HARM to OTHERS
The Assessment and Treatment of Dangerousness
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“You see us as you want to see us . . .
In the simplest terms, in the most convenient definitions. But what we found out is that each one of us is a brain . . . and an athlete . . . and a basket case . . . a princess . . . and a criminal. Does that answer your question?”

—The Breakfast Club

“Passion . . . it lies in all of us. Sleeping, waiting, and though unwanted, unbidden, it will stir, open its jaws, and howl. It speaks to us, guides us . . . passion rules us all. And we obey. What other choice do we have? Passion is the source of our finest moments; the joy of love, the clarity of hatred, and the ecstasy of grief. It hurts sometimes more than we can bear. If we could live without passion, maybe we’d know some kind of peace. But we would be hollow. Empty rooms, shuttered and dank . . . without passion, we’d be truly dead.”

—Angelus, Buffy the Vampire Slayer

Dedication

To Bethany,

“There’s something you’d better understand about me ‘cause it’s important, and one day your life may depend on it: I am definitely a mad man with a box!”

—Dr. Who

Kat is a guppy.

—Dad
**Table of CONTENTS**

Preface | vii  
About the Author | xi

**PART 1 | Assessment of Violence**

Chapter 1 Understanding Violence | 5  
Chapter 2 Preparing for the Assessment | 23  
Chapter 3 Case Studies | 41  
Chapter 4 Central Threat Concepts | 79  
Chapter 5 Additional Threat Concepts | 93  
Chapter 6 Risk Factors Identified in the Literature | 109  
Chapter 7 Structured Professional Judgment | 121

**PART 2 | Treatment of Dangerousness**

Chapter 8 Learning to Listen | 143  
Chapter 9 Understanding Their Story | 153  
Chapter 10 Learning to Think Differently | 165  
Chapter 11 Taking It Step by Step | 175
| Chapter 12 | Searching for Meaning | 187 |
| Chapter 13 | Case Studies Treatment Summary | 199 |
| Appendix A | On-Campus Risk Assessment Informed Consent | 209 |
| Appendix B | Off-Campus Provider Questions | 213 |
| Appendix C | The Structured Interview for Violence Risk Assessment (SIVRA-35) | 215 |
| Appendix D | ATAP “Risk Assessment Guideline Elements for Violence: Considerations for Assessing the Risk of Future Violent Behavior” | 219 |
| Appendix E | Reality Therapy WDEP Worksheet | 231 |
| Appendix F | An Existential Exercise | 233 |
| References | | 235 |
| Index | | 245 |
Over the years, I have had the opportunity to offer trainings to thousands of clinicians, administrators, and law enforcement officers interested in reducing the likelihood of violence in educational settings and in the workplace. Through the process of writing this book, I’ve had a chance to smooth out some of the concepts I want to share, and I’ve had the opportunity to receive feedback from individuals I’ve taught about the effectiveness of how I share the concepts. It’s my hope that this book provides the very best summary of my thoughts, clinical expertise, and experience in the area of assessing and treating violent individuals. I make use of frequent case examples and try to keep my language grounded and conversational—to make this book the kind of book I like to read when it comes to learning new tasks and looking at innovative ways to work with clients. I hope the style is one that sits well with you.

The central theme of this book is this: The most effective solution to rampage violence is early, easy, and frequent access to care for potential perpetrators. This care involves (a) assessment to identify the individuals who are at risk and (b) treatment to move those individuals off the pathway to violence.

The first part of this book, which covers Chapters 1–7, is centered on the assessment of violence. Using my clinical experience and the threat assessment literature, I outline what counselors need to be aware of and vigilant for when working with threat assessments. Part II, Chapters 8–13, explores a variety of treatment options available for longer term treatment of potentially violent clients.

Counselors, psychologists, social workers, couples therapists, and pastoral counselors are likely to be familiar with the phrase “danger to self or others.” There are hundreds of books, trainings, journal articles, and graduate school classes dedicated to assessing suicidality
and treating clients who are at risk for killing themselves. Organizations that focus on this population include the Jed Foundation (http://www.jedfoundation.org), Suicide Prevention Resource Center (http://www.sprc.org), and American Association of Suicidality (http://www.suicidology.org/home).

Clinical staff typically are asked to assess individuals with mental health disorders who pose a potential for risk to others. Examples include the individual experiencing a manic phase in his or her bipolar disorder or a patient who has a psychotic break and begins to act the commands issued by hallucinatory voices. “Harm to others,” in other words, is focused more on mental health motivating causes that drive individuals to violence. However, the problem lately has been that many of the individuals being dropped off at the counselor’s office (particularly in K-12 and higher education settings) are making threats or posing a threat to others but have no indication of mental health problems. A student, upset at a friend, posts on Facebook that she is “coming over to your house with a knife to kill you.” Another student threatens a college professor as a result of a poor grade on an assignment. Still another uses social media and tweets: “I’m going to bring a bomb to school tomorrow.”

