Violence 201:
Integrating Threat Management into Clinical Practice

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@ViolenceWonks

Disclosures

- No payments or gifts from pharma/industry or other ACCME-defined commercial interests since 2007
- Part of my time is funded by US Department of Homeland Security Center for Prevention Programs and Partnerships
- I receive payments from government agencies, nonprofit organizations, and non-healthcare businesses, for consultation, training, and expert witness work

2018 AAEP Position Statement on Mass Shootings & Mental Illness

www.emergencypsychiatry.org

- All threats of violence must receive a psychiatric evaluation within the capacity of the facility
- Psychiatric evaluation and tx will have limited impact
- Consultation & Collaboration
- Clinically, ethically, & legally appropriate decision making
- Staff support and care
- Continued study, learning, and development
- Evidence based messaging and communication


ATTENTION SPAN
SHORT
MEDIUM
LONG
Bernard Schwerbaum

Key points

- Try to stay left of bang
- Individualized assessments and interventions
- Disrupt risk factors, support protective factors
- Never worry alone
- Threat management is a tool towards treatment and threat management teams are allies in care

Left of Bang

Brian

- From the outpatient team:
  - 14M being evaluated for autism spectrum
  - Elaborate homicidal fantasies disclosed to psychologist
- From the school:
  - Fake email from a new parent to school leadership: “What do you do to keep students safe from shootings?”
- From law enforcement:
  - Mimicry in apparel, social media handles relating to Columbine
  - Favoriting social media posts on accessing firearms
- Community ER: “he says he was joking,” not psychotic or suicidal, no indication for admission and is sent home


STRONGER
THAN HATE

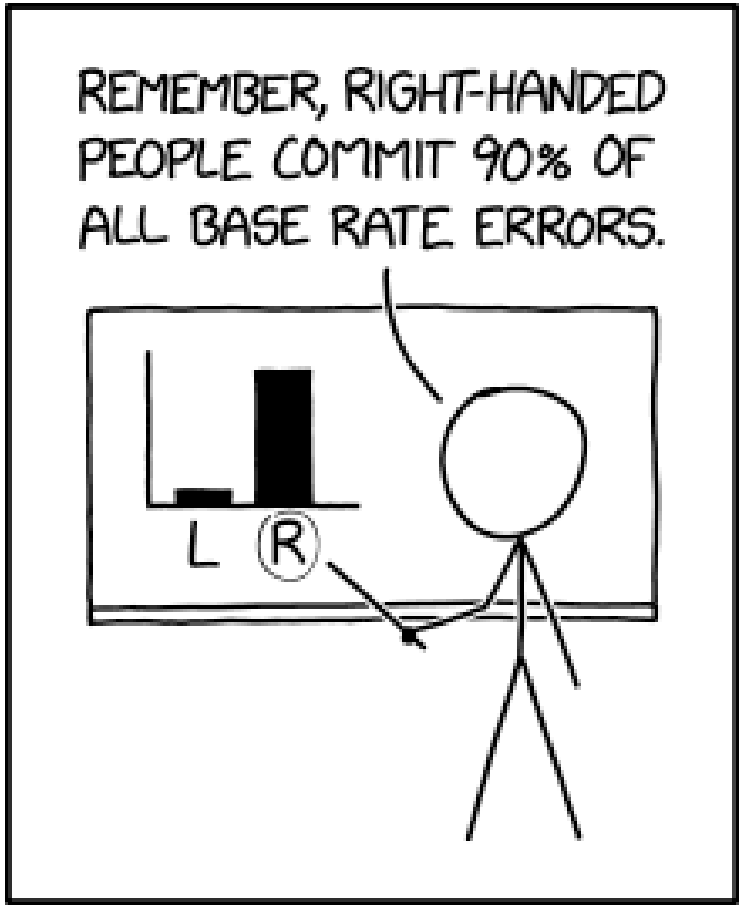

Beware the shiny object
-Stephanie Leite, PsyD

Violence & Mass Shootings: Likelihood of "mental illness"

