Threat Assessment in the Campus Setting

THE NaBITA 2009 WHITEPAPER

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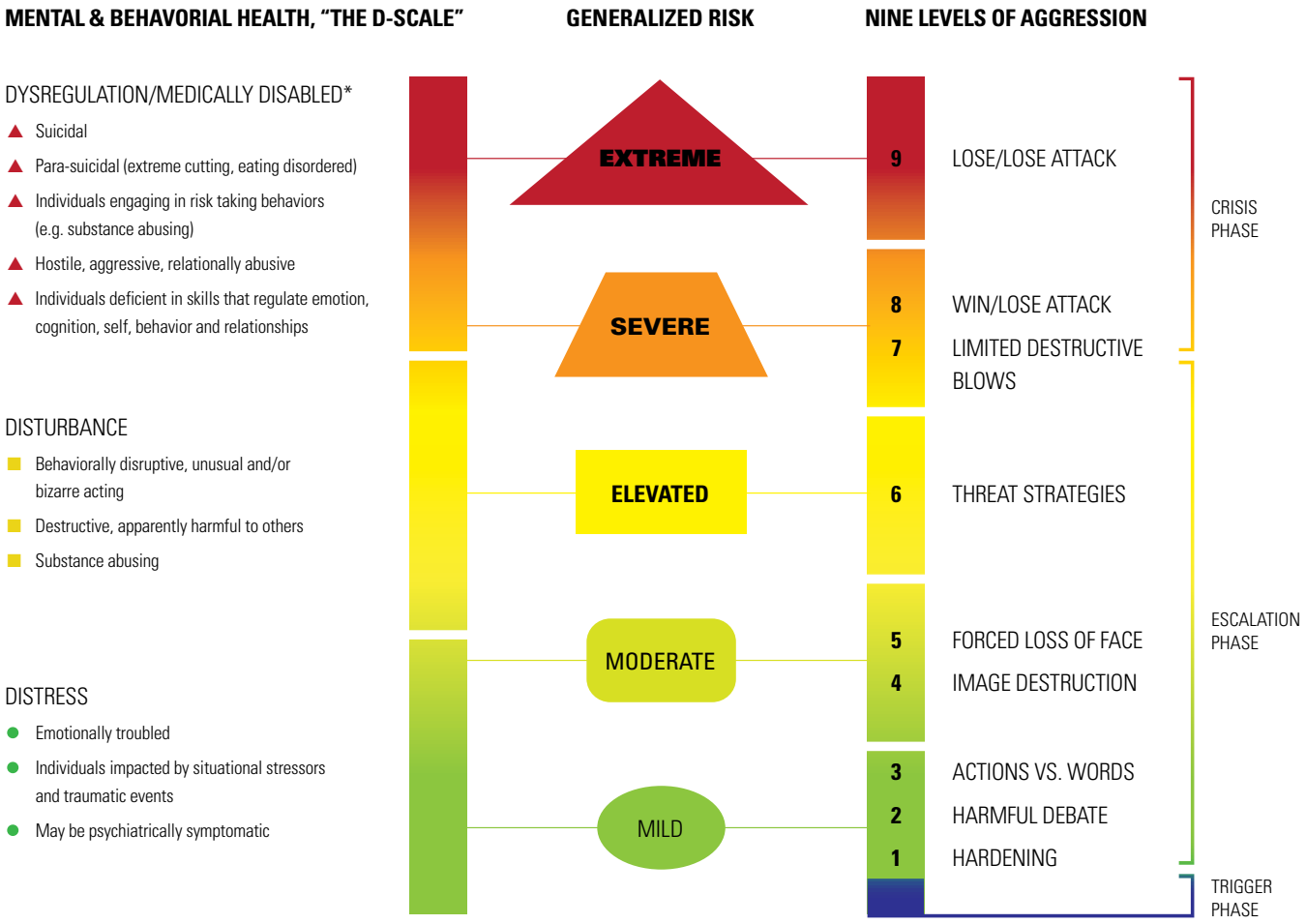
This Threat Assessment Tool is being shared as a free resource to commemorate the launch of the National Behavioral Intervention Team Association (NaBITA). Additional copies are available for free at ***www.nabita.org.***

NaBITA THREAT ASSESSMENT TOOL



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Threat Assessment in the Campus Setting

This complementary Whitepaper is being sent to you to commemorate the launch of a new membership organization, the National Behavioral Intervention Team Association (www.nabita.org). Please share this Whitepaper with your Dean of Students, Vice President for Student Affairs and your campus behavioral intervention team members.

