National Association for Behavioral Intervention and Threat Assessment

Process Review and Objective Assessments

University of Wisconsin System Training Series (2 of 4)

March 7, 2024



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- Links for any applicable training evaluations and learning assessments are also provided in the NABITA Event Lobby. You will be asked to enter your registration email to access the Event Lobby.
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Introduction

Note: Dangerousness and violence, from a student, faculty, or staff member is difficult, if not impossible to accurately predict.

This training offers research-based techniques and theories to provide a foundational understanding and improved awareness of the potential risk.

The training or tool should not be seen as a guarantee or offer any assurance that violence will be prevented.

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Introduction

This presentation contains graphic language and imagery.



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Today's Agenda

Process Elements

- Referral Receipt and Review
- Creating and Maintaining Feedback Loops
- Meeting Operations
- Objective Risk Rubric
- Psychological, Threat, and Violence Risk Assessments

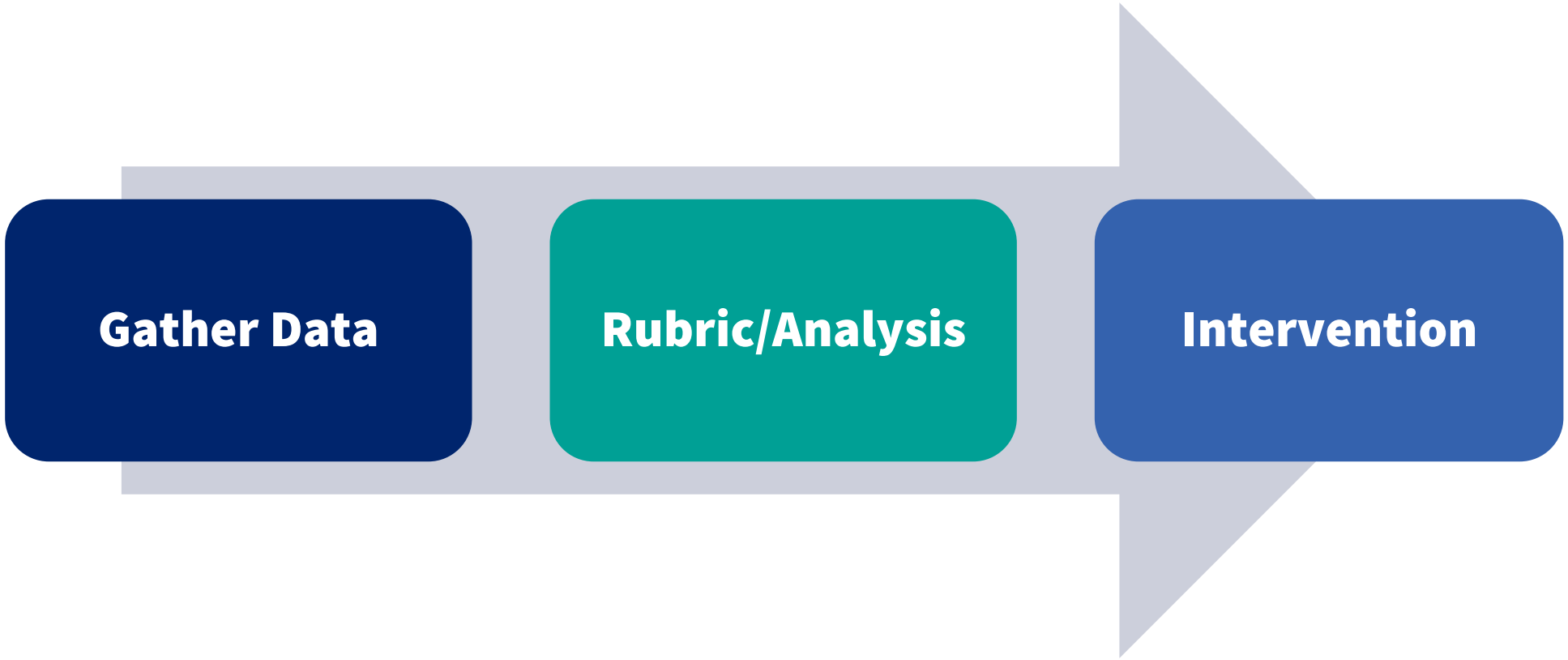
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Part Two: Process Elements

NABITA BIT Standards 11-14

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The BIT Process



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The BIT Process

Gather Data

- Train our communities on indicators of distress, crisis, and threat.
- Create a centralized process for referring concerns.
- Establish a team for regularly reviewing referrals.

Rubric/Analysis

- Train team to use an objective rubric to triage referrals and determine level of risk.
- In cases of higher risk or threatening behavior, conduct a violence risk assessment.

Intervention

- Interventions respond to risk level.
- Connect to resources to address distress or risk.
- Restrict means and engage in safety planning.
- Skill building around conflict management, emotion regulation, softening points of view, etc.

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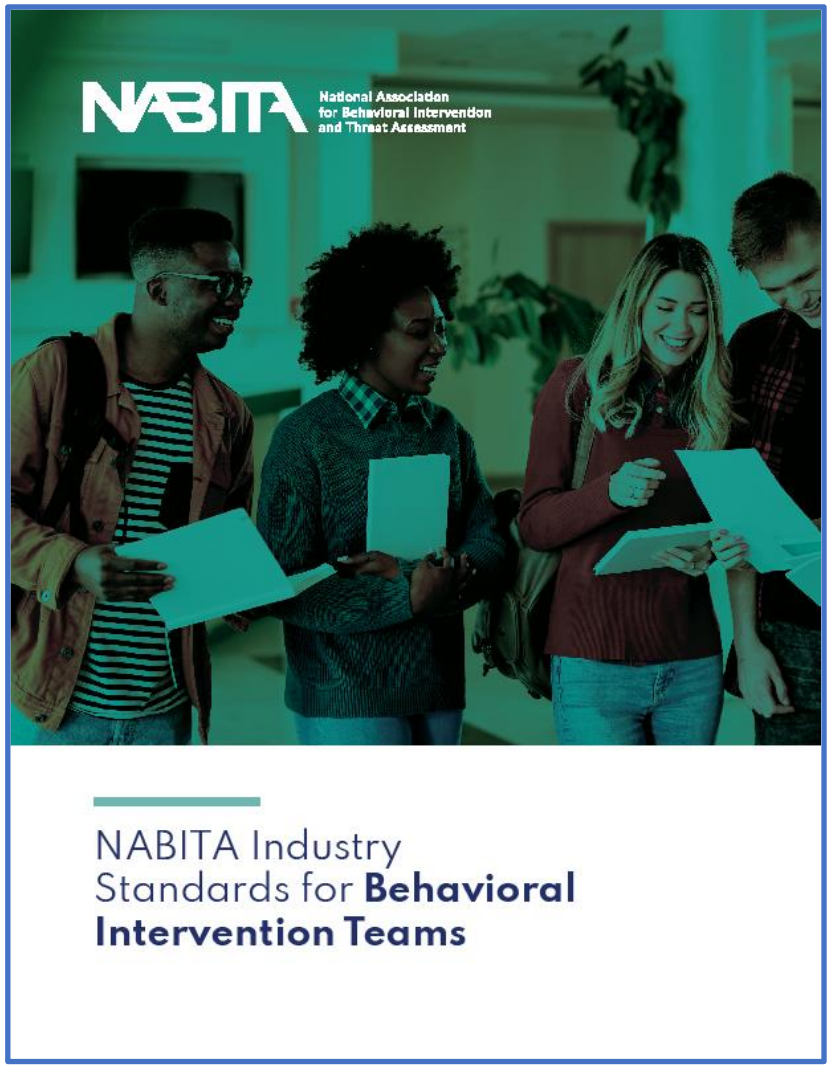
NABITA Standard 11

Referral Receipt and Review

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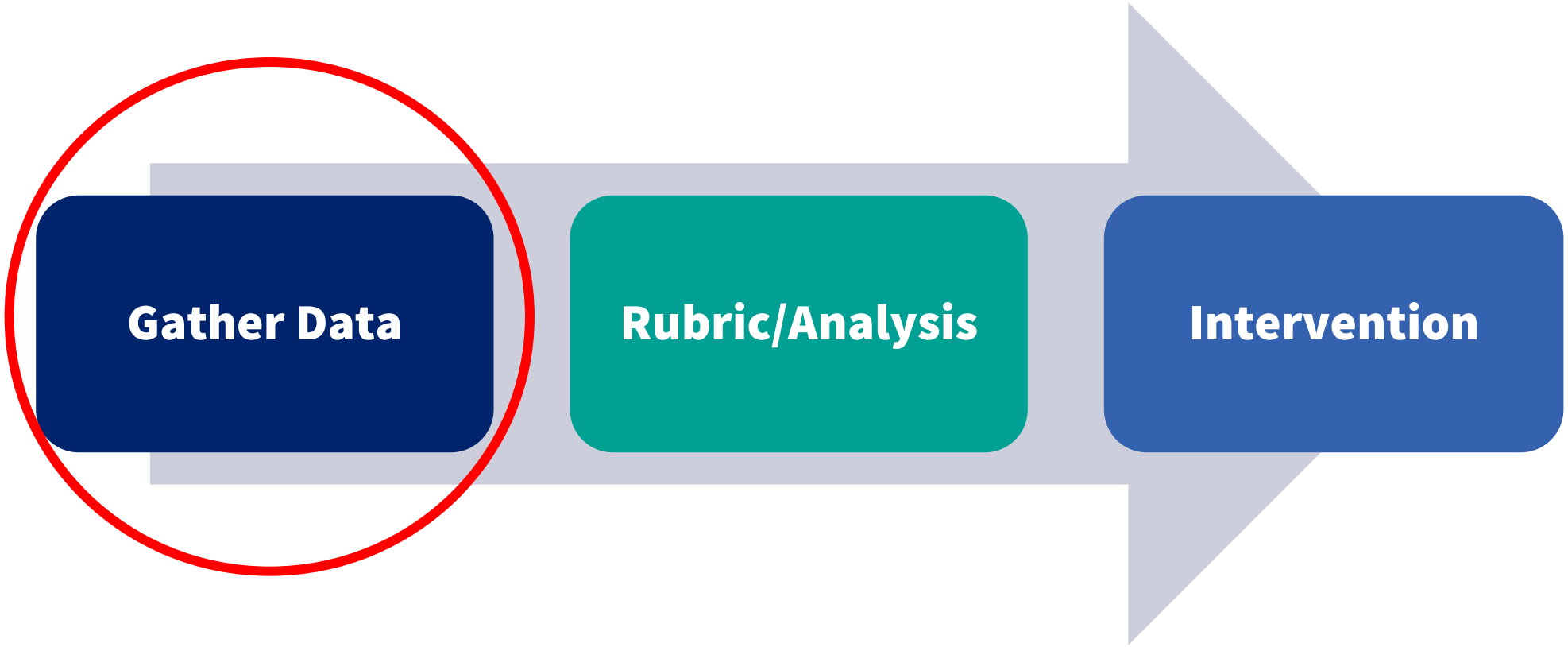
Standard 11: Referral Receipt and Review

The team has a process for **receiving**, **reviewing**, and **triaging** all referrals.