4%	Violence attributable to mental illness (Swanson 1996)
17%	Any non-SUD Axis I in murder def's (Martone 2013)
4.7%	NICS-disqualifying mental illness PMSs (Silver et al 2018)
11%	Evidence of prior MH "concerns" (Everytown 2015)
17%	Pre-incident dx, school shooters (Vossekuil/SSI 2002)
25%	Evidence of SMI, 100+ yrs of MM (Stone 2015)
25%	Pre-incident diagnosis of any kind, AS (Silver/BAU 2018)
28%	Evidence of MI, ISIS-influenced (Gill & Corner 2017)
40%	Prior dx in targeted school attacks (USSS/NTAC 2019)
55%	Lifetime risk, DSM-IV Disorder, all of USA (Kessler 2006)
59%	"Signs of serious mental illness" (Duwe 2007)
62%	Mental Health "Stressor," AS (Silver/BAU 2018)

Layers of Mental Illness

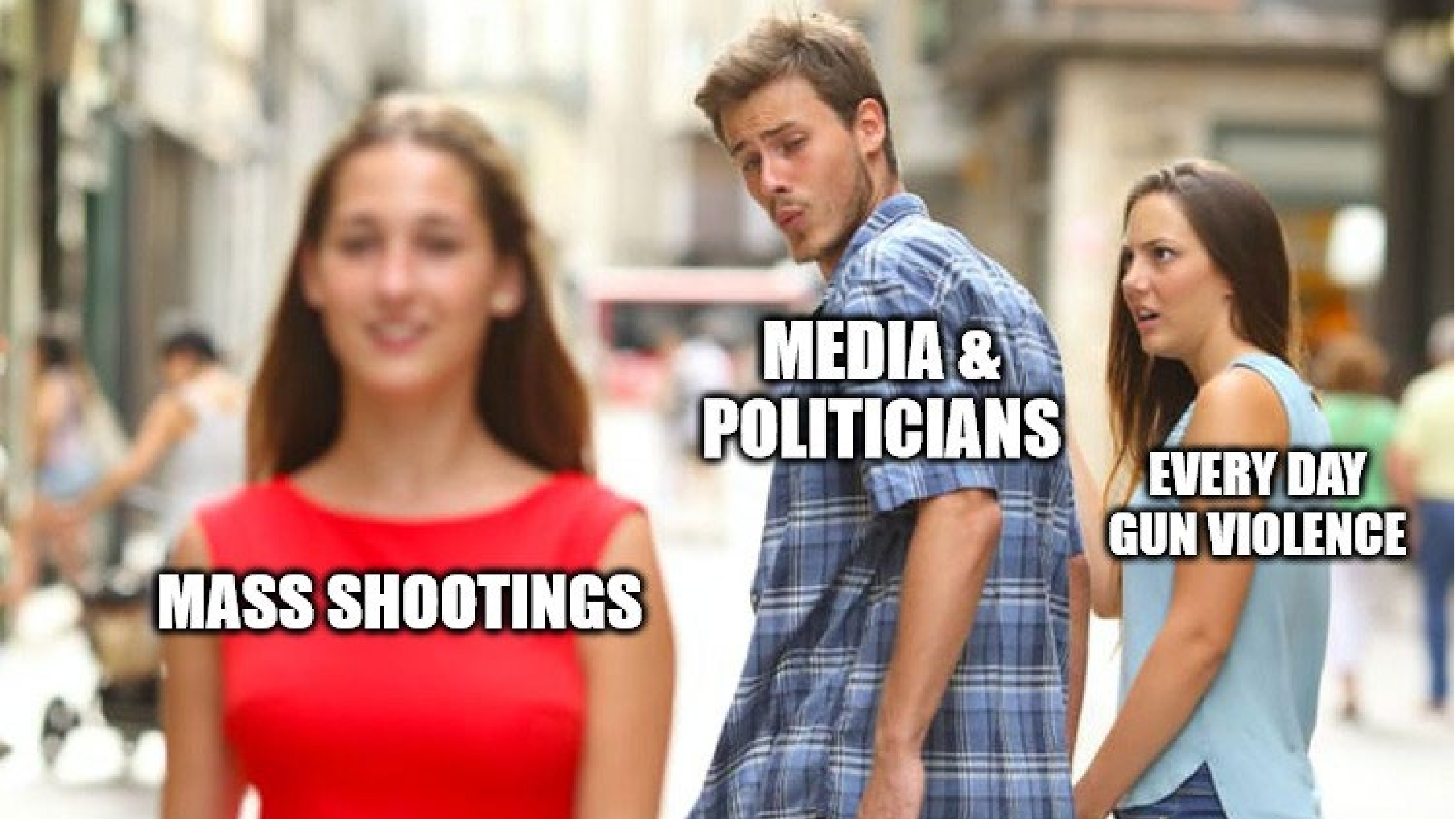
- Symptoms
- Diagnoses, current or past
- Current, significant impairment
- If I saw this person in the psychiatric emergency service, would I
  - Recommend outpatient, partial, inpatient?
  - Involuntary commitment?
- Would this person meet criteria for involuntary outpatient commitment? Long term state hospitalization?
- Not competent to stand trial?
- Guilty but mentally ill? (Illness impacts)
- Not guilty by reason of insanity? (Illness overrides)