Introduction

As a result of campus shootings, other emerging campus violence and the increasing frequency and intensity of mental illness-related issues on campus, colleges and universities have responded by implementing a variety of campus safety initiatives, including the creation of internal behavioral intervention teams. A core function of these teams is threat assessment and early intervention, with the hope of prevention. Yet, existing threat assessment models do not translate easily into the campus setting.

Law Enforcement Threat Assessment Models

Law enforcement-based threat assessment models depend at best on sophisticated tools and technology that are not readily adapted outside the law enforcement context, and at worst on profiling. When effective, they offer insight into potential criminality. However, much of the behavior that falls within the purview of behavioral intervention teams is not criminal in nature. Models that address threats to facilities and organizations are important, but we need a broader approach to threat assessment, as this analysis represents only a small portion of the threats faced by college campuses. Similarly, threat assessment tools designed to avert terrorist acts or assassinations may be reliable, but do not also address the comprehensive issues of violence on campus.

Mental Health Assessment

Colleges and universities historically rely on campus counselors for some measure of insight and analysis of threat assessment. While this function brings a necessary element to the table, it is only part of the overall threat assessment capacity needed. The tools used in the mental health field, often based on actuarial data and academic studies, are essential for accurately assessing the potential for harm to self and suicidality. However, assessing for harm to self is only part of the behavioral intervention team function. Assessing for the potential of harm to others is also an essential element, and in this task, campus mental health is not as facile as it is in assessing the potential for harm to self. There are some credible tools used by mental health professionals, but they rely on a level of deep forensic and diagnostic experience not always available on college campuses. The tools are complex; often require a longer period of assessment, more intensive training and a diversion of resources away from the central goal of college counselors—developmentally appropriate

treatment. We must acknowledge that not all risks brought to the attention of behavioral intervention teams stem from mental health roots. A more easily obtainable and applicable capacity for assessing the potential of harm to others is needed. Generalized threat assessment is therefore needed, outside of a mental health framework.

Going Beyond Our Current Threat Assessment Capacities

Recognizing the limits of current threat assessment capacities, the authors have developed a multidisciplinary threat assessment tool that holistically synthesizes three essential bodies of knowledge into a cohesive model. The tool includes measures for generalized risk (harm to facilities, reputation, finances, etc.), mental and behavioral health-related risk (harm to self) and aggression (harm to others). This article elaborates the Behavioral Intervention Team Threat Assessment Tool as a straightforward, easily mastered, broadly applicable model of threat assessment specifically designed to be applied by campus behavioral intervention teams.

Measures of Mental Health-Related Risk—The "D" Scale

Behavioral intervention teams need a measure to assess mental health related risk, and for that we created the "D" scale. While this scale may represent some oversimplification compared to the clinical assessment of a mental health professional, it is not a gross oversimplification. It is pared to the point of easy application without needing a high level of mental health expertise. The "D" scale progressively escalates from Distress to Disturbance to Dysregulation/Medical Disability. The definitions of each "D" are shown in the box at the right.

"D" SCALE

DISTRESS

- Emotionally troubled (e.g., depressed, manic, unstable)
- Individuals impacted by actual/perceived situational stressors and traumatic events
- Behavior may subside when stressor is removed or trauma is addressed/processed
- May be psychiatrically symptomatic if not coping/adapting to stressors/trauma

DISTURBANCE

- Increasingly behaviorally disruptive; unusual, and/or bizarrely acting
- May be destructive, apparently harmful or threatening to others
- Substance misuse and abuse; self-medication

DYSREGULATION

- Suicidal (thoughts, feelings, expressed intentions and ideations)
- Parasuicidal (extremes of self-injurious behavior, eating disorder, personality disorder)
- Individuals engaging in risk-taking behaviors (e.g., substance abusing)
- Hostile, aggressive, relationally abusive
- Individuals deficient in skills that regulate emotion, cognition, self, behavior, and relationships

