University of Colorado **Anschutz Medical Campus**

CU Anschutz FaST and C.A.R.E. Teams

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Speakers

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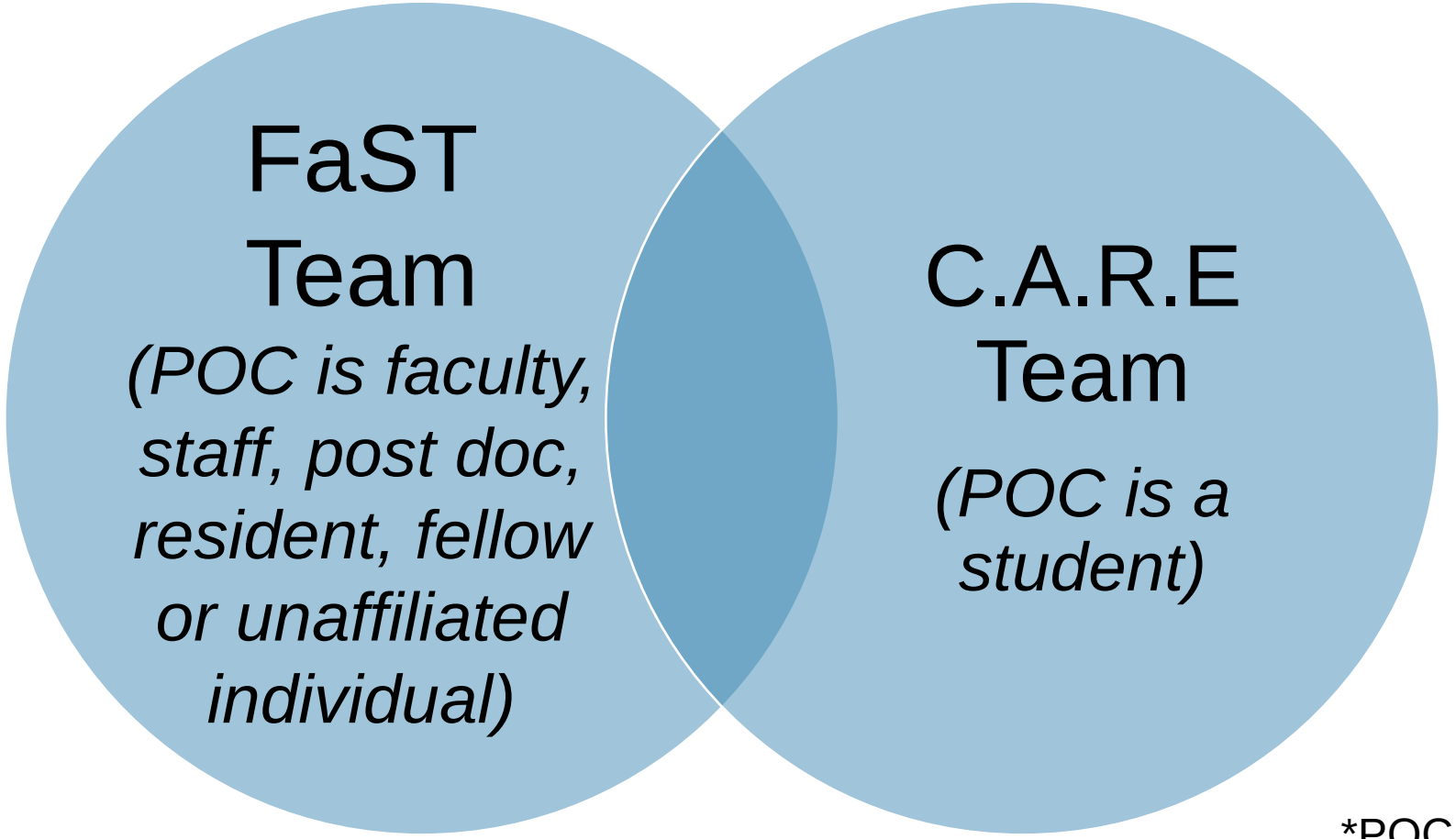
CU Anschutz Behavioral Risk and Threat Assessment Teams

