BEST PRACTICES FOR CAMPUS THREAT ASSESSMENT & MANAGEMENT – AN OVERVIEW

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ASU Threat Management Team
- Founding member

Association of Threat Assessment Professionals
- Served on National Board of Directors
- Past President, Arizona Chapter

Other Organizations and Affiliations
- ASIS Certified Protection Professional (CPP)
- Arizona Coalition Against Domestic Violence

SESSION AGENDA
- Overview of Violence on Campus
- The Nature and Process of Targeted Violence
- Assessment Approaches
- Guiding Principles of Threat Assessment
- Legal Considerations
- Conclusions
INTEGRATION OF PROCESSES

Comprehensive Safety Planning
Pro-active plans in place to:

- Prevent and mitigate violence
  - Identify at-risk situations
  - Assess situations
  - Intervene & manage concerns
- Prepare for potential violence
- Respond to violent acts and
- Recover from the event.

CONCERNS:

What do our communities fear?
ON-CAMPUS VIOLENCE

<table>
<thead>
<tr>
<th>Type of Violence</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<tbody>
<tr>
<td>Murder</td>
<td>11</td>
<td>8</td>
<td>45</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Forcible Sex Offense</td>
<td>2722</td>
<td>2717</td>
<td>2738</td>
<td>2676</td>
<td>2605</td>
</tr>
<tr>
<td>Robbery</td>
<td>2053</td>
<td>1981</td>
<td>1966</td>
<td>1957</td>
<td>1871</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>2906</td>
<td>3034</td>
<td>2784</td>
<td>2719</td>
<td>2631</td>
</tr>
<tr>
<td>Arson</td>
<td>1024</td>
<td>966</td>
<td>789</td>
<td>709</td>
<td>653</td>
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<tr>
<td>Injurious Hate Crime</td>
<td>33</td>
<td>53</td>
<td>36</td>
<td>37</td>
<td>127</td>
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<tr>
<td>Illegal Weapon Arrest</td>
<td>1450</td>
<td>1438</td>
<td>1432</td>
<td>1262</td>
<td>1183</td>
</tr>
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</table>

Source: US Dept. of Education Office of Post-Secondary Education
Available at: www.ope.ed.gov/security/

BEYOND THE TIP OF THE ICEBERG

Beyond Mass Shootings:
A broad range of issues impact the safety & well-being of campuses.
- Harassment & Bullying
- Bias-related incidents
- Stalking
- Domestic abuse
- Sexual assault
- Substance abuse
- Mental illness
- Suicide

MENTAL HEALTH ON CAMPUS

Counseling Center Clients: Percent
Clients with severe mental health issues: 44
- Impaired ability to maintain enrollment: 7
- Severely distressed but treatable: 37

Source: 2013 National Survey of University Counseling Center Directors
MENTAL HEALTH ON CAMPUS

<table>
<thead>
<tr>
<th>College Students Reporting</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt so depressed, difficult to function</td>
<td>31</td>
</tr>
<tr>
<td>Diagnosed with depression</td>
<td>5</td>
</tr>
<tr>
<td>Seriously considered suicide</td>
<td>7</td>
</tr>
<tr>
<td>Attempted suicide**</td>
<td>1</td>
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</table>

*Note: Includes 1 or more times in the last school year.

** Approximately 1100 college students suicides each year.

Source: American College Health Association - National College Health Assessment (Spring 2012; N=90,666)

CONTEXT:

What do we know?

THE NATURE & PROCESS OF TARGETED VIOLENCE

TARGETED VIOLENCE ON CAMPUS

Joint Project of the:
- US Secret Service
- US Department of Education
- Federal Bureau of Investigation

Attacks: 1900 – Present
- 272 incidents

Incidents: 1909-2009* (N = 281)

- Data collected through 2008, projected for 2009 based on average per year for decade.

