institutional representative will know or be able to gather information about how the individual concerned navigates themselves within that institution - a principal or school teacher may be able to bring valuable information about a student's academic strengths and concerns, as well as friendship networks, for example.
- Community Representatives (e.g. to serve as a community liaison officer and/or partnership manager)
- [School Resource Officer](#)

Scope:

Meets regularly (e.g. biweekly, monthly). Expectation is that all members attend every meeting.

Members are formally trained on all tools (e.g. assessment frameworks) and will serve as "case leads", overseeing progress on a case-by-case basis. Meetings will function to update others on case progress and check in on overall activity of the Core Team.

**TIER TWO:
OUTER TEAM**

Includes:

- Specific areas of expertise that might be needed on a case-by-case basis (e.g. law enforcement, disability support services, medical health representatives, substance abuse recovery)
- Alternative therapies (e.g. art therapy) that can be called upon for aftercare

Scope:

Invited to every other Core Team meeting (for example), or as needed on a case-by-case basis. Members may be called upon to support behavioral intervention and/or aftercare. Would usually not serve as case leads.

SEE [GUIDANCE FROM NABITA.ORG](#) ON WHAT A TIERED APPROACH CAN LOOK LIKE IN SCHOOL SETTINGS.



Overlap membership (specific to a multi-team setting): if you work in a context where assessment and management are conducted by separate teams, consider overlapping membership of these teams. Otherwise, **designate a liaison** whose responsibility is to ensure coordination and collaboration between teams.



Outline and train each team member on protocols and tools used per stage of case management:

- **Information-sharing:** make sure everyone involved in case management understands the information-sharing protocols in place (e.g. agreed-upon threshold for information-sharing and practical processes for doing so) and [relevant privacy laws](#) (e.g. HIPAA, FERPA). Are information-sharing agreements in place between all involved parties?
- **Intake:** who receives referrals, how and what happens next? Who is responsible for making sure relevant referrals are then followed up with a behavioral assessment?
- **Assessment and Intervention:** are all members of the core case management team trained on the assessment tool(s)? This can help integrate behavioral assessment and management by ensuring those involved in the latter stage understand the assessment approach (and therefore understand the assessment outcomes), and that they feel confident to use the same assessment tool to monitor case progress.

What is the process for discussing an assessment and developing the appropriate intervention plan? Ideally, this would be discussed as a group by the core case management team to ensure everyone agrees to the intervention strategy, and to facilitate hand-off between behavioral assessment and management. A member of the core team should be designated as case lead to oversee the transition between assessment and management, and to oversee the overall case management strategy.

Once the assessment has been discussed, a case lead has been assigned and an intervention strategy has been agreed to, the case lead should liaise with the individual concerned to deploy the intervention. Create an individualized monitoring plan and ensure the relevant service providers are aware of the goals of the plan. Use case management team meetings to update others on case progress and, where necessary, brainstorm mitigations for any new or ongoing concerns and risks.

- **Aftercare:** once the goals of an intervention plan have been met (or are almost met), regroup as a team to discuss the transition to aftercare. Do you need to call on any external services to support this? Does the case monitoring plan change at all once you transition into aftercare? How frequently does the case lead continue to meet with the individual being supported? If there is a (new) concern or a behavioral relapse, is everyone aware of the protocols and processes for raising this?

Case management is not a linear process. By having **STANDARD ASSESSMENT AND RESPONSE PROTOCOLS** outlined per stage that recognize the adaptability that TVTP casework requires, those involved in a specific case will feel more able to navigate the often difficult transition between each stage. This is also vital for staff turnover, as it provides new staff with clear guidance on protocols per stage of case management. See, for example, the "[Comprehensive School Threat Assessment Guidelines](#)" for what such protocols may look like in practice.

FOR ADDITIONAL CONSIDERATIONS AND GUIDANCE ON STAFFING EACH STAGE OF CASE MANAGEMENT, SEE OUR [PRACTICE GUIDE](#) FOR "INTERVENTIONS TO PREVENT TARGETED VIOLENCE AND TERRORISM".



ANNEX ONE - GLOSSARY OF USEFUL TERMS

Provided is a list of terms that are often used in TVTP case work, as well as in other public and social safety fields, including social work.

- **Behavioral assessment:** often referred to as either a risk, needs or threat assessment. While these terms are used interchangeably, risks, needs and threat assessments serve different purposes. Behavioral assessment should generally encompass all three:
 - **Risk assessments** help practitioners assess, monitor and understand factors and vulnerabilities of an individual that may make them susceptible to extremist narratives and/or violent behavior.
 - **Needs assessments** allow for practitioners to mitigate against risk by identifying appropriate services and necessary types of support provision to address the identified needs of an individual.
 - **Threat assessments** are a type of assessment used to determine the level and scale of immediate or potential danger that an individual poses to themselves, others, their surroundings and/or wider community.
- **Behavioral Intervention or Behavioral Management:** the stage of case management where an individual receives support to address any behavioral concerns identified in the assessment.
- **Behavioral Intervention Team (BIT):** the team responsible for developing, deploying and monitoring a behavioral intervention. In some institutions, this team also carries out the initial assessment. Such an integrated approach is increasingly regarded as best practice. Ideally, the BIT is multi-disciplinary. For an overview of the professions that can be involved in a BIT (sometimes referred to as a "multi-disciplinary team" or MDT), [see our practice guide](#) on "Interventions to Prevent Targeted Violence and Terrorism". This information pack refers to the BIT as a "case management team", to reflect best practice guidance that recommends a single team oversees the entire case management process.
- **Case management:** this information pack uses "case management" to refer to the entire process of behavioral support, from:
 - **Intake** - the process of receiving referrals, determining their appropriateness for intervention and, if they are deemed eligible, preparing for case planning and management.
 - **Assessment** - when risks, needs and threat of a referral are evaluated.
 - **Intervention** - refers to the provision of services, which are informed by the risk, needs and/or threat assessments conducted, and are intended to mitigate or minimize risk of (further) harm to the individual concerned.
 - **Aftercare** - an essential part of an intervention program concerned with long-term support and care. Once it has been agreed that the intervention has met its objectives, an "exit" strategy should be designed to facilitate the individual's long term resilience against radicalization and/or recidivism to violence.