A multidisciplinary threat assessment team, in conjunction with the appropriate policies, tools, and training, is the best practice for preventing future tragedies.

Protecting America's Schools

U.S. Secret Service, 2019


MASS SHOOTINGS
MEDIA &
POLITICIANS
EVERY DAY
GUN VIOLENCE

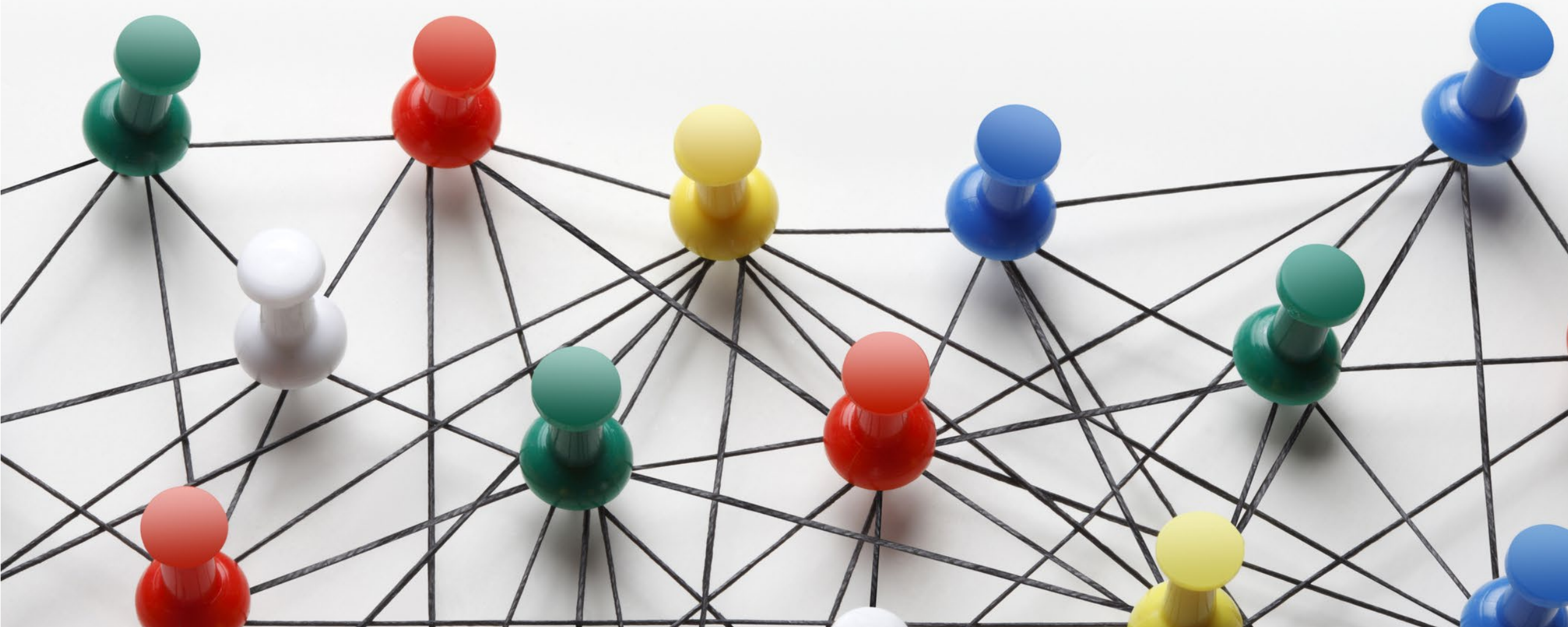
Behavioral Threat Assessment and Management

