Safety Threats in a Clinical Office: What to Do Once You Become Aware That Your Client May Be Threatening a School

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What we will be presenting

• Why school threats are such a current concern
• What the experts know about school threats
• How to know if a threat should be taken seriously
• What you should do if you have a threatening situation in your office
• What to do after the evaluation/investigation is done

Current risks in our community

• Types of threats

• Clinical issues that have arisen in STAT cases
  • Suicidal ideation
  • Bullying/being bullied
  • Unmet clinical needs
  • Family dynamics
  • Availability and attitudes towards firearms
What the Experts Know About School Threats

Affective Violence

- Reactive and impulsive
- Emotional violence
- Preceded by autonomic arousal
- Caused by reaction to perceived threat
- Accompanied by intense feelings of anger and/or fear
- Defensive violence

Predatory Violence

- Planning and preparation beforehand
- Absence of emotion
- Absence of autonomic arousal
- Absence of imminent threat
- Offensive violence

More than 2,800 cases of sexual assault, involving more than 3,300 victims, were reported at elementary and secondary schools during 2013 and 2014. Victims of sexual assault in school are most often pre-teens or young teens. Boys are more than 40 percent of the youngest victims, but as students age, girls are much more likely to be sexually assaulted at school. AP analyzed the most recent available federal crime data.

Boys in the CSP class were the most violent youth on nearly all indices with boys in the HIP (Hyper-Intimate Pursuit) class demonstrating an intermediate level of violence compared to NP (Non-Perpetrators) boys. Girls in the HIP class were more violent than NP girls on all indices. These findings suggest stalking in adolescence merits attention by violence prevention experts. In particular, juvenile stalking may signify youth at risk for multiple forms of violence perpetrated against multiple types of victims, not just the object of their infatuation.
Threats

- By the client
- Reported by family
  - Within the household
  - Extended family
- Reported by others
  - The School
  - Peers
  - Others

Zones of Arousal (Mood)

- Explosive
- Upset, agitated
- Calm
- Under aroused

When to Worry

- Specific threats
  - Person, place, purpose, timing
- High impact threats
  - High lethality, clear intent, clear rationale
- Vulnerabilities of the client that reduce impulse control
  - Psychosis, command hallucinations
  - Impulsivity, worse with increased arousal
  - Substance abuse- Intoxication or withdrawal
  - Humiliation- shame, blame and anger
  - History of trauma- single, multiple
Specific Situations

- "Tarasoff" type
- Access to the object/victim, access to weapons, specific threats
- High risk of "explosion"
  - Likely to be provoked
  - Provocation will be intolerable

What to Do?

- Who can help?
- How to get help?
  - Risk assessment
  - Victim services
- Role of others
  - STAT
  - FBI
  - GVRO

The Expert Evaluation
Some Questions to Ask (Assessment)

- Criminal history?
- Mental illness history?
- Violence history?
- Threat history?
- Substance abuse?
- Stalking behaviors?
- Weapons possession?
- Restraining Orders?

Howlers - Defined

“Howlers engage in problematic behavior toward their targets, but that behavior does not result in lethal violence.”
Hunters - Defined

“Hunters intentionally use lethal violence. Their behaviors in carrying out the violent act follow a defined trail we call the path to intended violence.”

Pathway to Violence

ATTACK

Breach
Preparation
Research and Planning
Ideation
Grievance

Threat-Management Strategies

Non-Confrontational

Confrontational

Watch and Wait
Secret Party
Counterfeit
Monitoring
Civil Action
Order
Order
Mental Health

Take No Further
Action as In Time
To
Active

Information
Seizure
Behavior
Assessment
Watch

“The Literature” Now

And much more …

Murdered Justice: An Exploratory Study of Targeted Attacks on the Justice Community

Structured Professional Judgement Instruments (SPJ)

Post-Mortem Digital Discovery

Jeffrey Weise, (2005)

Red Lake H.S. in MN: 9 killed, 5 injured, commits suicide. Weise grew up with a difficult and disrupted life. At the age of 9 his father committed suicide, his mother was an alcoholic and physically and emotionally abusive. Weise's mother later died after a car wreck, suffering from brain damage and long term coma. Weise had effectively lost both parents by the age of 11 and moved in with a grandfather and expressed frustrations at living in Red Lake. Weise had an extensive history of being bullied and attempted suicide prior to the attack.

