

# THREAT ASSESSMENT IN THE CAMPUS SETTING

Mental and Behavioral Health on Campus

# We are attempting to do 3 Things:


- Threat Assessment
  - Early Intervention
  - ...with the Hope of Prevention
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- <http://nabita.org/docs/2009NABITAwitepaper.pdf>

# Going Beyond Our Current Threat Assessment Capacities

- 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 safety initiatives, including the creation of internal behavior intervention, with the hope of prevention.

# Three Well-Established Facts

- 1. Nearly all campus threats come from those who are members of the campus community, or closely related to it.
- 2. Nearly all campus violence is not spontaneous, but targeted and planned.
- 3. Nearly all targeted violent actors raise concerns, share their plans, or parts of their plans with others prior to their acts.

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- We often know who is threatening-we're just trying to figure out how serious their threat is and how serious we should take it.
  - Having said this...we are not saying all campus threats will come from within our community, only that there is a high-likelihood that they will.
  - We are relatively porous and have a high number of visitors to our campus.

# NaBITA THREAT ASSESSMENT TOOL

## MENTAL & BEHAVIORAL HEALTH, "THE D-SCALE"

### DYSREGULATION/MEDICALLY DISABLED\*

- ▲ Suicidal
- ▲ Para-suicidal (extreme cutting, eating disordered)
- ▲ 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

### DISTURBANCE

- Behaviorally disruptive, unusual and/or bizarre acting
- Destructive, apparently harmful to others
- Substance abusing

### DISTRESS

- Emotionally troubled
- Individuals impacted by situational stressors and traumatic events
- May be psychiatrically symptomatic

## GENERALIZED RISK

**EXTREME**

**SEVERE**

**ELEVATED**

**MODERATE**

**MILD**

## NINE LEVELS OF AGGRESSION

**9**

LOSE/LOSE ATTACK

**8**

WIN/LOSE ATTACK

**7**

LIMITED DESTRUCTIVE BLOWS

**6**

THREAT STRATEGIES

**5**

FORCED LOSS OF FACE

**4**

IMAGE DESTRUCTION

**3**

ACTIONS VS. WORDS

**2**

HARMFUL DEBATE

**1**

HARDENING

CRISIS PHASE

ESCALATION PHASE

TRIGGER PHASE

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

# Measures of Mental Health-Related Risk-The “D” Scale

- Distress
  - Disturbance
  - Dysregulation
  - Medical Disability
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- Let's look at these more closely

# Measures of Mental Health-Related Risk-The “D” Scale: *Distress*

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



# Measures of Mental Health-Related Risk-The “D” Scale: *Disturbance*

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

# Measures of Mental Health-Related Risk-The “D” Scale: *Dysregulation*

- Suicidal (thoughts, feelings, expressed intentions and ideations).
- Para-suicidal (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.

# Measures of Mental Health-Related Risk-The “D” Scale: *Medical disability*

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

# 5 Levels of Risk/Mild Risk

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

# 5 Levels of Risk/Moderate Risk

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

# 5 Levels of Risk/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.

# 5 Levels of Risk/Severe Risk

- Disturbed or advancing to dysregulation.
- Threat made or present.
- Threat is vague but direct, or specific but indirect (type of threat vs.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 (ie., time and place).
- Threat likely to be repeated with consistency (may try to convince listener they're serious).
- Content of threat suggests threatener may carry it out.

# 5 Levels of Risk/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.



# 5 Levels of Risk/Extreme Risk

- Information about threat or threat itself is consistent, plausible or includes specific detail of a plan (ie., 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

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- Trigger Phase
- Escalation Phase
- Crisis Phase

# Trigger Phase

- Hardening: Aggressor becomes more distant and demonstrates a lack of understanding and empathy.
- Harmful Debate: Aggressor becomes fixated on their own view. May exhibit distrust and obstructionist behavior. No interest in perspective of others.
- Actions vs. Words: Begins to take action, appears detached/self-absorbed. Acting out in an angry way (punching walls, doors).

# Escalation Phase

- Image Destruction: Plants seeds of distrust with intended victim's community.
- Forced Loss of Face: Attempts to unmask his victim as an enemy of their own community
- Threat Strategies: Begins to aggressively respond to perceived threats, begins to articulate their plan, may appear to be on the verge of panic in this phase.

# Crisis Phase

- Limited Destructive Blows: Enlists others.
- Win/Lose Attack: This aggressor may be prepared to give up his life for their cause, but intends to survive.
- Lose/Lose Attack: This aggressor does not intend to survive and presents with a profound disconnection for his own well-being. Detachment or disassociation results in a calm, methodical execution of his plan. Whole body and behaviors lack animation.

# Clery ACT

- The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, originally referred to as the Campus Security Act.
- Requires colleges/universities to disclose information about crime on and around their campuses.
- This legislation is enforced by the United States Department of Education.

# Clery ACT

- ❑ Schools must publish an annual report disclosing campus security policies and three years worth of selected crime statistics.
- ❑ Schools must make timely warnings to the campus community about crimes that pose an ongoing threat to students and employees.
- ❑ Campus sexual assault victims are assured of certain basic rights.
- ❑ School that fail to comply can be fined by DofE.

# Conclusion

- Our key function is to prevent injury and violence.
- We want to enhance early intervention.
- Foster thoughtful and timely responses to students in need.
- Avert tragedy.
- <http://nabita.org/docs/2009NABITAwitepaper.pdf>