- Using diverse teams of subject matter and operational experts to recognize and reduce violence risk before attacks happen
- **Evidence based** identification, investigation, prevention and follow up (case management*)
- Focus is on behavior, communication, risk factors; not profiling by diagnosis, religion, ethnicity, politics, etc.
- Diverse teams reduce discrimination and systemic bias
- **Mitigation of harm is the absolute goal**

Behavior.
Communication.
Ideation.

Not profiling.
Not profiling.
Not profiling.
Not profiling.

“You have to collect the dots before you can connect the dots.” Jeff Pollard




LOCAL
NEWS
9

We can be good at prevention without needing to be good at prediction

(Simons & Meloy, 2017)

As many as 80% of assailants leak or threaten (Lankford et al 2019, Mitchell 2019 et al, Meloy & O'Toole 2011)

A **threat** is a communication to a target of intent to do harm.

Leakage is the communication to a third party of an intent to do harm.

Lately, I've been having uncontrollable cravings for venison

Individualized assessment, individualized interventions

Dr. Vancbromicin
@BromoSouthern

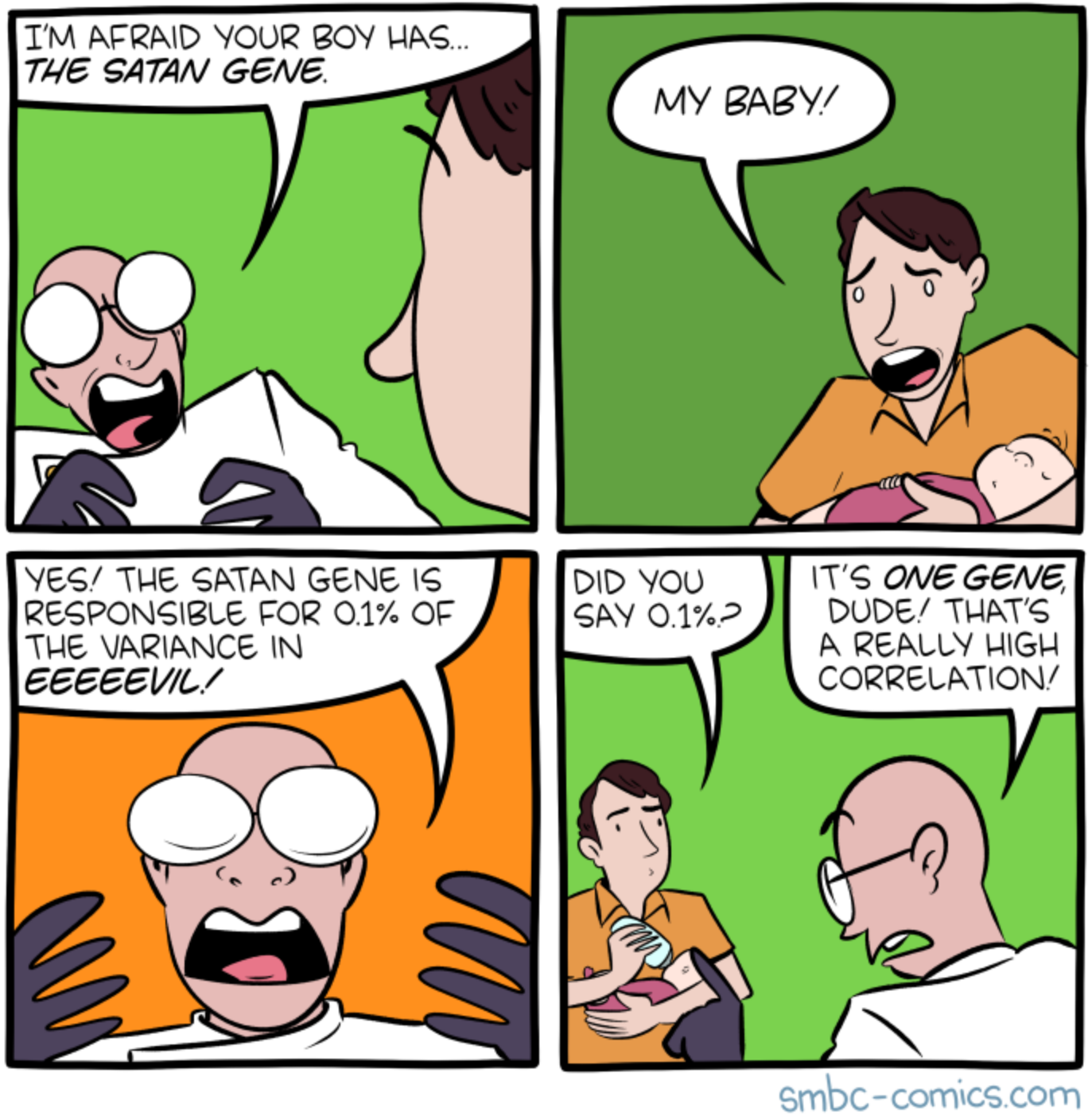
As a resident it can take only about 2.5 seconds to go from "what a nice day" to "I want to punch everyone in the face"

66 10:56 AM - May 31, 2019

See Dr. Vancbromicin's other Tweets

Availability heuristic drives service utilization

1. **Pseudothreatening Outliers** – no intent to threaten or harm but behavior is awkward enough to provoke anxiety in others
2. **Comedians** – no intent to harm, made threatening statement as a joke
3. **Hoaxers & Trolls** – sadistic provocation of others' anxieties with negligible intent to carry out any attack
4. **Hotheads** – Impulsively makes menacing or threatening statements when upset or angry without intent to carry out attack