Although mental illness may be an important contributing factor in any of these three examples, the core of any assessment must be based on threat assessment principles, not clinical pathology. An entire community of law enforcement, human resources, and federal agencies (Naval Criminal Investigative Service, Central Intelligence Agency, Federal Bureau of Investigation, Homeland Security) is exploring the assessment of threat and dangerousness. This is the information I want to bring to the counseling community in the first half of this book. One quick summary of the approach is offered by Mohandie (2014): “Four categories of information inform threat assessment: (1) warning signs or leakage, (2) risk factors, (3) stabilizing factors, and (4) precipitating events” (p. 129).

It’s my hope to reach out to counselors, psychologists, social workers, and other clinicians who are required to assess violence in schools (K-12), in higher education settings (residential and community colleges), and within the community in order to provide them with a better understanding of threat assessment principles as they apply to the assessment of dangerousness.

Chapter 1 introduces several key concepts (e.g., leakage, direct communicated threats, and the importance of attending to writing and social media) that are useful in understanding the literature and history of assessing dangerousness. Chapter 2 describes what should be included in an informed consent document, the difference between assessment and treatment, and the importance of gathering information from various sources. Concepts such as establishing rapport, building connections, and lowering client defensiveness are reviewed.

Chapter 3 introduces the two case studies, Stacie and Dustin, that are used throughout the book to illustrate key points related to assess-
ment. The cases of Stacie and Dustin are teaching demonstrations that
draw on past threat assessment cases with identifying details heavily
disguised to protect anonymity. Full transcripts of each case are pro-
vided to give the reader a more in-depth view of the clinician’s explo-
ration of risk factors for future violence. Each case study ends with
a hypothetical threat assessment that explains the client’s risk profile
and offers suggestions for follow-up and treatment.

Chapter 4 reviews six core issues related to threat assessment. Chapter 5 highlights a secondary set of core issues useful in assess-
ing violence, such as weapon and bomb access and knowledge, atti-
tudes toward authority, availability of support, and mental health
issues. Chapter 6 reviews additional risk factors that are supported
by literature and agencies that have been tasked with preventing vio-
lence, such as the U.S. Post Office and Federal Bureau of Investiga-
tion. These risk factors should be explored by clinicians during threat
assessment interviews.

Chapter 7 introduces an approach to threat assessment and manage-
ment, structured professional judgment, that provides the clinician with
a framework to better conceptualize the motivations (disinhibitors and
destabilizers) useful to develop a good formulation of risk. Concepts
such as scenario planning and case management are introduced as the
discussion shifts into treatment and management of risk.

The second half of the book is drawn more from my clinical experi-
ence working as a child and family therapist, college counselor, and di-
rector of two college counseling centers and focuses on treatment. My
treatment suggestions in the second half of the book are drawn from
my clinical insights and an eclectic mix of treatment theories drawing
from such authorities as Carl Rogers’s (1961, 1980) humanistic person-
centered approach, Irvin Yalom’s (1980) existential therapy, Michael
White’s narrative therapy, Albert Ellis’s (2007) rational emotive
behavior therapy, and Stephen Rollnick’s motivational interviewing.
This is not a graduate course in these therapeutic approaches but in-
stead a seasoned clinician’s insights on how each of these clinical treat-
ment approaches has been useful to me when working with clients
who presented a risk to others. Obviously, simply reading a book on
a topic doesn’t make anyone an expert in threat assessment any more
than watching a video about car tune-ups makes a person a mechanic.

Chapter 8 introduces a case study with an individual who is angry
and alone in order to illustrate the importance of developing active lis-
tening skills, forming connections to others, creating shared communi-
cation, and avoiding objectification. These are the concepts and theories
central to Rogers’s work and the humanistic approach to treatment.

Chapter 9 explores the concepts of narrative therapy through a case
study with an individual who has been abused and broken. Concepts
such as learning, externalizing, and mapping the client’s story are dis-
cussed. The importance of attending to metaphors with clients and
how to use metaphors in treatment are highlighted.
Chapter 10 uses a case study of a paranoid and anxious client to demonstrate the cognitive–behavioral approach to treatment with an at-risk individual. Specific techniques, such as identifying and managing triggers as well as catching irrational thoughts, are explored in this chapter; so too are plan development and managing anger.

Chapter 11 looks at an impulsive and violent client and explores the techniques of motivational interviewing and transtheoretical change theory to address the client’s reluctance to change, effective methods to avoid escalation of negative emotion and build trust and understanding treatment approaches. Larger concepts of how to teach patience and redefining perceived failure are also discussed.

Chapter 12 explores the use of existential therapy with a client who is isolated and distant from others. Concepts such as wrestling with freedom, death, isolation, and meaningless can be used to empower the client and encourage further exploration of the factors that may be contributing to a violent outlook.

Chapter 13 examines treatment that might be useful for Stacie and Dustin, the cases introduced in Chapter 3. Although these case histories were primarily offered to illustrate assessment techniques, it is useful to explore the treatments that might be beneficial following the initial assessment.