Notification of Concerning Behavior Incident:
- Assess source quality and capture quality (e.g., first-hand information, direct or indirect contact with reporting party)
- "Three C's" - Content, Context, Circumstances - What is new changed?
- Initial assessment of immediacy of violence and accessibility of target
- Initial consideration of protective actions including appropriate initial notification and explanations
  (e.g., less scary recipient=more detail, more scary recipient=less detail)

Behavioral information of interest could include information from direct or indirect sources:
- Person's behavior
  - Approach behavior
  - Evidence of escalation/escalation threats, etc.
  - Paralyzing behavior
- Evidence of determination, deteriorating mental state, psychosis
- Activity violent rates of intimate-assault or homicidal thoughts
- Command hallucinations, thought
- Weapons used connected to emotional release, fascination with destructive power
- Motivational factors what is driving the individual: cultural beliefs, revenge, entitlement, grandiosity, need to terrorize closure
- Drug use
  - Methamphetamine, cocaine, alcohol, steroids
- Triggers:
  - Post event, present, and future:
    - Pending financial issues
    - Pending personal negative job events
    - Rejection and abandonment
    - Increased psychosis
    - Disruption of support system
    - Civil and criminal justice system
My Evaluation and Investigation

Evidence

While Michael is a good kid, I am very concerned with what I saw on the front and back of his notebook. To be specific, the note on the top right saying, "Hey, don't die, I hate you," and many of your eyes with me as I can. So don't assume I'll think twice before killing you. On the other hand, if you're telling me you're in trouble, you ask... "Are you sure you'll live it?" Then you'll file me the letter I found in Michael's desk. After school, we'll get Sunny's account. He is suspected of being involved in the incident. We've conducted a detailed scan of his computer and found evidence of his involvement. He was looking for Sandy Hook Elementary and M4 Carbine (assault rifle) searches. I believe these searches are related to the events that occurred. I'll provide you with all the details I have. Thank you.

Respectfully submitted,

Evidence

- From: [Redacted]
- Sent: Monday, November 04, 2013 5:57 AM
- To: [Redacted]

- You'll need to get a student number for this student and then collect what we have:
  1. Whatever files we have in his user directory on the server. Just make a copy.
  2. Run an iBoss user report on his account. We'll want to see any searches and websites visited as well as anything that was blocked.
  3. Anything else you can think of that would give us insight into this student's frame of mind.
- The sooner the better. If he has files on the server, you don't have to sort through them—just put them somewhere safe and burn them to a CD.
- I'm seeing searches for Sandy Hook Elementary and M4 Carbine (assault rifle). Trying to get this in a legible format for you. I'll see what else I can find.
Evidence

The Desensitization Portal

World Wide Fame

- IReapZz - MW3 Sniper Montage 3
  - 1,220,275 views
- Best Of IReapZz - MW2 Montage
  - 1,779,710 views
- IReapZz - Ascendancy v2
  - 1,898,827 views
- IReapZz - MW2 Montage 5
  - 3,372,174 views
- Subscribers: 165,214
- Thumbs Up: 40,900 / Thumbs Down: 814
Tarasoff Warnings

What to Do After the Evaluation/Investigation is Done

Repairing the Relationship

• With the child/youth
• With the family
Treating the Youth and Family

• 3 Questions
  • Do I have the clinical expertise and knowledge to treat this person?
  • Do I have sufficient clinical support?
  • Do I have sufficient sense of comfort and safety?

3 Take-Away Points

• Your office/clinic is a prime location to learn about young people who are considering hurting others
• You are not alone in determining the level of risk- you have many partners
  • Law enforcement, the District Attorney, the County Office of Education, County Behavioral Health Services
• Once the evaluation is over, you need to consider whether you can and how you should treat the youth and family
  • Knowledge/ability
  • Support
  • Comfort/Safety

End