

Developing Clinical Expertise in Violence and Risk Assessment

Mario Scalora, PhD, CTM
Director, Public Policy Center
Professor of Psychology
University of Nebraska – Lincoln



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Objectives and Agenda



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Objectives

- Articulate key concepts of risk assessment and threat assessment as informed by the current literature
- Delineate the roles (i.e., linkage and overlap) of risk assessment and threat assessment within applied contexts
- Enumerate relevant dynamic and static risk and protective factors within case scenarios



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Agenda

- Risk Assessment vs Threat Assessment, Types of Violence,
- Evolution of Best Practice
- Risk and Protective Factors
- Threat Assessment Approach
- Discussion of Specific Contexts



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Liability Management: Contextual Issues

- Escalating professional liability/causes of action
- increased specialization and specialty guidelines within fields
- mh profs more often called into social control vs therapeutic functions
- awareness of standard of care
- multiple clientele/ owing a duty of care



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Myths Regarding Risk Assessment

- My best professional judgment will be adequate if I am second guessed.
- The people I serve are motivated to stay out of trouble.
- The people I serve are only concerned about violent behavior occurring.
- My clients will appreciate and reward my sticking my neck out for them.



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Myths Regarding Risk Assessment

- Paperwork should always take the back seat to direct client contact.
- The service providers I refer to know what they are getting into when they accept a client referred to them.
- The client's family wants the best for the client I serve.



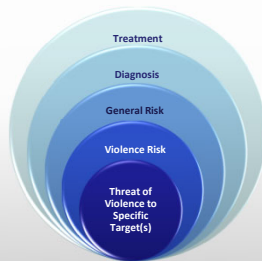
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General Risk vs. Threat Assessment



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We Assess for Risk ALL the Time



Scalora & Van Male, 2019



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Violence Risk Assessment vs. Threat Assessment

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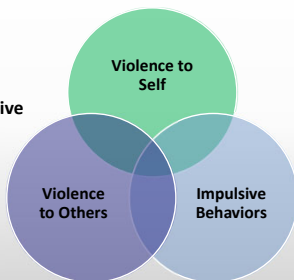
Risk Assessment and Management



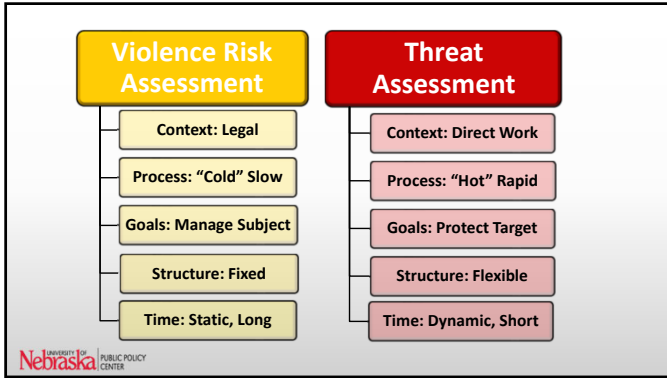
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Types of Risks to Consider

Not mutually exclusive



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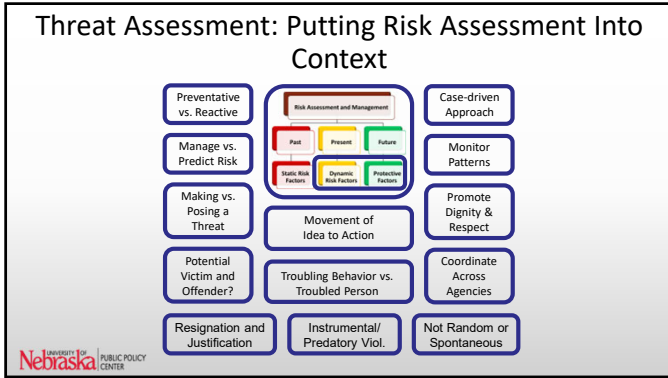
Threat Assessment and Management

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Third Wave: Structured Professional Judgement

- Risk assessments conducted according to explicit guidelines that are grounded in the scientific literature
- Useful when actuarial approaches are limited

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Risk and Protective Factors

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Fundamental Realities of Threat Assessment and Management

Van Male and Scalora, 2019

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Sample Static Risk Factors

- History of Violence
- Male (genome XY)
- Age (younger adult)
- Pattern of Interpersonal Relationship Problems (family, peers, work, etc.)
- History of Non-Compliance with Social Norms, Rules, Laws, Supervision, Parole
- Recent or Pending Loss (of job, status, social support, etc.)



