HARM to OTHERS
The Assessment and Treatment of Dangerousness
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“You see us as you want to see us . . .
In the simplest terms, in the most convenient definitions. But what we found out is that each one of us is a brain . . . and an athlete . . . and a basket case . . . a princess . . . and a criminal. Does that answer your question?”
—The Breakfast Club

“Passion . . . it lies in all of us. Sleeping, waiting, and though unwanted, unbidden, it will stir, open its jaws, and howl. It speaks to us, guides us . . . passion rules us all. And we obey. What other choice do we have? Passion is the source of our finest moments; the joy of love, the clarity of hatred, and the ecstasy of grief. It hurts sometimes more than we can bear. If we could live without passion, maybe we’d know some kind of peace. But we would be hollow. Empty rooms, shuttered and dank . . . without passion, we’d be truly dead.”
—Angelus, Buffy the Vampire Slayer

Dedication

To Bethany,
“There’s something you’d better understand about me ‘cause it’s important, and one day your life may depend on it: I am definitely a mad man with a box!”
—Dr. Who

Kat is a guppy.
—Dad
# Table of Contents

Preface | vii  
About the Author | xi  

## PART 1 | Assessment of Violence

Chapter 1 Understanding Violence | 5  
Chapter 2 Preparing for the Assessment | 23  
Chapter 3 Case Studies | 41  
Chapter 4 Central Threat Concepts | 79  
Chapter 5 Additional Threat Concepts | 93  
Chapter 6 Risk Factors Identified in the Literature | 109  
Chapter 7 Structured Professional Judgment | 121  

## PART 2 | Treatment of Dangerousness

Chapter 8 Learning to Listen | 143  
Chapter 9 Understanding Their Story | 153  
Chapter 10 Learning to Think Differently | 165  
Chapter 11 Taking It Step by Step | 175
<table>
<thead>
<tr>
<th>Chapter 12</th>
<th>Searching for Meaning</th>
<th>187</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 13</td>
<td>Case Studies Treatment Summary</td>
<td>199</td>
</tr>
<tr>
<td>Appendix A</td>
<td>On-Campus Risk Assessment Informed Consent</td>
<td>209</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Off-Campus Provider Questions</td>
<td>213</td>
</tr>
<tr>
<td>Appendix C</td>
<td>The Structured Interview for Violence Risk Assessment (SIVRA-35)</td>
<td>215</td>
</tr>
<tr>
<td>Appendix D</td>
<td>ATAP “Risk Assessment Guideline Elements for Violence: Considerations for Assessing the Risk of Future Violent Behavior”</td>
<td>219</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Reality Therapy WDEP Worksheet</td>
<td>231</td>
</tr>
<tr>
<td>Appendix F</td>
<td>An Existential Exercise</td>
<td>233</td>
</tr>
<tr>
<td>References</td>
<td></td>
<td>235</td>
</tr>
<tr>
<td>Index</td>
<td></td>
<td>245</td>
</tr>
</tbody>
</table>
Over the years, I have had the opportunity to offer trainings to thousands of clinicians, administrators, and law enforcement officers interested in reducing the likelihood of violence in educational settings and in the workplace. Through the process of writing this book, I’ve had a chance to smooth out some of the concepts I want to share, and I’ve had the opportunity to receive feedback from individuals I’ve taught about the effectiveness of how I share the concepts. It’s my hope that this book provides the very best summary of my thoughts, clinical expertise, and experience in the area of assessing and treating violent individuals. I make use of frequent case examples and try to keep my language grounded and conversational—to make this book the kind of book I like to read when it comes to learning new tasks and looking at innovative ways to work with clients. I hope the style is one that sits well with you.

The central theme of this book is this: The most effective solution to rampage violence is early, easy, and frequent access to care for potential perpetrators. This care involves (a) assessment to identify the individuals who are at risk and (b) treatment to move those individuals off the pathway to violence.

The first part of this book, which covers Chapters 1–7, is centered on the assessment of violence. Using my clinical experience and the threat assessment literature, I outline what counselors need to be aware of and vigilant for when working with threat assessments. Part II, Chapters 8–13, explores a variety of treatment options available for longer term treatment of potentially violent clients.