5. **Posers/explorers** – Want to take on the appearance or identity of a person intending or capable of violence
6. **Real Deals** – Somebody who is contemplating or acting towards an attack with real intent



Not every risk factor will be useful

Investigate all THREATS[3]

(Barnhorst & Rozel 2021)

T **Threats**, leakage, or other statements of intent to harm

H **History of violence**, especially with the identified target

R **Recent stressors** (relationships, $$$, housing, work, health, vic)

E **Ethanol** / other drug intoxication or recent use

A **Agitated/annoyed** easily (Hostile Attributional Style)

T **Takes no responsibility** (External Attributional Style)

S **Suicidality**, increasing hopelessness

S **Symptomatic** psychiatric illness, especially psychosis

S **Specific** target, access, means, plan

Personality Disorders & Spectrums

- Antisocial
- Narcissistic
- Borderline
- Paranoid
- Obsessive-compulsive

- Meta-constructs
  - Psychopathy (Antisocial + Narcissistic)
  - Querulous (Paranoid + Obsessive-Compulsive)

(Fazel et al 2021; Lowenstein et al 2016; Sarkar 2019; Newhill et al 2009; Fox & Delisi 2019; Linden 2020; Carroll 2012)


“We are better; you are worse”
“You are different, wrong, and imminently dangerous to me”

Medical issues and violence risk

Serious pain

- Acute or chronic
- Undertreated
- Altered subjective experience of pain

Affects the brain

- TBI
- Delirium
- Dementia
- Progressive sensory issues
- Disorientation
- COVID19 related hypoxia / neuro-inflammation

Causes strain

- Bad news / prognosis
- Failure to get disability
- Not getting a wanted rx/letter/etc
- Fired from clinic
- Medically unexplained symptoms

What do we do with a ~~PCP~~ Patient! in clinical psychiatry?

