



Tumbler Ridge School Shooting: Violence Threat Risk Assessment (VTRA) Screening in the Aftermath

J. Kevin Cameron, Executive Director, CTIP | February 11th, 2026

Disclaimer

The following is for Violence Threat Risk Assessment (VTRA) trained professionals. Those not trained in VTRA who have reason to believe someone may pose a serious risk to themselves or others should contact local law enforcement.

Overview

In the aftermath of the school and community shooting in Tumbler Ridge, B.C. we are now in a pronounced national “Critical Period”. Many school and community professionals across Canada have been dealing with increased frequency and intensity of threats of violence and violent behaviours that have emerged in some families, communities, schools, and through online threats with devices (iPhone, etc.).

Children and Youth Context: There has been significant regression in some children and adolescents that can be traced back to the pandemic. It is evident that the pandemic and its effects exacerbated other underlying struggles.

The current political unrest and threats of potential military action is weighing on young people, including elementary aged children, who often suffer in silence about their fears. The recent number of high-profile shootings in North America, and the media coverage, has also further intensified this weight. Prior to the pandemic, the 14 to 16-year-old category was the most consistent group for high-risk VTRA cases. Now, the 10 to 14-year-old category has dominated many regions with threats and weapons possession, while the older youth continue to struggle.

This same age range (10 to 14) is manifesting far more sexualized threats than we have ever seen in the past.

From September 2021 to now, the possession and use of knives among young people is alarming. It speaks to a dynamic we have seen in individual community cases over the years but never globally, as it is now.

Adult Context: There has also been regression among some adults, as VTRA-related cases have become more complex, especially related to anger being projected onto schools. Since the pandemic, we have had a significant increase in parents/caregivers and adult community members engaging in threats towards school staff.

Professional Context: Post-pandemic, we have seen varying degrees of “drift” from multidisciplinary collaboration in VTRA and other helping practices. We strongly recommend that regional VTRA leads across Canada take this tragedy as a wake-up call to reconvene and share this E-Alert. Even though the region impacted by this tragedy has not been trained by CTIP, anyone committed enough can “fall through the cracks”. As such, VTRA teams should identify and wrap around any “Individuals of Concern” (IOC’s) who may have symptom development intensified by this tragedy.

Remember: “The more a troubled individual (or group) caught up within the impact zone from this tragedy can identify with the aggressor, the more it will increase their own symptom development.”

Screening VTRA Cases: For several years we have emphasized three primary hypothesis and a jingle called PBA’s which highlights three dimensions for initial screening.

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Three Hypotheses:

1. Is the threat or threat-related behaviour a conscious or unconscious cry for help?
2. Conspiracy of two or more – who else knows about it, who else is involved?
3. Could the IOC be experiencing “Fluidity” (Interaction between the suicidal and homicidal domains)?

PBA’s:

P – Plausibility

B – Baseline

A – Attack-Related Behaviours

Remember, this is a Critical Period and, for the next two weeks, all gun-related threats must be evaluated, even if the threat is from someone who is neurodivergent and it is their typical baseline. However, we are very concerned with knives and all other forms of potential violence. The following excerpt should serve as a guide to conducting “Site-Specific” VTRA screening and decisions about VTRA Protocol activation.

Sincerely,

J. Kevin Cameron, CTIP

VTRA DECISION SCREENING GUIDE

IF:

☛ All three **PBA's** are present (Plausibility, Shift in Baseline and Evidence of Attack-Related behaviors):

Then: Consider first if this is an **Immediate Risk Situation** and a **911** call to police is required for safety or public safety reasons. If this is the case, once immediate risk reducing interventions are taken by police, or are in place, begin the VTRA.

If it is not an Immediate Risk Situation, then activate the VTRA now and contact appropriate protocol partner agency VTRA leads.

Note: Most VTRA cases do NOT require a **911** call

IF:

☛ Plausibility and Shift in Baseline are Present but there is **NO** Evidence of Attack-Related Behaviors:

Then: Activate the VTRA **Site-Specific Screening**. Once there is data that denotes the IOC may be a moderate risk for violence or higher, contact appropriate protocol partner multi-agency VTRA leads.

IF:

☛ Threat is Plausible but **NO** Shift in Baseline and **NO** Attack-Related Behaviors:

Then: Consider if the IOC is an individual with special needs and the threat-related behavior is both consistent with their diagnosis and how it is known to manifest in them. If this is the case then there is no need to conduct an VTRA. However, if the IOC is new to the system (e.g. just moved across the country) and the team has no current history of baseline then a plausible threat alone will activate a VTRA Once there is data that denotes the IOC may be a moderate risk for violence, contact appropriate protocol partner agency VTRA leads.

IF:

☛ A threat is not plausible and there is no known attack-related behaviors but is a significant shift in baseline:

Then: Activate the VTRA **Site-Specific Screening**.

For example, a student, first time ever, angrily points their fingers in a gun shape and "shoots" at their teacher and then turns to their classmates and angrily does the same before running out of the classroom.

REMEMBER:

- ☛ If PBA's **Do Not** require multi-agency activation of the protocol at this time, continue with screening. If it **Does** require multi-agency activation, default directly to Stage One VTRA.
- ☛ VTRA is meant to be helpful, not hurtful.

"We cannot prevent everything, but we can prevent a lot!"

[Download the Complete Screening Guide](#)