TARGETED VIOLENCE ON CAMPUS

About the Incidents

- Occur on and off-campus
  - 80% on-campus (residence, grounds, class/admin)
  - 20% off-campus (residence, public area)
- Precipitating events present: 83%
- Targeted one or more specific persons: 73%
- Pre-incident threat/aggression to target: 29%
- Pre-incident concerns reported by others: 31%


TARGETED VIOLENCE ON CAMPUS

About the Perpetrators:

- Age: 16 – 64
- Gender: Male (80%); Female (20%)
- Status:
  - Current / Former Student: 60%
  - Current / Former Employee: 11%
  - Indirectly Affiliated: 20%
  - No known Affiliation: 9%

FACTS ABOUT CAMPUS ATTACKS

Perpetrators of serious campus violence don’t “just snap.”

These incidents are not impulsive or random.

- Most (over 75%) consider, plan, and prepare before engaging in violent behavior;
- Most (over 75%) discuss their plans with others before the attack.


PATHWAY TO VIOLENCE

Ideation → Planning → Acquisition → Implementation

WHERE TO REPORT?

Assessment Approaches

Current Prevention Approaches

- Mental health violence risk assessment
- Automated decision-making
- Profiling
- Threat assessment

Mental Health Risk Assessment

- Also known as a clinical assessment of dangerousness
- Evaluates a person’s risk for more general/prevalent types of affective violence
- Not intended (nor effective) for evaluating risk of a targeted attack
- May supplement threat assessment process but is not a replacement
AUTOMATED DECISION-MAKING

Two Areas of Concern:
- The statistical or mathematical process for making the evaluation is unknown
- No correlation between satisfaction with using the automated tool and the accuracy of the decision made

PROFILING

- Most commonly used as an investigative tool to describe the person or type of person who committed a particular crime
- It is retrospective in that it uses clues from a crime that has already occurred to narrow down possible suspects
- When used with respect to evaluating risk of violence, profiling is prospective, not retrospective

PROSPECTIVE PROFILING

- Gather data on offense characteristics
- Identify common characteristics to generate composite
- Compare the person in question with the composite
- Closer the match, the greater the cause for concern
**Profiling – Two Major Failings**

- It identifies far more people that match a profile but do not pose a threat.
- It fails to identify a person whose behavior suggests real concern but whose traits or characteristics do not match the profile.

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**An Integrated Approach:**

**Threat Assessment**

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**Threat Assessment Process**

A systematic process that is designed to:

1. Identify persons of concern
2. Gather information/investigate
3. Assess information and situation
4. Manage the situation
### Threat Assessment Process

Threat assessment is an objective process:

- **Facts**
- **Conclusions**
- **Strategies**

### Why Threat Assessment?

**Evidence-based and derived from:**
- U.S. Secret Service protective intelligence research
- Safe School Initiative
- FBI research regarding workplace violence
- Student development (Ursula Delworth, 1989)

**Used successfully to prevent campus, school, and workplace shootings**

**Broadly applicable for identifying people in need**

**Low-cost and effective**

**Legally defensible approach**

**Involves the community**

### Why Threat Assessment?

**Recommended by:**
- Virginia Tech Review Panel (governor’s panel)
- Report to President from U.S. Departments of Education, Justice, Health & Human Services;
- Numerous professional associations:
  - AASCU, ASIA, IACLEA, MHEC, NAAG, NASPA
- Several state task forces on campus safety:
  - CA, FL, IA, IL, KY, MA, MO, NC, NJ, NM, OK, PA, WI, VA
### New National Standard:

- Approved by American National Standards Institute (ANSI)
- ASIS/SHRM Standard – Workplace Violence 2011
- Recommends two resources for guidance:
  - The Handbook for Campus Threat Assessment & Management Teams (Deisinger et al., 2008)
  - Implementing Behavioral Threat Assessment on Campus: A Virginia Tech Demonstration Project (Randazzo & Plummer, 2009)

### STEPS IN THE THREAT ASSESSMENT AND MANAGEMENT PROCESS

1. Identify person of concern
2. Screen / Triage
3. Gather Information
   - Conduct full inquiry, information from multiple sources
   - Answer Key Investigative Questions
4. Assess person of concern
   - Answer Evaluation Questions
5. Manage person / situation if needed
   - Develop threat management plan
   - Implement threat management plan
   - Monitor and re-evaluate plan to ensure safety
THREAT ASSESSMENT PROCESS:

Identity Person of Concern

Conduct Initial Screening

Imminent Situation?