- **Assess**, (and possibly **admit**) as comprehensively as possible, including collateral and bio / psycho / social / spiritual & social determinants of health needs
- **Build rapport** with patient and those who care for them
- **Care for them** – treating what we can, amplifying strengths, and bringing resources supports into their lives
- **Document our understanding** – and share that within the boundaries of the law
- **Evaluate again** – neither threat management nor psychiatric treatment is ever a one-and-done

Path to Intended* Violence

(Adapted from Calhoun & Weston 2003/2016)

Stages of Change

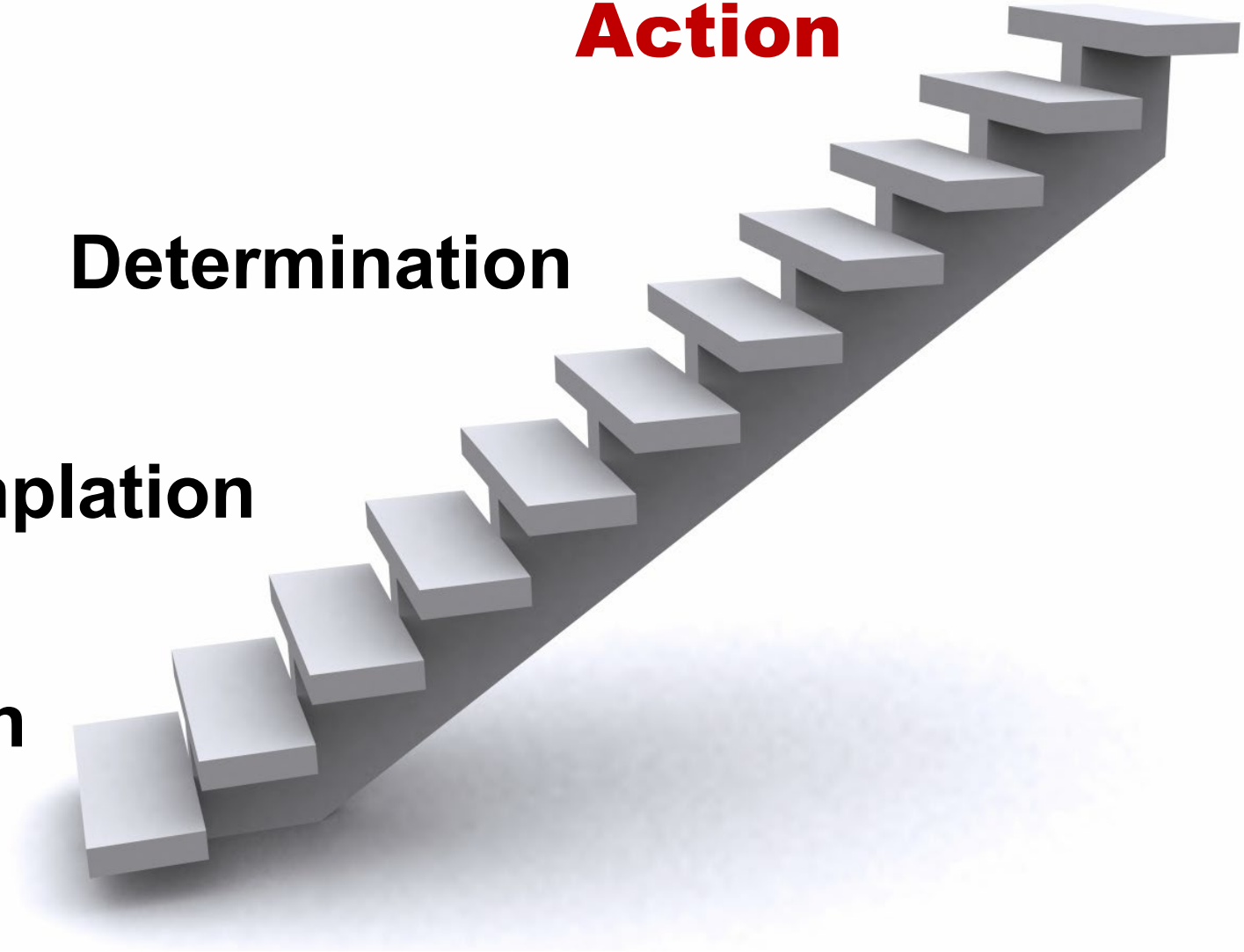
(Prochaska 1997)

