

A Comparative Analysis of Threat and Risk Assessment Measures

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Abstract

This study reviews four approaches to risk and threat assessment applied to three case studies involving college students. The approaches include the Workplace Assessment of Violence Risk (WAVR-21), The Structured Interview of Violence Risk Assessment (SIVRA-35), the NaBITA Threat Assessment Tool, and History, Clinical, Risk (HCR-20) version 3. While differences are explored and discussed throughout the study, the overall similarity among the various tools identifying each of the cases consistently into low, moderate, and high-risk categories is encouraging. The results are graphically shown below.

	Case 1 John	Case 2 Qi	Case 3 Dave
WAVR-21	Moderate	Low	Imminent
SIVRA-35	Moderate	Low	High
HCR-20	Moderate/Elevated	Low	High/Urgent
NaBITA Risk Rubric	Moderate	Moderate	Extreme

There are challenges that face anyone who attempts to analyze four unique risk and threat assessment tools. The first challenge is space. It required a good deal of space not only to explain each measure but also detail the individual qualities, strengths and limitations of each instrument.

The next challenge was creating three case studies that were both long and detailed enough to allow each assessment tool to demonstrate its technical aspects. Additionally, each case study had to be short enough to prevent this research study from becoming the size of a book. Finally, there was not enough space to include repeating the details of how each risk assessment approach builds upon the threat assessment and workplace violence literature. This article leaves the reader with an annotated bibliography to further explore the philosophical and research underpinnings of each of the four tools.

While this exploration of the various tools on three case studies may not be the ideal way to demonstrate a comparison among the measures, it is the right place to start. This study is an excellent starting place to help illustrate how the major risk and threat assessment tools can assist those working on Behavioral Intervention Teams (BIT). My goal is to provide a document useful for those decisions-makers on campus BITs and Threat Assessment Teams (TAT) to better understand their choices as they seek a match for their institution to improve safety and violence prevention on campus.

The WAVR-21

The WAVR-21 is a workplace violence risk assessment designed to assist human resource and threat assessment professionals to work through a structured set of dynamic and static risk factors in order to better estimate the likelihood of violence by an employee.

Though designed with a workplace setting in mind, the WAVR-21 offers some guidance to those working in a higher education environment when it comes to identifying potential risks with students, faculty, and staff. To achieve this goal, the WAVR-21 offers two approaches.

The first is a short-form, serving as an early alert, first-step triage form using the acronym VIOLENCE RISK. These correspond with Violence Preoccupation, Intent and Threats,

Others are Concerned, **L**osses Recent or Impending, **E**ntitlement and Negative Attitudes, **N**oncompliance or Menacing Behaviors, **C**apacity and Actions Preparatory for Violence, **E**xtrême Moods, **R**eal Provocations or Destabilizers, **I**rrational Thinking, **S**ubstance Abuse, **K**nown History of Violence, **C**riminality, or **C**onflict.

The more detailed coding grid addresses 21 dynamic or static risk factors. These include: 1) Motives for Violence; 2) Homicidal Ideas, Violent Fantasies or Preoccupation; 3) Violent Intentions and Expressed Threats; 4) Weapons Skills and Access; 5) Pre-Attack Planning and Access; 6) Stalking or Menacing Behavior; 7) Current Job Problems; 8) Extreme Job Attachment; 9) Loss, Personal Stressors, and Negative Coping; 10) Entitlement and Other Negative Traits; 11) Lack of Conscience and Irresponsibility; 12) Anger Problems; 13) Depression and Suicidality; 14) Paranoia and Other Psychotic Symptoms; 15) Substance Abuse; 16) Isolation; 17) History of Violence, Criminality, Conflict; 18) Domestic/Intimate Partner Violence; 19) Situational and Organizational Contributors to Violence; 20) Stabilizers and Buffers Against Violence; 21) Organizational Impact of Real or Perceived Threat.

Items on the WAVR-21 are scored as either being absent, present or prominent. An additional scoring of “not enough information” is also included. For each item, the assessor can also indicate a decrease (< or <<), and increase (> or >>) or static (o).

Using the WAVR-21 requires participation in the WAVR-21 eight-hour trainings, a clinical expertise and knowledge of the threat assessment literature base, knowledge of risk management principles, and compliance with local and federal laws relevant to conducting workplace violence risk assessments.

For the purpose of this study, a discussion of both the short form and coding grid will be included for each of the three case studies.

SIVRA-35

The SIVRA-35 is an informal, structured set of items useful for those staff and faculty who work in higher education to use with individuals who may pose a risk or threat to the community. The SIVRA-35 is not designed as a psychological test and it is not designed to assess suicidal students. It is a guided structured interview useful for classifying risk into low, moderate, and

high categories. The SIVRA-35 will help those assessing violence risks to organize their thoughts and perceptions in a standardized manner and bring the current literature to the task of evaluating an at-risk individual. Data is entered into a website and returned to the user along with a risk rating, summary of endorsed items, and research citations.

While the SIVRA-35 primarily assists those conducting violence risk assessments through narrative and structured questions, there is a quantitative, numeric scoring key to further assist staff in their decision-making. A single administrator will either ask questions directly to the person being assessed or review relevant incident reports and other forms of data to determine a true or false answer for each item.

The research-based risk factors that make up the SIVRA-35 are included below. In terms of quantitative scoring, the following methodology is used. The SIVRA-35 can be scored from 0-70, indicating a numerical level of risk. Scores from 1-20 indicate a low risk for violence, scores from 21-40 indicate a moderate risk, and scores from 41-70 indicate a high risk. Items 1-12 are critical items that carry with them an additional scoring rule. If four or more of these first 12 items are marked either 1 or 2, then the individual is placed into the high category.

Those using the SIVRA-35 should have completed a three-hour training in the tool. The measure is designed for both clinical and non-clinical staff.

SIVRA items follow:

1. There is a direct communicated threat to a person, place, or system.
2. The student has the plans, tools, weapons, schematics, and/or materials to carry out an attack on a potential target.
3. The student displays a preoccupation with the person or object he/she is targeting.
4. The student has an action plan and timeframe to complete an attack
5. The student is fixated and focused on his target in his actions and threatening statements.
6. The student carries deep grudges and resentments. He can't seem to let things go and collects injustices based on perceptions of being hurt, frustrated with someone, or annoyed.

7. The target is described negatively in writing or artistic expression. There is a narrow focus on a particular person that has a level of preoccupation or fascination with the target. There is a pattern of this behavior, rather than a one-time act.
8. There has been leakage concerning a potential plan of attack.
9. The student has current suicidal thoughts, ideations and/or a plan to die.
10. The student talks about being persecuted or being treated unjustly.
11. The student has engaged in 'last acts' behaviors or discusses what he wants people to remember about his actions.
12. The student seems confused or has odd or troubling thoughts. The student may hear voices or see visions that command him/her to do things.
13. The student displays a hardened point of view or strident, argumentative opinion. This is beyond a person who is generally argumentative or negative.
14. The student has a lack of options and/or a sense of hopelessness and desperation.
15. The student is driven to a particular action to cause harm.
16. The student has had a recent breakup or failure of an intimate relationship. The student has become obsessed in stalking or fixated on another person romantically.
17. The student acts overly defensive, aggressive or detached given the nature of this risk/threat assessment. Seeks to intimidate the assessor or displays an overly casual response given the seriousness of the interview.
18. The student displays little remorse for his actions, lacks understanding for the view for potential victims, and acts with a detachment or bravado during the interview.
19. The student has a weapon (or access to weapon), specialized training in weapon handling, interest in paramilitary organizations or Veteran status.
20. The student glorifies and revels in publicized violence such as school shootings, serial killers, war or displays an unusual interest in sensational violence. The student uses weapons for emotional release and venerates destruction.
21. The student externalizes blame for personal behaviors and problems onto other people despite efforts to educate him/her about how others view these actions. The student takes immediate responsibility in a disingenuous manner.