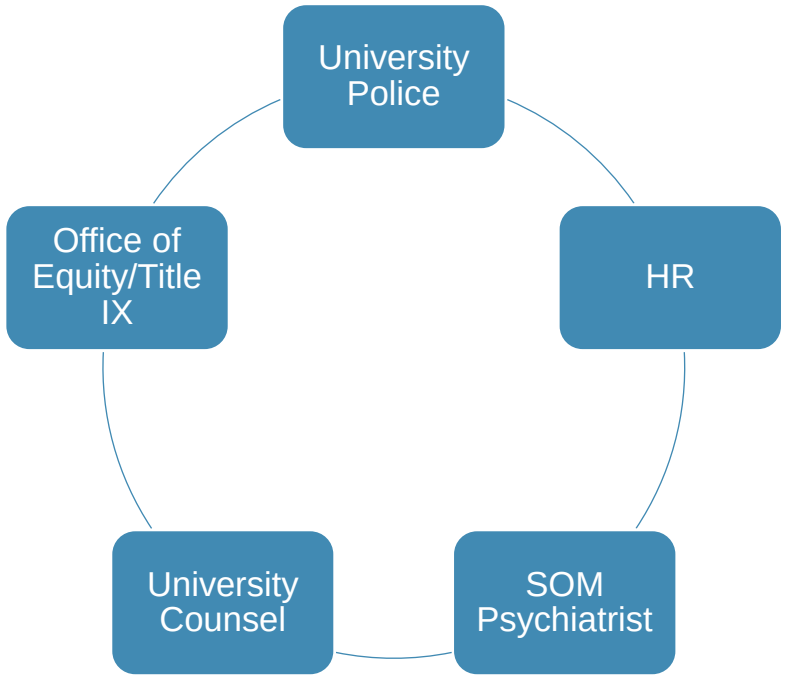


*POC = Person of Concern

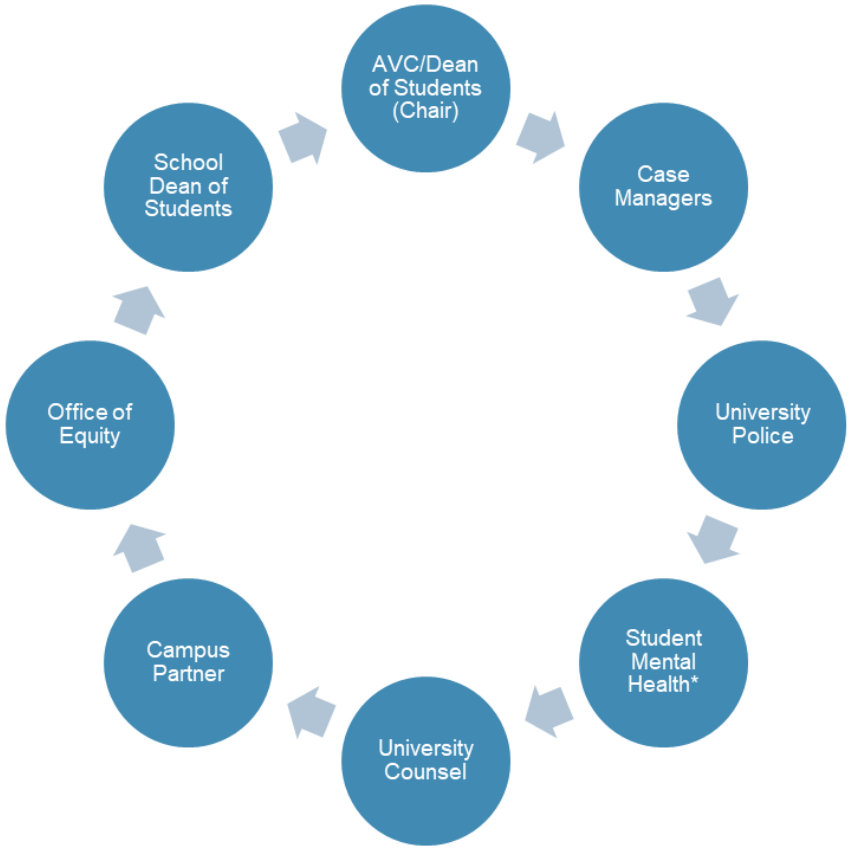
Why Have Teams?

- **Why have a campus C.A.R.E Team?** To provide a mechanism for improved coordination and communication across the college campus when a distressed student or disturbing behavior has the potential to threaten the well-being and safety of the campus community.
- More broadly, to marshal the University's resources to promote student success, health and development by intervening proactively and in various ways that help struggling students continue their education. -*Jed Foundation*
- **Why have a campus FaST Team?** To provide a mechanism to review situations involving staff, faculty, post docs, residents and individuals unaffiliated with the university whose behavior may pose an adverse impact to the university community.
- FaST is dedicated to fostering an environment that promotes early identification of troubling behaviors or situations and is committed to providing interventions using a multidisciplinary team approach that helps mitigate the risk of **workplace and campus violence**.