MEDICAL DISABILITY (a parallel level of risk to dysregulation)

- Profoundly disturbed, detached view of reality
- Unable to care for themselves (poor self care/protection/judgment)
- At risk of grievous injury or death without an intent to self-harm
- Often seen in psychotic breaks

Generalized Risk—The NCHERM 5-Level Risk Rubric

The second rubric informing the model is a generalized risk rubric developed by the National Center for Higher Education Risk Management (NCHERM), applicable to potentially violent and injurious acts, as well as to risks that threaten reputation, facilities, normal operations, etc. This is the central part of the Threat Assessment Tool, and it is universally applicable. Like the Homeland Security system, the NCHERM model is a five-level rubric, but the criteria for risk classification developed by NCHERM were specifically designed for campus threat assessment purposes. These criteria are drawn from widely accepted measures including those promulgated by the US Department of Education and the US Secret Service. The following are the specific definitions of threat levels in the NCHERM generalized risk rubric:

5 LEVELS of RISK

MILD RISK

- Disruptive or concerning behavior
- Student may or may not show signs of distress
- No threat made or present

MODERATE RISK

- More involved or repeated disruption—behavior more concerning—likely distressed or low-level disturbance.
- Possible threat made or present
- Threat is vague and indirect
- Information about threat or threat itself is inconsistent, implausible or lacks detail
- Threat lacks realism
- Content of threat suggests threatener is unlikely to carry it out

ELEVATED RISK

- Seriously disruptive incident(s)
- Exhibiting clear distress, more likely disturbance
- Threat made or present
- Threat is vague and indirect, but may be repeated or shared with multiple reporters
- Information about threat or threat itself is inconsistent, implausible or lacks detail
- Threat lacks realism, or is repeated with variations
- Content of threat suggests threatener is unlikely to carry it out

SEVERE RISK

- Disturbed or advancing to dysregulation
- Threat made or present
- Threat is vague but direct, or specific but indirect (type of threat v. object of threat)
- Likely to be repeated or shared with multiple reporters
- Information about threat or threat itself is consistent, plausible or includes increasing detail of a plan (i.e., time, place)
- Threat likely to be repeated with consistency (may try to convince listener they are serious)
- Content of threat suggests threatener may carry it out

EXTREME RISK

- Student is dysregulated (way off their baseline) or medically disabled
- Threat made or present
- Threat is concrete (specific and direct)
- Likely to be repeated or shared with multiple reporters
- Information about threat or threat itself is consistent, plausible or includes specific detail of a plan (i.e., time, place), often with steps already taken
- Threat may be repeated with consistency
- Content of threat suggests threatener will carry it out (reference to weapons, means, target)
- Threatener may appear detached

Measuring Aggression

The third rubric that contributes to this Threat Assessment Tool provides the capacity for campus behavioral intervention teams to assess the potential for harm to others through the lens of aggression. To equip behavioral intervention teams with this needed capacity, the authors have incorporated into this model the work of the Center for Aggression Management. Aggression Management's Primal and Cognitive Aggression Continua (PCAC) measure emerging aggression. John Byrnes, the founder of the Center, has advanced the concept that threat assessment itself is conceptually limiting, because it usually assumes the existence of a threat (threat parallel in the jargon of the field). His measures for aggression are designed to enable a key behavioral intervention team function; the ability for teams to get out ahead of actual threats, to truly prevent injury and violence.

The Aggression Management Model is built upon a three-phase construct. The three phases include the Trigger Phase, the Escalation Phase and the Crisis Phase. These phases are overlaid by a nine-level conjoining of Cognitive and Primal Aggression Continua. The constructs of Primal and Cognitive Aggression are critical to a comprehensive understanding of aggression. Primal aggression is driven by adrenaline, and is the stereotypically angry manifestation of discovering your spouse in bed with a lover. You snap. In the extreme, you lack self-control. Your actions cannot be predicted. Cognitive Aggression, however, is intent-driven. Cognitive aggressors plan and methodically execute. They are not angry, red-faced or profusely sweating. They are likely to be withdrawn, determined, detached and devoid of outward emotionality. As they progress through stages of mounting aggression, their patterns can be detected.