22. The student intimidates or acts superior to others. The student displays intolerance to individual differences.
23. The student has a past history of excessively impulsive, erratic or risk taking behavior.
24. The student has a past history of problems with authority. The student has a pattern of intense work conflicts with supervisors and other authorities (e.g. Resident Advisor, Conduct Officer, Professor or Dean).
25. The student handles frustration in an explosive manner or displays a low tolerance for becoming upset. This is beyond avoiding responsibility or calling mom/dad or a lawyer.
26. The student has difficulty connecting with other people. The student lacks the ability to form intimate relationships. The student lacks the ability to form trust.
27. The student has a history of drug or substance use that has been connected to inappropriate ideation or behavior. Substances of enhanced concern are methamphetamines or amphetamines, cocaine or alcohol.
28. The student has mental health issues that require assessment and treatment.
29. The student has poor and/or limited access to mental health and support.
30. Objectification of others (perhaps in social media or writings).
31. The student seems obsessed with another person, location or behavior the individual has little control over.
32. The student has oppositional thoughts and/or behaviors.
33. The student has poor support and connection from faculty, administration and staff. The student has an unsupportive family system and peers who exacerbate bad decisions and offer low quality advice or caring. He or she experiences evaporating social inhibitors.
34. The student experiences overwhelming, unmanageable stress from a significant change such as losing a job, a conduct hearing, failing a class, suspension or family trauma. This stress is beyond what would normally be expected when receiving bad news.
35. The student has drastic, unexplained behavior change.

NaBITA Threat Assessment Tool

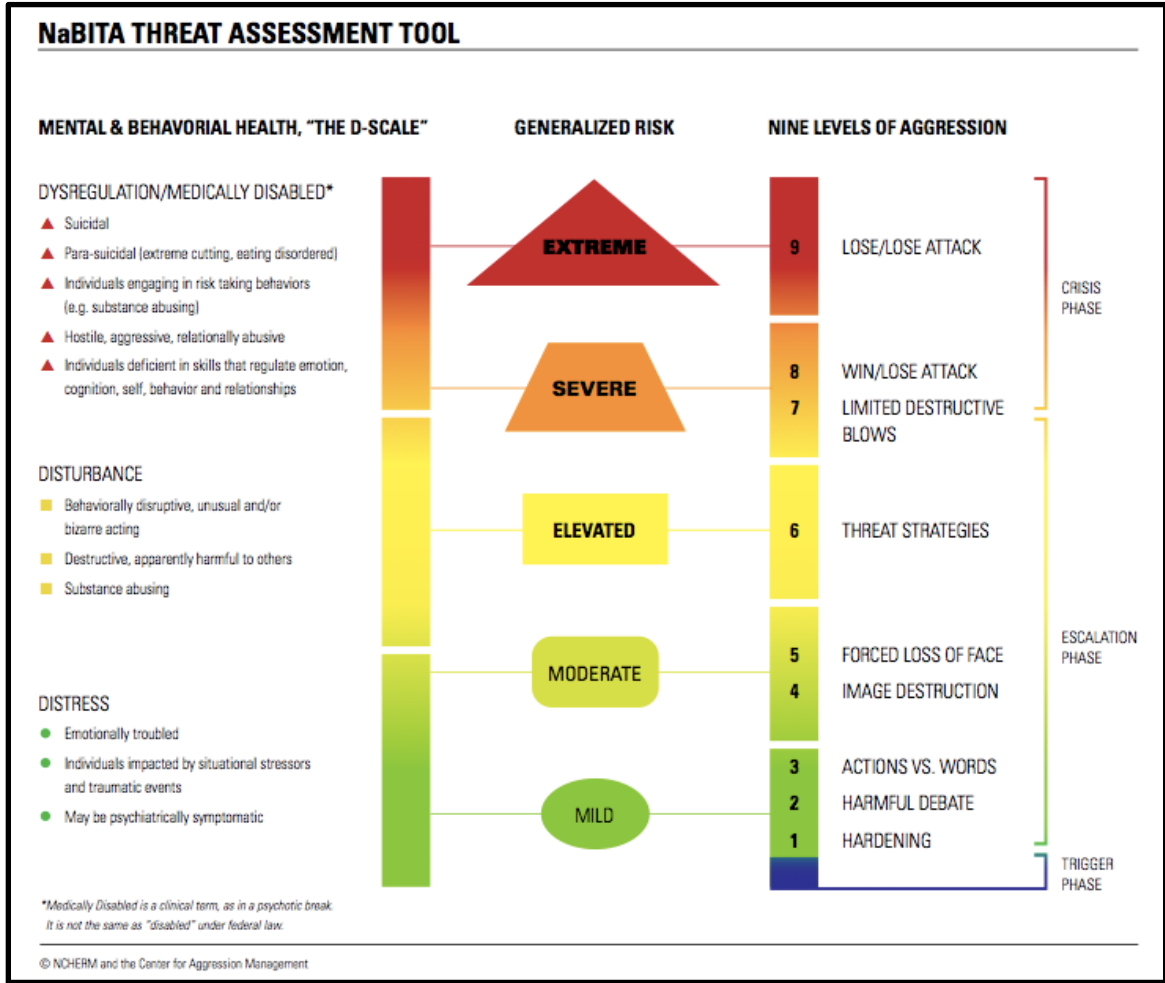
The NaBITA Threat Assessment Tool contains three rubrics that offer the end user the ability to code behavior on the mental health “D” scale, the generalized risk measure in the center and the Aggression measure.

Behavioral intervention teams need a measure to assess mental health related risk, and that is why the “D” scale was created. While this scale may represent some oversimplification compared to the clinical assessment by a mental health professional, it is not a gross oversimplification. It is pared to the point of easy application without needing a high level of mental health expertise. The “D” scale progressively escalates from Distress to Disturbance to Dysregulation/Medical Disability.

The second rubric informing the model is a generalized risk rubric developed by the National Center for Higher Education Risk Management (NCHERM, now The NCHERM Group), applicable to potentially violent and injurious acts, as well as to risks that threaten reputation, facilities, normal operations, etc. This is the central part of the Threat Assessment Tool, and it is universally applicable. Like the Homeland Security system, the NCHERM model is a five-level rubric, but the criteria for risk classification developed by NCHERM were specifically designed for campus threat assessment purposes.

The third rubric that contributes to this Threat Assessment Tool provides the capacity for campus behavioral intervention teams to assess the potential for harm to others through the lens of aggression. The Aggression Management Model is built upon a three-phase construct. The three phases include the Trigger Phase, the Escalation Phase and the Crisis Phase. These phases are overlaid by a nine-level conjoining of Cognitive and Primal Aggression Continua. The constructs of Primal and Cognitive Aggression are critical to a comprehensive understanding of aggression.

The NaBITA Threat Assessment Tool is offered for free on the NaBITA website. Daylong trainings are recommended to achieve some level of mastery and consistency in the tool.



HCR-20 version 3

The HCR-20 third version is a structured professional judgment instrument used to assess risk and develop mitigation plans. The measure is well-researched and evidenced based. The authors of the measure explain that risk and threat are always incompletely understood due to the uncertainty inherent in individuals' choices. The HCR-20 is commonly used in psychiatric settings to determine release criteria, admission screenings, inpatient psychiatric management, and to monitor risk in probation and parole settings.

The HCR-20 is a process rather than a singular tool producing a quantitative score or measure. The seven-stage process includes 1) gathering information, 2) identifying the presence of risk factors, 3) determining the relevance of the risk factors, 4) formulation of the

motivators for violence, 5) the development of risk scenarios, 6) management, and 7) final opinions.

The HCR-20 risk factors are coded in terms of their presence (Y=present, P=possibly or partially present, N=not present, and Omit= no reliable information to judge). In addition to the presence of a risk factor, the relevance is also coded. Here the relevance is: High=the risk factor is relevant, Moderate=the risk factor is possibly or partially relevant, Low=no information to indicate relevance, Omit=no reliable information by which to judge the relevance.

The Historical, Clinical and Risk factors are as follows:

H1: Previous violence

H2: Other anti-social behavior

H3: Relationship instability

H4: Employment problems

H5: Substance use problems

H6: Major mental illness

H7: Personality disorder

H8: Traumatic experiences

H9: Violent attitudes

H10: Treatment of supervision response

C1: Lack of insight

C2: Violent ideation or intent

C3: Active symptoms of major mental illness

C4: Instability

C5: Treatment or supervision response

R1: Professional services and plans

R2: Living situation

R3: Lack of personal support

R4: Treatment or supervision response

R5: Stress or coping

The final scoring of the HCR-20 (step 7) prioritizes cases as low/routine, moderate/elevated, or high/urgent. Low/routine prioritization indicates the person is not in need of any special interventions or monitoring. Moderate/elevated means the person requires special management and increased monitoring. High/urgent prioritization suggests immediacy to action with a staff or intervention response. This could include emergency actions such as hospitalization or suspension of a conditional release.