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Standard 11: Referral Receipt And Review



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Standard 11: Referral Receipt And Review

97% of teams — Receive referrals online

84% of teams — Receive referrals by email

70% of teams — Receive referrals by phone

61% of teams — Receive referrals directly to the team chair

69% of teams

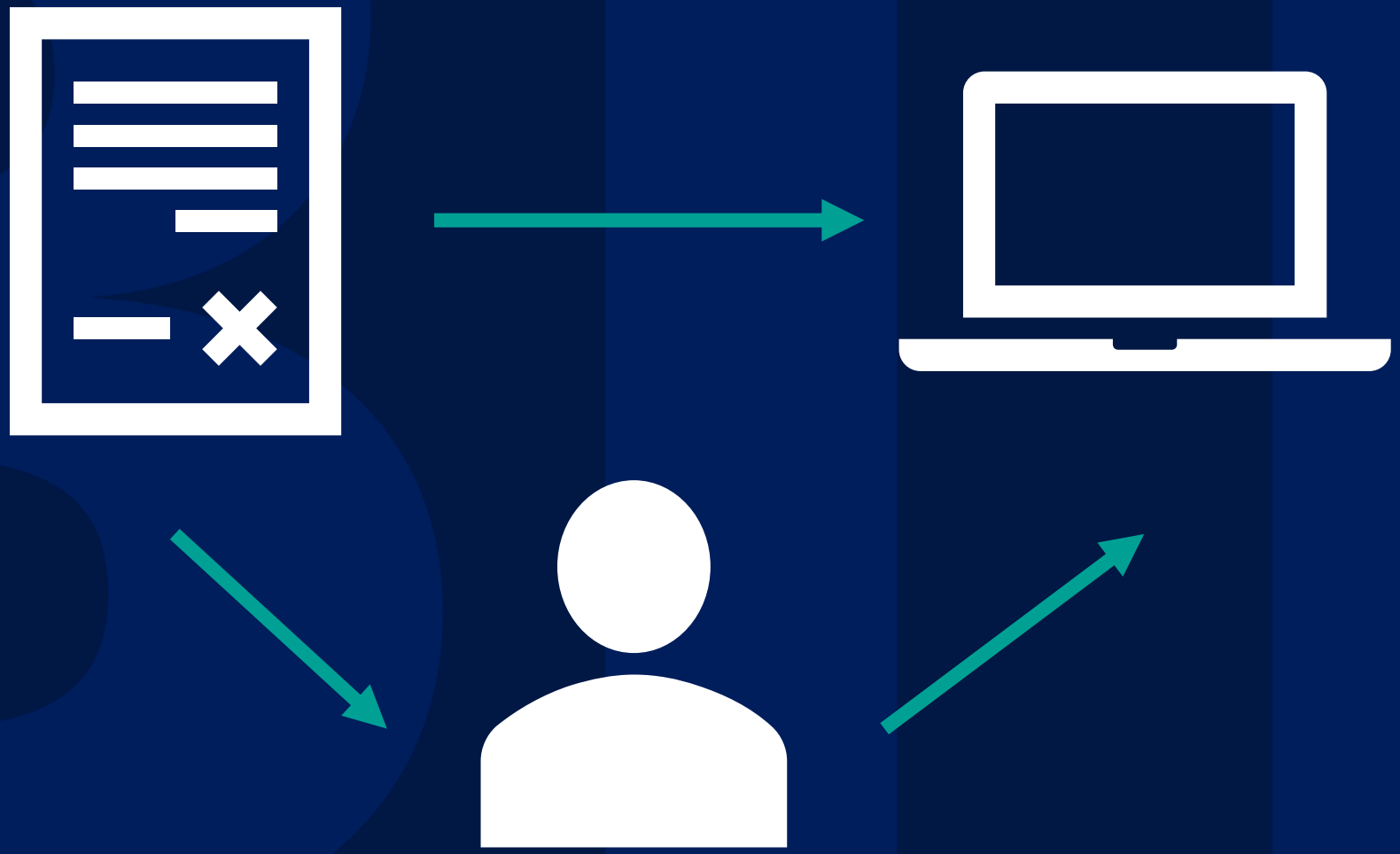
Track referral sources



Source: NABITA 2022 State of the Field Survey

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The team has a centralized, publicly available system for receiving referrals and the team documents all BIT referrals, even those initially received by phone, email, in person communication, etc., through the centralized system.



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Standard 11: Referral Receipt And Review



Allow Anonymous Referrals

- Many members of school communities want to share what they know with a BIT, but not if it means becoming personally involved.
- Allow those individuals to share their concern while preserving their privacy.
- Discuss problems with closed reporting systems and phantom fears about anonymous reporting.

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Standard 11: Referral Receipt And Review

- Designate a staff member to review referrals each workday.
- Triage for emergency meetings, welfare checks, or other immediate actions.
- Gather additional information from, or give guidance to, referral source as needed.



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Standard 11: Referral Receipt And Review

Create and Maintain Feedback Loops

- Reassure referral sources the BIT is taking prompt, appropriate, and competent action.
- Assign a member of the BIT to follow up with referrals to let the referral source(s) know when the BIT has engaged/concluded its action, even if by form email.
- After a referral has been made, the referrer should receive a simple (even automated) message from the BIT.



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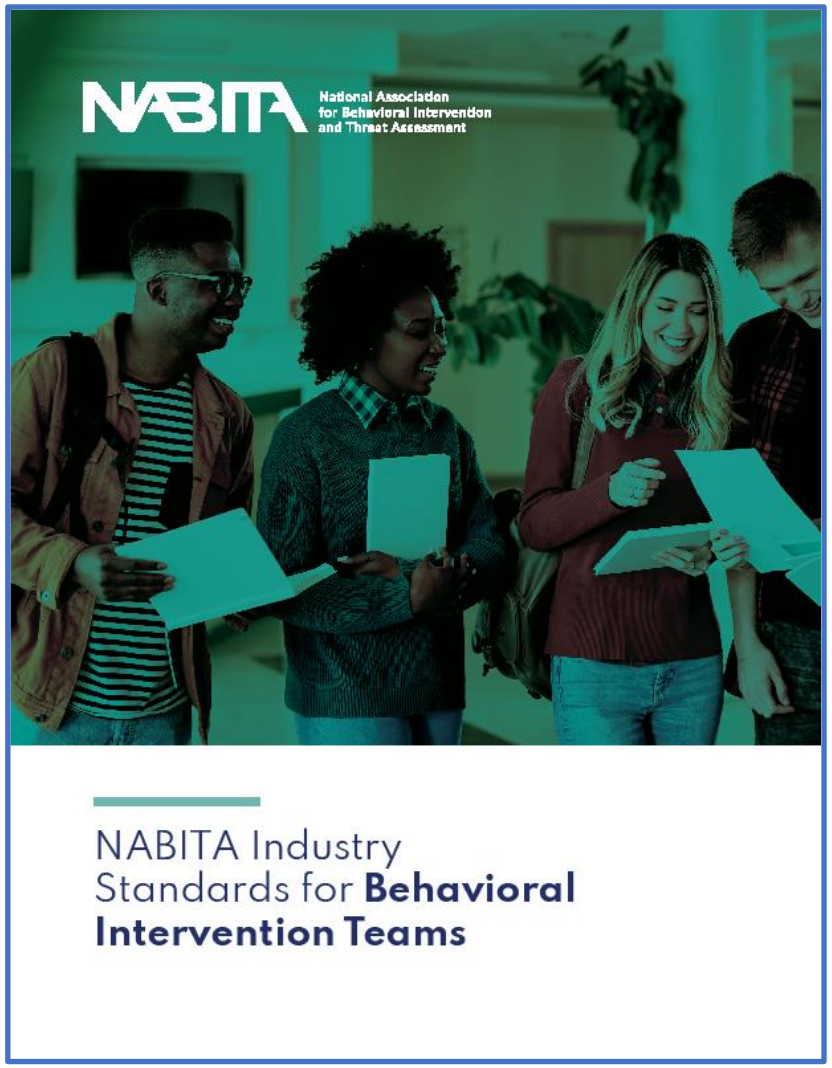
NABITA Standard 12

Meeting Operations

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Standard 12: Meeting Operations

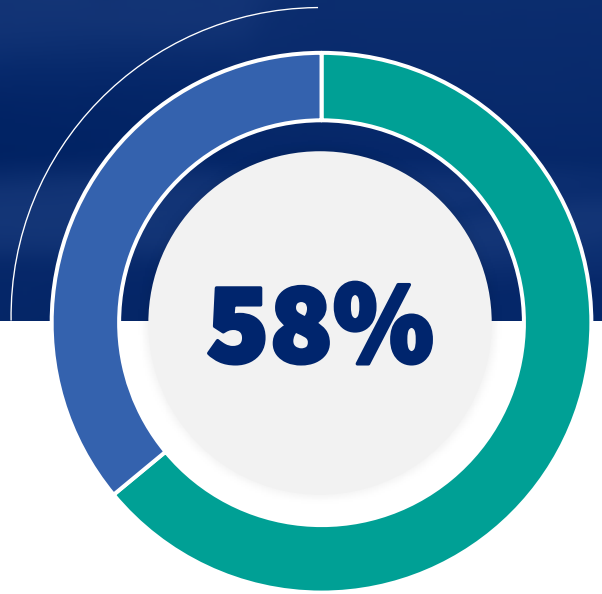
The team holds **meetings at regular intervals**, following an **agenda** and **established process** for facilitating team meetings.