Core Team Members



FaST Team



CARE Team

**There are overlapping members of FaST and CARE to minimize gaps in assessment and support cases where a student and employment relationship exist.*

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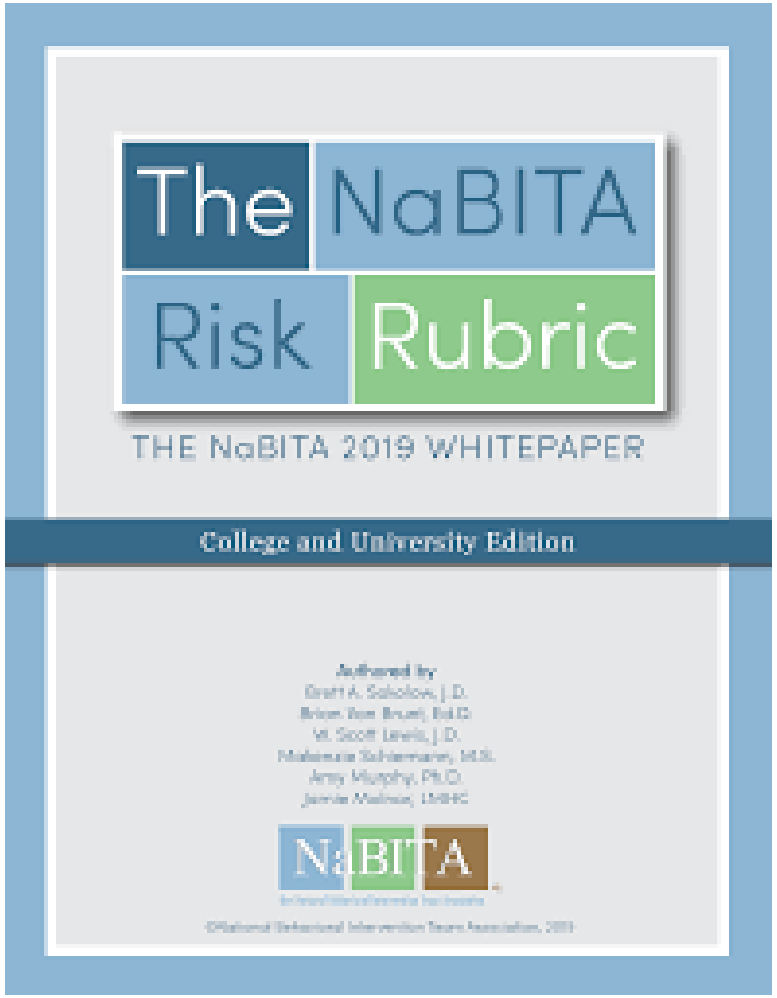
Team Training and Risk Mitigation

Review, investigate and assess reports of troubling behaviors and situations and suggest de-escalating strategies to mitigate risk

Specialized Training

- Multidisciplinary
- Foundational training from NaBITA, including use of the NaBITA risk rubric and SIVRA-35
- Use of the Stalking and Harassment Assessment and Risk Profile (SHARP)
- Regular interaction with local and national workplace and campus behavioral intervention and threat assessment professionals, e.g., ATAP, Aurora Mobile Response Team, Colorado School Safety Resource Center, etc.