ANNEX ONE - GLOSSARY OF USEFUL TERMS

- **Criminogenic needs:** needs which, if not filled, may lead to criminal behavior. They typically encompass four to eight needs domains. [See here](#) for more.
- **Disengagement vs. deradicalization:** disengagement in TVTP refers to [“the abandonment of extremist activity, \[while\] deradicalization is viewed as involving the abandonment or rejection of extremist beliefs and ideology”](#).
- **Factors vs. indicators;** although often used interchangeably, factors and indicators are distinct. The Research Triangle Institute distinguishes between the two as follows: [“...factors increase the likelihood of a given outcome, while indicators help signal the presence of that outcome”](#). In practice, therefore, a risk factor could be having an extensive criminal history, while an indicator would be an individual expressing threats or violence offline or online.
- **Risk factors:** factors that [“increase the likelihood of a given outcome”](#). In the case of TVTP, factors that increase the likelihood of radicalization and violence.
- **Protective factors:** factors that make an individual more resilient to a given outcome, or that decrease the likelihood of a negative outcome. In the case of TVTP, factors that [“insulate and buffer an individual’s resilience to radicalization into violent extremist ideologies and organizations”](#).
- **Threat Assessment Team (TAT):** some institutions may have a separate threat assessment team that operates independently from the BIT, even though the BIT relies on information from the TAT to deploy data-backed interventions.



ANNEX TWO - FURTHER READING

In addition to the sources hyperlinked to throughout this information pack, we recommended the following resources.

On behavioral assessment and/or management:

- [Risk, Needs and Threat Assessment](#)
By the Institute for Strategic Dialogue (ISD) - *overview of risks, needs and threat assessment in TVTP; created for the Prevention Practitioners Network*
- [Staffing Multi-disciplinary Interventions](#)
By ISD - *overview of the four core stages of TVTP intervention and how to resource these effectively; created for the Prevention Practitioners Network*
- [Interventions to Prevent Targeted Violence and Terrorism](#)
By ISD - *practice guide that covers the basics and staffing implications for the four core stages of TVTP intervention (intake, assessment, intervention and aftercare); created for the Prevention Practitioners Network*
- [Who's on the Team? Mission, Membership and Motivation](#)
By NABITA - *a white paper on school-based behavioral assessment and management*
- [Standards for Case Management](#)
By NABITA - *a series of standards for non-clinical case management. Standards are for school settings but applicable to other contexts*
- [Extremism Risk Assessment: a directory](#)
By the Centre for Research and Evidence on Security Threats (CREST) - *provides a useful overview of six TVTP risk assessment frameworks (ERG 22+, IR 46, IVP, MLG, TRAP-18, VERA-2R)*
- [Risk Factors and Indicators Associated With Radicalization to Terrorism in the United States: What Research Sponsored by the National Institute of Justice Tells Us](#)
By Allison G. Smith Ph. D. - *this is a very useful source, which compares two TVTP risk assessments with one for generic violence*
- [Countering Violent Extremism: The Application of Risk Assessment Tools in the Criminal Justice and Rehabilitation Process](#)
By the Research Triangle Institute (RTI) - *a useful overview of the history of risk assessment and challenges this in TVTP*
- [Countering Violent Extremism: The Use of Assessment Tools for Measuring Violence Risk](#)
By RTI - *runs through existing frameworks for risk assessment and associated challenges*
- [Developing, implementing and using risk assessment for violent extremist and terrorist offenders](#)
By the Radicalization Awareness Network (RAN) - *provides guidance for risk assessment in TVTP*
- [Violent Extremism: a comparison of approaches to assessing and managing risk](#)
By Caroline Logan and Monica Lloyd - *maps the landscape of risk assessment, with a close look at a selection of existing frameworks. Also includes guidance for making risk assessments.*



ANNEX TWO - FURTHER READING

On information-sharing, confidentiality and ethics:

- [Legal Liability](#)
By ISD - *an overview of legal considerations for TVTP, including about information sharing.*
- [Information Sharing with Relevant Agencies](#)
by Active Social Care Limited - *resource about information sharing, including the importance of having proper protocols in place.*
- ["Sharing Client Information with Colleagues"](#)
by Frederic G. Reamer - *overview of ethical challenges with information sharing.*
- ["The Complexities of Client Privacy, Confidentiality, and Privileged Communication"](#)
by Frederic G. Reamer - *overview of client confidentiality and implications for information sharing.*
- [The School Social Worker and Confidentiality](#)
by the National Association of Social Workers - *briefing on information sharing in school settings.*
- [Sharing Behavioral Health Information: Tips and Strategies for Police - Mental Health Collaborations](#)
by the Justice Center - *tips for information sharing and broader collaboration between law enforcement and mental / behavioral health professionals.*
- [Information Sharing in Criminal Justice - Mental Health Collaborations: Working with HIPAA and Other Privacy Laws](#)
by the Justice Center - *considerations for information sharing in the context of HIPAA, FERPA and other legislation.*
- ["Confidentiality and its Exceptions"](#)
by the Society for Advancement of Psychotherapy - *overview of duty to warn and implications for confidentiality.*