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Reviewing Prior Violence

Functional Approach

- Nature of Prior Event
- Context of event
- Actual violent activity
- Motive/grievance involved
- Nature of target(s)
- Response to violent activity



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Sample Dynamic Risk Factors

- Substance Use/Abuse/Dependence
- Weapons Access, Knowledge, Obsession
- Target-Specific Fantasies
- Depression, Suicidality
- Cognitions Supporting/Justifying Violence
- Negative Coping, Blames Others
- Identification with "Famous" Assassins / Mass Shooters
- Pathway to Violence Behaviors



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Sample Protective Factors

- Resilience/Ability to Cope with Stress
- Meets Basic Needs
- Financial Stability
- "Spirituality"
- Healthy Sleep
- Lacks Physical Pain
- Positive Social Support - Family, Friends
- Positive Treatment Engagement
- Therapeutic Alliance



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Case Example: "David"

A 18 year old male student at a high school is described as regularly ridiculed by classmates. He has acted "strange" since about age 13. He sometimes stares off in the distance and has what others describes as a "blank" facial expression. Classmates describe him as reclusive. He does not have any close friends. Recently he has been making comments to classmates about different kinds of knives – one student told a educator that he thought the subject was infatuated with knives.



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Case Example: "David"

He has also been seen in the library spending time on internet searches related to weapons. The subject asks classmates if they know who the shooters were at Columbine. These questions are so out of context that students report it to the school counselor.



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Case Example: "David"

The subject also tells several students who are relatives of the girl he likes, but was rejected by, that they should not show up for school. However, he gives no more information, and no specific day is mentioned. He repeats this behavior several days in a row. The following week, the subject goes back and forth to his car several times during the morning – each time opening and closing the trunk of the car, pacing, then returning to school.

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Discussion

Which, if any, Static Risk Factors do you identify in David's case?

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Discussion

Which, if any, Dynamic Risk Factors do you identify in David's case?

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Activity

Which, if any, Protective Factors do you identify in David's case?

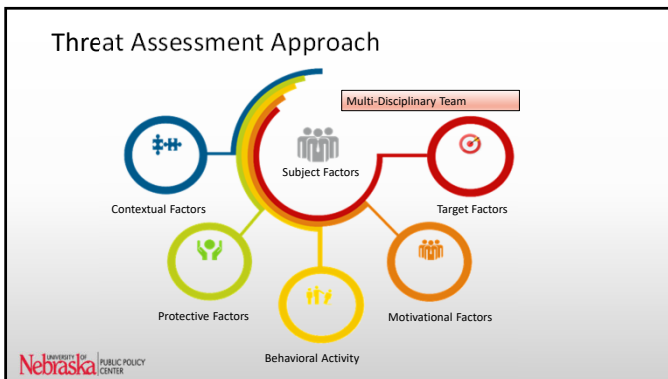


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Threat Assessment Approach

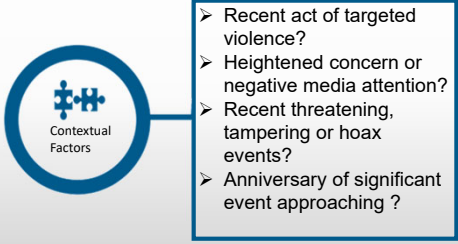


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Threat Assessment Approach



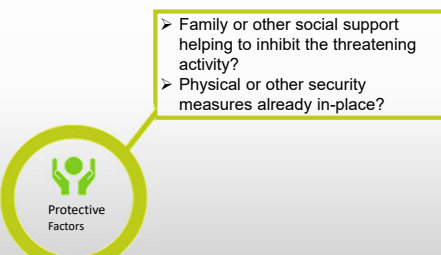
Contextual Factors

- Recent act of targeted violence?
- Heightened concern or negative media attention?
- Recent threatening, tampering or hoax events?
- Anniversary of significant event approaching ?

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Threat Assessment Approach




Protective Factors

- Family or other social support helping to inhibit the threatening activity?
- Physical or other security measures already in-place?