Mastering the Aggression Management model starts with understanding the Trigger Phase, where although there may be explosions of anxiety, individuals are coping with these anxieties and therefore are "under the radar" of scrutiny and do not register as an immediate threat. For faculty and staff, the Trigger Phase may be noted as the departure of an individual from an established baseline behavior. Once an individual stops coping with their anxieties, they enter into the Escalation Phase. Culturally neutral, measurable observables of body language, behavior and communication indicate the first three levels of the aggression rubric: Hardening (Level 1), Harmful Debate (Level 2) and Actions v. Words (Level 3). These levels illustrate aggressive intent prior to conflict, thereby offering the opportunity to prevent conflict rather than merely reacting to it. Because there are individuals who express their conflict with violence, it is essential to get out-in-front of conflict in order to prevent violence. These Escalation Phase levels are defined in the box below.

AGGRESSION: Levels 1-3

HARDENING

This aggressor becomes more distant and argumentative, demonstrating a lack of understanding and empathy. They conceal and deceive as to their motives and intent. For example, professors may notice this distancing in the classroom through averted eye contact or wearing concealing clothing, such as hoodies or long coats.

HARMFUL DEBATE:

This aggressor becomes fixated on his or her own view, may perpetrate cutthroat-competition, distrust, proleptic (anticipating objections only) and obstructionist behavior. There is no interest in the perspective of others or finding common ground. This may manifest in frequent destructive and/or frivolous arguments as resident advisors confront code violations or as faculty find students arguing in class just for the sake of argument.

ILLUSTRATING INTENT THROUGH ACTIONS V. WORDS

This aggressor leaves argument behind, and takes action without consulting others, appears detached and is self-absorbed. Perceives the intent of his/her intended victim(s) as not in their best interests. Resident advisors and other staff may notice this behavior as students withdrawing from contact with others and developing concerning behaviors like punching bathroom doors.

The Escalation Phase continues through two more levels illustrated by Image Destruction (Level 4) and Force Loss of Face (Level 5). The aggressor has now transitioned into covert conflict.

The final level of the Escalation Phase reveals Threat Strategies (Level 6), where the aggressor becomes more overt toward his/her victim or victims and less able to extract him/herself from the escalation. Often this level of aggression is about controlling or manipulating a victim or victims, positioning them so that they feel the full impact of the aggressor's threat.

An aggressor may then transition into the Crisis Phase of the Cognitive Aggression Continuum, having identified a target and committed to its destruction with Limited Destructive Blows (Level 7) or a Win/Lose Attack (Level 8).

The highest level of aggressive intent, the Lose/Lose Attack (Level 9) represents the murder/suicide or terrorist whose goal is to give up his/her life for this cause, often with the intent of terrorizing his/her victim or victims, like Seung-Hui Cho of Virginia Tech or Steven Kazmierczak of Northern Illinois University.

Each of Aggression Management's nine levels can be observed and methodically engaged with all necessary resources by law enforcement, hostage negotiators, and others trained and skilled in the arts of aggression management. Engagement is intended to maximize needed results and maintain a safe campus with legally defensible methodologies.

Levels 4-5

IMAGE DESTRUCTION:

This aggressor plants seeds of distrust with his/her intended victim's community—those individuals the victim likes and respects and by whom they want to be liked and respected in return—(potentially stealing ideas or credit, provoking anonymous, false accusations, or other subtle undermining) issues become bipolar, attacks intended victim's core identity. In a college setting, this may involve attempts to embarrass students in class, flouting a resident advisor's authority, or instrumental vandalism in residence halls.

FORCED LOSS OF FACE:

This aggressor unmasks his or her victim as an enemy of their own community.

Level 6

THREAT STRATEGIES:

This aggressor presents an ultimatum to his or her victim or victims, aggressively responds to perceived threats, possibly on the verge of panic. In a college context, we could perceive a student aggrieved at the loss of an SGA election who lashes out at the winner as having stolen the election, or threatens that "no one will be President if I can't be the winner."