Clinical staff across the country are increasingly being asked to participate in threat assessment teams and behavioral intervention teams and conduct these kinds of assessments. I hope that sharing what I have learned over the years helps clinical staff conduct substantive assessment.
Brian Van Brunt, EdD, LPC, joined The National Center for Higher Education Risk Management (NCHERM) Group as Senior Vice President for Professional Program Development in January 2013. He is past-president of the American College Counseling Association, president of the National Behavioral Intervention Team Association, and managing editor for Student Affairs eNews and the Journal of Campus Behavioral Intervention (J-BIT). He has a doctoral degree in counseling supervision and education from the University of Sarasota/Argosy and a master’s degree in counseling and psychological services from Salem State University.

Brian is a regular speaker at academic conferences around the world. He has presented dozens of workshops with the American College Counseling Association, Association of Student Conduct Administrators, National Association of Forensic Counselors, American College Personnel Association, Association of University College Counseling Center Directors, Student Affairs Administrators in Higher Education, Association of Threat Assessment Professionals, and European Congress on Violence in Clinical Psychiatry.

Brian has presented hundreds of online training seminars and classes. These trainings have reached well over 150,000 individual staff and faculty at colleges and universities across the country. He has developed remote, asynchronous training modules on violence, mental health, and suicide prevention for resident advisors through Magna Publications and created a behind-closed-doors-style card game for resident advisors called RACE! He developed a mental health crisis guide for study abroad advisors for the American Councils and has written textbook test banks and instructor guides for Pearson Education.

Early in his career, Brian provided case management services through the Massachusetts Department of Mental Health, coordi-
nated involuntary psychiatric commitments for law enforcement and hospital emergency departments, offered medical care as an Emergency Medical Technician and Ski Patrol member, and was a registered white water rafting guide in the state of Maine. Brian is certified in Brief Alcohol Screening and Intervention of College Students (BASICS) and the Question/Persuade/Refer (QRP) suicide prevention gatekeeper trainer programs.

Brian has taught at a number of universities and colleges. He has offered classes in counseling theory, ethics, program evaluation, statistics, and sociology for both graduate and undergraduate students. Brian has served as the director of counseling at New England College and Western Kentucky University. He is the author and coauthor of several books, including *Ending Campus Violence: New Approaches in Prevention* (2012), *A Faculty Guide to Addressing Disruptive and Dangerous Behavior* (with W. Scott Lewis, 2013) and *The Prevention and Management of Mental Health Emergencies* (with David Denino, Mary-Jeanne Raleigh, and Michelle Issadore, 2015). Brian is an expert on campus violence and has been interviewed by the *New York Times*, National Public Radio, *Los Angeles Times*, and *USA Today* and has appeared on *Headline News* and *Anderson Cooper 360*. He frequently is an invited keynote speaker and has offered training to law enforcement, homeland security, the Federal Bureau of Investigation, college faculty, and staff.
The first half of this book focuses on assessing violence. Meloy described assessment this way: “Assessment is, most generally, the process of gathering information for the use in making decisions” (Meloy, Hart, & Hoffmann, 2014, p. 4). Information is gathered from the individual and understood in the context of analytical process (such as structured professional judgment, highlighted in Chapter 7), and the clinician assesses the information and writes an opinion for the referral source.

Threat or violence risk assessment techniques are used to determine individuals’ risk to the greater community through asking contextual questions about the nature of the threat and risk and assessing risk factors that can help determine potential dangerousness (Meloy & Hoffmann, 2014). Threat assessments generally take place after a communicated threat has been made. There may or may not be a history of violence. Threat assessments become forensic in nature when they are in response to legal issues (such as competency to stand trial), criminality (breaking laws such as terroristic threatening), or mental health commitment.

Violence risk assessments, on the other hand, typically focus more on past behavior and a more
subjective concern expressed by the referral source. They often occur with individuals who are in a secure location, such as an inpatient unit, prison, or hospital, and there has been a past history of violence.

Meloy, Hoffmann, Guldimann, and James (2011) described the difference between threat and violence risk assessment in this way:

Threat assessment and risk assessment have developed as somewhat overlapping fields. Violence risk assessment has an older provenance, and is a method by which the probability of generally violent behavior is estimated for an individual based upon his membership in a particular at-risk group. Threat assessment is concerned almost wholly with the risk of targeted violence by a subject of concern, and has a behavioral and observational policing focus. Risk assessment may address different domains of risk than threat assessment, and typically relies on more historical and dispositional (status) variables. (p. 257)

The American Society of Mechanical Engineers Innovative Technologies Institute (2010) recommends the following statement in terms of resolving risk:

Evaluating options for reducing risk (usually by considering benefit/cost) and selecting, implementing and managing those that are selected. Risk resolution also includes systematic implementation of the selected options, monitoring and evaluating the options for effectiveness, carrying out corrective actions when needed, and repeating this cycle. Risk resolution in institutes of higher education generally considers a more comprehensive set of variables including business continuity, academic continuity, and maintaining the core missions of the institute. (p. 16)

Threat and violence risk assessments have the added focus on answering the central question of “Does this individual pose a risk of violence to the community?” The recent American Society of Mechanical Engineers Innovative Technologies Institute (2010) American National Standard Institute defines risk analysis as follows:

The process of estimating the components of risk and combining them into the estimate of risk. Risk analysis provides the processes for identifying threats, hazards or hazard scenarios, event-probability estimation, vulnerability assessment and consequence estimation. The risk analysis process answers four basic questions: (1) What can go wrong?; (2) How can it happen?; (3) What is the probability that it will go wrong? and (4) What are the consequences if it does go wrong? (p. 14)

The evaluator brings skills and training to bear on the what, when, how, why, and where of potential dangerousness. Reports and recommendations typically focus on mitigating risk factors to thwart an attack.
It is generally agreed that violence is either affective or predatory.