Those administering the HCR-20 should have knowledge of violence, expertise in individual assessment, and an expertise in mental health disorders. The HCR-20 is a tool often used by clinical staff such as psychiatrists, nurse practitioners, social workers, and counselors. As such, a level of expertise in mental health, treatment planning, and diagnosis is recommended.

Case Studies

Three case studies were developed based on real-life cases of potential violence on college campuses. These cases attempt to represent a diverse range of risk and threat scenarios that occur on college and university campuses. Cases begin with an overview of the presenting problem. The next section identifies background information that was obtained prior to the interview. Finally, data obtained from the interview is included to ensure the evaluator has enough to complete each of the four assessments.

Case Study John

Presenting Problem: A student on your campus, named John, begins to seek funding to make a movie about a hypothetical, rampage school shooter on your campus. He includes references to the Virginia Tech, Northern Illinois, and Tucson shootings. He has an altered picture of the Aurora shooter on the flyer he and some friends put up around campus.

Background Information Discovered: John is a second year student who is studying video production and has had numerous problems on campus with the conduct office. He gets along

well with his professors and several support his creative (albeit "odd and troubling work"). He was talked to once for yelling obscenities at a preacher who was on campus to share the wickedness of sin to the college students (protected under free speech). He also printed out 250 letters advertising a new video he made about a psychopathic clown who kills people with a hammer (<http://www.youtube.com/watch?v=UQMPICozvU>), which was both disturbing and a violation of the campus advertising policy. Both times, John was evaluated by counseling through a threat assessment process. John was ultimately cooperative, but showed little insight as to why he gets called into the conduct office. In counseling, he shares a history of getting into trouble in high school for similar events. He is cautious and methodical, never impulsive, in his actions that have gotten him into trouble before. He shares that he was diagnosed with depression and Asperger's disorder but, "I stopped taking medication from that quack. I'm fine now." He reports being suicidal once, but "only ended up in the hospital for a few days." He remains angry with those who locked him up, the crazy preacher, and the students who reported his movie flyer. He says, "I've been treated unjustly; not like you care. You're part of the system. People just need to leave me alone. It's their fault...just a bunch of herd animals." John has always been a little odd on campus. His behavior has not changed recently. When offered the chance to attend free therapy on campus, he says, "I don't need to see anyone."

Interview Information: During past interviews, John came across as defensive and cavalier in regards to the reasons he was being called in (yelling at preacher, advertising his movie). He talked at length about the preacher and how he still thinks he is a "wacko" for calling college students sinners. This time, he is even more defensive and says loudly, "I don't see the problem here. I love watching violent films and I'm doing a film project. I'm learning about guns, getting my concealed carry permit, and I'm learning about active shooter tactics and the psychology behind the school shooter." John talks about the books he is reading: *The Handbook for Campus Threat Assessment & Management*, and *Ending Campus Violence: New Approaches to Prevention*. He has also obtained schematics of the school from the local town hall. He says this is all for his research and, "It's not like I'm going to shoot anyone. I just find this stuff fascinating. You can't stop me from doing research and showing my movie." He talks about the doctor who locked him up in high school and states, "I know my rights now—so you can't try to

pull anything like that quack did. I'm not a danger to myself or others. I am not, nor ever have been, suicidal." He tells you, "I don't care about anyone else here. I have a right to advertise my movie. If it bothers other people—so be it." John shares that he has a casual girlfriend who lives on campus who is also supportive of his movie. He has access to on-campus counseling, but refuses any offer to see a therapist. He says, "I'm not stressed out—this is all the school's reaction."

WAVR-21: John

Short Form: Evidence of Violence Preoccupation (>), Others being concerned (>) and Entitlement and Negative Attitudes (>)

Critical Risk Items:

- Homicidal Ideas, Violent Fantasies or Preoccupation (#2, Prominent, >>) as evidenced by his focus on school shootings and the creative process related to making a film on the subject. While there is no plan for an attack, there is the presence of thoughts and planning related to his movie.
- Weapons Skills and Access (#4, Prominent) as evidenced by his acquiring a weapon and specialized training through a concealed carry permit.
- Pre-Attack Planning and Access (#5, Prominent) as evidenced by his study of college violence texts and schematics. While there is no plan of attack by John, the knowledge is present here.
- Extreme Job Attachment (#8, Present, 0) as evidenced by professors supporting his work and the assumed access to filming, editing, and production equipment at the college. "Job" here becomes his focus on college, his studies and the film project.
- Entitlement and Other Negative Traits (#10, Present, 0) as evidenced by his attitude and demeanor during the conduct meetings. The film becomes his focus with little awareness on how his subject matter may impact others.
- Lack of Conscience and Irresponsibility (#10, Present, 0) as evidenced by his disregard for others, and potential on-campus conduct violations related to his advertising.

- Stabilizers and Buffers Against Violence (#20, Prominent, 0) are evidenced by his relationship with girlfriend, peers, and professors on his project.
- Organizational Impact of Real or Perceived Threat (#21, Present, >>) as evidenced by his impact on the campus community regarding his film and production of upsetting material related to a school shooting.

Additional Case-Relevant Risk Factors:

John displays some inconsistency in his reports related to past suicidal behavior. He also seems invested in creating his project and saying whatever he needs to say to achieve this goal. While there is no evidence of his personally planning an attack, the dedication and passion focused toward his film are a concern.

Risk Opinion Narrative:

The risk presentation with John is moderate given the presence of numerous risk factors on the WAVR-21. Violence could possibly occur, although the situation is not urgent. While there is no mention of a plan or attack, John has acquired all of the knowledge and material to carry out an attack if he felt so motivated. While the knowledge and planning is not the same as a desire to carry out an attack, the passion in which he is creating his movie and the frustration he experiences when questioned about the creation of this project are cause for concern.

What steps could be taken to manage the individual's risk for violence?

Continued monitoring by student conduct, counseling services, faculty advisor, or a supportive other is recommended, as well as someone to mentor and work with him closely on this project would be very helpful given the sensitive nature of the material. There should be further exploration of potential future disappointments and further impediments to his reaching his goal of creating this movie. A discussion of where this desire manifested and why this topic is of particular interest to the student would allow a better understanding of the motivation.

What circumstances might exacerbate the individual’s risk for violence?

If John is unable to complete his film or is separated from the institution, these may be trigger points for him to escalate. He could take the knowledge and expertise he has been gathering for his film and use it for a more nefarious purpose. Additionally, frustrated with his current situation or with a future threat to his film or study, John could also see a return in his depressive and suicidal symptoms.

John demonstrates several inflexible and negative thoughts towards various people in his life which he now sees in a “black and white; us vs. them” manner. These include medical doctors, the street preacher, and the conduct office. John could narrow his frustrations on any of these groups if he did not have his film or study at the university to keep his focus on his movie project.

Recommendations, and Additional Comments or Issues to Convey to the Employer:

While this student mentions no plan of attack, the fascination he displays with this topic and the advertising and project development he is engaged in warrant further observation and connection. The old axiom, “Keep your friends close and your enemies closer” comes to mind here. While there is no evidence of an urgent or impending attack, the knowledge base the student is gathering, along with weapons, access creates a heightened need for monitoring and connection.

Ideally, this connection would be positive and mentoring in nature, rather than punitive or conduct related. It is worth noting that the behaviors seem to be on the increase, rather than the decrease as noted by the scoring on the short form.

SIVRA-35: John

1	2	3	4	5	6	7	8	9	10	11	12
0	0	0	0	0	1	0	0	0	2	0	0
13	14	15	16	17	18	19	20	21	22	23	24
2	0	0	0	2	2	2	2	2	2	0	2
25	26	27	28	29	30	31	32	33	34	35	tot
0	0	0	2	0	2	0	2	0	0	0	25

John does not have more than four items in the first 12 critical items (only scores non-zero on items 6 and 10). John's overall score of 25 places him in low end of the moderate risk category. While there is no direct threat or target identified, the odd fascination with violence and weapons, along with some significant mental health issues, raise John to a level of concern that would require further interventions and monitoring.