Levels 7-8

LIMITED DESTRUCTIVE BLOWS:

This aggressor is the Complicit Tactician, the individual who is complicit with the eighth and ninth-levels of the aggression continuum but does not intend to murder or die for his/her cause. This aggressor will inspire others to do so or aid others in the committing of violence. In the generic sense this individual is an "accomplice."

WIN/LOSE ATTACK:

This aggressor may be prepared to give up his/her life for this cause but intends to survive. Generically, this is the murderer (or in a military or homeland security context, a combatant).

Level 9

PLUNGING TOGETHER INTO THE ABYSS – THE ULTIMATE LOSE/LOSE ATTACK:

This aggressor does not intend to survive, and presents with a profound disconnection from his/her own well-being. Detachment or dissociation results in a calm, methodical execution of his/her plan. The so-called "Thousand-Yard Stare" is one indication of this level of aggression, but others manifest as the whole body and behaviors lose animation. This aggressor will often take his own life if confronted, to avoid capture or incarceration. The cognitive aggressor as the most lethal of terrorists is a counter-intuitive concept for those whose views of violence are media driven. While the stereotypes of "active shooters" and "going postal" suggest primal aggression—the red-faced, angry actor about to explode—the highest level of threat comes from the cognitive aggressor who is not emotionally engaged in the destruction of the target, who shows no remorse, has no compunction about mass killing and is therefore more lethal as a result.

The Chart Graphically Represents the Threat Assessment Tool

Below, we have graphically represented our multidisciplinary model on page 9. This page is a color coded chart that demonstrates how our three systems of measuring threat (mental and behavioral health-related risk, generalized risk, and aggression) correspond to and intersect with each other. Page 10 is a handy reference chart to using the NCHERM 5-level generalized risk rubric. This chart lists in the left column the levels of risk ranging from mild to extreme, with bullet points summarizing how to classify the level of risk of a range of behaviors. The right column lists the range of risk from mild to extreme, this time suggesting the range of tools available to most behavioral intervention teams to address the level of risk identified in the left column.

Understanding the Chart

The chart on page 9 depicts on its far left the "D" scale, referencing the three levels of mental health-related risk used in our model. Each of the terms distress, disturbance and dysregulation/medically disabled is defined, and indicated by escalating levels of threat, from the highest at the top of the chart (dysregulation/ medical disability) to the lowest at the bottom of the chart (distress). The column in the middle of the chart depicts the NCHERM 5-level generalized risk scale (mild, moderate, elevated, severe, extreme). The far right column illustrates the three phases and nine levels of aggression.

Each is color coded to show its correspondence as follows.

A distress-level of mental health-related risk corresponds normally to mild-to-moderate levels of generalized risk, and may manifest aggression at the escalation phase (Hardening, Harmful Debate, Actions v. Words, Image Destruction, Forced Loss-of-Face). The next level of the "D" scale, disturbance, corresponds normally to the range of generalized risk from moderate-to-elevated-to-severe. Aggression may manifest at this level with some of the lower escalation-phase aggression measures and most likely with Threat Strategies. At the highest level of the "D" scale, dysregulation and medically disabled usually correspond to the two highest levels of generalized threat—severe and extreme. They can also manifest on the aggression scale at the Crisis Phase with Limited Destructive Blows, Win/Lose Attacks and finally the Lose/Lose Attack.

How Can Behavioral Intervention Teams Use This Tool?

Using the chart on page 9, the campus behavioral intervention team can measure actual threats posed to the campus. The primary framework is the NCHERM 5-level generalized risk (mild to extreme) scale that will indicate to the team the overall risk level and appropriate resources, support and intervention techniques to deploy. This scale applies to every case. Regardless of where you start, the goal is to get to the middle column. The mental health and aggression measures only apply as overlays when mental health issues and/or signs of aggression are indicated. Using all of the information reported to the team, background on the student, and any investigation done by the team, the team will then assimilate the information and assign a risk level. If mental and behavioral health-related issues are present, classify the student on the "D" scale first. Then, identify the corresponding level of

generalized risk, and any indicators of aggression. If there is no evidence of mental and behavioral health-related risk, you can directly classify the risk according to the 5-level scale. If generalized risk is unclear, and because measures of aggression are more objective, you can work the chart from right to left, assigning a correct level of aggression and from that the corresponding level of generalized risk. There may or may not be a corresponding level of mental and behavioral health-related risk, as mental and behavioral health may or may not be implicated by the information you have.