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CARE Team Overview

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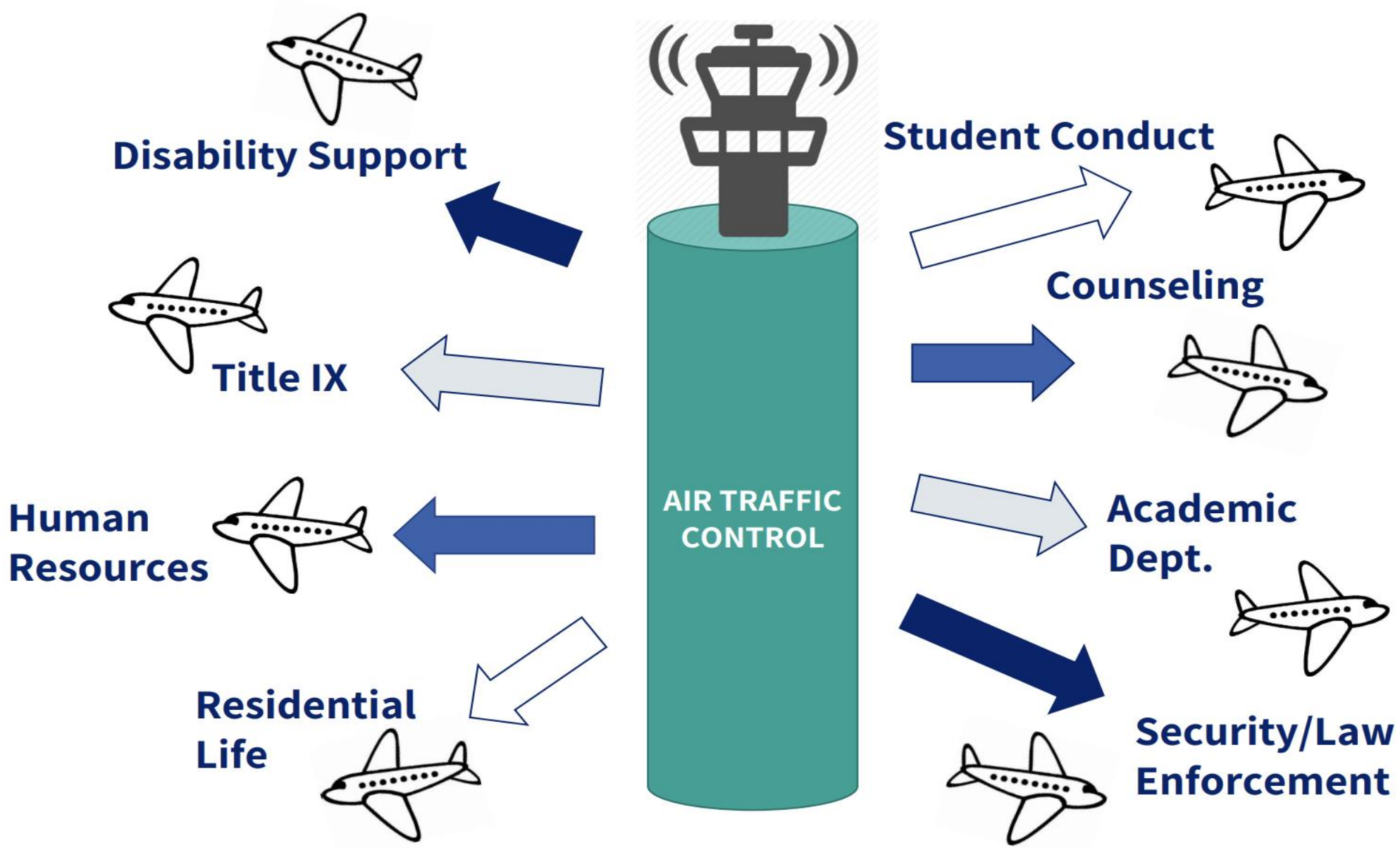
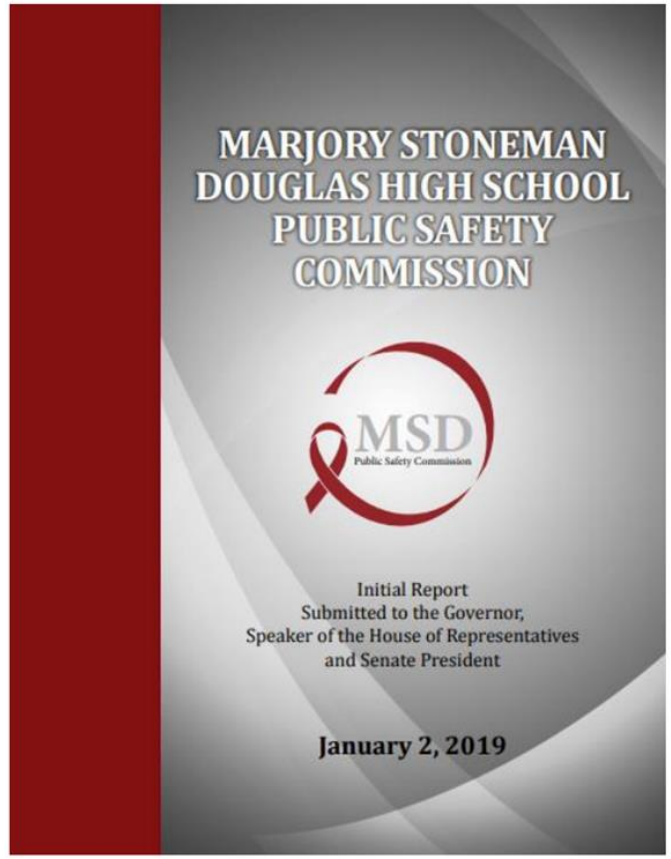

Disability Support
Student Conduct
Counseling
Title IX
AIR TRAFFIC CONTROL
Human Resources
Academic Dept.
Residential Life
Security/Law Enforcement

CASE STUDY: PARKLAND

"At least 30 people had knowledge of Cruz's troubling behavior before the shooting that they did not report, or they had information that they reported but it was not acted on by people to whom they reported their concerns."