It would be useful to further explore the issue of John's concealed carry request given the potential that he was involuntarily committed in high school. It is not clear from the case study if this was a voluntary admission (with his parents signing him in) or something done against his will. While he says, "they locked me up," many teenagers fail to appreciate the technical difference between a voluntary and involuntary psychiatric unit (both are locked).

Likewise, John's past mental health history around his hospitalization and potentially conflicting information about "never being suicidal" should be explored further. Little information about family and friendships is shared in the case study. This is another area of further exploration.

Some individuals scoring John's case become stuck on the concept of his suicide in item #9. It is important to remember that we are looking at current suicidal thoughts or behavior. While a past history may certainly be indicative of current thoughts, simply having a suicide attempt in the past (if that's indeed what it was in John's case, it well could have been a hospitalization for threatening or odd behavior) is not the intent of item #9.

The schematics John collects are also cause for some concern for those looking at #2. While Item #2 certainly does mention schematics as a risk factor, the item reflects the collection of these items in the planning of a targeted attack. This serves as a reminder to view the individual items in the overall context of the information gathered.

Item #6 also can cause some confusion as John says explicitly, "I'm being treated unjustly." While this is present, more information would be helpful to truly identify this as a pattern of the injustice collector. Item #10 more accurately reflects John's feelings of persecution and being treated unfairly.

NaBITA Threat Assessment Tool: John

With a history of depression and Asperger's disorder, it may do to start an assessment of John on the "D" scale of the NaBITA Threat Assessment Tool. We see some distress in John's past, but very little in the way of mental health driven problems in the current situation. He reports a history of suicidality and medication, but currently denies both. This would give him an elevated baseline, but the lack of current evidence of mental health symptoms would keep him in the Distressed category.

Using the generalized risk measure in the center, we certainly see John's behavior reaching the moderate risk level given the frequent disruptive behavior. The yelling at the preacher and handing out flyers with a disturbing image doesn't rise to the level of a serious disruption. He attends the conduct meetings and seems to work with the office without becoming overly defensive. There does not appear to be a threat. If the video creation and collection of materials were considered a threat, it would be vague and indirect. Moderate seems to be the appropriate category here.

The Aggression measure with John moves quickly past a hardened point of view (creating this video) and demonstrates harmful debate and action versus words. His desire is to create the movie and nothing else seems to matter. There remains no identified threat here. The incident with the street preacher could also be seen as an attempt to engage in level four (image destruction) or five (forced loss of face) aggression. Considering the nature of the street preacher's behavior (yelling at students), John's response seems more contextual. Moderate seems to be the appropriate category here.

HCR-20: John

H3: Relationship instability	(Possibly present, high relevance)
H4: Employment problems	(Possibly present, high relevance)
H6: Major mental illness	(Present, moderate relevance)
H7: Personality disorder	(Possibly present, high relevance)
C1: Lack of insight	(Present, high relevance)

C4: Impulsivity	(Possibly present, high relevance)
R1: Future problems with professional services	(Possibly present, high relevance)
R4: Future problems treatment	(Possibly present, mod relevance)
R5: Future problems with stress or coping	(Possibly present, high relevance)

The HCR coding indicates a number of possible areas of concern. In John's past, we see a history of conflict and relationship instability in high school (H3). This relationship instability is related to current struggles, though he is able to maintain some friendships and a dating relationship now.

If we assume employment is synonymous with school and class involvement (H4), the multiple conduct meetings indicate some instability with his ability to remain at school. Being removed from school is highly relevant to the current situation. There is a past history of major mental illness through Asperger's, depression, and suicide (H6). This may or may not be particularly relevant to the scenario at hand. There is also evidence of past personality conflicts (H7) which have a high relevance to his conflicts, tone and general attitude during the conduct meeting.

In terms of clinical factors, John demonstrates a lack of insight (C1), which is directly relevant to his current behaviors. He may also have some tendency toward impulsivity (C4), which is also highly relevant to his current situation.

In terms of risk factors, there is some evidence he will not comply or stay connected with professional services such as the BIT or continued monitoring (R1). This is highly relevant to the scenario at hand. He also is reluctant to seek treatment (R4), which may be relevant to the overall risk.

A final central risk is John's ability to cope with future stress (R5). This could be a triggering factor to future documentation and is highly relevant.

Future risk scenarios would include:

- 1) John becoming upset at the conduct actions and seeing them as thwarting his movie. He could become impulsive and argue with the school/administration or create a flyer demonizing the school or BIT for blocking his project.
- 2) John could become increasingly obsessed with his research and find himself thinking more about carrying out an attack now that he has all the tools and research to carry it out.
- 3) John could make his film, continue to upset and worry people and move on to a new project.
- 4) John could become more fixated on another subject or person on campus (like the street preacher) and become more focused on arguing or threatening.

Based on the HCR-20 risk factors and risk scenarios, John would be prioritized at the moderate/elevated level. Connection and monitoring, whether that occurs through mental health treatment or ongoing BIT/conduct meetings, would be recommended to monitor the likelihood of the risk scenarios occurring.

Case Study: Qi

Presenting Problem: Qi gets into an argument with another student in her drawing class. Qi asked another student to move so she would be better able to see the model they have to draw for the class. The other student refuses to move and says, "I got here early to get a good seat. Maybe you should have thought of that before now." Qi becomes upset with the thought that she will not be able to complete the assignment well (her parents have high expectations for her grades and scholarship in school) and she begins to yell at the other student to move. The other student yells back and the professor finally steps in and tells Qi to "sit down somewhere else."

After class, Qi goes back to her dorm and Tweets, "I'm going to get a gun and shoot that girl in my class and then dance around in her blood." One of her friends reports the Twitter post to her RA and the RA shares this with the Resident Director. The case is forwarded to the BIT.

Campus police are dispatched to her residence hall and she is required to meet with student conduct and to complete a threat assessment with the counseling center.

Background Information Discovered: Qi is from China and is studying art at a U.S. university. This is her second year on campus and her GPA is a 3.4. She has numerous friends and is involved in the international club, the female student choir, and the fine arts honor society. Qi has not been to therapy before and has not been involved in any student discipline cases. When the police picked up Qi in her dorm, a student involved with the campus newspaper got wind of the story. The student newspaper runs the next day with the headline, “Student Threatens Shooting Rampage on Campus.” Obviously, the community becomes concerned, parents call the president and there is widespread concern because the recently developed campus emergency text notification system was not activated. The school's tuition recently was raised as a result of budget cuts at the state level, so students are already frustrated and concerned about the spending on things like a \$200,000 emergency text system at a time when tuition was raised by five percent. Qi is asked to stay off campus with her host family until she completes the threat assessment process—both for her safety and to determine if there was indeed a risk of her committing violence. Qi’s behavior before this incident was fairly consistent. She also denies any drinking or drug history. Qi has dated casually, but does not currently have a serious dating relationship.

Interview Information: Qi is soft-spoken and polite during the interview. She explains that she was “very angry” with the other student and sent this Tweet out to her friends “without really thinking about it.” Qi explains that she does not own a gun, know how to shoot a gun, and has never even held a gun. She is tearful and apologetic, as well as worried that her parents back in China will find out about what she did. She continues, “There are no guns allowed in China. The idea of getting a gun is, like, as farfetched as getting a missile.” She again bursts into tears, apologizes and asks what she can do to make this right. Qi agrees to attend counseling and also agreed to apologize to the student and the professor for her remarks. She becomes very upset when the issue of notifying her parents is mentioned again. She has strong feelings of shame

and anger when she learns of the campus newspaper story on the incident. Qi admits to handling frustrations poorly when she gets upset. She says, "Sometimes I get so mad I just explode and write things like this...I'm really sorry, though."