Affective violence, sometimes referred to as reactive, impulsive, or emotional violence, is preceded by autonomic arousal, caused by a reaction to a perceived threat, and accompanied by intense feelings of anger and/or fear. It is a defensive violence, and its evolutionary basis is self-protection to live another day. . . . Predatory violence, sometimes referred to as instrumental or premeditated violence, is characterized by the absence of autonomic arousal and emotion, the absence of an imminent threat, and planning and preparation beforehand. It is offensive violence, and its evolutionary basis is hunting for food to live another day. (Meloy, Hart, et al., 2014, p. 5; see also Meloy, 1997, 1998, 2006, 2012)

The tendency toward violence is a genetically predisposed quality that has been useful for the survival of our species.

None of us would be here if our ancestors had not excelled at both affective and predatory violence; hence the theory that we have the biological capacity for both modes of violence and the accumulating empirical evidence that this is correct. (Meloy, Hart, et al., 2014, p. 5; see also Gregg & Siegal, 2001; McEllistrem, 2004; Raine et al., 1998; Viding & Firth, 2006)

Yet the innate capacity for violence must be tempered with a judicious process of control in our modern society. Irrespective of the type of violence and whether it is influenced by hard-wired biology or environmental factors, it presents an assessment and management challenge.

As we begin to look more closely at the concept of threat assessment, it is important to ensure that the clinician performing the evaluation has the education and experience and information necessary to develop an accurate picture of the potential threat. Van der Meer and Diekhuis (2014) described it this way:

Four elements can be identified as important to guarantee a good-quality threat assessment: (1) education, experience and subject matter expertise; (2) access to sufficient information to perform the assessment; (3) a level of certainty that the received information is indeed reliable; and (4) a professional objective assessment of the available material. (p. 54)

When a threat assessment goes poorly, it is often because of one of these four factors identified in the preceding extract. A clinician is put in the position of assessing the threat without sufficient training or expertise. There is not enough information available to make an accurate review of the potential for violence. The information is reliable, but the accuracy of the information is called into question because of bias or contamination. The objectivity of the professional conducting
the assessment is called into question. All present a challenge for those looking to conduct forensic threat or violence risk assessments.

It is my hope that this book helps reduce the risk of these factors interfering with the process and that the clinician conducting the assessment may be better prepared to accomplish the task. S. White (2014) starts our journey together with these words of wisdom:

The central task of a workplace threat assessment protocol is to (1) sort out the large majority of cases that present a very low level of concern for violence and do not need intensive case management; (2) identify the few cases that credibly suggest a high or imminent level of concern about serious violence and therefore justify the necessary, costly, and potentially disruptive measures to protect safety; (3) for the midlevel cases, find appropriate and reasonable strategies for ongoing assessment and monitoring until the pathway toward or away from violence is clear. (p. 91)
Chapter 1

Understanding VIOLENCE

Chapter Highlights

1. This chapter explores the concepts of violence and harm to others, forensic threat assessment, and violence risk assessment.

2. *Leakage* is communication by an individual planning the attack to a third party. This chapter explores various forms of leakage (e.g., writing, social media posts) and how they should factor into the threat assessment.

3. *Directly communicated threats* are threats that are made to the target. These threats can be direct, veiled, or contingent on future action. Disruptive behavior as a potential nonverbal threat is also described. Warren, Mullen, and McEwan’s (2014) typology of screamers, shockers, shielders, schemers, and signalers is discussed.

4. G. Deisinger, Randazzo, O’Neill, and Savage’s (2008) *pathway to violence* is described as a four-step model involving ideation, planning, acquisition, and implementation.

5. O’Toole and Bowman’s (2011) book *Dangerous Instincts* provides insight into potential blind spots for clinicians, such as normalizing, rationalizing, explaining it away, ignoring, and icon intimidation.

My research methods professor in graduate school emphasized the importance of operationalizing definitions. She gave the example of a student in fourth grade being observed for an individualized education plan assessment. The student in question had attention-deficit/hyperactivity disorder and struggled with focus in the classroom. The example of a bad assessment measure was the frequency of student
disruption in the classroom. A better assessment goal was the frequency of the student’s out-of-seat behavior. When trying to wrestle with assessing something or measuring behavior, it is good practice to have a clear understanding, or definition, of the concept that is being assessed.