CU Anschutz Continuum of Care Model

Office of Student Outreach and Support

- Case Managers (4.5 case managers)
- Campus-wide education & awareness
- Wrap-around services
- Student Advocacy
- Faculty consultation
- Ongoing monitoring of student cases
- Conflict coaching
- Restorative justice practices

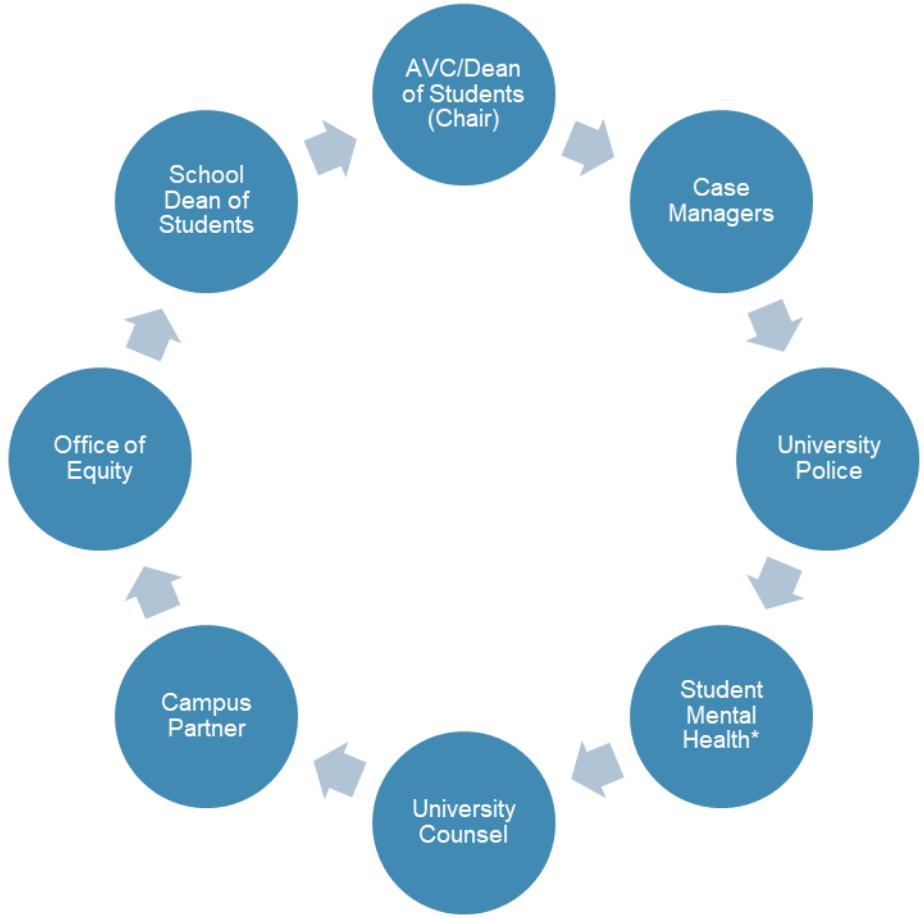
C.A.R.E Team- Campus Assessment, Response, & Evaluation