Alert Law Enforcement

Conduct Triage

Source: Deisinger, Randazzo, et al. (2008)

SCREEN FOR IMMINENT SITUATION

- First question to ask: “Is this an emergency or imminent situation?”
  - Decide beforehand on definition
  - E.g., if person has weapon, has indicated intent to use it.
- If YES, call campus / local police.
- If NO, move on to Triage or Full Inquiry
**Triage**

Team can use Triage Step when handling multiple cases or screening for scope.

1. Gather initial information from key sources:
   - Team Database
   - Campus Police / Security
   - Student Affairs
   - Local Law Enforcement
   - Academic Affairs
   - Online Searches
   - Human Resources
   - Other ________

2. Answer Triage Questions
3. If YES, proceed with Full Inquiry

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**Triage Questions**

Triage questions can include:

- Has there been any mention of suicidal thoughts, plans, or attempts?
- Has there been any mention of thoughts/plans of violence? Or fear of violence from a potential target or third party?
- Does the person have access to a weapon or are they trying to gain access?

If yes to any of these questions, a full inquiry is recommended.

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**Gather Information**

1. Conduct full inquiry - think broadly and creatively about who might have a piece of the puzzle:
   - Faculty/ Staff
   - Family/friends
   - Documents/records
   - Social media, online friends, blogs, websites, etc.
   - Previous schools/ employers
   - Person of concern
   - Others?

2. Document information
3. Use information to answer Key Investigative Questions.
**Answer Investigative Questions**

1. What are the person’s motive(s) and goals? / What first brought him/her to someone’s attention?

2. Have there been any communications suggesting ideas or intent to attack?

3. Has the person shown any inappropriate interest in campus attacks/attackers, weapons, other incidents of mass violence?


4. Has the person engaged in attack-related behaviors?
   - Developing an attack idea or plan
   - Making efforts to acquire or practice with weapons
   - Surveying possible sites and areas for attack
   - Testing access to potential targets
   - Rehearsing attacks or ambushes

5. Does the person have the capacity to carry out an act of targeted violence?

6. Is the person experiencing hopelessness, desperation, and/or despair?


7. Does the person have a trusting relationship with at least one responsible person?

8. Does the person see violence as an acceptable, desirable – or the only – way to solve a problem?

9. Are the person’s conversation and “story” consistent with his or her actions?

**ANSWER INVESTIGATIVE QUESTIONS**

10. Are other people concerned about the person’s potential for violence?
11. What circumstances might affect the likelihood of an attack?
12. Where does the person exist along the pathway to violence?


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**THREAT ASSESSMENT PROCESS**

- **Concerns?**
  - Yes
    - Conduct Full Inquiry
    - Make Assessment
    - Make the Plan
    - Make & Follow-up
  - No
    - Close & Document Case

- **Poses a Threat?**
  - Yes
    - Close & Document Case
  - No
    - Close & Document Case

- **In Need Of Help?**
  - Yes
    - Develop & Implement Management Plan
  - No
    - Implement Referral or Assistance Plan

Source: Deisinger, Randazzo, et al. (2008)

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**EVALUATE THE PERSON / SITUATION**

Guidelines for making the evaluation:
- Focus on facts of specific case.
- Focus on the person’s behavior rather than the person’s traits.
- Focus on understanding of context of behavior.
- Examine progression of behavior over time.
- Corroborate critical information.
- Every team member’s opinion matters and must be shared.
- Focus on prevention not prediction.
- Goal: Safety of the community and the person in question.
**Answer Evaluation Questions**

**Evaluation Question 1**
1. Does the person pose a threat of harm, whether to himself, to others, or both?
   - If YES:
     - Develop, implement, & monitor a case management plan.
     - Document case, evaluation, and plan.
   - If NO, move on to Evaluation Question 2.