Counselors, psychologists, social workers, couples therapists, and pastoral counselors are likely to be familiar with the phrase “danger to self or others.” There are hundreds of books, trainings, journal articles, and graduate school classes dedicated to assessing suicidality.
and treating clients who are at risk for killing themselves. Organizations that focus on this population include the Jed Foundation (http://www.jedfoundation.org), Suicide Prevention Resource Center (http://www.sprc.org), and American Association of Suicidality (http://www.suicidology.org/home).

Clinical staff typically are asked to assess individuals with mental health disorders who pose a potential for risk to others. Examples include the individual experiencing a manic phase in his or her bipolar disorder or a patient who has a psychotic break and begins to act the commands issued by hallucinatory voices. “Harm to others,” in other words, is focused more on mental health motivating causes that drive individuals to violence. However, the problem lately has been that many of the individuals being dropped off at the counselor’s office (particularly in K-12 and higher education settings) are making threats or posing a threat to others but have no indication of mental health problems. A student, upset at a friend, posts on Facebook that she is “coming over to your house with a knife to kill you.” Another student threatens a college professor as a result of a poor grade on an assignment. Still another uses social media and tweets: “I’m going to bring a bomb to school tomorrow.”

Although mental illness may be an important contributing factor in any of these three examples, the core of any assessment must be based on threat assessment principles, not clinical pathology. An entire community of law enforcement, human resources, and federal agencies (Naval Criminal Investigative Service, Central Intelligence Agency, Federal Bureau of Investigation, Homeland Security) is exploring the assessment of threat and dangerousness. This is the information I want to bring to the counseling community in the first half of this book. One quick summary of the approach is offered by Mohandie (2014): “Four categories of information inform threat assessment: (1) warning signs or leakage, (2) risk factors, (3) stabilizing factors, and (4) precipitating events” (p. 129).

It’s my hope to reach out to counselors, psychologists, social workers, and other clinicians who are required to assess violence in schools (K-12), in higher education settings (residential and community colleges), and within the community in order to provide them with a better understanding of threat assessment principles as they apply to the assessment of dangerousness.

Chapter 1 introduces several key concepts (e.g., leakage, direct communicated threats, and the importance of attending to writing and social media) that are useful in understanding the literature and history of assessing dangerousness. Chapter 2 describes what should be included in an informed consent document, the difference between assessment and treatment, and the importance of gathering information from various sources. Concepts such as establishing rapport, building connections, and lowering client defensiveness are reviewed.

Chapter 3 introduces the two case studies, Stacie and Dustin, that are used throughout the book to illustrate key points related to assess-
ment. The cases of Stacie and Dustin are teaching demonstrations that draw on past threat assessment cases with identifying details heavily disguised to protect anonymity. Full transcripts of each case are provided to give the reader a more in-depth view of the clinician’s exploration of risk factors for future violence. Each case study ends with a hypothetical threat assessment that explains the client’s risk profile and offers suggestions for follow-up and treatment.

Chapter 4 reviews six core issues related to threat assessment. Chapter 5 highlights a secondary set of core issues useful in assessing violence, such as weapon and bomb access and knowledge, attitudes toward authority, availability of support, and mental health issues. Chapter 6 reviews additional risk factors that are supported by literature and agencies that have been tasked with preventing violence, such as the U.S. Post Office and Federal Bureau of Investigation. These risk factors should be explored by clinicians during threat assessment interviews.

Chapter 7 introduces an approach to threat assessment and management, structured professional judgment, that provides the clinician with a framework to better conceptualize the motivations (disinhibitors and destabilizers) useful to develop a good formulation of risk. Concepts such as scenario planning and case management are introduced as the discussion shifts into treatment and management of risk.

The second half of the book is drawn more from my clinical experience working as a child and family therapist, college counselor, and director of two college counseling centers and focuses on treatment. My treatment suggestions in the second half of the book are drawn from my clinical insights and an eclectic mix of treatment theories drawing from such authorities as Carl Rogers’s (1961, 1980) humanistic person-centered approach, Irvin Yalom’s (1980) existential therapy, Michael White’s narrative therapy, Albert Ellis’s (2007) rational emotive behavior therapy, and Stephen Rollnick’s motivational interviewing. This is not a graduate course in these therapeutic approaches but instead a seasoned clinician’s insights on how each of these clinical treatment approaches has been useful to me when working with clients who presented a risk to others. Obviously, simply reading a book on a topic doesn’t make anyone an expert in threat assessment any more than watching a video about car tune-ups makes a person a mechanic.