Mission

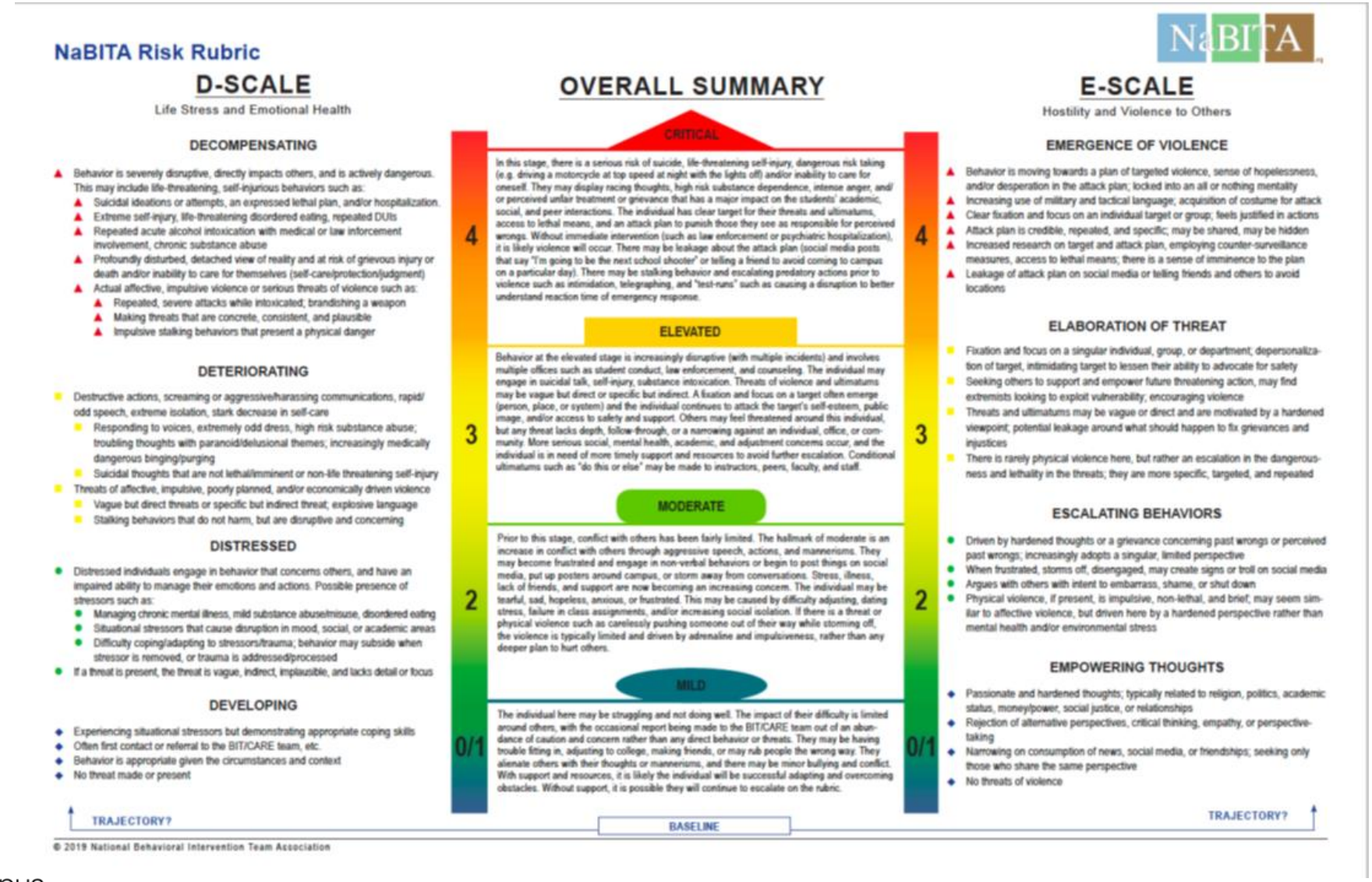
- The Campus Assessment, Response & Evaluation (CARE) Team is committed to improving campus safety and student success by evaluating individuals that may pose a safety risk to themselves or others. The team coordinates with students, faculty, and staff as well as concerned individuals to identify, assess, and intervene with individuals of concern.

Care Team Members & Protocols

- Weekly case manager meetings
- Regular meetings scheduled (weekly)
- Ad hoc meetings for urgent cases
  - Secure case management reporting and tracking
  - Collect and review concerning information about at-risk community members
  - Utilize NaBITA threat assessment rubric
  - Develop intervention plan based on unique circumstance



NaBITA Risk Rubric



NaBITA Risk Rubric

D-SCALE

Life Stress and Emotional Health

DECOMPENSATING

- Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
  - Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization.
  - Extreme self-injury, life-threatening disordered eating, repeated DUIs
  - Repeated acute alcohol intoxication with medical or law inforcement involvement, chronic substance abuse
  - Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
  - Actual affective, impulsive violence or serious threats of violence such as:
    - Repeated, severe attacks while intoxicated, brandishing a weapon
    - Making threats that are concrete, consistent, and plausible
    - Impulsive stalking behaviors that present a physical danger

DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
  - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
  - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
- Threats of affective, impulsive, poorly planned, and/or economically driven violence
  - Vague but direct threats or specific but indirect threat; explosive language
  - Stalking behaviors that do not harm, but are disruptive and concerning

DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
  - Situational stressors that cause disruption in mood, social, or academic areas
  - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