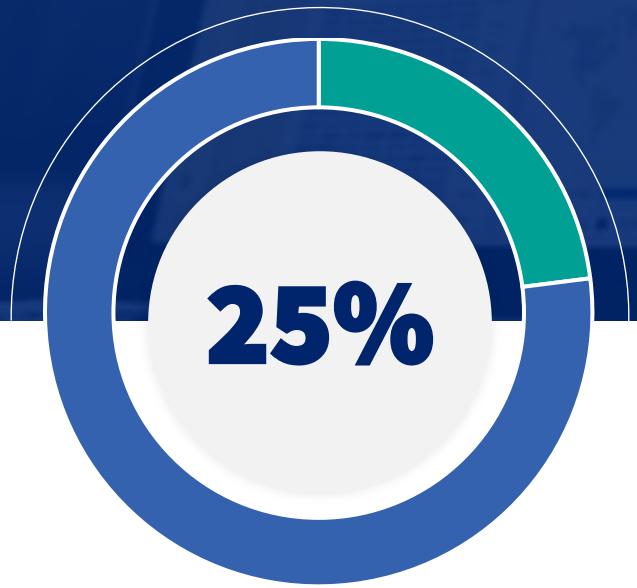
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Meeting Frequency

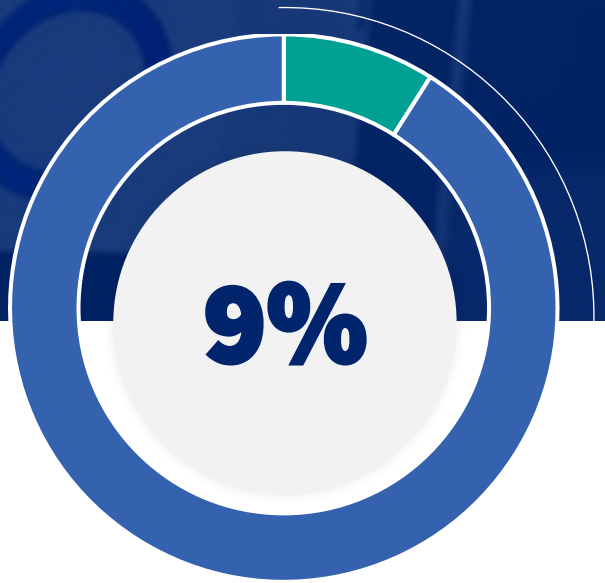
The team meets regularly, no less frequently than every other week. The team has a protocol for calling an emergency meeting to discuss urgent issues.



Weekly



Twice per Month



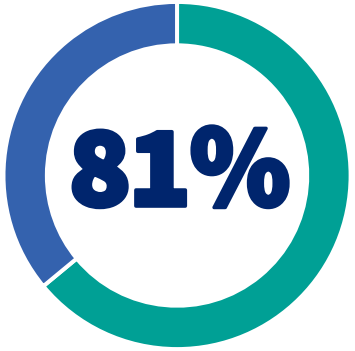
Monthly

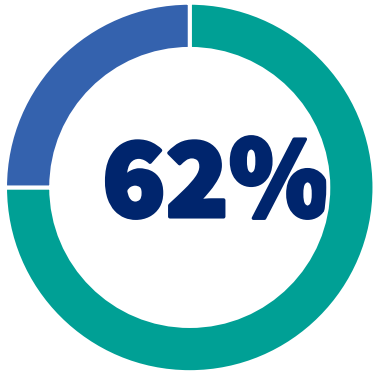
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Source: NABITA 2022 State of the Field Survey

Meeting Agenda

Use an agenda





Send it out ahead of time

Agenda Items

70% Name of individual

50% Presenting concern

19% Residence

33% Name of referral source

21% Year in school

4% Risk Level

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Source: NABITA 2022 State of the Field Survey

The Bit Process



- For EVERY new referral and case update, the BIT moves intentionally, systematically through the three phases of case discussion.
- The team chair keeps the team focuses on the correct phase and redirects discussions as appropriate.
- Adherence to the BIT Process increases consistency, efficiency, and effectiveness.

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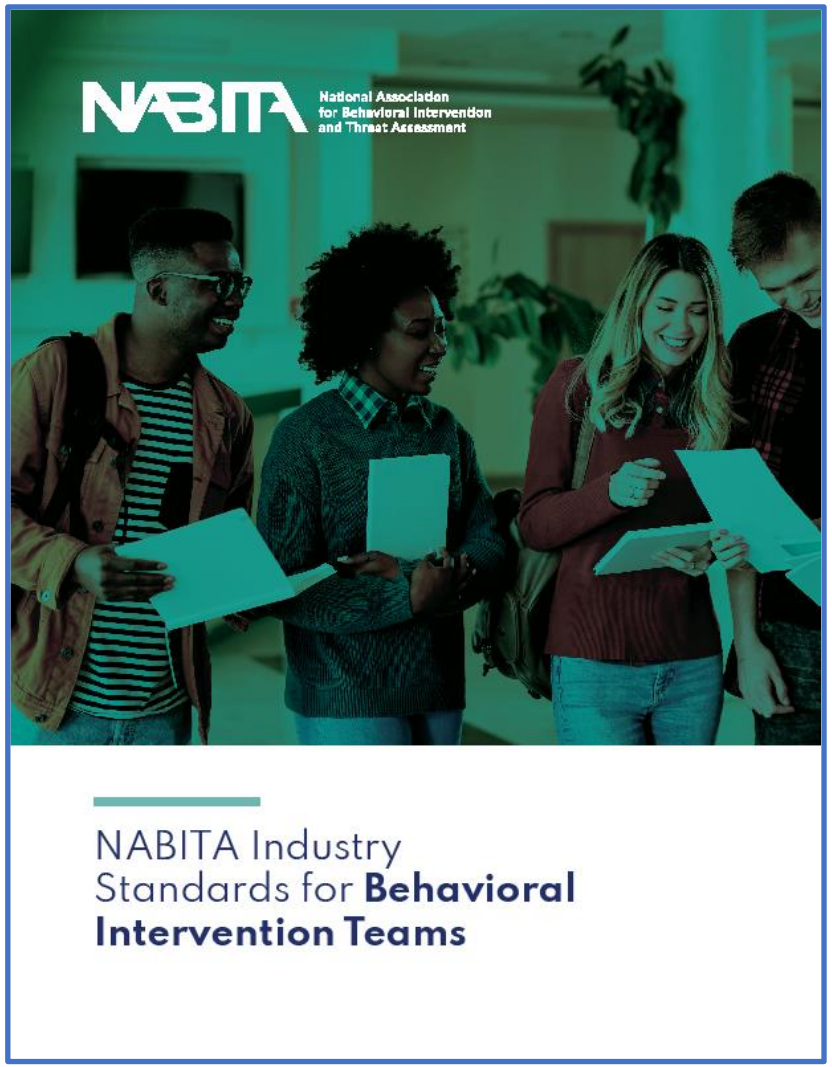
NABITA Standard 13

Objective Risk Rubric

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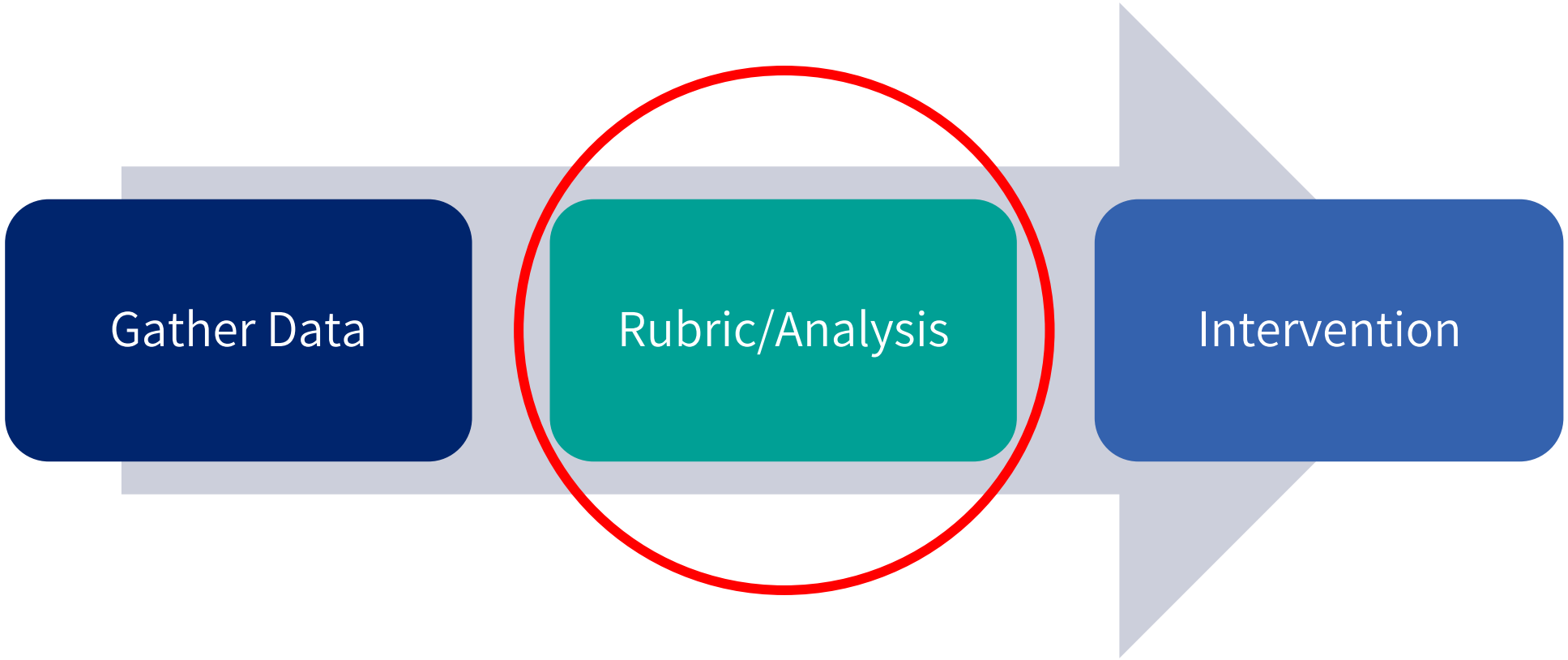
Standard 13: Objective Risk Rubric

Teams have an **evidence-based, objective** risk rubric to assess **every case** referred to the team.



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Standard 12: Objective Risk Rubric



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Importance of Objective Risk Assessment

Bias Mitigation

Using objective indicators of risk, helps mitigate potential bias.



Risk Management

An objective rubric helps teams manage their own risk by providing consistency and objectivitiy.



Mitigate Under/Over Reacting

By accurately assessing risk, teams are more likely to respond with appropriate interventions.



Streamlined Processes

Using a rubric provides teams shared language and process to make their meetings more efficient.



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Standard 13: Objective Risk Rubric



- **10x** NABITA Risk Rubric
- **25x** Violence Risk Assessment of the Written Word (VRAWW)
- **50x** Structured Interview for Violence Risk Assessment (SIVRA-35) and Non-Clinical Assessment of Suicide (NAS)

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NABITA Risk Rubric

D-SCALE

Life Stress and Emotional Health

DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
  - ▲ Actual affective, impulsive violence or serious threats of violence such as:
    - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
    - ▲ Making threats that are concrete, consistent, and plausible
    - ▲ Impulsive stalking behaviors that present a physical danger

DETERIORATING

- ■ Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - ■ Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
  - ■ Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
- ■ Threats of affective, impulsive, poorly planned, and/or economically driven violence
  - ■ Vague but direct threats or specific but indirect threat; explosive language
  - ■ Stalking behaviors that do not cause physical harm, but are disruptive and concerning

DISTRESSED

- ● Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - ● Managing chronic mental illness, mild substance abuse/misuse, disordered eating
  - ● Situational stressors that cause disruption in mood, social, or academic areas
  - ● Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- ● If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

OVERALL SUMMARY

4 — CRITICAL

In this stage, there is a serious risk of suicide, life-threatening self-injury, dangerous risk taking (e.g. driving a motorcycle at top speed at night with the lights off) and/or inability to care for oneself. They may display racing thoughts, high risk substance dependence, intense anger, and/or perceived unfair treatment or grievance that has a major impact on the students' academic, social, and peer interactions. The individual has clear target for their threats and ultimatums, access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as law enforcement or psychiatric hospitalization), it is likely violence will occur. There may be leakage about the attack plan (social media posts that say "I'm going to be the next school shooter" or telling a friend to avoid coming to campus on a particular day). There may be stalking behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response.