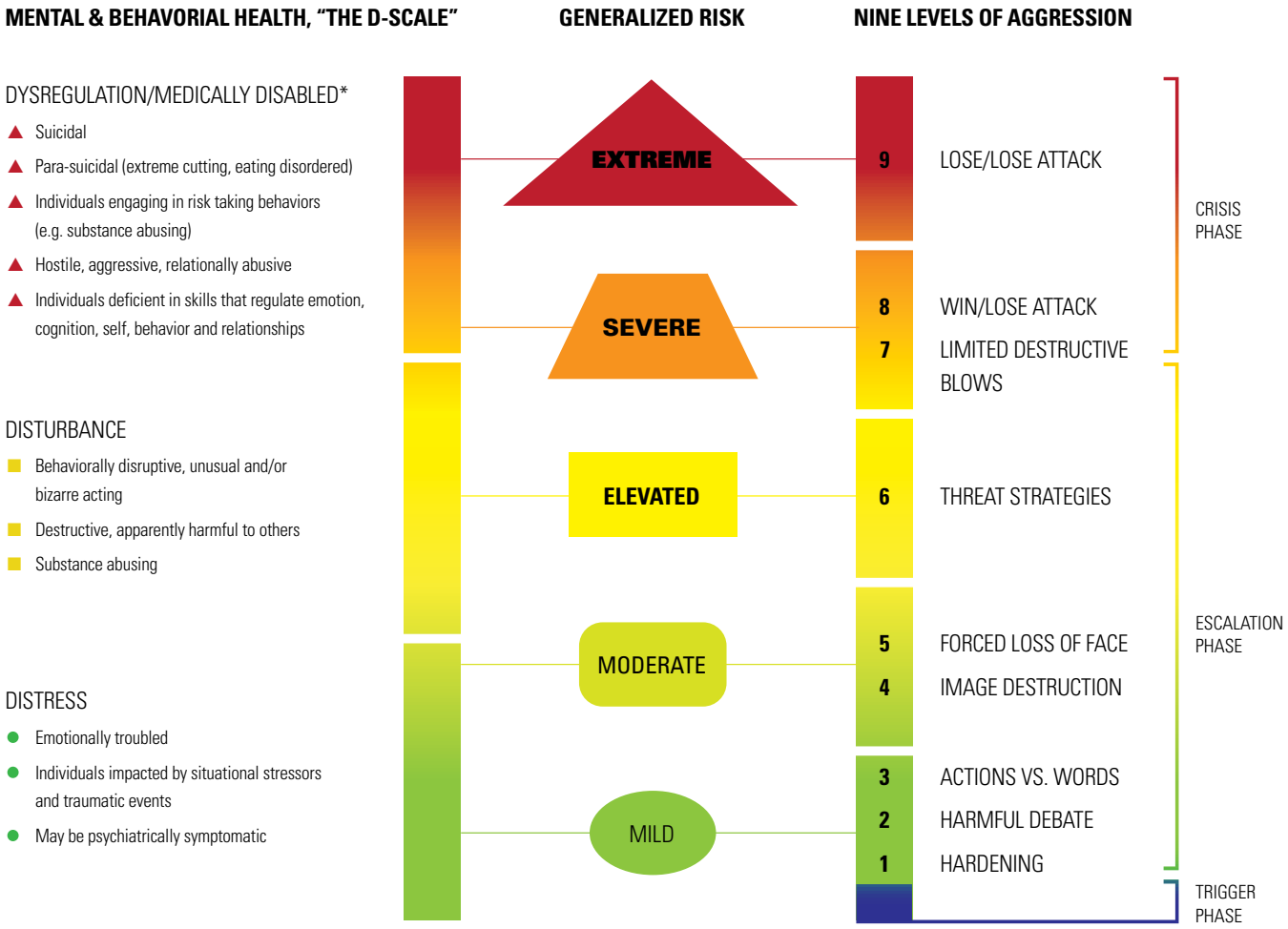
A Last Word on Aggression

You have the behavioral intervention team "tools-in-the-toolbox" on the last page of this Article. The right column suggests common campus intervention tools corresponding to the level of risk you identify. However, there is also a "tools-in-the-toolbox" body of knowledge on how to defuse the nine levels of aggression that may be demonstrated by an aggressor. These techniques cannot be learned in an article, though they are essential to campus behavioral intervention teams and campus law enforcement. We encourage you to contact the Center for Aggression Management for details on training for your campus. http://www.AggressionManagement.com/Higher_Education