Action

Determination

Contemplation

Precontemplation



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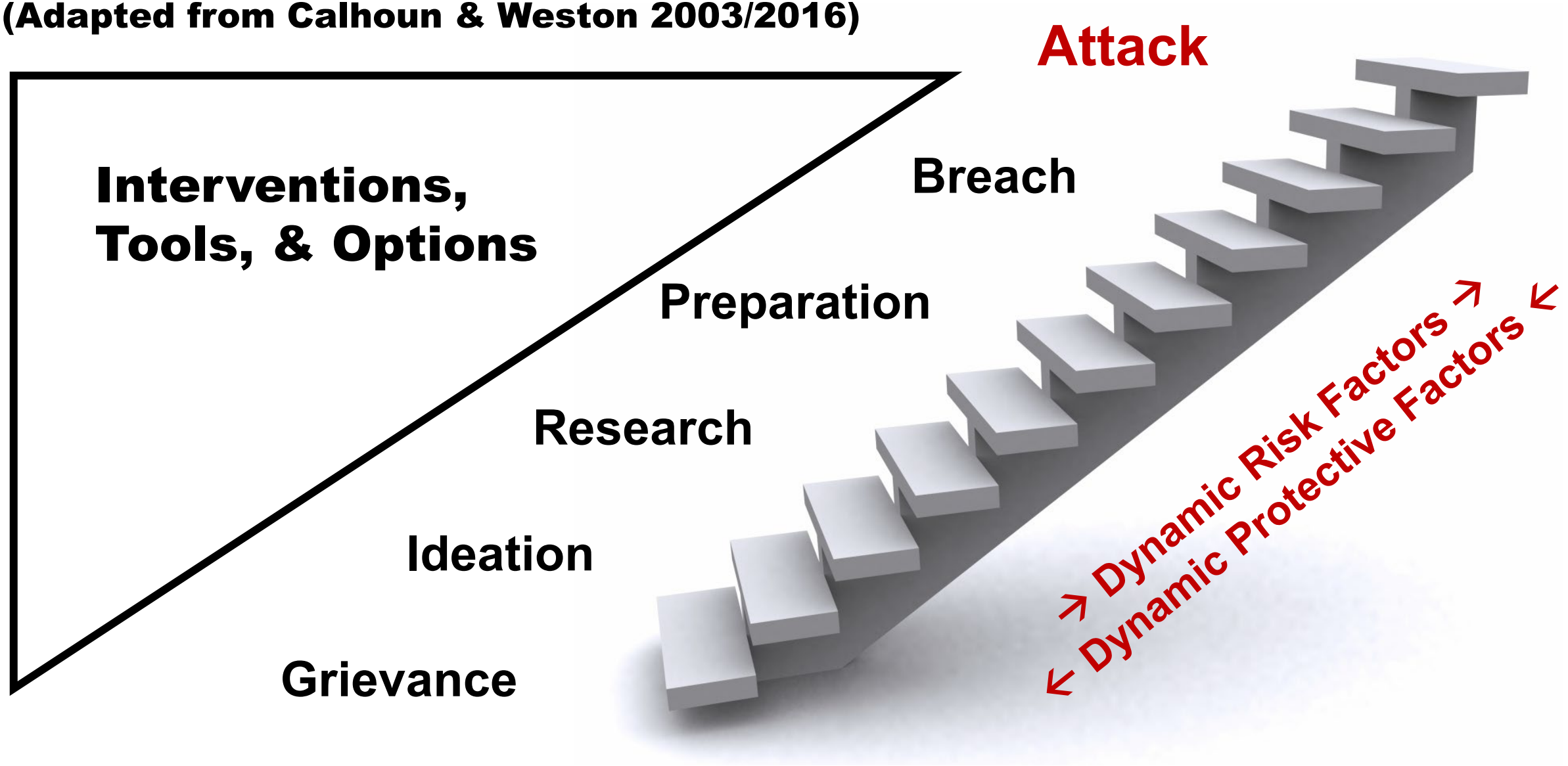