3 — ELEVATED

Behavior at the elevated stage is increasingly disruptive (with multiple incidents) and involves multiple offices such as student conduct, law enforcement, and counseling. The individual may engage in suicidal talk, self-injury, substance intoxication. Threats of violence and ultimatums may be vague but direct or specific but indirect. A fixation and focus on a target often emerge (person, place, or system) and the individual continues to attack the target's self-esteem, public image, and/or access to safety and support. Others may feel threatened around this individual, but any threat lacks depth, follow-through, or a narrowing against an individual, office, or community. More serious social, mental health, academic, and adjustment concerns occur, and the individual is in need of more timely support and resources to avoid further escalation. Conditional ultimatums such as "do this or else" may be made to instructors, peers, faculty, and staff.

2 — MODERATE

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

0/1 — MILD

The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

TRAJECTORY? BASELINE TRAJECTORY?

E-SCALE

Hostility and Violence to Others

EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

ELABORATION OF THREAT

- ■ Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- ■ Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- ■ Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- ■ There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

ESCALATING BEHAVIORS

- ● Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- ● When frustrated, storms off, disengaged, may create signs or troll on social media
- ● Argues with others with intent to embarrass, shame, or shut down
- ● Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence

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Standard 13: Objective Risk Rubric



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Standard 13: Objective Risk Rubric



The NABITA Risk Rubric relies on a multi-disciplinary approach to assess threat and risk on two scales.

D-SCALE

Life Stress and Emotional Health

E-SCALE

Hostility and Violence to Others

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Life Stress and Emotional Health



Stressors

- Death in the family
- Relationship difficulties
- Academic challenges

Emotional Health

- Difficulty regulating emotions
- Disordered eating, substance use, suicidality/self harm
- Change in mood, sleep, appetite

Disruption to Others

- Undue burden on others
- Outbursts in the classroom hallways, etc.
- Bullying behaviors

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Affective Violence



- Affective
  - Immediate
  - Unplanned
- Explosive
  - Emotion-driven
  - Reactive
- Low Risk
  - Loud Bark
  - Easily spotted

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Affective Violence



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  - Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
  - Actual affective, impulsive violence or serious threats of violence such as:
    - Repeated, severe attacks while intoxicated; brandishing a weapon
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DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
  - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
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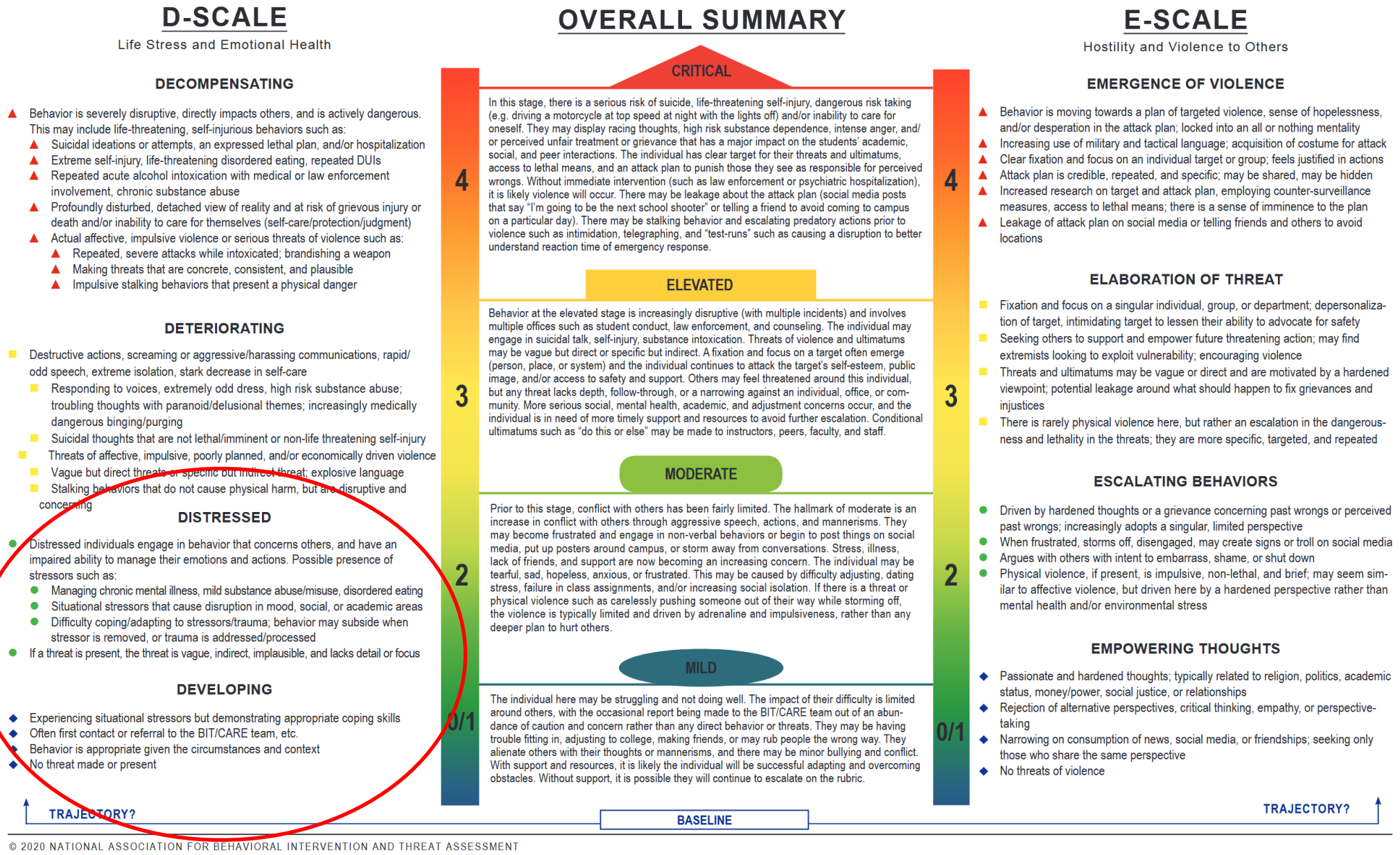
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- Often first contact or referral to the BIT

D-SCALE

NABITA Risk Rubric



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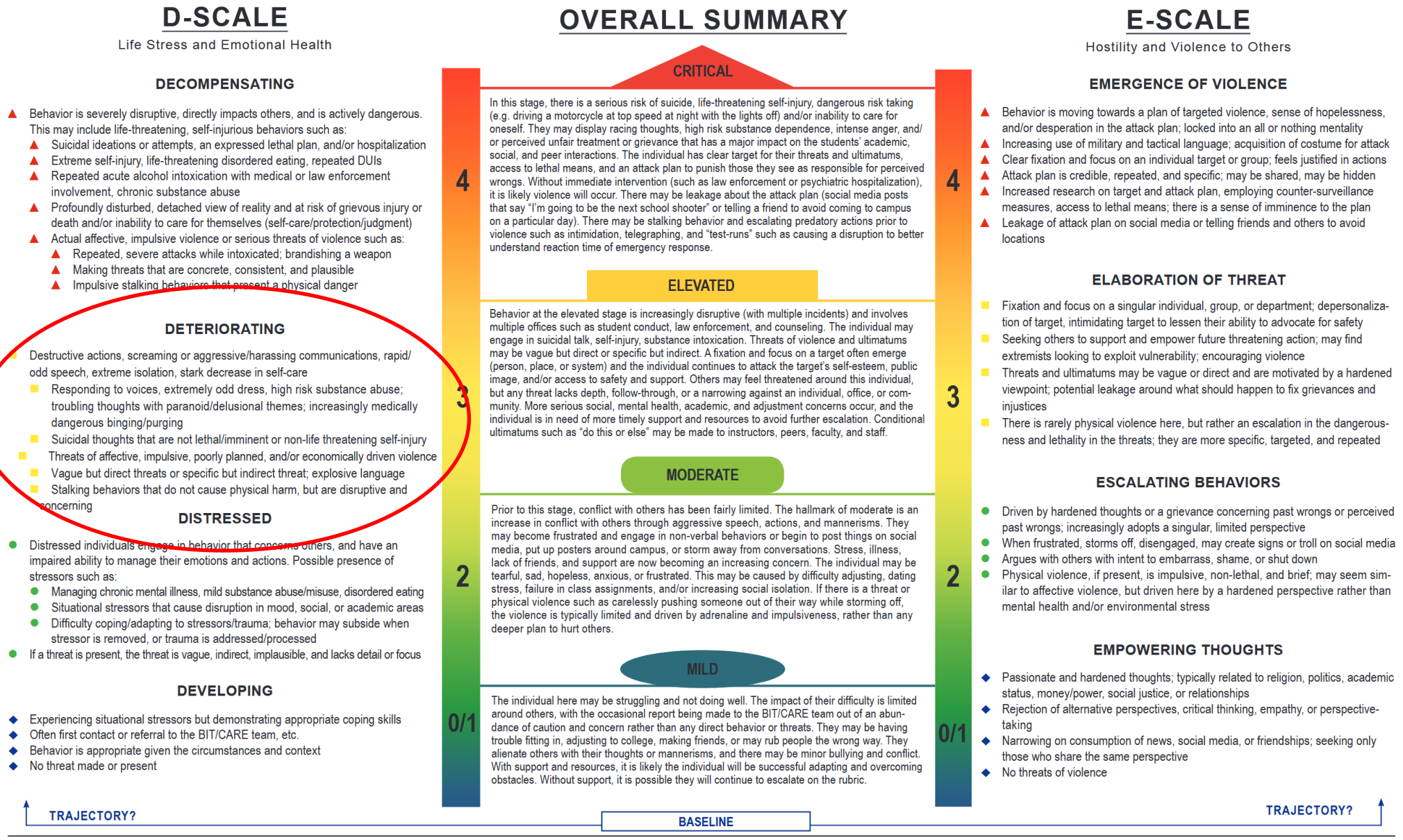
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NABITA Risk Rubric