Conclusion

The authors are dedicated to developing models of behavioral intervention and threat assessment based on adaptation of academic research, clinical studies, law enforcement reports, governmental investigations and campus best practices. It is the authors' goal in this article to stimulate current interest and concern on campuses regarding risk and threat assessment and to offer practical models for addressing campus safety. Ultimately, the model offered in this paper may enhance early intervention, foster thoughtful and timely response, and avert tragedy. If you find this paper to be of use, please share it with your colleagues. Copies may be downloaded at www.nabita.org.

NaBITA THREAT ASSESSMENT TOOL



**Medically Disabled is a clinical term, as in a psychotic break. It is not the same as "disabled" under federal law.*

CLASSIFYING RISK	INTERVENTION TOOLS TO ADDRESS RISK AS CLASSIFIED
MILD RISK – Disruptive or concerning behavior. – Student may or may not show signs of distress. – No threat made or present.	**MILD RISK** – confrontation by reporter – behavioral contract or treatment plan with student – student conduct response – evaluate for disability services and/or medical referral – conflict management, mediation, problem-solving
MODERATE RISK – More involved or repeated disruption. Behavior more concerning. Likely distressed or low-level disturbance. – Possible threat made or present – Threat is vague and indirect – Information about threat or threat itself is inconsistent, implausible or lacks detail – Threat lacks realism – Content of threat suggests threatener is unlikely to carry it out.	**MODERATE RISK** – confrontation by reporter – behavioral contract or treatment plan with student – student conduct response – evaluate for disability services and/or medical referral – conflict management, mediation (not if physical/violent), problem-solving
ELEVATED RISK – Seriously disruptive incident(s) – Exhibiting clear distress, more likely disturbance – Threat made or present – Threat is vague and indirect, but may be repeated or shared with multiple reporters – Information about threat or threat itself is inconsistent, implausible or lacks detail – Threat lacks realism, or is repeated with variations – Content of threat suggests threatener is unlikely to carry it out.	**ELEVATED RISK** – confrontation by reporter – evaluate parental/guardian notification – evaluate need to request permission from student to receive medical/educational records – consider interim suspension if applicable – evaluate for disability services and/or medical referral – consider referral or mandated assessment
SEVERE RISK – Disturbed or advancing to dysregulation – Threat made or present – Threat is vague, but direct, or specific but indirect – Likely to be repeated or shared with multiple reporters – Information about threat or threat itself is consistent, plausible or includes increasing detail of a plan (time, place, etc) – Threat likely to be repeated with consistency (may try to convince listener they are serious) – Content of threat suggests threatener may carry it out.	**SEVERE RISK** – possible confrontation by reporter – parental/guardian notification obligatory unless contraindicated – evaluate emergency notification to others (FERPA/HIPAA/Clery) – no behavioral contracts – recommend interim suspension if applicable – possible liaison with local police to compare red flags – deploy mandated assessment – evaluate for medical/psychological transport – evaluate for custodial hold – consider voluntary/involuntary medical withdrawal – direct threat eligible – law enforcement response – consider eligibility for involuntary commitment
EXTREME RISK – Student is dysregulated (way off baseline) or medically disabled – Threat made or present – Threat is concrete (specific or direct) – Likely to be repeated or shared with multiple reporters – Information about threat or threat itself is consistent, plausible or includes specific detail of a plan (time, place, etc), often with steps already taken – Threat may be repeated with consistency – Content of threat suggests threatener will carry it out (reference to weapons, means, target). – Threatener may appear detached	**EXTREME RISK** – possible confrontation by reporter – parental/guardian notification obligatory unless contraindicated – evaluate emergency notification to others – no behavioral contracts – interim suspension if applicable – possible liaison with local police to compare red flags – too serious for mandated assessment – evaluate for medical/psychological transport – evaluate for custodial hold – initiate voluntary/involuntary medical withdrawal – direct threat eligible – law enforcement response – consider eligibility for involuntary commitment