Not everybody makes it to the top

How can I help?

- An illness that can be treated
- A legitimate grievance that can be addressed
- An error that can be apologized for
- A psychosocial stressor that I can mitigate
- A strength I can amplify
- A protective factor I can add or reinforce
- Soft landings & supported exits
- Promote connection

How can I hurt?

- Acting out of bias
- Ignore concerns – ignore the dots
- Blame / punish reporters
- Punish / Push away
- Zero tolerance
- Scare / alienate
- Hard landings / fast exits

We need to understand the environment we face and how others view it. Then build relationships at the personal, organizational and national level.

Relationships are the intermediate objectives to most goals.

Gen. Stanley McChrystal

For more information:

itac@boisestate.edu

Organic teams

- Who are you solving problems with?
- Who else in your institution?
- Which EDs, crisis teams, counselors, etc.?
- Who else in your community?

- Trust
- Diversity
- Collaborative mindset and track record***
- Common vision and purpose
- Subject matter expertise

When law enforcement comes knocking…

- We should always listen – there is a good chance they have collateral information we will never learn of otherwise
- “This sounds important. I may not be able to say much but I will do what I can to get it to the right treatment provider.”
- We can ask questions and offer hypotheticals as long as we are not leading
- HIPAA allows information sharing with LE to prevent acts of violence
- It’s hard to argue against applying the HIPAA emergency exception when you are in the ED

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Suggested readings & references

- Short read: Rozel. 2020. “Violence: Managing Major Threats.” In *Emergency Psychiatry: Principles & Practice*, edited by Rachel Lipson Glick, Scott L Zeller, and Jon S. Berlin, 2d ed., 345–57. Philadelphia: Wolters Kluwer.
- Barnhorst A, Rozel JS. Evaluating threats of mass shootings in the psychiatric setting. International Review of Psychiatry. 2021 Jul 16. Available Open Access: https://www.tandfonline.com/doi/abs/10.1080/09540261.2021.1947784
- Longer read: Behavioral Analysis Unit. 2016. “Making Prevention a Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks.” Washington, D.C.: Federal Bureau of Investigation, US Department of Justice. https://www.fbi.gov/file-repository/making-prevention-a-reality.pdf.
- General Press (and on Audible): Follman, Mark. 2022. Trigger Points: Inside the Mission to Stop Mass Shootings in America. New York, NY: Dey St.
- Deep dive (also on Audible but very long): Meloy, J. Reid, and Jens Hoffmann, eds. 2021. International Handbook of Threat Assessment, 2d ed. Oxford: Oxford University Press.
- Get wonky: Rozel. 2019. “Complexity, Computational Modeling, and Forecasting the Future of Threat Management.” *Journal of Threat Assessment and Management* 6 (3–4): 193–97. https://doi.org/10.1037/tam0000131.
- The Sandy Hook Promise “Tomorrow’s News” video is at https://youtu.be/ZvRQ1StsYGw