DEVELOPING

- Experiencing situational stressors but demonstrating appropriate coping skills
- Often first contact or referral to the BIT/CARE team, etc.
- Behavior is appropriate given the circumstances and context
- No threat made or present

OVERALL SUMMARY

4 — CRITICAL

In this stage, there is a serious risk of suicide, life-threatening self-injury, dangerous risk taking (e.g. driving a motorcycle at top speed at night with the lights off) and/or inability to care for oneself. They may display racing thoughts, high risk substance dependence, intense anger, and/or perceived unfair treatment or grievance that has a major impact on the students' academic, social, and peer interactions. The individual has clear target for their threats and ultimatums, access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as law enforcement or psychiatric hospitalization), it is likely violence will occur. There may be leakage about the attack plan (social media posts that say "I'm going to be the next school shooter" or telling a friend to avoid coming to campus on a particular day). There may be stalking behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response.

3 — ELEVATED

Behavior at the elevated stage is increasingly disruptive (with multiple incidents) and involves multiple offices such as student conduct, law enforcement, and counseling. The individual may engage in suicidal talk, self-injury, substance intoxication. Threats of violence and ultimatums may be vague but direct or specific but indirect. A fixation and focus on a target often emerge (person, place, or system) and the individual continues to attack the target's self-esteem, public image, and/or access to safety and support. Others may feel threatened around this individual, but any threat lacks depth, follow-through, or a narrowing against an individual, office, or community. More serious social, mental health, academic, and adjustment concerns occur, and the individual is in need of more timely support and resources to avoid further escalation. Conditional ultimatums such as "do this or else" may be made to instructors, peers, faculty, and staff.

2 — MODERATE

Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

0/1 — MILD

The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.

TRAJECTORY? BASELINE TRAJECTORY?

E-SCALE

Hostility and Violence to Others

EMERGENCE OF VIOLENCE

- Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- Increasing use of military and tactical language; acquisition of costume for attack
- Clear fixation and focus on an individual target or group; feels justified in actions
- Attack plan is credible, repeated, and specific; may be shared, may be hidden
- Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- Leakage of attack plan on social media or telling friends and others to avoid locations

ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action, may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

EMPOWERING THOUGHTS

- Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- No threats of violence

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Intervention Tools

- Case Manager outreach (student and potentially those impacted)
- Emergency Contact
- Welfare Check
- Mental Health Referrals
- Crisis Intervention Team
- Partnerships with the Schools/College/Program to identify and communicate needs
- Threat Assessment
  - AMRT
  - Private Consultation Firm
- CU Anschutz
  - Ongoing Case Management
  - Counseling
  - Exclusion