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Threat Assessment Approach



Behavioral Activity


Intensity of effort as indicated by:

- Leakage of intentions
- Persistent threatening or concerning behavior
- Accomplices sought or alleged
- Reported threat with a specific plan
- Written plans/list
- Weapon mentioned in threat
- Weapon present or available
- Rehearsal behavior

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Leakage




- Leakage in the context of threat assessment is the communication to a third party of an intent to do harm to a target. (Meloy, 2011)
- Leakage occurs when a subject "intentionally or unintentionally reveals clues to feelings, thoughts, fantasies, attitudes, or intentions that may signal an impending violent act." (O'Toole, 2000)

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Threat Assessment Approach

- Nature of subject's motivation?
- Help-seeking behavior?
- Motives driven by mental illness?
- Seeking revenge/retaliation for perceived injustice or harm?
- *Bottom Line: The More Personal, The Higher the Concern (also called "Intimacy Effect")*




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Intimacy Effect

- The predictive level of threats as pre-incident indicators of violence increased in proportion to the degree of intimacy between the subject and the target.
- Intimacy as perceived by subject




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Threat Assessment Approach


- > Subject view target as responsible for current situation or difficulties?
- > Target media presence? High Profile?
- > Target Focus but contacts multiple targets (maintains focus of issue and motives across contacts)



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Threat Assessment Approach



Subject Factors

- > Prior arrest record or prior harassment/ threat-related activity?
- > Problematic contacts with other agencies?
- > Recent life stressors?
- > Presence of mental illness symptoms?


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Threatening Language & Approach

Based upon available research, when threats are made, cases pose a significantly higher risk of violence with.....

- ✓ An obvious/ serious mental illness,
- or
- ✓ A prior approach history



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Case Example #3: "Nicholas"

- Local Law Enforcement received a request to conduct a check welfare at a convenience store
- Nicholas was flapping his arms as if he was trying to fly
- When officers arrived, Nicholas was on the phone with his sister, "Lisa," talking about their mother, "Mandy"
- Upon seeing the officers, he ran towards his vehicle and fought officers resulting in arrest

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Case Example #3: "Nicholas"

- Law Enforcement executed warrant to search Nicholas' vehicle: located several "survival" items, including:
- .40 caliber Smith and Wesson handgun, a magazine containing 14 bullets in it as well as an additional magazine with 13 bullets
- Three boxes of ammunition were also located in the vehicle, totaling 171 additional rounds

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"Mandy" (Mom) Contact with Local Law Enforcement

- Mother contacted to inform her of the safety concerns with Nicholas
- Mother said Nicholas lived with her in another state, physically assaulted her and threatened to kill her; she fled the state
- Asserted he had a loaded often had loaded weapons (handguns, magazines and assault rifle) often in his vehicle

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“Mandy” (Mom) Contact with Local Law Enforcement

- Claimed Nicholas would carry firearms on him at all times, even when he went from room to room in the house
- Mother ended up calling LE in past when Nicholas said he was going to go to the neighbors and tell them about the imminent danger they are in because the government is going to take over

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“Mandy” (Mom) Contact with Local Law Enforcement

- Previously the “home state” law enforcement agency had SWAT on standby to place Nicholas into Emergency Protective Custody. Several hour standoff ensued
- Nicholas was released after being in the mental health facility for two weeks
- Mother currently is "in hiding" in Nebraska at a confidential address because she fears Nicholas will try to find her and kill her.

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Local Law Enforcement: County Jail

Mental Health professional said she was extremely worried about Nicholas' potential for danger and said he is mentally ill, being delusional and psychotic.

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“Lisa” (Sister) Contact with Law Enforcement

- An undergrad student – concerned for her safety
- Over the past 2 years Nicholas started to talk more about government and 9/11 being a conspiracy and his mental health deteriorated even more
- He asserted how the government was going to take over, will remove peoples’ rights and put everyone in concentration camps. They need to store food, water, weapons and other supplies for survival.
- She said she is terrified that Nicholas, in trying to "save her," will not give her an option of leaving with him.

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Internet Search

- Internet search revealed Nicholas had made multiple comments supporting multiple “Militia” sites
- Also commented on blogs related to multiple anti-government groups

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Nicholas commented on a blog:

I am currently 27 years old and have been a "target" of this kind of harassment since I was 18 and maybe longer... From what I can tell they are of course targeting those who pose a threat such as Patriots, but I was targeted before I had any clue what was going on. I have a very high IQ and had all sorts of psych tests when I was a child. My grandpa and grandma were part of the masons and eastern stars respectively.

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Everywhere I go I have people move in near me and watch my every move. They make noise, spread rumors and even enter your house when you are gone. Most are satanist cults, though some masquerade as neighborhood watch groups. This is a serious problem and needs to be talked about and pushed into the spotlight. We must Unite and stop this along with all the other bullshit. Now is the time. God Bless Everyone who is speaking out!!!!!"