WAVR-21: Qi

Short Form: Evidence of Intent and Threats (<), Others are Concerned (o), Losses Recent or Impending (>)

Critical Risk Items:

- Violent Intentions and Expressed Threats (#3, Prominent, <<) as evidenced by her Twitter post, "I'm going to get a gun and shoot that girl in my class and then dance around in her blood."
- Extreme Job Attachment (#8, Prominent, >>) as evidenced by her positive grades, involvement in organizations and her desire to stay in school. She also expresses fear of how her parents might react to her separation from her school.
- Anger Problems (#12, Present, 0) as evidenced by her classroom outburst and Twitter post and her reaction to another student taking her seat in class. She also mentions at the end of the interview where she says, "sometimes I just get so mad I explode."
- Stabilizers and Buffers Against Violence (#20, Prominent, 0) are evidenced by her relationship with numerous friends around campus.

Additional Case-Relevant Risk Factors:

Qi displays a high degree of remorse and appropriate reaction following her outburst on Twitter.

Risk Opinion Narrative:

Qi responds in an almost idyllic way to the risk assessment. She demonstrates a degree of empathy, seems to appreciate the full impact of her statements, and searches for opportunities to make things right with those she has concerned or worried. The overall risk for Qi is low. Beyond the initial outburst, there is little evidence of additional risk factors for future violence.

The community reaction is a strong one and may play a role in a desire to separate the individual from campus. In the same way the angry mob should not be put in charge of doling out punishment, the frustrated community should not be the deciding factor in understanding Qi's risk.

In fact, it seems like the most likely risk scenario in the future would be if Qi were separated from the institution where she is making her life, has friends and is achieving academically.

What steps could be taken to manage the individual's risk for violence?

Qi would benefit from further conversations and monitoring related to her understanding of the incident and ways she may be able to create opportunities to "make things right" with the community.

Further treatment and exploration of her history and potential for future impulsive, angry outbursts should be explored. It may be that Qi could benefit from additional counseling support to help her identify triggers for her anger and role-play additional options beyond anger.

What circumstances might exacerbate the individual's risk for violence?

If Qi is separated from campus, it may be that this event would become overwhelming for her. She may lose her visa status and be forced to return to China. In this case, efforts to assess her potential reaction and set up supports and further assessments would be recommended.

Recommendations, and Additional Comments or Issues to Convey to the Employer:

Most would see Qi's behavior as a one-time outburst that, unfortunately, set in motion the entire threat assessment process at a campus recently engaged in updating its capacity to detect and manage just such a risk. The most reasonable hypothesis, given the data, is that Qi would follow through with recommendations made by the assessor and avoid future threats of this kind.

A separation of Qi from the community could certainly increase the risk of an additional angry outburst or social media threat.

SIVRA-35: Qi

1	2	3	4	5	6	7	8	9	10	11	12
2	0	0	0	2	0	0	0	0	0	0	0
13	14	15	16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	1	0	0	1	0
25	26	27	28	29	30	31	32	33	34	35	tot
1	0	0	0	0	1	1	0	0	2	0	11

Qi has two of the first 12 critical items marked (more than four non-zero scores are needed to push her into a high category). Qi’s overall score is 11, which puts her in the low risk category. Qi made an upsetting, public, direct threat toward another student on campus. At face value, this case draws a high level of concern and scrutiny (as noted with a police response and immediate threat assessment).

Once the assessment is complete, it becomes clear that Qi does not have the means or desire to carry out the threat. She seems well integrated into campus, has no history of mental health problems or disciplinary action and is a strong student involved in a number of clubs and organizations. The impulsivity and specificity of Qi’s threat (dancing around in the blood) are cause for concern and should be the impetus for further connection through campus support to ensure the accuracy of this hypothesis (Qi made a unrealistic threat in the heat of the moment with no intention or ability to carry it out).

Some scoring this measure may be tempted to endorse several items in the critical item set. Caution is advised here. While this was written expression, this is a one-time event, not a repeated event (item #7). The student Qi threatens seems barely known to her (she doesn’t mention her name), so there is little evidence of a preoccupation (item #3). While it may seem at first that Qi feels persecuted or that she is holding a grudge, this scenario unfolds quickly and Qi’s subsequent behavior gives little evidence of injustice collecting or feeling persecuted (items

#6 and #10). If Qi did have these qualities, we would likely have seen escalations around her interaction with campus police during the conduct interview or with the notification of her parents.

Another aspect of this scenario centers on a concern of “what happens next?” Qi may see an escalation in items #14 (around hopelessness) and #34 (stress) given the pending interactions with others around the newspaper story and her parents finding out about what happened. These destabilizing factors should be explored in more detail and serve to remind us of the importance of seeing threat assessment as an on-going process rather than a one-time, static event.

Qi’s story is a common warning for those involved in threat assessment. It highlights the importance of a quick and decisive response to an acute threat scenario (assuming the worst case scenario of Qi shooting her classmate). Once Qi is in custody and the story unfolds, it’s essential to maintain a logical and a clear thought process throughout the remaining aspects of the threat assessment. Adopting a reactive, poorly conceptualized, zero-tolerance policy that results in the removal of Qi from the institution does not make the university or the target safer. If Qi is quickly removed from campus and separated from the institution prior to a full threat assessment, it hampers our ability to fully understand Qi and limits our ability to require follow up and better monitor her behavior.

NaBITA Threat Assessment Tool: Qi

There is no evidence of mental health problems with Qi. The “D” scale would not be appropriate.

Using the generalized risk measure in the center, we can see Qi’s threat at the moderate level. There is a clear threat made, but the threat lacks realism and is implausible for Qi. There may be an argument to elevate this higher given the disruptive nature of the Twitter posting, but the one time nature of this disruption lacking any baseline elevation or previous conduct actions makes that incongruous.

The Aggression rubric with Qi is difficult to make fit. Her action seems a bit more impulsive and lacks planning.

HCR-20: Qi

C2: Violent ideation or intent	(Possibly present, highly relevant)
R2: Living situation	(Present, highly relevant)
R3: Lack of personal support	(Possibly present, highly relevant)
R5: Stress or coping	(Present, highly relevant)

None of the historical factors seem to be present with Qi. She has no mental health history, no evidence of past violent thoughts (beyond occasional anger), and no past trauma or personality disorders.

In terms of clinical risk, Qi demonstrates insight into her behavior. She has some evidence of violent ideation (C2) but her outburst lacks realism or feasibility. She demonstrates no mental health conflict or instability. She demonstrates a positive treatment attitude both toward the BIT process as well as toward seeking counseling.

It is unlikely she will have any future difficulties with following through with recommendations. She will likely have trouble with her living environment and connection to school in the future (R2). This is highly relevant to her reaction to the BIT meeting. She has some friends, though her support may be fading given the public nature of the threat (R3). It is reassuring that she is willing to connect to treatment and work with those she upset following her threat.

Qi's future reaction to a negative conduct or BIT action that would remove her from campus could tax her ability to manage stress and cope with future interactions with other students, faculty, and staff (R5).

Future risk scenarios would include:

- 1) Qi could have a drastic negative reaction if she is separated from campus. This could result in additional threats on social media, arguments with her teacher, classmates or the BIT/conduct.

- 2) Qi could access a gun and attempt to shoot someone as a result of the BIT separating her from campus because of her threat. She could say to herself, “well, if they think I’m going to do this...maybe I will!”
- 3) Qi could follow through with counseling, restorative justice and take steps to address her anger through treatment.

Given the potential outcomes, it seems most likely Qi will follow through with sanctions and treatment. The lack of a weapon, more serious mental health issues, and instability make it likely she would not spontaneously move forward with an attack or acquire a weapon.

The on-going connection with Qi through treatment in counseling and supervision with the BIT should address any potential change in her risk profile. The overall rating of Qi would fall between low and moderate. Arguments could be made to see her profile as low given the one time nature of the threat and encouraging steps to engage in counseling and comply with BIT requests. Arguments could be made for moderate given the direct communicated nature of her threat and the lack of previous counseling or connection with Qi. With a moderate rating, it would be likely after a month of follow-ups she would move back down to low. Given the importance of initial follow up and specialized action with Qi following the incident to ensure her compliance and confirm the hypothesis, a moderate rating would be most accurate.

Case Study: Dave

Presenting Problem: Dave frequently gets into arguments with his internship coordinator, Professor Harper, in the nursing program. He feels as if they are “out to get him” because he is a man and not “just another woman” in the program. The argument comes to a head when his internship coordinator accuses him of falsifying his hours during his hospital shift. He explodes at her and yells, “All you care about are these stupid fucking forms. You don’t know what it’s like to care for someone in a real emergency. Maybe I’ll show you what a gunshot wound looks like.” The internship coordinator then said, “Did you just threaten me?” Dave looked at her with disgust and mumbles under his breath while walking out of her office, “God damn bitch.” Dave carries deep grudges and doesn’t let past slights go.