**Answer Evaluation Questions**

**Evaluation Question 2**
2. If the person does not pose a threat, does the person otherwise show a need for help or intervention?
   - If YES, develop a referral plan and pass information to appropriate entity.
   - If NO, close and document case and evaluation.
CASE MANAGEMENT

Develop an individualized plan based on information gathered in the investigation and other facts known about the person

- Case management is more art than science.
- Plan must be fact-based and person-specific.
- Engagement can be critical, even when dealing with someone who is very angry.
- Distancing makes monitoring and intervention more difficult.
- Personalities matter.

Case Management Planning

- Think creatively about resources, as well as “eyes and ears.”
- Anticipate likely changes in the short and mid-term, and how the person of concern may react.
- Monitor using available resources. Who sees the person regularly, inside work/campus, outside, on weekends, online, etc.?
- Document decision-making, implementation, and progress.

CASE MANAGEMENT OPTIONS

Effective case management incorporates interventions in each of the (relevant) factors:

S  De-escalate, contain, or control the subject who may take violent action;
T  Decrease vulnerabilities of the target;
E  Modify physical and cultural environment to discourage escalation; and,
P  Prepare for & mitigate against precipitating events that may trigger adverse reactions.

Source: G. Deisinger & M. Randazzo
COMPONENTS OF RISK

CASE MANAGEMENT RESOURCES

Case Management options can include any mix of the following:
- Outpatient counseling/mental health care.
- Emergency psychiatric evaluation
- Pastoral counseling
- Mentoring relationship
- Academic / work accommodations
- Separation from the institution
- Social skills training
- Behavioral contract
- Parental / family involvement
- Law enforcement involvement
- Diversion programs
- Management by walking around/alliance
- Others?

IMPLEMENT, MONITOR, FOLLOW UP

- Once the plan is developed, it needs to be implemented and monitored.
- Team should include implementation and monitoring responsibilities as part of the case management plan.
- Further referrals may be necessary.
- Team should continue to follow up as necessary.
- Can close the case once threat level has been reduced for an acceptable period of time.
LEGAL ISSUES
FACING
THREAT ASSESSMENT TEAMS

WHAT RULES MAY APPLY?

- Federal Americans with Disabilities Act and Section 504 of Rehabilitation Act
- State public accommodations laws / disability-related employment laws
- Federal Family Educational Rights and Privacy Act;
- Federal Health Insurance Portability and Accountability Act (“HIPAA”)
- State Patient-Health Care Professional Privileges

INFORMATION SHARING: FERPA

- FERPA is not an impediment to effective threat assessment and case management.
- FERPA governs records only, not observations, communications, etc.
- FERPA does not govern law enforcement records.
  - If created and maintained by law enforcement, for law enforcement purpose.
- Guidance from ED encourages information sharing where public safety is a concern.
- FERPA does not permit a private right of action.
DISABILITY LAW CONSIDERATIONS

- Ensuring due process
- Direct threat provisions
- Not assuming every threat assessment case involves mental illness

INFORMATION SHARING: HIPAA

- Confidentiality is held by client, not mental health provider.
- In cases where privacy laws apply, can try these strategies:
  - Ask subject for permission to disclose.
  - No legal prohibition against providing information to health professionals.
  - Inquire about Tarasoff-type duty.

RECENT LEGAL DEVELOPMENTS

- National Standards:
  - Higher Education
  - Workplace Violence Prevention
- Change from ED / OCR removing “threat to self”
- Title IX
- Case law
CONCLUSION

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