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D-SCALE

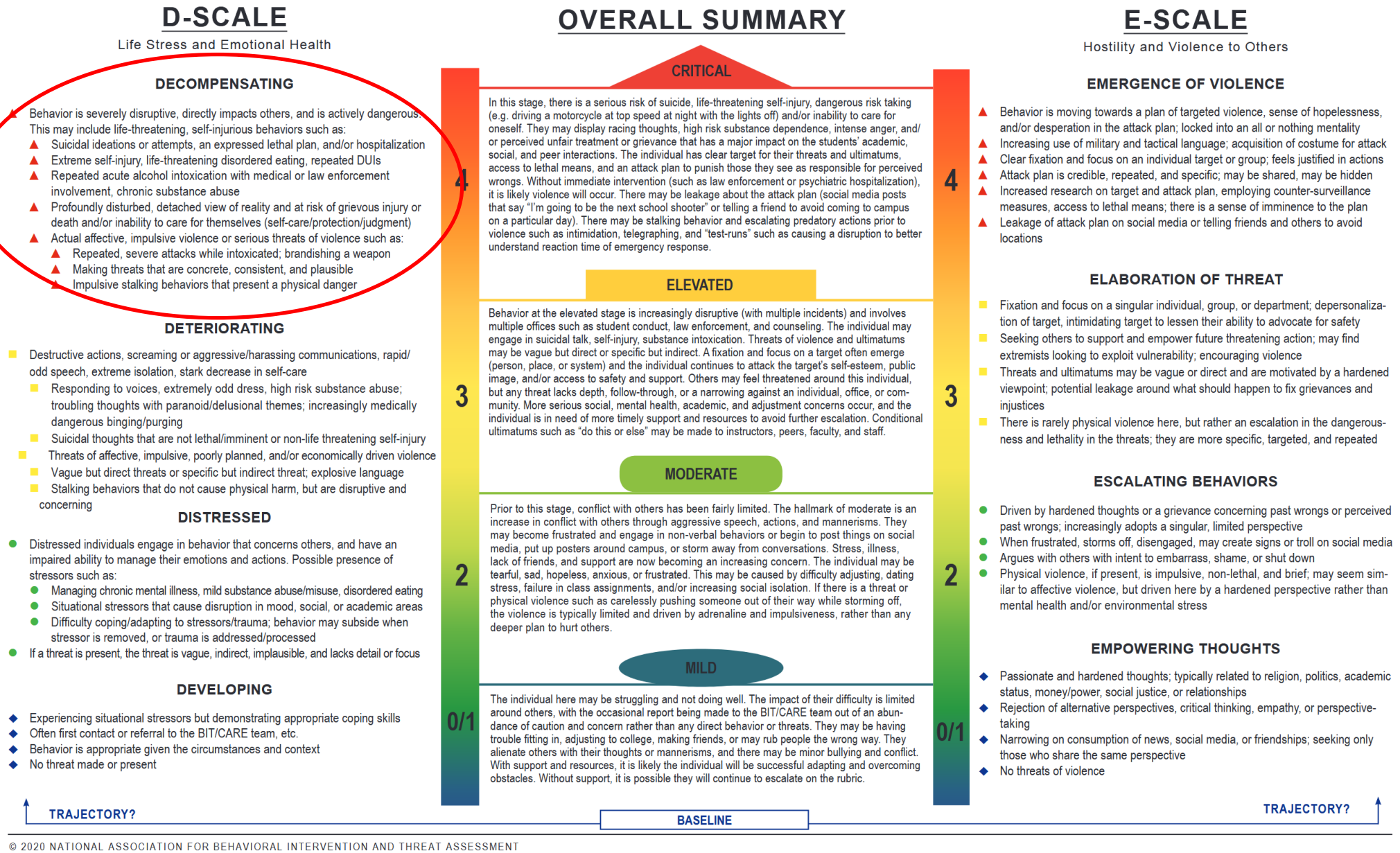
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4

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Targeted/Instrumental Violence



Predatory

- Delayed attack over time
- Thoughtful; Practiced
- Fueled by hostile intent

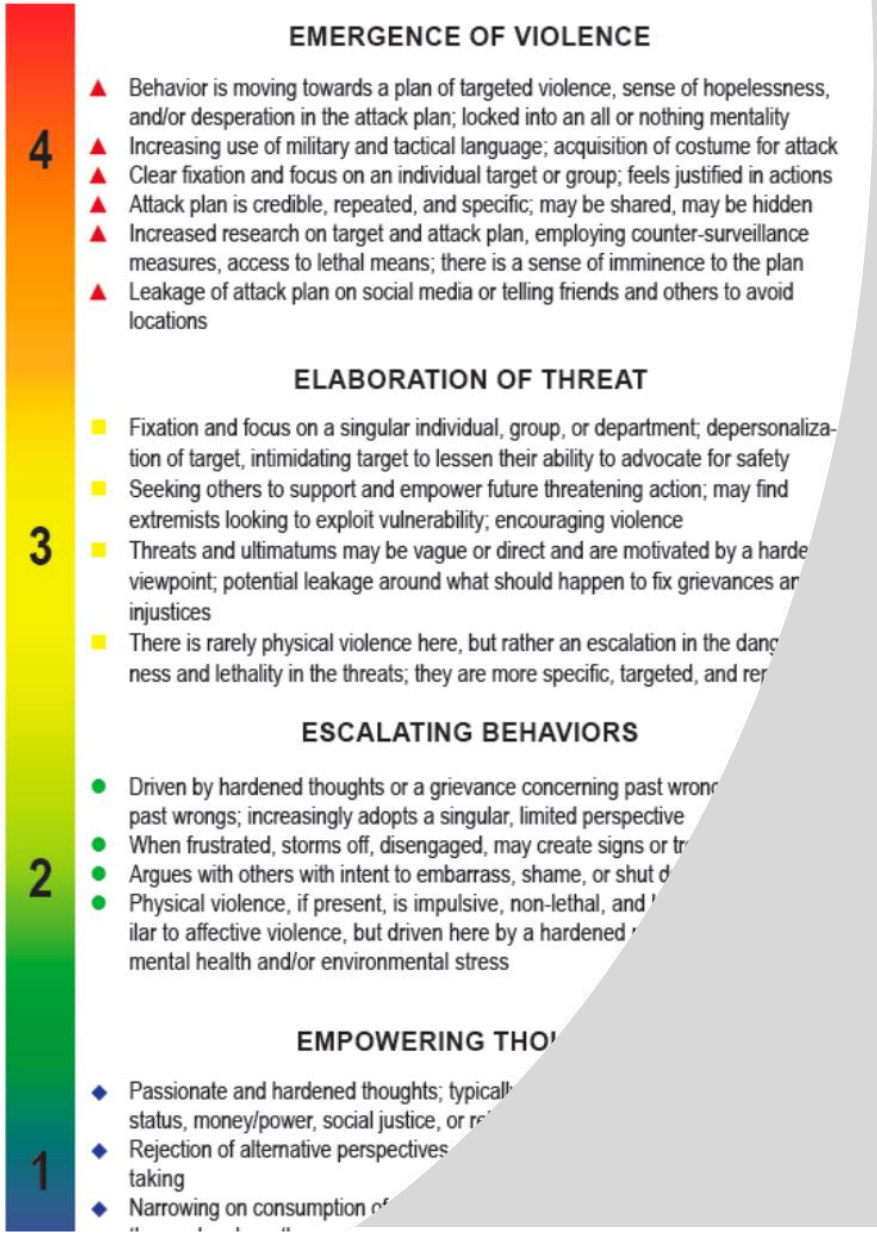
Targeted

- Strategic and Tactical
- Fixed and Focused

High Risk

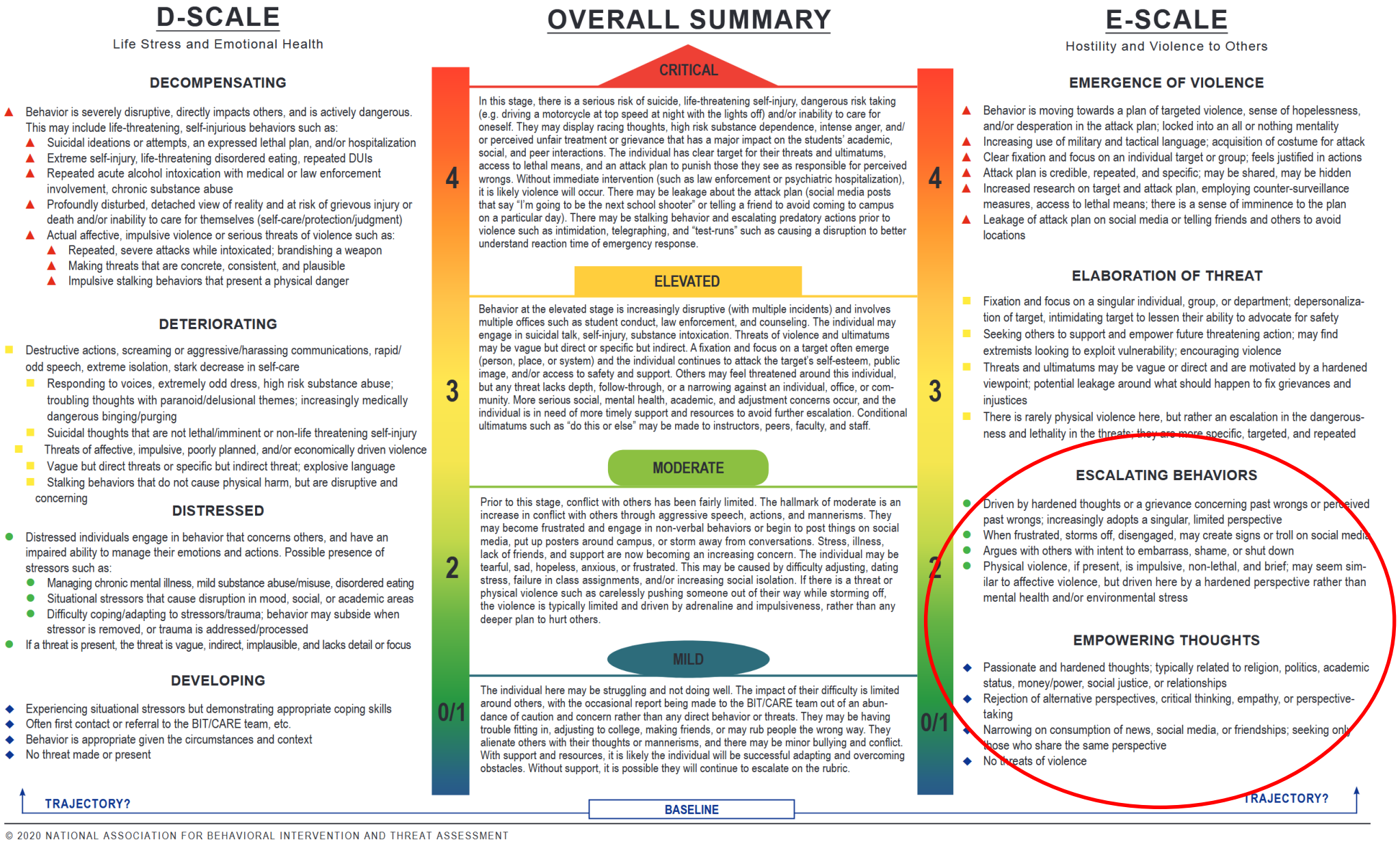
- Deadly, mass causality
- More difficult to detect