Background Information Discovered: Dave is a veteran of the Gulf War and is studying nursing. He was a combat medic. There are reports from his internship that Dave is aggressive and distant with his patients, he does not respond well to authority or redirection, and that his performance has gone from “not so good” to “intolerable” over the past few weeks. Dave’s wife recently filed for divorce from him and his grades and general demeanor at school and his internship site have taken a drastic turn for the worse. He is distant from his classmates and has trouble making any friends. His grades are low for the nursing program and after the recent events, he is facing an involuntary separation from the program. Dave reports moderate drinking three to four nights a week. Dave has always been a bit of risk-taker; he has two citations for leaving a base and not following orders from his time in Iraq.

Interview Information: Dave comes into the student conduct office and makes little eye contact. When offered a seat, he refuses and tells the conduct officer, “I’ll just stand.” Dave stares off in the distance and refuses to make eye contact. When asked about the threat, he denies saying it. He admits to having a .45 handgun at home as well as an AR-15 assault rifle. He says, “I was military, dumbass. Of course I have guns. I also know how to use them.” The conduct officer shares with Dave that this is the kind of statement that could be taken as a threat. Dave says, “You take it any way you want to take it.” When asked about the possibility of having to leave the program because of this incident, he becomes angry and begins pacing back and forth. He says, “That will not happen. Harper and all the bitches are all the same at your school. Just a bunch of clueless skirts who don’t know the first goddamn thing about real emergency medical training.” The conduct officer asks Dave again to sit down and he refuses again. Dave says, “Listen, are we done? I’m tired of all of this.” Dave denies any history with mental health counseling, medication or past legal trouble. “Unless you count speeding tickets”, he says. “I have a shit ton of those.” When asked about the conversation with his instructor, he replies, “I have no interest in hurting anyone. I want to get my degree and get a job. If Harper and all these female professors would leave me the hell alone, I’d get my work done. Do you think they hassle the women in the class? Hell no. Harper hassles me because I have a dick.” When asked about how his actions affect Professor Harper or the other students

in the class, he says, "I couldn't care less. It's not like they waste any time on me." Needless to say, Dave refuses to meet with a counselor on campus.

"Look," he says, "I did say that to her, and I'll say this. If Harper thinks she is going to kick me out of the program during our evaluation meeting next week...well, then...maybe she should be worried about my guns. Passing this internship class is my only option right now. None of this is my fault."

WAVR-21: Dave

Short Form: Evidence of Intent and Threats (>>), Others are Concerned (>), Losses Recent or Impending (>>), Entitlement and Negative Attitudes (>>), Noncompliance or Menacing Behaviors (>), Capacity and Actions Preparatory for Violence (>), Extreme Moods (>), Real Provocations or Destabilizers (>>), Irrational Thinking, Substance Abuse (o), Known History of Violence, Criminality, or Conflict (o).

Critical Risk Items:

- Motives for Violence (#1, Prominent, >>) are evidenced by his desire to seek revenge for a bad grade or intimidate to gain a positive grade.
- Homicidal Ideas, Violent Fantasies or Preoccupation (#2, Prominent, >) are seen toward his professor in class. Given an opportunity to soften the threats during the interview, he chooses to strengthen them.
- Violent Intentions and Expressed Threats (#3, Prominent, >>) are made to both the professor and conduct officer.
- Weapons Skills and Access (#4, Prominent) as evidenced by his military service, possession of weapons and explained to the conduct officer, "of course I have guns, and I know how to use them."
- Pre-Attack Planning and Access (#5, Incomplete) may be present, but this is an unknown. Dave talks about his weapons and has made threats, but has not disclosed any plans to carry out the threat.

- Stalking or Menacing Behavior (#6, Present, >) are seen toward his professor in his repeated threats.
- Current Job Problems (#7, Prominent, >>) are evidenced by his impending separation from the program based on his behavior and dropping grades. Here we substitute job for school.
- Extreme Job Attachment (#8, Prominent, >>) is seen with Dave's desire to become a nurse. He has evaporating social inhibitors in other areas of his life (losing his wife, threatening professor at school) leading to a focus on his desire to succeed even more in his career.
- Loss, Personal Stressors, and Negative Coping (#9, Prominent, >>) are seen with Dave recently losing his wife. Following this, we also see a decrease in his grades and internship performance.
- Entitlement and Other Negative Traits (#10, Prominent, >) are seen in the conduct interview and include repeated threats, arrogance, and rude behavior.
- Lack of Conscience and Irresponsibility (#11, Present) are demonstrated in his callous behavior toward the professor and during the conduct interview.
- Anger Problems (#12, Prominent, >>) are demonstrated by his threatening behavior, outbursts, and escalation in his threats.
- Depression and Suicidality (#13, Incomplete) may be present, but are not shared during the interview. This is an area for further exploration.
- Substance Abuse (#15, Present) is evidenced by his drinking three to four drinks several times a week. This may be on the cusp of a substance abuse problem or may be underreported given his recent loss of his wife and academic troubles.
- Isolation (#16, Present) is present given Dave is distant from his classmates and has trouble making friends.
- History of Violence, Criminality and Conflict (#17, Present) are evidenced by Dave's past speeding tickets and citations in Iraq.
- Domestic/Intimate Partner Violence (#18, Incomplete) is unclear though Dave's wife recently requested a divorce.

- Situational and Organizational Contributors to Violence (#19, Prominent, >>) are evidenced by lack of social supports, poor connections to faculty, difficulty at internship site and the pending academic dismissal from the program.
- Stabilizers and Buffers Against Violence (#20, Absent, <<) are fading in Dave's life. He has lost support from his classmates, faculty, family, and has few friends.
- Organizational Impact of Real or Perceived Threat (#21, Prominent, >>) is marked given Dave's threats to the professor and likely public sharing of those threats to others in the internship program and in Dave's nursing cohort.

Additional Case-Relevant Risk Factors:

Many of the risk factors carry a momentum forward and appear to be getting worse. Dave leaves the interview making yet another threat to his professor.

Risk Opinion Narrative:

Dave poses an imminent risk to his professor and leaves the interview making a threat to her safety. There is an action and time imperative to his attack given the upcoming dismissal from his internship or program. Dave has access to firearms and has threatened to use them several times. He has a demonstrated history of impulsivity and lack of respect for authority.

What Steps could be taken to manage the individual's risk for violence?

Dave's case should necessitate a 911 call and a formal escalation of an institutional response given the specific and repeated nature of his threats. The professor should be warned, as well as the internship site coordinator.

What circumstances might exacerbate the individual's risk for violence?

If Dave is separated from the program, the likelihood of an attack increases. Dave seems to have all of his hopes and dreams focused on passing and becoming a nurse. With this plan likely thwarted, Dave may follow through with what he said he would do and carry out his plan of attack.

Recommendations, and Additional Comments or Issues to Convey to the Employer:

Most would recommend police involvement given the repeated nature of the threat. Steps should be taken (such as hiring armed security and moving the professor out of the classroom) in the immediate future to ensure safety.

SIVRA-35: Dave

1	2	3	4	5	6	7	8	9	10	11	12
2	2	2	2	2	2	0	2	0	2	0	0
13	14	15	16	17	18	19	20	21	22	23	24
2	0	2	2	2	2	2	0	2	2	2	2
25	26	27	28	29	30	31	32	33	34	35	tot
2	2	1	0	0	2	0	2	2	2	2	51

Dave has more than four of the first twelve critical items marked non-zero. This moves him into the high category of risk. Additionally, Dave’s total score of 51 also places him in the high-risk category. Dave has made several threats against a particular target and has the means and training to carry out his threat. When given a chance to step away from his pathway towards violence, Dave ‘doubles-down’ and threatens the conduct officer, as well as Professor Harper more directly.

We don’t know much about Dave’s personal life and it would be useful to explore both his past military service, as well as develop a better understanding of his pending divorce. We also don’t know much about his social interaction outside of school. Dave frequently takes a strong misogynistic outlook towards women that leads to objectifying thoughts and actions. Further exploration around this topic may prove useful.