This brings us to danger to others. Defining this term is no easy task because the concept of violence means different things to different people. Are we assessing in a formal, structured capacity a student like Adam Lanza (Sandoval & Siemaszko, 2013), who shot 20 children and six adults at Sandy Hook Elementary School in December 2012, to determine whether he posed a risk of rampage shooting violence? Are we evaluating the 11-year-old fifth grader Brandon Rogers, who brought a knife to school because he was teased by bullies (Li, 2012)? Are we assessing the University of Central Arkansas student Ching-Han Hu, who posted on Facebook: “My current wish is to take gun and shoot all my classmates, enjoying their blood and scary” (Ford, 2011, p. 1)? Are we assessing a student like George Huguely, who had an angry and violent obsession with his ex-girlfriend, Yeardley Love, the University of Virginia senior he killed (Smolowe, 2010)?

The answer is: Yes. I’m using violence in a broad sense. Meloy, Hart, et al. (2014) defined it this way:

By violence we mean any actual, attempted, or planned injury of other people, as well as any communication or behavior that causes other people to reasonably fear for their health or safety; it is intentional, non-consenting, and without lawful authority. (p. 3)

For the purposes of this book, the violence being planned could target one person or a movie theatre full of people, as with the James Holmes case in Aurora, Colorado (Elliot, 2013). In each instance, I believe there are core concepts in threat assessment that can help the clinician assess the risk of violence. Table 1.1 explains some of the similarities and differences among psychological, threat, and risk assessments as referenced in Meloy, Hart, & Hoffman (2014).

In Chapter 7, I discuss in more detail the process of structured professional judgment and the groundbreaking work of Stephen Hart in this area (Hart & Logan, 2011; Hart, Sturmey, Logan, & McMuran, 2011). This process is the foundation for every threat assessment I conduct. The process focuses on the potential scenarios for violence and ways to reduce the risk of violence. Similarly, it explores the positive scaffolding that could be put in place to help move the individual further from the “path toward violence” (O’Toole, 2000, p. 7) and more toward social integration with the larger community. (This movement is a focus of the second half of this book.)

I’ve introduced a few examples of violence; now I highlight some ways that violence is foreshadowed in order to illustrate the variety of concerns that clinicians face: leakage, direct threat, disruptive be-
Assessing the pathway to violence and identifying potential blind spots by the clinician are two additional areas that are covered in this chapter. By understanding the progression from ideation, planning, acquisition, and implementation, the clinician is in a more advantageous position to identify potential warning behaviors (Meloy et al., 2011) and leakage that occur prior to an attack.

Additionally, by understanding some common blind spots, such as normalization, rationalization, and icon intimidation, the clinician increases his or her chances of more accurately assessing the violent individual. Following this section, I share some insights from the O’Toole and Bowman book Dangerous Instincts (2011), which addresses potential blind spots that clinicians might encounter.

Table 1.1 | Comparison Among Psychological, Threat, and Violence Risk Assessments

<table>
<thead>
<tr>
<th>Variable</th>
<th>Psychological Assessment</th>
<th>Threat Assessment</th>
<th>Violence Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluator</td>
<td>Licensed mental health counselor, psychologist, social worker</td>
<td>Law enforcement, student conduct officers, security professionals, clinical counselors, psychologists, social workers</td>
<td>Medical or mental health clinical staff, human resources, social service professionals</td>
</tr>
<tr>
<td>Objective</td>
<td>May be broadly defined around psychological disruption and odd behavior, determining suicide risk or harm to others</td>
<td>Evaluates the risk from an identified threat to the community; provides decision makers with an estimation of dangerousness and potential lethality</td>
<td>Assists with decision making regarding future violence risk with a focus on both reducing negative thoughts/behaviors and increasing positive thoughts/behaviors</td>
</tr>
<tr>
<td>Techniques</td>
<td>Personality tests (PAI/MMPI-2), objective symptoms-based assessments (BDI/BHS/BSS), structured clinical interview, review of past records and information gathering from incident reports</td>
<td>Structured interviews, information gathering from multiple sources (work, family, peers, criminal history); use of measures such as HCR-20, WAVR-21, SIVRA-35, MOSAIC, RAGE-V, FactorOne, FAVT</td>
<td>Structured Professional Judgment (SPJ) models, interviews, chart and case review. Use of measures such as the HCR-20</td>
</tr>
<tr>
<td>Outcome</td>
<td>Formalized report, testing summary letter; goal to improve decision making and developing treatment goals</td>
<td>Summary of violence of violence risk factors; suggestions for mitigation steps to address violence</td>
<td>Summary of dangerousness with a discussion of risk factors and supportive factors; focus toward ongoing case management and adjusting the plan to mitigate risk over time</td>
</tr>
</tbody>
</table>

Note. PAI = Personality Assessment Inventory; MMPI-2 = Minnesota Multiphasic Personality Inventory–2; BDI = Beck Depression Inventory; BHS = Beck Hopelessness Scale; BSS = Beck Suicide Scale; HCR-20 = Historical Clinical Risk-20; WAVR-21 = Workplace Assessment of Violence Risk; SIVRA-35 = Structured Interview for Violence Risk Assessment; MOSAIC = computer assisted comprehensive assessment; RAGE-V = Risk Assessment Guideline Elements for Violence; Factor One = Factor One Cawood Risk Rubric; FAVT = Firestone Assessment of Violent Thoughts.
The chapter ends with a discussion of the importance of attending to writing and social media posts. Several cases are reviewed to demonstrate the potential leakage that can occur from the potentially violent individual in this format.