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EMPOWERING THO
Passionate and hardened thoughts; typicall
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E-SCALE

NABITA Risk Rubric



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E-SCALE



ESCALATING BEHAVIORS

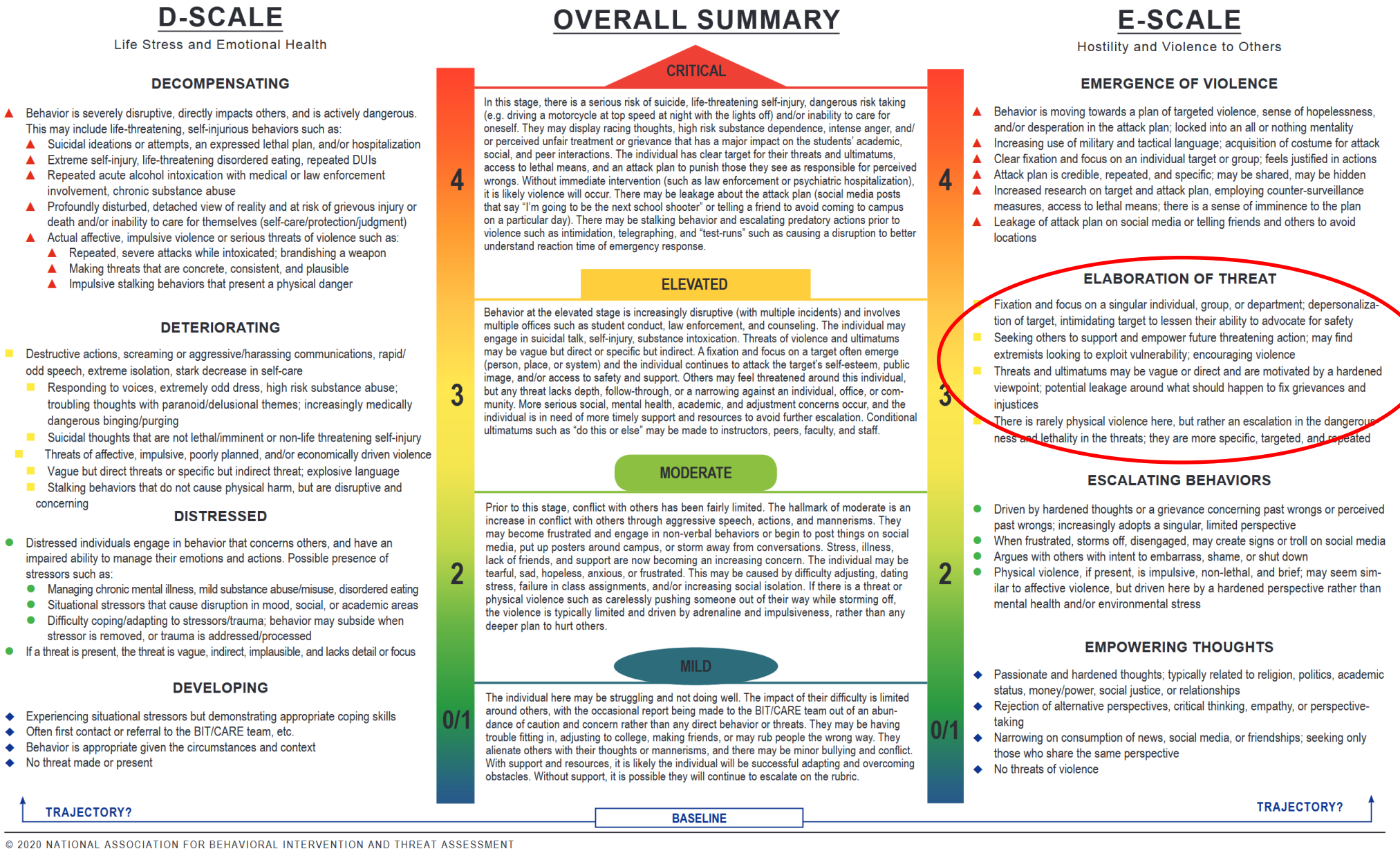
- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

EMPOWERING THOUGHTS

- Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- No threats of violence

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NABITA Risk Rubric



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E-SCALE

3

ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action, may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

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NABITA Risk Rubric

D-SCALE

Life Stress and Emotional Health

DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
  - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
  - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
  - ▲ Actual affective, impulsive violence or serious threats of violence such as:
    - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
    - ▲ Making threats that are concrete, consistent, and plausible
    - ▲ Impulsive stalking behaviors that present a physical danger

DETERIORATING

- ■ Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - ■ Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
  - ■ Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
- ■ Threats of affective, impulsive, poorly planned, and/or economically driven violence
  - ■ Vague but direct threats or specific but indirect threat; explosive language
  - ■ Stalking behaviors that do not cause physical harm, but are disruptive and concerning

DISTRESSED

- ● Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - ● Managing chronic mental illness, mild substance abuse/misuse, disordered eating
  - ● Situational stressors that cause disruption in mood, social, or academic areas
  - ● Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- ● If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

OVERALL SUMMARY

4 — CRITICAL

In this stage, there is a serious risk of suicide, life-threatening self-injury, dangerous risk taking (e.g. driving a motorcycle at top speed at night with the lights off) and/or inability to care for oneself. They may display racing thoughts, high risk substance dependence, intense anger, and/or perceived unfair treatment or grievance that has a major impact on the students' academic, social, and peer interactions. The individual has clear target for their threats and ultimatums, access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as law enforcement or psychiatric hospitalization), it is likely violence will occur. There may be leakage about the attack plan (social media posts that say "I'm going to be the next school shooter" or telling a friend to avoid coming to campus on a particular day). There may be stalking behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response.

3 — ELEVATED

Behavior at the elevated stage is increasingly disruptive (with multiple incidents) and involves multiple offices such as student conduct, law enforcement, and counseling. The individual may engage in suicidal talk, self-injury, substance intoxication. Threats of violence and ultimatums may be vague but direct or specific but indirect. A fixation and focus on a target often emerge (person, place, or system) and the individual continues to attack the target's self-esteem, public image, and/or access to safety and support. Others may feel threatened around this individual, but any threat lacks depth, follow-through, or a narrowing against an individual, office, or community. More serious social, mental health, academic, and adjustment concerns occur, and the individual is in need of more timely support and resources to avoid further escalation. Conditional ultimatums such as "do this or else" may be made to instructors, peers, faculty, and staff.

2 — MODERATE

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

0/1 — MILD

The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

TRAJECTORY? BASELINE TRAJECTORY?

E-SCALE

Hostility and Violence to Others

EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

ELABORATION OF THREAT

- ■ Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- ■ Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
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ESCALATING BEHAVIORS