Despite the high risk and negativity flowing throughout this case scenario, Dave is hopeful that he will be able to achieve his career goal in the fairly altruistic field of nursing. This may be a useful point to leverage when developing a plan to mitigate the risk of a shooting attack while trying to help him (through a solution-focused approach) to achieve his nursing

goals, either at this university or through a transfer to a different school.

Item #11 may be a confusing one for those trying to score Dave's case. It would seem reasonable to view his threatening statements as 'last act' behaviors of a man on the edge of a violent attack. There does not seem to be, however, a desire on Dave's case to communicate or send any larger message other than a desire to complete his program. This is also a positivity to Dave's threatening that seems to infer he will be successful in achieving his career goals (however unlikely this outcome might be). If Dave were separated from his program, one could imagine him moving forward in an attack of Professor Harper almost with a resigned, 'I told you so' attitude.

Similarly, Item #14 may cause concern for those who feel Dave is rather hopeless and desperate about his situation. The scenario paints a slightly different picture of a person rather unaware of the very likely outcome of being separated from his program. One could argue that Dave might do well to wrestle more directly with the likely separation of him from his program.

Dave's scenario is one of extreme high risk and demands immediate intervention to thwart a potentially devastating attack on Professor Harper or the nursing program as a whole.

NaBITA Threat Assessment Tool: Dave

There is no evidence of mental health problems with Dave. The "D" scale would not be an appropriate assessment tool in this case.

Using the generalized risk measure in the center, we can see Dave's repeated threats and accompanying disruption bring his risk to the Severe level. The threat is repeated to multiple people; Dave has access to weapons and the ability to carry out the threat. The threat is consistent and plausible. Dave's level then moves to Extreme when he mentions the time and location of his attack at the end of the interview.

On the aggression rubric, Dave moves quickly past his hardened point of view regarding his grades and engages in harmful debate with several faculty and staff. He withdraws from discussion and demonstrates a desire to act. He has engaged in image destruction and forced loss of face (level four and five) through his objectified language and repeated threats. Dave has

developed threat strategies for his attack and has engaged in limited destructive blows through his repeated threats “maybe she should be worried about my guns.”

HCR-20: Dave

H1: Previous violence	(Possibly Present, highly relevant)
H2: Other anti-social behavior	(Possibly Present, highly relevant)
H3: Relationship instability	(Possibly Present, highly relevant)
H4: Employment problems	(Possibly Present, highly relevant)
H5: Substance use problems	(Possibly Present, highly relevant)
H7: Personality disorder	(Possibly Present, highly relevant)
H8: Traumatic experiences	(Possibly Present, highly relevant)
H9: Violent attitudes	(Possibly Present, highly relevant)
C1: Lack of insight	(Present, highly relevant)
C2: Violent ideation or intent	(Present, highly relevant)
C4: Instability	(Possibly Present, highly relevant)
C5: Treatment or supervision response	(Present, highly relevant)
R1: Professional services and plans	(Present, highly relevant)
R2: Living situation	(Present, highly relevant)
R3: Lack of personal support	(Present, highly relevant)
R4: Treatment or supervision response	(Present, highly relevant)
R5: Stress or coping	(Present, highly relevant)

In terms of historical risk, information is limited for this vignette. We have some information related to past behavior with others, insubordination and conflict during Dave’s combat tour, but information here is incomplete.

It is possible that there has been past violence (H1), as well as anti-social behavior given his military history and conflict with other students (H2). Both of these factors would be highly

relevant to explore. Further exploration of past relationships would also shed more light on relationship instability (H3), although some indication of this is present through his impending divorce. There have also been past conflicts in the military with his employment compliance (H4), and other information should be gathered to confirm this trend as it is relevant to the risk assessment.

There is also some indication of high risk drinking behavior (H5) though more information would be needed to confirm this behavior in the past. There is no evidence of mental health problems, though there may be some indication of past personality disorder given his current interactions (H7). This would be highly relevant to the existing risk assessment.

It would be likely that past traumatic experiences from Dave's combat tour would be present and may have some relevance to his current situation (H8). Likewise, violent attitudes (H9) may be in his history as well, following his insubordination with the military.

In terms of clinical risk, Dave certainly lacks insight (C1) into his threats to his instructor and during the interview. This is highly relevant to the risk assessment. He demonstrates recent problems with violent ideation and intent (C2). There are no active signs of mental illness though there may be some indication of instability (C4) as evidenced by his negative language toward females, threats, and problems at his internship. This is highly relevant to the risk assessment.

When considering future problems with compliance, it is highly probable that Dave will experience difficulty with following through with a plan of action to reduce his threat (R1). He will likely experience future problems with his living environment (R2), both due to impending divorce and his potential separation from college, and desire to complete his degree and become a nurse.

Dave is experiencing increased isolation and lack of support (R3) from his peers, staff and through the BIT interview. This lack of support is highly relevant when considering destabilizing factors related to his moving forward with his threat.

It is more than likely, given Dave's attitude in the interview, that he will continue to have problems in the future with accessing treatment (R4) or responding positively to limits.

Dave also gives a strong indication that he will not deal positively with future stress or coping (R5) if he receives upsetting information related to him being able to continue in his program.

Future risk scenarios would include:

- 1) Dave follows through with his threat and brings his weapon to campus in anticipation of a separation meeting with his professor or the BIT.
- 2) Dave continues to threaten and use bravado to make those around him concerned for their safety. This approach is used by Dave to try to manipulate others to try to get his way.
- 3) Dave escalates his threats to include others at the school, including the BIT team. He becomes more specific on those he wishes to attack, and names a time and place for an attack.
- 4) Dave abandons his plan to hurt the professor and instead directs focus on other frustrations around campus. He continues to worry people, but no longer threatens direct violent action.
- 5) Dave appeals the decision related to his internship behavior and Nursing program and works to change his behavior to be more compliant and get back on track. Dave apologizes to the professor and works with the BIT to improve his behavior.

Given the number of risk factors present in all three of the HCR-20 categories, the direct nature of his threat, and the continued threats despite more detailed questioning and concern from the BIT and conduct office, it is likely Dave will continue to escalate down the pathway toward violence. The resulting risk prioritization for Dave would be high/urgent, necessitating quick and decisive action in order to thwart a potential attack or an escalation in his direct communicated threats.

WAVR-21 Strengths and Weaknesses

The WAVR-21 does a nice job of addressing the risk of each case study through a detailed analysis of well-researched risk factors. The addition of the increasing and decreasing markers (<, >) help the evaluator better understand the future progression. An additional strength of the

WAVR-21 is the focused questions at the end of the coding sheet. These assist the person using the measure to further explore issues central to the threat assessment.

As a tool designed for workplace violence, some of the risk factors must be interpreted to fit in the college setting. The assessor needs to see terms such as “work, job, and supervisor” as “school, classes, and professor.” This adjustment could be seen as undermining the validity of the measure.

The WAVR-21 lacks any quantitative measure and leaves it to the users to assign risk factors (low, moderate, high, imminent) based on impressions and examples given in the manual. As a tool of structured professional judgment, the WAVR-21 leaves the ultimate decision for risk in the hands of the person doing the assessment.

SIVRA-35 Strengths and Weaknesses

The SIVRA-35 was designed specifically for the college and university student population. The tool has more risk factors than either the HCR-20 or the WAVR-21, increasing the time and understanding needed to master the administration and scoring.

As with the HCR-20, the SIVRA-35 includes definitions and indicator items for each of the items on the measure. These are accessed online at the point of scoring. The SIVRA-35 also comes with four detailed case studies to demonstrate the scoring methodology. As the newest of the measures, the SIVRA-35 has the capacity to grow and develop through the online website based on recent incidents of violence. Likewise, it also would benefit from increased research and study to ensure its validity and reliability.

As the only quantitative measure, the SIVRA-35 promises schools the ability to categorize risk into three levels based on a numeric score. This creates multiple risks. Users can become overly focused on the score instead of the process core of the SIVRA-35 assessment. The tool itself is designed conservatively, and thus the potential for false positives exists. Finally, since few other violence measures use numeric scoring, this is an unproved approach to the assessment process.