**Leakage**

Leakage is the communication to a third party of intent to do harm (Meloy & O’Toole, 2011). Therapists have opportunities to detect a potential attack during a structured assessment and during ongoing treatment (less structured). An example of leakage occurred in January 2011 at California State Northridge when David Everson told a therapist in the counseling center his thoughts about killing others (Dobuzinskis, 2011). The counselor shared this information with police, who found bomb-making materials and a shotgun in the student’s dorm room. In this book, I reference dozens of examples where leakage preceded an attack (Van Brunt, 2012).

For clinical staff, the challenge with leakage is understanding when and how to share the information with others in order to reduce the risk of violence. During a structured, formal threat assessment, clinicians have a wide range of permission to share their concerns with the referral source. Clinicians offering ongoing treatment to clients have permission, and in some cases a duty, to share clients’ risk to harm themselves or others. These permissions and responsibilities are defined by counselor and psychologist state licensure regulations and by the ethical guidelines outlined by the American Counseling Association (2014) and the American Psychological Association (2010).

In the context of violence risk assessments, the person conducting the assessment should always remember that violence is rarely spontaneous. Those who act violently take time to rehearse and fantasize about violent acts. This presents an opportunity for others to overhear or observe potential leakage that could then be used to prevent an attack. For example, Jared Cano planned an attack that was stopped after an anonymous tipster notified the police in August 2011 that Cano shared he planned to plant pipe bombs in the school the following week (Teicher-Khadaroo, 2011). Police found quantities of fuel, shrapnel, plastic tubing, timing and fusing devices for making pipe bombs, along with marijuana and marijuana cultivation equipment. Cano had been expelled from Freedom High School in North Tampa in 2009; in planning his attack, he recorded a 60-second video on his cell phone in which he described his plans:

For those of you retards who don’t know who I am, I’m the Freedom High School shooter in Tampa, Florida. Well, I will be in a couple months. I thought I would run over my game plan with ya’ll. The cafeteria at Freedom. My plan is to set a bomb here at point A, here at point B,
point C and point D. Then I got to get to the side entrance of the school by 7:24. The bombs blow at 7:26. I’m going to come in and advance on the courtyard where there’ll probably be at least sixty people. (I’ll) come through the door then shoot everybody at the front desk. Mr. Costanzo’s office is right here, I’ve got to kill him. Mrs. Carmody is here I’ve got to kill her. Mr. Pears is here, I’ve got to make sure he doesn’t die, because I like him. There’s nothing I can do about it, there’s nothing anybody can do about it other than wait for it to unleash. If you don’t like it just find a way to find people like me and just line us up and shoot us. (Pow, 2012)

The presence of this kind of leakage prior to an attack gives evidence to support the idea that those who plan this kind of mass casualty violence often plan, fantasize, and talk about the event prior to an attack. This offers an opportunity to discover this leakage and thwart the potential assault. Campus behavioral intervention teams are set up on this principle of detecting potential leakage that may occur in the community. These teams encourage training of community members to attend to this potential leakage and report concerns to the teams (Sokolow et al., 2011).

Directly Communicated Threats

*Directly communicated threats* are threats that are expressed verbally or in a written format to the target person. For third parties, the challenge with directly communicated threats is determining whether they represent potential leakage (behaviors or actions that are communicated prior to an attack that are made to a third party) or simply an impulsive expression of frustration. Meloy (2001) wrote: “. . . for directly communicated threats and subsequent violence: most individuals who directly communicate a threat are not subsequently violent and most individuals who do not directly communicate a threat are not subsequently violent” (p. 1213). Direct threats identifying the target of violence rarely result in an attack (Scalora, Simons, & Vansly, 2010; Turner & Gelles, 2003) and Fein, Vossekuil, and Holden (1995) made the clear distinction between posing a threat and making a threat.

Calhoun and Weston (2009) wrote a seminal book on threat assessment called *Threat Assessment and Management Strategies: Identifying the Howlers and Hunters*. Their central premise is that those who plan to attack rarely communicate this in advance.

Threat management involves managing two very different types of individuals. One group consists of hunters. They truly intend to use lethal violence to aggrieve some perceived injustice. Hunters develop a reason for committing violence, come up with the idea to do so, research and plan their attack, prepare for it, then breach their target’s security and
actually attack. Whatever their reason, those who intend to act violently go through the process of intended violence. (p. 7)

Threats take on various qualities and definitions in the threat assessment literature. Direct threats are expressed in nonconditional language and leave very little to the imagination. An example might be, “I am going to come back to work and shoot my supervisor in the head.” Indirect and veiled threats often contain if/then language and options, such as, “If things don’t change around here, I’m going to take matters into my own hands and change them for you.” Warren et al. (2014) identified five types of threateners:

**Screamers**, whose threats are responses to provocations in the form of expressions of emotion that are cathartic. The threats take the form of an expletive, usually in response to an exciting situation. These are the commonest type of threat uttered in the community. Members of this group rarely find themselves in court or in a consulting room on account of their threats. Screamers usually make threats in a context and a manner where their target(s) understand that no harm is intended or contemplated. The context and nature of the threats usually make clear that they are expressions of emotion rather than commitments to act. . . . Those rare instances where there may be some commitment involve angry and resentful individuals who typically threaten repeatedly in response to a wide range of provocations and direct their threats to more than one victim.