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E-SCALE

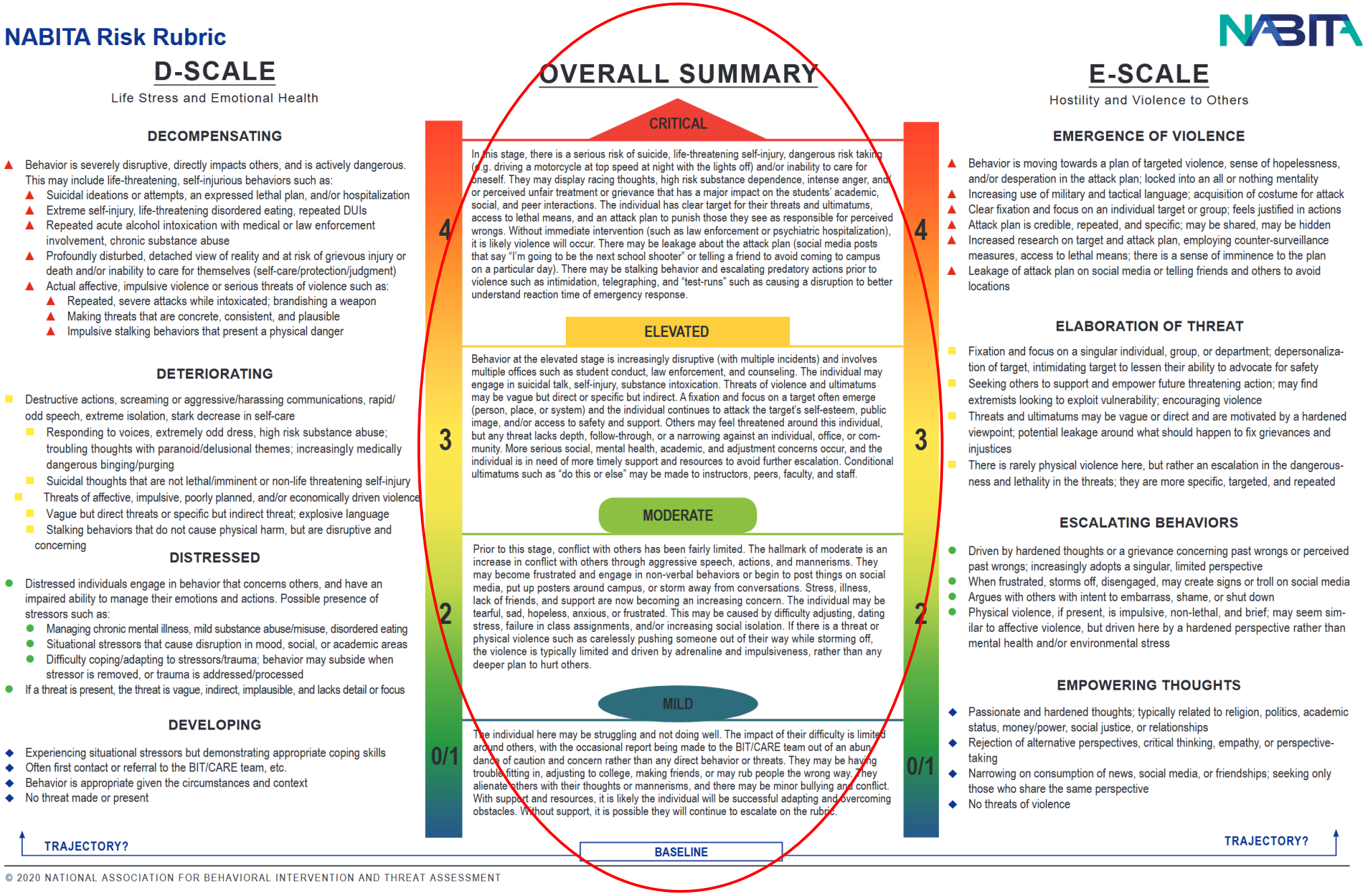


EMERGENCE OF VIOLENCE

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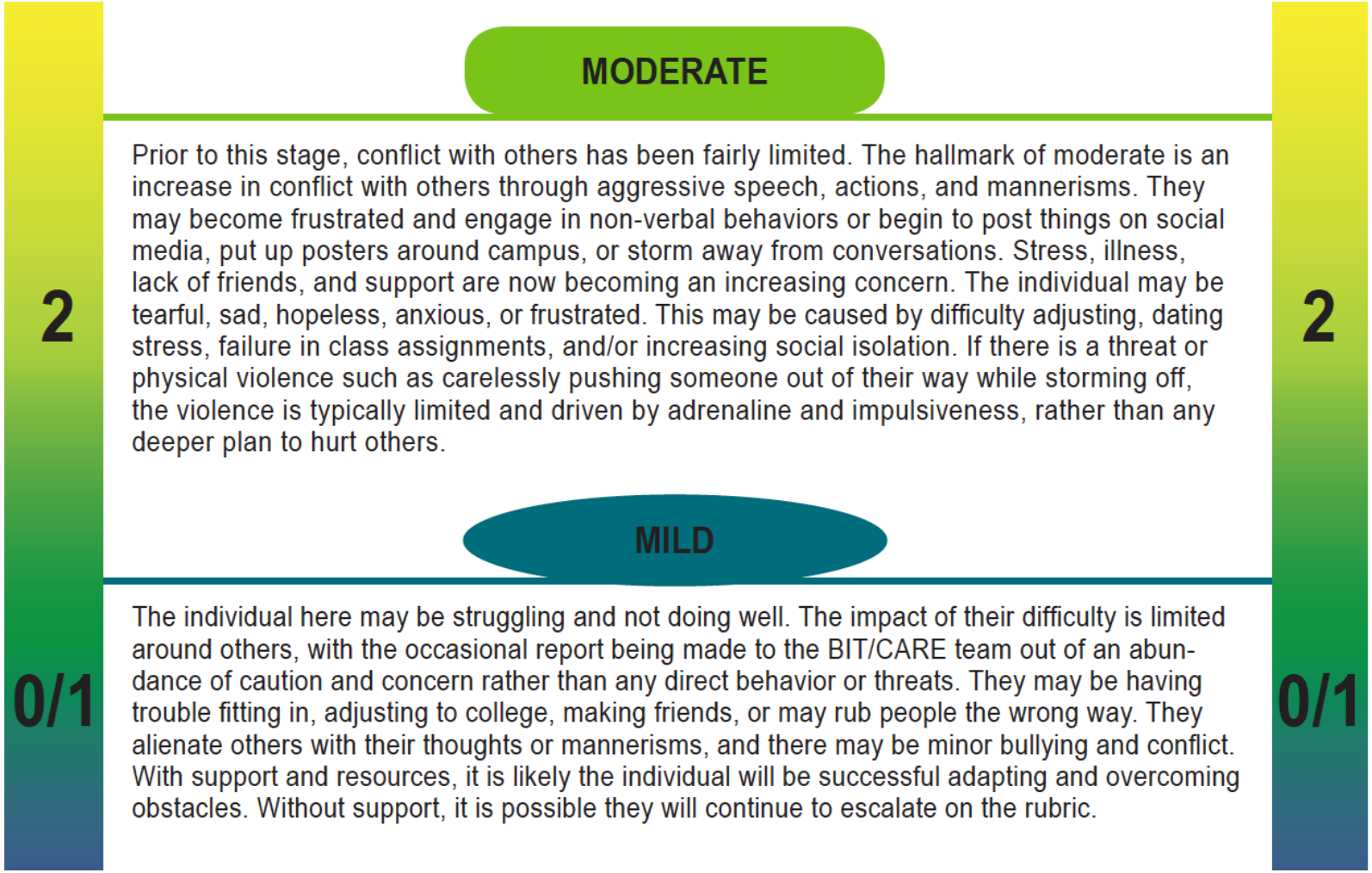
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NABITA Risk Rubric



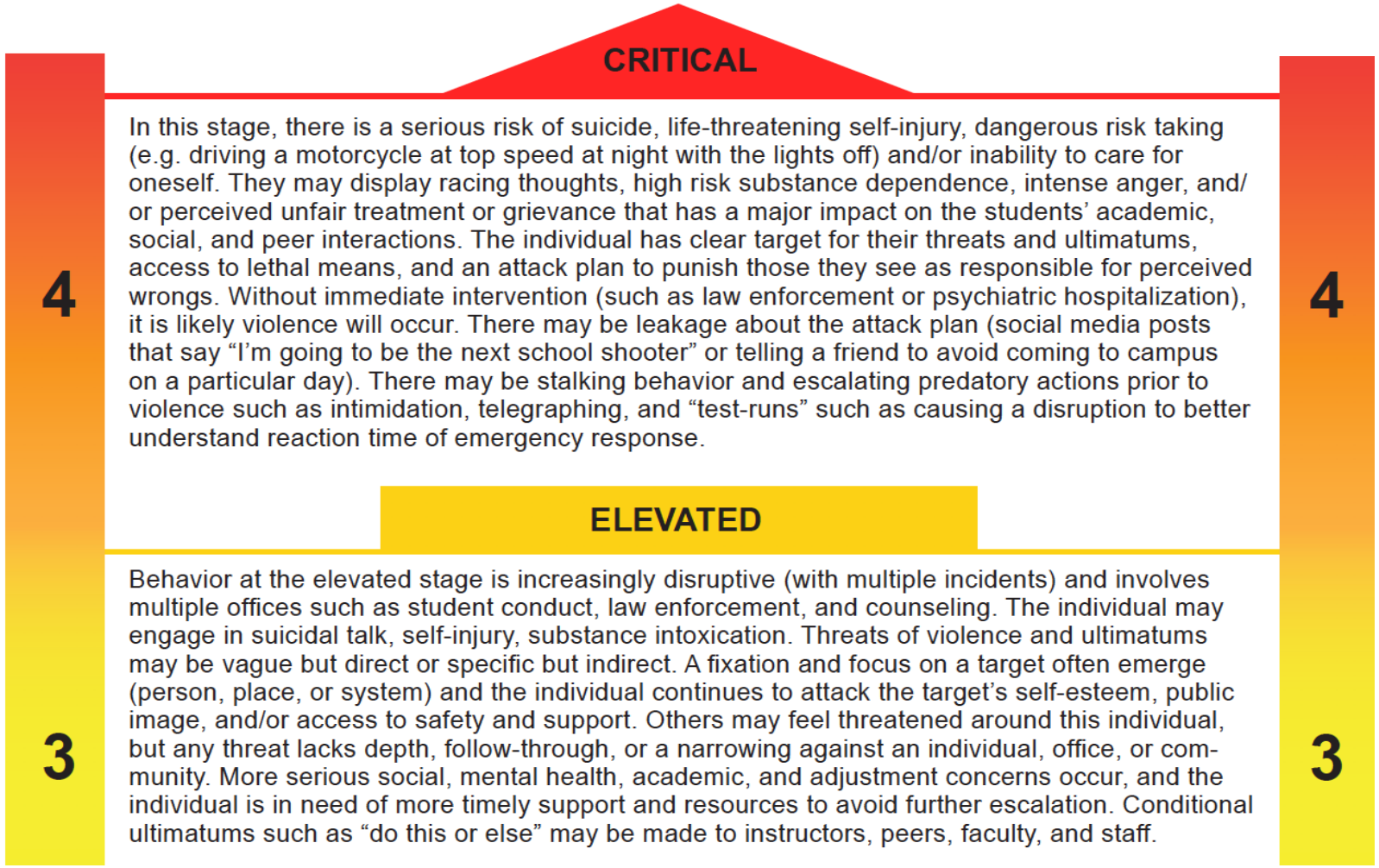
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General Summary



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General Summary



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all Summary Category	Descriptions
Mild (-)	Questionable if even needed to be shared with the BIT; report often made out of an abundance of caution.
Mild	Some minor concerns, typically the individual will acces services on their own or with a slight nudge from BIT.
Mild (+)	Minor concerns, but likely the situation will worsen with out added support and intervention.
oderate (-)	Minor conflict exists, but is sporadic and lacks consiste cy. Stress and emotional disruption may exist.
Moderate	Individual in need of further outreach. Struggling with interpersonal relationships, grades, academics, etc.
oderate (+)	Likely involvement from multiple departments (cour ing, conduct, disability). Escalation likely.
levated (-)	Multiple conflicts, inconsistent emotional state, s thoughts, disruptive conduct behavior inconsiste popping up, interpersonal conflict sporadic.
Elevated	Fairly consistent disruptive behavior, emotior cerns, suicidal thoughts, and/or substance sonal conflict frequent.
evated (+)	High level of concern over current beha likelihood of escalation to an attack or response and law enforcement likel point.
ritical (-)	Actively planning violence to s of considering action. Crisis ment definitively involved
Critcal	Attack or suicide occ sponse and law e point.

TRAJECTORY
+/-

Standard 13: Objective Risk Rubric

- The team documents risk ratings and its rationale in the case's electronic record.
- The team considers the multiple perspectives on the team when assessing risk to actively mitigate bias in the assessment process.



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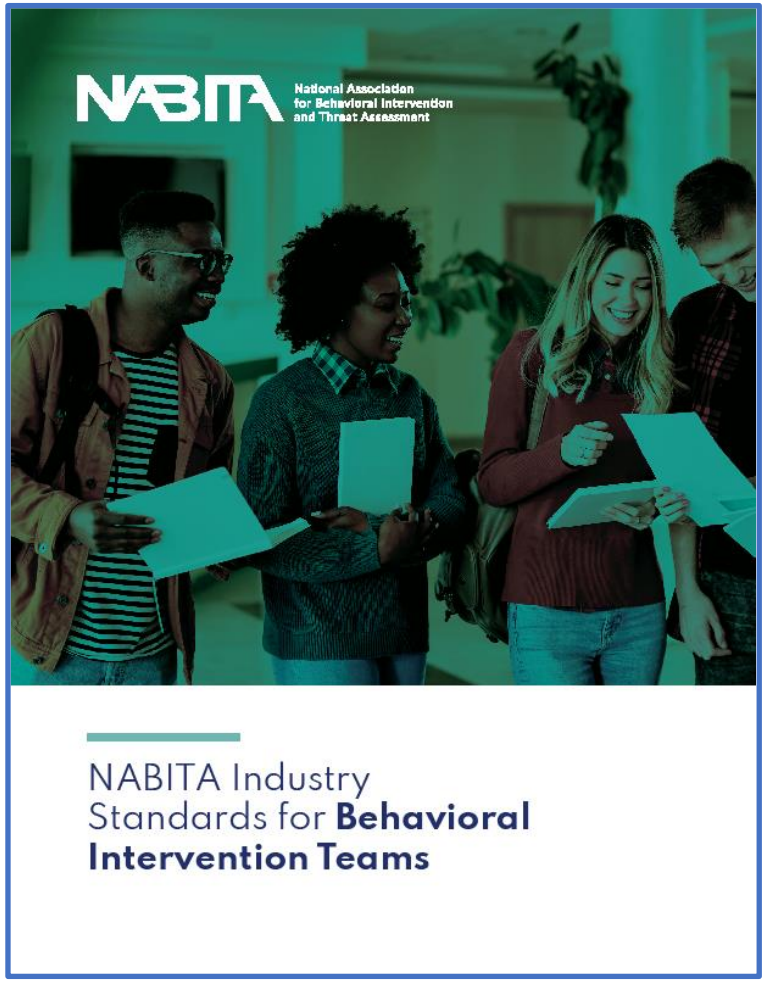
NABITA STANDARD 14

Psychological, Threat, and Violence Risk Assessments

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Standard 14: Psychological, Threat, and Violence Risk Assessments

The team uses **objective, evidence-based tools** to **conduct violence risk, threat, and psychological assessments** as part of its overall approach to prevention and intervention.