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“Nicholas” Discloses During the Interview

- He plans to protect his sister by taking her to a militia stronghold and will go to any lengths to do so
- The government is getting ready to attack and only people in militias will survive; he has been training for it
- His “Militia Mama” supports his basic living, weapons, and transportation expenses
- He believes he is being illegally held and questioned
- He is less certain about protecting his mother in the coming government-led attacks
- He has a stash of supplies and weapons “nearby”
- He knows where his sister resides on campus

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Discussion


Which, if any, Static Risk Factors do you identify in Nicholas' case?

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Discussion


Which, if any, Dynamic Risk Factors do you identify in Nicholas' case?



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Activity

Which, if any, Protective Factors do you identify in Nicholas' case?

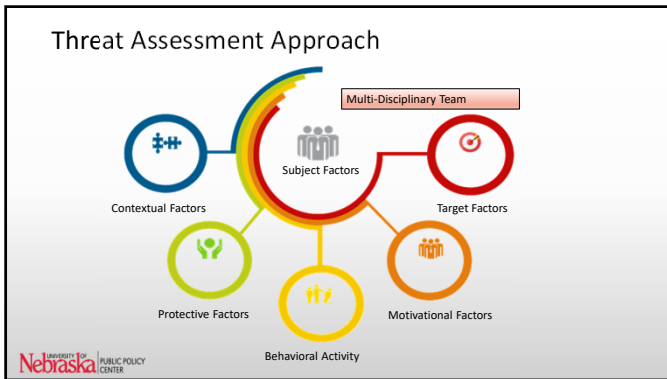


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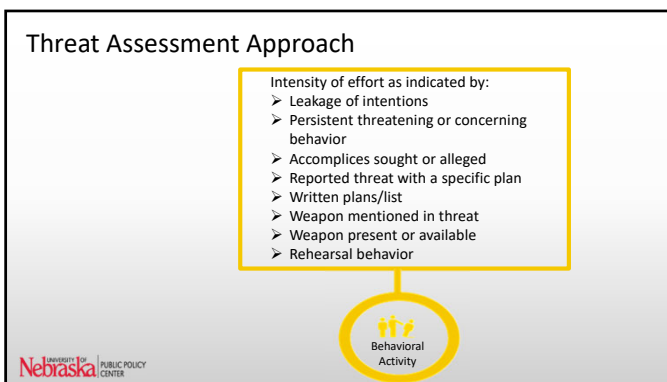
What Do We Know and What Does it Mean?



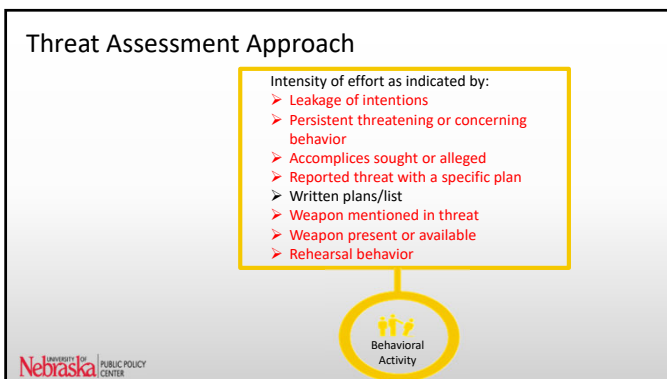
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Threat Assessment Approach

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Motivational Factors

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Threat Assessment Approach

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- > **Motives driven by mental illness?**
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Motivational Factors

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Threat Assessment Approach

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Target Factors

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Threat Assessment Approach


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Threat Assessment Approach




- > Prior arrest record or prior harassment/ threat-related activity?
- > Problematic contacts with other agencies?
- > Recent life stressors?
- > Presence of mental illness symptoms?

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Threat Assessment Approach



- > Prior arrest record or prior harassment/ threat-related activity?
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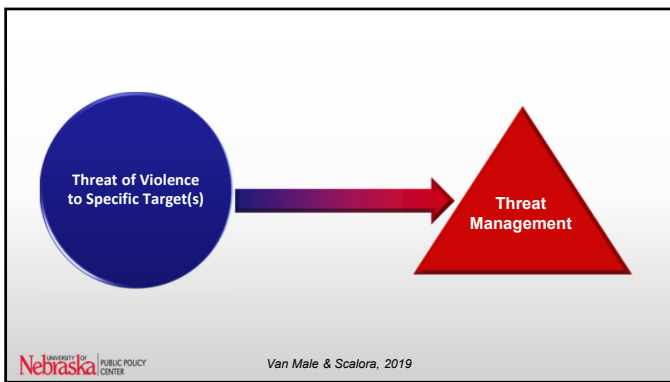
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Threat Management Strategies: Now What Will We Do?