**Shockers**, whose threats are calculated to induce fear and produce an immediate impact in terms of increased anxiety in the target. Typically this is primarily a way of striking out and harming the targets or of establishing dominance over them. Occasionally such threats are intended to bring attention to the threatener. They take the form of stating an intention to engage in behavior that will have terrible consequences. The commitment is to produce an immediate reaction in the target rather than to any subsequent action. Only if pushed to prove it are they likely to progress to enactment.

**Shielders**, whose threats are self-protective in that they are intended to ward off potential aggression or incursions by others. Threats from shielders take the form “I am more dangerous than you think, do not interfere with me.” The commitment is to self-protection.

**Schemers**, whose threats are instrumental and motivated by the desire to influence or coerce others into complying with their wishes. These threats are usually premeditated and take the form of promising to engage in behavior harmful to the person or persons targeted unless they comply with the threatener’s demands. The commitment is to further the shielder’s interests, which, when the threat is insufficient and commitment sufficiently strong, may be followed by enactment.

**Signalers**, whose threats are warnings that promise future harm to the target. Such threats take the form of stating an intention to engage in retaliation against the target for actual or perceived harm caused to the threatener. There is a commitment to enactment inherent in such threats.
Whether the commitment will lead to action depends on both the target’s responses and the threatener’s personality, defined by such variables as prudence, social conformity, and impulsivity. (pp. 20–21)

Although there is evidence that most direct communicated threats do not lead to violence, it is important to explore the contextual risk factors related to the specific case at hand (see also Chapter 3). Calhoun and Weston (2009) summed it up: “Writing letters is easy; shooting someone or setting him on fire presents a considerably more difficult challenge” (p. 29). It is challenging to determine whether a violent or threatening behavior (arguably, even “developmentally” appropriate in some instances) is simply a bad decision on the part of the individual, or if the threat or violence is the proverbial “tip of the iceberg” exposing deeper trauma, psychosis, or psychopathic tendencies that portends a more dangerous event to occur in the future. In most extreme events of campus violence, it is the behavior of the student, and not a directly communicated threat of violence, that provides a clue. Scalora et al. (2010) wrote:

Unlike disruptive and other forms of aggressive behavior, violent or directly communicated threat always requires immediate investigation and evaluation... While most communicated direct threats do not end in violence, this can only be determined after directly questioning and assessing the student in question. (p. 5)

Take the University of Central Arkansas (UCA) student Ching-Han Hu, who posted on Facebook: “My current wish is to take gun and shoot all my classmates, enjoying their blood and scary” (Ford, 2011, p. 1). This is an example of a direct communicated threat. The details of this case involve her getting into an argument with a fellow student in an orchestra class and then returning to her room to make this post in her native language (Chinese):

Hu’s Facebook post, written in Chinese, was discovered by Walla who, along with other UCA students, contacted police. Police asked Walla to show them Hu’s post. The police got a translator to interpret Hu’s Mandarin and then pulled Hu from class for an interview. In the interview, police said that Hu giggled when asked about her Facebook post. Hu, with help of an interpreter, said that it is “very difficult to get a gun in China and it would be impossible for this to happen.” Hu said that in China “you can say these things people know that she would never follow through with the comment.” She also said that she was “just mad but does not want to kill anyone.” (p. 1)

The University suspended Ching-Han Hu, and she was sent back to Taiwan. The details of this case are not available for review, but it is an important example of assessing violence and dangerousness beyond the simple directly communicated threat. A clear directly communi-
cated threat should be seen as a starting place for further assessment, not as the culmination of the process.

For the clinician conducting a threat assessment, it is essential to avoid making assumptions. The threat itself should be explored for its validity, lethality, and likelihood of the attack taking place. Directly communicated threats should never be assumed to be of no real concern because the student was joking or had made similar threats that had not preceded a violent act. Each communicated threat should be explored with attention to the principles explored in Chapter 4.

An example of a direct threat occurred at a previous institution where I worked. A student who had Asperger’s syndrome stood up in a history class and told the professor, “I’m going to cut off your head with a guillotine.” During the threat assessment, I determined that understanding Asperger’s syndrome (now part of autism spectrum disorder; American Psychiatric Association, 2013) was important to assessing the significance of the threat. The threat was an impulsive action by the student, and the likelihood of him assembling a guillotine on campus and enticing the professor to lay his head in the slot for decapitation was pretty low. However, the impulsive statement caused a significant disruption in the classroom and raised the question about what the student might be capable of in light of his poor insight and judgment. The student’s impulsivity and frustration became important indicators of the need for further exploration and potential observation.