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Assessment vs. Treatment

Assessment

- Short-term (1 – 2 meetings)
- May be conducted by a non-clinical or clinical provider
- Used to determine risk and protective factors
- Engagement may be voluntary or mandated
- Information/results are shared with referral source

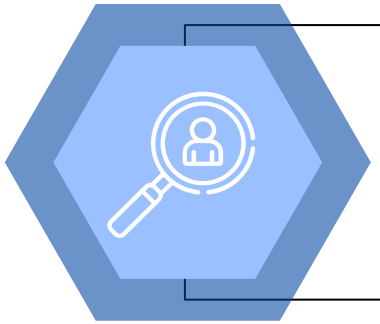
Treatment

- Longer-term (approximately 5+ meetings)
- Must be conducted by a licensed provider
- Used to address diagnosis and matters related to a mental health condition
- Engagement is voluntary in nature (unless court ordered)
- Information/progress is privileged in nature

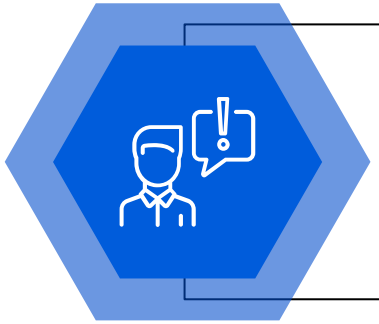
Reminder: BITs can mandate assessments!

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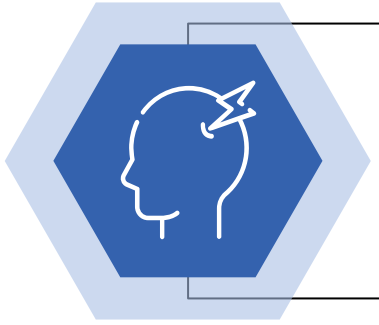
Types of Assessments



General Risk Assessment



Threat Assessment



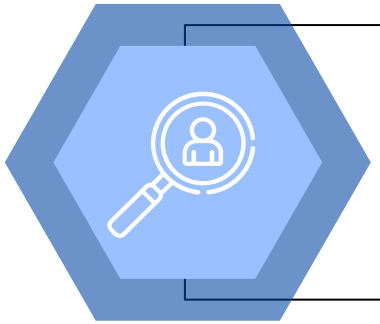
Psychological Assessment



Violence Risk Assessment

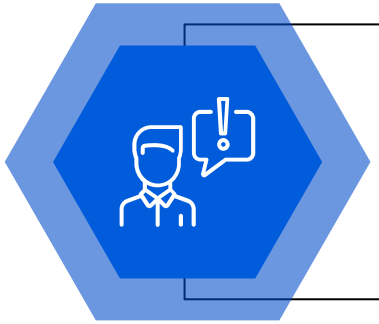
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Types of Assessments



General Risk Assessment

- Broadly utilized for a variety of situations and concerning behaviors
- Focuses on proactive approach, with interventions to lower risk and ease distress

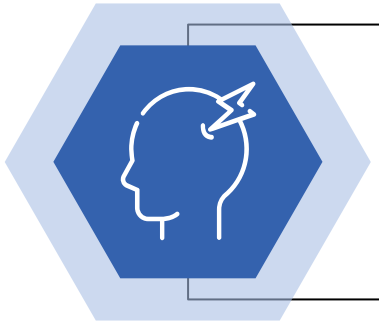


Threat Assessment

- Completed in response to explicit or veiled threat
- Focuses on details of threat, actionability, and crisis response
- Often limited to determining likelihood of violence related to specific threat

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Types of Assessments



Psychological Assessment

- Conducted by a trained, licensed clinician
- Focuses on determining diagnosis and treatment plan such as therapeutic intervention, medication, hospitalization, etc.



Violence Risk Assessment

- Focuses on determining potential violence or dangerousness toward a person, group, or system
- Comprehensive exploration of various risk factors and protective elements
- Not predictive; estimate of the factors that make it more or less likely the individual will engage in violence

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Developing a Violence Risk Estimate



Holistically gather background information, exploring all aspects of the person

Use an objective tool in a 1:1 interview to mitigate bias and ensure consistency

Consider factors that increase AND reduce risk – how do they balance out?

Evaluate the context in which the dangerous or threatening behavior occurred

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Violence Risk Assessment Tools



- **10x** NABITA Risk Rubric
- **25x** Violence Risk Assessment of the Written Word (VRAWW)
- **50x** Structured Interview for Violence Risk Assessment (SIVRA-35) and Non-Clinical Assessment of Suicide (NAS)

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VRAWW

Escalating Elements

Element		Description
Author Qualities		
1.	**Suicidal Content**	Details indicate direct or indirect suicidal ideations.
2.	**Isolation and Hopelessness**	Elements of isolation, loneliness, marginalization from societal group.
3.	**Fame/Meaning Seeking**	A tone of seeking larger status as an all-powerful figure, a martyr, or someone who is more knowledgeable than the rest of the population.
4.	**Injustice/Grievance Collecting**	Righting a wrong, striving for power; the writer gives evidence of being wronged by others.
Tone Qualities		
5.	**Hardened, Black/White Thinking**	A hardened quality to the writing that reflects an either/or way of thinking; rejects other's ideas or ideological positions in an emotional manner.
6.	**Graphic and Violent Descriptions**	Graphic and shocking language describes a potential attack or the traits of their targets; could include vivid adjectives, threatening tones, torture or descriptions of blood and gore.
Content Qualities		
7.	**Target Detail**	Narrowing fixation and focus to a specific individual or group target; often an overall negative tone in references to the target (e.g. intelligence, appearance, gender, religion).
8.	**Weapon Detail**	Includes details of brandishing of weapons on social media and/or a specific discussion of what weapons might be used in an attack.
9.	**Threat Plan Detail**	Includes a threat plan with the time/ date of the attack, lists of items to acquire (such as bulletproof vests and high capacity mags), or schematics.
10.	**Previous Attack Detail**	Includes references to previous attacks; could also include comments about certain dates (i.e., Hitler's birthday) or references to studying past attacks.

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VRAWW

Mitigating Elements

Element		Description
Author Qualities		
1.	**Trolling**	The purpose is to cause distress and to troll others to react.
2.	**Developmental Delay**	The author is developmentally or mentally young, may have a processing/expressive disorder or was transitioning to a new school or location; has a juvenile, poorly thought out quality.
3.	**Tangential, Rambling or Incoherent**	Influenced by a serious mental illness that disturbs thought, logic, organization.
4.	**International, Non-Native Language**	The author does not have a mastery of the English language and may have made comments that, when taken out of context, sound more substantive in terms of threats.
5.	**Creative Author**	Expresses a desire to be an author, artist or musician; when taken out of an artistic process, has a more concerning tone and quality.
Content Qualities		
6.	**Writing for Class**	Part of a class or group assignment; when the content is seen from this context, it may still be disturbing, but lessens the level of concern.
7.	**Therapeutic Journal**	Part of a larger therapeutic process (either with a professional or alone); its purpose is to help better handle frustration, impulse control and concerning thoughts.
8.	**Political or Opinion**	Designed, in a non-violent way, to bring about change through debate and rhetoric; may be satire or the speech common on radio talk shows.
9.	**Retaliatory Expression**	Designed to create a reaction from the person receiving it; does not contain ultimatums; written for the author to save face or regain lost reputation.
10.	**Affective/Reactive**	Occurs in reaction to an emotional frustration or event; if there are threats in the sample, they are vague, disorganized and transient in nature.

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Violence Risk Assessment Tools

SIVRA-35
NABITA Assessment Tool

- **10x** NABITA Risk Rubric
- **25x** Violence Risk Assessment of the Written Word (VRAWW)
- **50x** Structured Interview for Violence Risk Assessment (SIVRA-35) and Non-Clinical Assessment of Suicide (NAS)

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SIVRA-35

NABITA Assessment Tool

1. Direct threat to person/place/system.
2. Has tools, plans, weapons, schematics.
3. Fantasy rehearsal.
4. Action plan or timeframe to attack.
5. Fixated/focused on target.
6. Grudges/injustice collector.
7. Pattern of negative writing/art.
8. Leakage/warning of potential attack.
9. Suicidal thoughts with plan.
10. Persecution/victim mindset.
11. Last act behaviors.
12. Confused thoughts/hallucinations.
13. Hardened point of view.
14. No options/hopeless/desperate.
15. Drawn or pulled to action.
16. Recent break-up or stalking.
17. Defensive/overly casual interview.
18. Little remorse or bravado.
19. Weapons access or training.
20. Glorifies/studies violence.
21. Disingenuous/externalize blame.
22. Acts superior/lacks empathy.
23. History of impulsive risk-taking.
24. History of conflict (authority/work).
25. Extreme poor frustration tolerance.
26. Trouble connecting/lacks trust.
27. Substance abuse/acting out.
28. Serious mental health Issues.
29. If serious MH issue, not in care.
30. Objectification of others.
31. Sense of being owed.
32. Oppositional thoughts/behaviors.
33. Evaporating social inhibitors.
34. Overwhelmed from loss (e.g., job or class).
35. Drastic behavior change.

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Violence Risk Assessment Tools

NAS

NABITA Assessment Tool

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Non-Clinical Assessment of Suicide

Verbal or Written Threat

Precipitating Events

Mental Health History



Current Behaviors

Demographic Risk factors

Protective Elements

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Conducting a Violence Risk Assessment

WHEN

- When the individual has crossed the **elevated** threshold on the rubric.
- When you need more information related to the individual's likelihood of engaging in violence.
- After a clear understanding of the nature of the assessment has been established and any dual roles clarified.

WHO

- Anyone on the BIT with adequate training and knowledge.
- Someone with the ability to gather information and build rapport.
- Case managers, clinicians, conduct, etc., tend to be good at it.

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Who Should Conduct a VRA?

- No specific educational degree required
- Required training and expertise in using an evidence-based, objective risk assessment tool
- Teams should train 3-5 members on use of the tool to allow for a pool of trained, internal professionals from which they can select the most appropriate assessor.

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Mandating an Assessment



BIT/CARE

Team assessment reaches threshold for mandated assessment.



Engagement

If student does not engage, referral to conduct for failure to comply.



Student Conduct

Student is sanctioned to engage in assessment.



Student Conduct

Student required to attend assessment after conduct violation.

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