ABOUT THE AUTHORS

Brett. A. Sokolow, J.D. *is the President of NCHERM (www.ncherm.org), a national multidisciplinary consulting firm dedicated to helping colleges and universities manage risk by advancing student health and safety. NCHERM serves 19 campuses as outside counsel/advisor, and serves as a consultant to hundreds of other colleges and universities. Sokolow is the author of ten books and more than fifty articles on student affairs law and policy topics. He is the Editor Emeritus of the Report on Campus Safety and Student Development. He serves on the Board of Trustees of the Council on Law in Higher Education (CLHE). Mr. Sokolow is on the Directorate Body of ACPA's Commission on Student Conduct and Legal Issues. He has recently co-authored, "A Model Approach to Behavioral Intervention and Threat Assessment," and co-authored an article for the Journal of College and University Law, "College and University Liability for Violent Campus Attacks" (April 2008). Sokolow is one of the founders of NaBITA, the National Behavioral Intervention Team Association (www.nabita.org). This membership association is dedicated to the support and professional development of campus, corporate and school behavioral intervention teams and models.*

John D. Byrnes *is a trainer, author and lecturer. He became interested in the subject of aggression management after concluding that there were no comprehensive training programs dedicated to preventing aggression in the workplace. In 1993, he founded The Center for Aggression Management, headquartered in Lake Mary, Florida. Byrnes was selected by the US Department of Labor to represent the United States at the Violence as a Workplace Risk Conference held in Montreal, Canada, and has conducted seminars and workshops for some of our country's largest corporations, organizations and schools. Byrnes is the author of the book "Before Conflict, Preventing Aggressive Behavior," and has written articles for publications such as the Wall Street Journal, the LA Times, and the Denver Post, while also appearing on radio programs across the nation. He received an honorary doctorate of humanities in 2000. (www.aggressionmanagement.com)*

W. Scott Lewis, JD *is a partner with the National Center for Higher Education Risk Management (www.ncherm.org) and serves as Associate General Counsel for Saint Mary's College in Indiana. He recently served as the Assistant Vice Provost at the University of South Carolina. Scott brings over fifteen years of experience as a student affairs administrator, faculty member, and consultant in higher education. He is a frequent keynote and plenary speaker, nationally recognized for his work on Behavioral Intervention for students in crisis and distress. He is noted as well for his work in the area of classroom management and dealing with disruptive students. He presents regularly throughout the country, assisting colleges and universities with legal, judicial, and risk management issues, as well as policy development and implementation. He has recently co-authored an article for the Journal of College and University Law, "College and University Liability for Violent Campus Attacks" (April 2008). Lewis is one of the founders of NaBITA, the National Behavioral Intervention Team Association (www.nabita.org). This membership association is dedicated to the support and professional development of campus, corporate and school behavioral intervention teams and models.*

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campus, corporate and school behavioral intervention teams and models.

Brian Van Brunt, Ed.D. *has worked in the counseling field for over fourteen years. He served as Director of Counseling at New England College from 2001-2007 and currently serves as Director of Counseling and Testing at Western Kentucky University. His counseling style draws from a variety of approaches, though primarily from the humanistic/person-centered style of treatment with its emphasis on warmth, compassion, empathy, unconditional positive regard, individual choice and personal responsibility. He is a certified QPR suicide prevention trainer and trained in BASICS alcohol intervention. Brian is also a certified trainer in John Byrne's Aggression Management program. Brian has presented nationally on counseling ethics, mandated counseling, and testing and assessment for the American College Counseling Association (ACCA), Association of College and University Counseling Center Directors (AUCCCD), American College Personnel Association (ACPA) and the National Association of Forensic Counselors (NAFC). He completed his doctorate from Argosy University in Sarasota Florida (formerly the University of Sarasota) in counseling psychology, finished his masters degree from Salem State College in counseling and psychological services and received a bachelors in psychology from Gordon College.*