Calhoun and Weston (2009) offered some advice to help understand those who issue direct threats (howlers) and those who carry out the violence (hunters):

The key to understanding hunters versus howlers lies in the difference between acting and talking. Threatening someone is a behavior, but alone is not a behavior that lends itself to carrying out the threat. Threats are actually promises of some future action. Many are conditioned on the target’s doing or not doing something, others are deferred in time, some are veiled (sometimes to the point of obtuseness) . . . Other threats warn of terrible threats perpetrated by someone else, sometimes a vague deity, superior being or alien. Despite their variety, threats are only one form of behavior. Carrying them out requires a whole different set of actions. (p. 29)

**Disruptive Behaviors and Indirect Threat**

An individual’s threatening behaviors might not be communicated through a direct threat yet remain cause for concern. Third parties such as teachers, professors, administrators, and front office staff often come across concerning behaviors or language from individuals that are not a directly communicated threat. Many highly publicized shooters, such as Seung-Hui Cho at Virginia Tech, Jared Lee Loughner from Pima College, Major Nidal Malik Hasan at Fort Hood, and
Understanding Violence

Pekka-Eric Auvinen in Jokela, Finland, had worried peers, faculty, and staff prior to their shooting events (Van Brunt, 2012).

At what point does a person’s threatening, odd, or violent behavior indicate the potential for actual violence? The only way we can understand and assess the potential threat is to understand the context of the behavior. This happens through talking with the potentially violent individual to further assess the context, motivators, disinhibitors, and destabilizers that influence the likelihood of violence. (These concepts are covered in more detail in Chapter 5.)

Indirect, passive, or conditional threats can be verbal or behavioral in nature. A student may be frustrated with an instructor and harbor a desire to harm that person at a future date. The only clue we might have is the student’s muttering or glaring at a staff member at the school. Loughner’s verbal and behavioral outbursts at Pima College were well documented the fall prior to the shooting (Van Brunt, 2012). Loughner frequently got into arguments with his professors around his perceived right to be able to say whatever he wanted to in class. When given a B in his Pilates class, he became so tense that his professor feared for her safety. He would often rant about his rights and “freedom of thought” and was unwilling to see that others might have different perspectives on his behavior (Johnson, Kovaleski, Frosch, & Lipton, 2011). In June 2011, he had disrupted a math class, arguing that the number 6 was really the number 18, and went on to talk about being persecuted and scammed by the school. No direct threat was made, but, in retrospect, these incidents offer some insight into Loughner’s decompensating thinking. Reviewing his disruptive behavior provides an opportunity for further exploration and potential observation for additional leakage or thoughts around future violence.

Assessing the Pathway to Violence

G. Deisinger et al. (2008) described a four-step pathway to violence: ideation, planning, acquisition, and implementation. Individuals on a pathway to violence provide clues in their escalation. Imagine a student who becomes obsessed with another classmate in high school and begins to see a relationship with her as the ultimate experience of his entire life. He spends his days fantasizing about a relationship, placing her on a pedestal, and objectifying her as a manifestation of a perfect woman. He finally works up the nerve to talk to her and it does not go well. He stutters, his advances confuse her, and she laughs, thinking it is some kind of joke. Others watch the failed attempt at flirtation and begin to tease him. The student becomes more disillusioned by his failure and draws his attention to those who tease him and the girl who rejected him. He might make a direct threat (e.g., “If you keep teasing me, I’m going to make you pay!”), or he might become more withdrawn, socially isolated, depressed, tearful, and hope-
less about his chances at finding love. If he were to plan to harm those around him, it might be that he begins by thinking (ideating) and fantasizing about hurting those who teased him or the girl who spurred his advances. He may then escalate this by planning what he would do to seek his revenge. He could draw his plans out in a notebook or as a thinly veiled revenge story in his English class. These plans might become real if he started to acquire the weapons, schematics, explosives, or other elements needed to carry out the attack. The moment of implementation comes when he acts on his plan.

Calhoun and Weston (2009) offered some additional insight into how an attacker might move toward violence:

Attack-related behaviors are best conceptualized as steps hunters must take to carry out acts of premeditated violence. We call this concept the path to intended violence. Essentially, the stepping-stones consist of:

- Grievance, which is the motive or reason compelling the hunter to act.
- Ideation, which requires actually settling upon the idea that violence is justified and necessary.
- Research and planning, which means going beyond the idea to actually figuring out how to consummate the violence.
- Preparation, which involves obtaining the necessary equipment, such as weapon of choice, and taking other actions required to initiate the plan.
- Breach, which entails initiating the plan by circumventing the target’s security (however primitive or sophisticated that may be) to launch the attack.
- Attack, which is the actual physical assault. (p. 43)

This consistent, hierarchical progression suggested by Deisinger, Calhoun, and Weston provide a conceptual basis for clinical staff to better understand how those planning an attack approach their planning.

**Dangerous Instincts**

O’Toole (2000) observed:

In general, people do not switch instantly from nonviolence to violence. Nonviolent people do not “snap” or decide on the spur of the moment to meet a problem by using violence. Instead, the path toward violence is an evolutionary one, with signposts along the way. (p. 7)

These signposts prior to the implementation of a plan often consist of behavioral and emotional escalations that are available for exploration by a threat assessor who is willing to attend to the more subtle passive indicators of violence.