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Goals of Risk Management

- Prevent violence
- Prevent Recidivism
- Increase time period between recidivism and cessation of supervision
- Enhance effectiveness of treatment
- Maintain credibility with key stakeholders

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Risk Management

- Involves the “management of uncertainty” (Cooke & Michie, 2013)
- Focus upon specific behaviors and issues of concern
- Structured Professional Judgement
 - Consolidation of actuarial and structured decision making approaches
 - Individualizes management and interventions that can be both “effective and proportionate”

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Management Strategy: What are the Behaviors of Concern

- Specific concerning behaviors to be addressed
- Focus of treatment must be directly relevant to risk presented
- Consideration of prior victims and potential victims (particularly in domestic violence situations)--particular attention to individuals to whom patient targeted threats in past

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Management Issues

- Monitoring of dynamic risk factors
- Cross-situational prediction
- Determining relationship between mental illness and concerning behavior
- Monitoring and addressing issues of treatment engagement
- Appropriately weighing treatment/engagement information

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Discussion

In the case of Nicholas, what behaviors of concern should be the focus of monitoring and intervention?

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Risk and Threat Management is Ongoing and Iterative

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Rarely, if EVER, "Once and Done"



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Personal Communication, Van Male, Schouten, & Meloy, 2015

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Common allegations related to civil complaints following patient violence

- Failure to maintain appropriate level of clinician-patient relationship;
- Failure to perform adequate diagnostic and risk assessment (including obtaining relevant corroborative info);
- Failure to take an adequate history, particularly of risk factors—subsequent failure of inadequate documentation;
- Failures of supervision and consultation.



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Documentation Issues

- Presume document may be read/reviewed by hostile third party -write accordingly.
- Specifying sources of information
- Separating facts from inferences
- Peer review/consultation
- Use client quotes to describe progress or lack thereof
- Behavioral descriptions
- Vigilance re: derogatory or negative comments about client



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Case Example– NRRI Acquittee

- 43 year old male found NRRI over 10 years ago on charges of Theft and Assault
- History of aggressive behavior intermittently since childhood – several assaults of varying seriousness, although no physical aggression in > 5 years.
- Victims of violence have included intimate partners, peers/acquaintances, health care providers, and law enforcement.
 - Context of violent behavior has varied
 - paranoia/delusional beliefs about authority
 - long-standing high conflict intimate relationships
 - retaliatory - “getting back” at those who have wronged him



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Case Example– NRRI Acquittee (cont.)

- Long history of mental illness – diagnosed with both major mood and psychotic disorders
 - auditory hallucinations of threatening and derogatory voices; delusions of government agencies being after him; thought broadcasting; suicidal ideas and several suicide attempts; dysphoric mood
- Long history of substance use
 - Methamphetamine and marijuana most frequent recently used substances
- Psychiatric hospitalizations on several occasions – typically precipitated by using illicit substances, discontinuing medicines, increase in mental health symptoms, and suicide attempts

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Case Example– NRRI Acquittee (cont.)

- When sober and taking medicines, demonstrates insight into mental illness and need for treatment, although limited ability to recognize symptoms as part of that illness when they recur
- Primary relationships include individuals who use illicit substances and/or have been recently incarcerated for violent offenses or drug charges.
- Engages well in structured treatment settings, but historically has struggled to maintain sobriety and continue to take psychotropic medicine when moves to less structured settings

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Discussion

What would be the appropriate areas of focus for outpatient treatment to address for this individual?

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REPORTING REQUIREMENTS

At least annually or more frequently if so ordered, provide reports to the court and prosecuting attorney regarding:

- Opinion about mental illness and dangerousness,
- Treatment progress of the individual, and
- Recommendations about least restrictive treatment consistent with the individual's treatment needs and consistent with public safety.

Send report **immediately** if the individual fails to comply with any condition specified by the court.

Send report **any time** there are recommendations to change the treatment plan for the individual (e.g., change in level of care, discontinuation/addition of treatment services).

1. Nebraska Revised Statutes 29-3701 through 29-3703

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Specific Context: NRR Cases & Progress Reports

- NRR Annual Template for Community Providers

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Questions?

Thank you!

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Contact Information

Mario Scalora, PhD, CTM
mscalora1@unl.edu
402-472-5602

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