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ADMINISTRATION

Campus Threat-Assessment Teams Face Complex Task of Judging Risk

By Beth Mole | AUGUST 10, 2012

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In science-fiction movies like *Minority Report*, psychics could identify future murderers before they ever picked up a weapon. But the task of predicting the future and thwarting violence by identifying students who are likely to do harm is, in reality, complex, difficult, and full of pitfalls.

Many American colleges set up teams after the 2007 shootings at Virginia Tech to monitor campus incidents and, they hope, intervene

before a potentially violent member of the community snaps. But those entities—which go by such names as threat-assessment teams, behavioral-intervention teams, or caring teams—face many challenges.

Mental-health disorders often develop among young people in the traditional college-age years, but it can be difficult if not impossible to assess the extent of a person's illness early on. Many campuses lack ready access to mental-health experts who can authoritatively assess the risk of violence, and some experts say the assessment teams rely too little on those authorities.



Ted S. Warren, AP Images

Members of a hazardous-device unit gathered outside a building at the U. of Colorado at Denver's medical campus last month after responding to reports of suspicious packages there. The suspect in the Aurora, Colo., movie-theater shootings had been a graduate student there but withdrew about six weeks before the shootings.

At the University of Colorado at Denver, a threat-assessment team reportedly was alerted to a university psychiatrist's concerns about James E. Holmes, a former graduate student there. Mr. Holmes, who withdrew in June from a Ph.D. program in neuroscience at the university's medical campus, in neighboring Aurora, is accused of killing 12 people and injuring 58 others in a movie theater there last month.

News reports have said that the threat-assessment team did not meet to discuss Mr. Holmes because he had announced his intent to withdraw from the university. The university has not commented about campus officials' actions related to Mr. Holmes, but it has begun an internal review of its policies and actions.

Across the country, colleges' threat-assessment teams have relied upon various consulting firms to help establish guidelines and procedures for monitoring risks on their campuses. Much of the guidance focuses on legal precedents, rather than mental-health expertise, and follows recommendations from such entities as the International Association of Campus Law Enforcement Administrators, the U.S. Department of Education, and the U.S. Secret Service.

The teams are often multidisciplinary and made up of small groups of administrators who are charged with gathering information about students of concern and developing a strategic, long-term intervention plan for students in distress, says Brett A. Sokolow, executive director of the National Behavioral Intervention Team Association, which offers colleges recommendations for managing troubled students.

"There are a lot of effective ways to do this and set this up," he says. "We wanted to give them a model, a shortcut to get a head start."

Collaborative Decisions

Threat-assessment teams are typically composed of representatives from around the campus—including members of student-affairs offices, law-enforcement officials, staff members who work in residence divisions, legal-counsel representatives, people who work in disability services, and campus mental-health officials, says Jeff Nolan, a lawyer with Dinse, Knapp & McAndrew and a consultant with Sigma Threat Management Associates, which consults with colleges on how to prevent violence.

Such teams receive reports from staff, faculty, administrators, students, and parents about disturbing behavior, including violent incidents and sudden shifts in mood, and use defined guidelines to assess, over time, whether a troubled student or employee will pose a risk that warrants intervention. Guidelines may include a checklist of warning signs to help team members assess appropriate actions, like whether involuntary medical leave is needed, or more evaluation after a student has made concrete threats.

It's a collaborative team that makes decisions about how to handle the cases under review, and mental-health officials do not typically have any special authority or influence in the teams' judgment calls.

"I don't think that teams can merely look to the mental-health provider to tell them what to do because they happen to have a psychiatry degree," says Mr. Nolan, "because the threat-assessment model is based more on the information gathering of a whole picture of what's going on with the person of concern."

But some experts worry that failing to rely more heavily on mental-health officials is problematic. And many teams face the difficult task of judging when it's best to call in mental-health expertise that may not exist on the campus.

"One needs to look at the whole clinical picture in order to make a meaningful assessment," says Stephen Diamond, a clinical and forensic psychologist who practices in Los Angeles. "It's not like pregnancy. A person can start out a little psychotic and then become more psychotic."

Mr. Diamond, who used to perform emergency psychological services for the Los Angeles County Police, says that expertise in dealing with homicidal and suicidal patients is crucial for assessing risk. "I would certainly include a forensic psychologist" on the assessment team, he says, "if not having a forensic psychologist heading it up."

But such resources often don't exist on campuses.

"Ideally there's someone with a violence risk-assessment background," Mr. Sokolow says. But on many campuses, he adds, "their in-house mental officials are not the best people" to handle challenging cases.

Care and Follow-Up

In fact, many experts would say that improving mental-health services on college campuses could be one of the best ways to reduce the risk of violence.

"To the extent that there is anything that is to be done to reduce the likelihood of college shootings, it would be by improving services, not by seeking to screen out a high-risk group," says Alec Buchanan, a professor and psychiatric risk-assessment researcher at Yale University.

In 2008 the National Survey of Counseling Center Directors looked at 284 American and Canadian colleges and found that the 60 percent of those that offered psychiatric services often provided students with insufficient consultation time.

Another 2008 study, conducted by researchers at the National Institutes of Health and titled "Mental Health of College Students and Their Non-College-Attending Peers," found that half of people in the traditional college-age group, ages 18 to 24, met the criteria for a psychiatric disorder.

Campus counseling centers are dealing with the age group that is most vulnerable, says William T. Carpenter, director of the University of Maryland's Psychology Research Center. He warns that stressors, which are common during college years, make it particularly important for campuses to emphasize mental-health services.

"If you're vulnerable to schizophrenia," Dr. Carpenter says, by way of example, "your brain is going to have a stress sensitivity, and these stresses complicate the illness and probably make it more dramatic."

If a threat-assessment team identifies a troubled or mentally distressed student, campuses need to be able to provide sustained care and follow-up.

"There's more of that happening now than before," says W. Scott Lewis, president of National Behavioral Intervention Team Association, who has worked with multiple campuses to assemble teams. He says he's seen campus teams move away from subjective evaluations toward more mental health-based criteria. "We're going to have better support for mental-health services," he says.

Still, the teams face complex and high-stakes decisions. Not only do they face the risk of not raising enough alarms before someone harms themselves or others; they face the risk of overreacting to a person's minor troubles and possibly causing a major problem where one did not necessarily exist.

In June a graduate student was expelled from Portland State University, in Oregon, after allegedly making a threat. The student, Henry Liu, says that the university overreacted and that he is considering legal action.

No one has a crystal ball for predicting when a student who makes a threat, or shows signs of disturbing behavior, might actually carry out a violent crime.

"These are rare events," says Dr. Carpenter, of the University of Maryland. "The whole issue of how to prevent rare events is extremely complicated."

As Dr. Buchanan, of Yale, puts it: "I haven't seen much evidence in psychiatry that you can efficiently identify people at high risk in engaging in extreme behavior. Even if you stuck to people that are psychotic."

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