NaBITA Threat Assessment Tool Strengths and Weaknesses

The straightforwardness of the NaBITA Threat Assessment Tool is one of the major strengths. It balances mental health concerns, direct threat and disruptive behavior along with an exploration of cognitive aggression. The broad scope of this triage tool helps college and universities perform an initial assessment to understand the student's behavior and select a more detailed assessment for follow-up.

Given the minimalism of the measure, it is surprising how the NaBITA Threat Assessment Tool scoring matches so closely with the other tools. There is a slight elevation in Qi's score up to moderate given the nature of the direct threat. This artifact of the measure, immediate elevation given a direct communicated threat, illuminates the challenges of simplifying a tool. The result here is an elevation given the threat. A more detailed analysis of the threat would see it lacks feasibility or realism.

HCR-20 Strengths and Weaknesses

The HCR-20 brings with it a process approach that encourages the evaluator or team to engage in scenario planning based on risk factors and a formulation to determine an overall sense of risk.

One central limitation to the HCR-20 is the focus on mental illness and the requirement that the assessor be well-versed in mental health interviewing, assessment, and diagnostics. The HCR-20 is designed primarily as a tool useful for those moving into, being managed at, or moving out of inpatient treatment facilities.

Because of its focus on mental health and some limited focus on workplace violence and threat assessment principles (fixation and focus on target, action and time imperative, organized vs. disorganized threat, access to weapons), the HCR-20 seems best applied to decision making related to secure clinical settings.

As with the NaBITA tool, the HCR-20 would estimate the risk for Qi slightly higher than other measures. Like the NaBITA tool, this would be an initial finding and likely reduce if she were to follow through with interventions.

The detailed process of the HCR-20, including a clinical formulation exploring the motivating factors for violence as well as potential future risk scenarios, does provide the evaluator with an important opportunity to think creatively about the potential for violence in real-world scenarios.

As with other measures, the HCR-20 depends heavily on the evaluator to make use of the existing risk factors and create a story about the potential for violence. There are no “cut-off scores” or external indicators that move a particular risk assessment into a particular level of risk. It is the totality of the presence and relevance of risk factors, the clinical formulation of motivators/disinhibitors, and the future risk scenarios that lead to a particular level of concern.

Summary of Results

Most of the measures reported similar results throughout each of the case studies. Dave was universally seen at the top range of risk leading to a sense of urgency and imminence in term of the threat. Likewise, the case of John was consistently rated in the moderate range. Each measure viewed John’s behavior as concerning, but not concerning in the most urgent sense.

Qi produced mixed results. The WAVR-21 and SIVRA-35 found her risk profile low, whereas the HCR-20 and NaBITA risk rubric raised her concern level to the moderate range. In the later case, it seems that the increased concern was directly related to the severity of the threat made by Qi, regardless of mitigating factors. Both the HCR-20 and the NaBITA risk rubric suggest future exploration and connection with Qi to better assess her risk for escalation as well as compliance with treatment and connection to supports.

Despite this difference, there is substantial evidence that each of the tools consistently assessed the risk level in a similar manner. The one exception was a potential ‘false positive’ or higher rating of Qi’s threat on two of the measures.

Limitations

As with any qualitative study, more is always better. Given the detail needed to assess three different cases through four different measures, it was difficult to allow the space needed to

further explore additional case studies to help highlight similarities and differences among the various tools.

Future studies could review case studies that vary in presentation of threat, gender, age, and race to increase the opportunities for a deeper, more powerful study. These studies should continue to be created from real scenarios in order to increase authenticity.

Additional challenges centered on the various rating schemas used by the different tools in order to categorize low, medium, and high risk. Each tool includes with it a specific description of how to understand the range of risk from minor to major. The gradients of these different descriptions also contributed to some over-simplification (for example, the NaBITA tool uses a generalized risk scale with five gradients of concern rather than just three).

Another limitation I would stress in this study is my position as the evaluator of these case studies through the four tools. As the lead author of the SIVRA-35, there is the potential that I favor the design and approach of this tool. As this study took form, it became difficult to find another evaluator who was versed in the four different approaches who then could use these to score the three various case studies. Future research could look at replicating this study with a more impartial evaluator, or a panel of trained raters from different cultural backgrounds, genders and levels of mental health training, to determine if the results remain static.

Given my affiliation with NaBITA and my partial authorship of the NaBITA Threat Assessment Tool, there is a potential bias towards this measure as well. However, as a professional who engages in risk and threat assessment, clinician, and student of violence risk factors, I find myself recommending all four approaches given the similarities of how each addressed the case studies.

Choosing among these tools is similar to “picking” the best restaurant to go out to dinner. There is a wide variability in terms of what people are looking for when they are assessing their dining choices; cost, location, food type, cleanliness, exotic vs. comfort food, and speed of preparation.

Similarly, each of the four measures in this study has its own intrinsic value. The SIVRA-35 is designed for the non-clinician working in a higher education setting. The HCR-20 focused

more directly on mental health factors and requires a level of clinical expertise to administer correctly. The WAVR-21 is well validated and studied, yet focuses on workplace violence rather than violence occurring in a campus setting. The NaBITA tool is designed as an initial triage measure to help classify mental health, generalized risk, and aggression—as such it does not have the specificity and intensity of the other measures.

Each tool has its own strengths and weaknesses. For the purpose of this paper, I have shared my experience with each in hopes of helping those working in higher education and threat assessment to make better decisions about how to best assess violence and danger on campus.

Discussion and Future Direction

The similarity of findings among the four risk and threat measures is reassuring to those who question how to assess risk, threat, and dangerousness in a student population. Each approach has differences in cost, expertise expectations of the evaluator, and time to administer. This inherent variability could have contributed to different scoring among the instruments. Instead, each case study was placed in a similar category based on each measure's approach to risk assessment.

Future studies should seek to elaborate the similarities and differences among the various approaches to risk and threat assessment. This process remains a difficult one given the infrequent nature of extreme violence on college and university campuses. As rare events, conclusions about particular threats, hypotheses exploring motivations for violence and identification, and relevance of risk factors remain a difficult challenge to gauge.

Annotated References

The Workplace Assessment of Violence Risk (WAVR-21)

The WAVR-21 – Workplace Assessment of Violence Risk – is a 21-item coded instrument for the structured assessment of workplace targeted violence risk. The items of the WAVR-21 reflect the static and dynamic risk factors known to predict workplace targeted or intended violence, with its emphasis on the notion of an escalating “pathway to violence.” The item domains include psychological, behavioral, historical, and situational factors associated with workplace violence, including intimate partner violence, posing a threat to the workplace. More information can be found here: <http://wavr21.com>

The Structured Interview for Violence Risk Assessment (SIVRA-35)

The Structured Interview for Violence Risk Assessment (SIVRA-35) is a thirty-five-item inventory designed by Brian Van Brunt, Ed.D., that is used to assist Behavioral Intervention Team members and clinical staff in conducting a more thorough and research-based violence risk assessment. The SIVRA-35 is designed to assist with individuals identified as elevated, severe, or extreme risk by the NaBITA Threat Assessment Tool (available for free at <http://www.nabita.org/resources/threat-assessment-tools>) or using similar methodologies. More information can be found here: <http://nabita.org/resources/sivra-35/>

The History, Clinical Risk version 3 (HCR-20 v. 3)

Version 3 of the HCR-20 is the latest version of a comprehensive set of professional guidelines for violence risk assessment and management based on the Structured Professional Judgment (SPJ) model. HCR-20V3 contains extensive guidelines for the evaluation of not only the presence of 20 key violence risk factors, but also their relevance to the evaluatee at hand. It also contains information to help evaluators construct meaningful formulations of violence risk, future risk scenarios, appropriate risk management plans, and informative communication of risk. More information can be found here: <http://hcr-20.com>

The NaBITA Threat Assessment Tool

Recognizing the limits of current threat assessment capacities, the authors have developed a multidisciplinary threat assessment tool that holistically synthesizes three essential bodies of knowledge into a cohesive model. The tool includes measures for generalized risk (harm to facilities, reputation, finances, etc.), mental and behavioral health-related risk (harm to self), and aggression (harm to others). More information can be found here:

<http://nabita.org/documents/THREATASSESSMENTTOOL.pdf>