Chapter 8 introduces a case study with an individual who is angry and alone in order to illustrate the importance of developing active listening skills, forming connections to others, creating shared communication, and avoiding objectification. These are the concepts and theories central to Rogers’s work and the humanistic approach to treatment.

Chapter 9 explores the concepts of narrative therapy through a case study with an individual who has been abused and broken. Concepts such as learning, externalizing, and mapping the client’s story are discussed. The importance of attending to metaphors with clients and how to use metaphors in treatment are highlighted.
Chapter 10 uses a case study of a paranoid and anxious client to demonstrate the cognitive–behavioral approach to treatment with an at-risk individual. Specific techniques, such as identifying and managing triggers as well as catching irrational thoughts, are explored in this chapter; so too are plan development and managing anger.

Chapter 11 looks at an impulsive and violent client and explores the techniques of motivational interviewing and transtheoretical change theory to address the client’s reluctance to change, effective methods to avoid escalation of negative emotion and build trust and understanding treatment approaches. Larger concepts of how to teach patience and redefining perceived failure are also discussed.

Chapter 12 explores the use of existential therapy with a client who is isolated and distant from others. Concepts such as wrestling with freedom, death, isolation, and meaningless can be used to empower the client and encourage further exploration of the factors that may be contributing to a violent outlook.

Chapter 13 examines treatment that might be useful for Stacie and Dustin, the cases introduced in Chapter 3. Although these case histories were primarily offered to illustrate assessment techniques, it is useful to explore the treatments that might be beneficial following the initial assessment.

Clinical staff across the country are increasingly being asked to participate in threat assessment teams and behavioral intervention teams and conduct these kinds of assessments. I hope that sharing what I have learned over the years helps clinical staff conduct substantive assessment.
Brian Van Brunt, EdD, LPC, joined The National Center for Higher Education Risk Management (NCHERM) Group as Senior Vice President for Professional Program Development in January 2013. He is past-president of the American College Counseling Association, president of the National Behavioral Intervention Team Association, and managing editor for Student Affairs eNews and the Journal of Campus Behavioral Intervention (J-BIT). He has a doctoral degree in counseling supervision and education from the University of Sarasota/Argosy and a master’s degree in counseling and psychological services from Salem State University.

Brian is a regular speaker at academic conferences around the world. He has presented dozens of workshops with the American College Counseling Association, Association of Student Conduct Administrators, National Association of Forensic Counselors, American College Personnel Association, Association of University College Counseling Center Directors, Student Affairs Administrators in Higher Education, Association of Threat Assessment Professionals, and European Congress on Violence in Clinical Psychiatry.

Brian has presented hundreds of online training seminars and classes. These trainings have reached well over 150,000 individual staff and faculty at colleges and universities across the country. He has developed remote, asynchronous training modules on violence, mental health, and suicide prevention for resident advisors through Magna Publications and created a behind-closed-doors-style card game for resident advisors called RACE! He developed a mental health crisis guide for study abroad advisors for the American Councils and has written textbook test banks and instructor guides for Pearson Education.

Early in his career, Brian provided case management services through the Massachusetts Department of Mental Health, coordi-
nated involuntary psychiatric commitments for law enforcement and hospital emergency departments, offered medical care as an Emergency Medical Technician and Ski Patrol member, and was a registered white water rafting guide in the state of Maine. Brian is certified in Brief Alcohol Screening and Intervention of College Students (BASICS) and the Question/Persuade/Refer (QRP) suicide prevention gatekeeper trainer programs.

Brian has taught at a number of universities and colleges. He has offered classes in counseling theory, ethics, program evaluation, statistics, and sociology for both graduate and undergraduate students. Brian has served as the director of counseling at New England College and Western Kentucky University. He is the author and coauthor of several books, including *Ending Campus Violence: New Approaches in Prevention* (2012), *A Faculty Guide to Addressing Disruptive and Dangerous Behavior* (with W. Scott Lewis, 2013) and *The Prevention and Management of Mental Health Emergencies* (with David Denino, Mary-Jeanne Raleigh, and Michelle Issadore, 2015). Brian is an expert on campus violence and has been interviewed by the *New York Times*, National Public Radio, *Los Angeles Times*, and *USA Today* and has appeared on *Headline News* and *Anderson Cooper 360*. He frequently is an invited keynote speaker and has offered training to law enforcement, homeland security, the Federal Bureau of Investigation, college faculty, and staff.