FaST Team Overview

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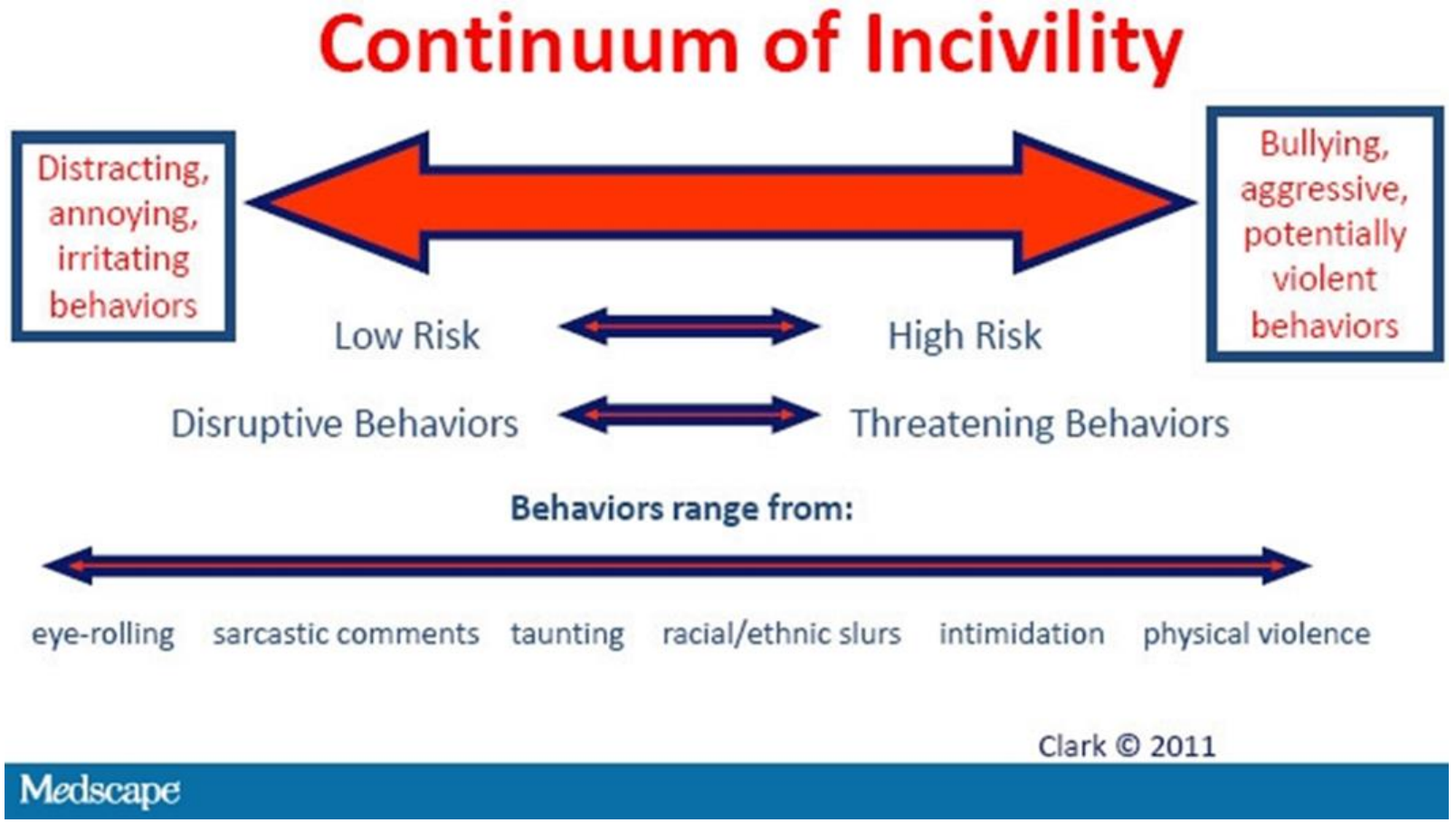
Workplace Violence Types

- **Type I**: the perpetrator has no legitimate relationship with the institution (e.g., robbery)
- **Type II**: the perpetrator is a customer/client receiving services from the institution (e.g., medical appointment, special events attendee, etc.)
- **Type III**: the perpetrator is employed by the institution (e.g., employee-on-employee)
- **Type IV**: the perpetrator has no legitimate relationship with the workplace, but has a personal relationship with an employee (e.g., domestic violence spill over into the workplace)

Source: National Institute for Occupational Safety and Health (NIOSH)

Workplace Incivility



FaST Primary Intervention Tools

- **Managerial**
  - Coach/counsel person of concern
  - Coach supervisor/manager on mitigating steps and de-escalating strategies
  - Change work assignment, shift or location
  - Change supervisor/manager
  - Referrals for Mediation, Ombuds, Adaptable Resolution, Professional Excellence and Office of Equity
  - Alternate duty assignment or administrative leave while additional information is gathered
- **Disciplinary**
  - Oral or written warning based on incident specifics
  - Final written warning
  - Separation/Termination Procedures

FaST Primary Intervention Tools, cont.

- **Behavioral or Medical Health Intervention**
  - Fitness for Duty evaluation
  - Referral to external resources, e.g., CSEAP, as appropriate
  - Leave of Absence (FMLA and FAMLI) options and/or ADA referral
- **Law Enforcement**
  - Safety planning with CUPD
  - Trespass notice
  - Cease and desist order*
  - Restraining/Protective order*
  - Arrest and prosecution

*Not always recommended; case specific. The pros and cons of this intervention are evaluated to determine the next best steps.

Key Takeaways

Behavioral Risk and Threat Assessment Limitations

- Threat and behavioral risk assessment values privacy but does not guarantee confidentiality
- Assessment does not predict the future; violent events may occur despite mitigating efforts
- Not all troubling behaviors are actionable; sometimes the primary intervention is to continue monitoring the situation or POC
  - feeling threatened *vs*. being threatened
    - e.g., indirect threat *vs.* veiled threat *vs*. direct threat
  - bad behavior doesn't always = criminal behavior
    - e.g., when does unwanted social media attention meet the threshold for criminal harassment or stalking
  - free speech issues
  - technology limitations, e.g., unknown sources of harassing or intimidating communications

You’re not alone in assessing troubling situations or behaviors. Reporting a concern is the best way to assess the concern and engage resources to help support a student or employee in need.

Early reporting enhances campus safety and may prevent an adverse impact to our campus community.

Campus Resources

If a campus behavioral or threat assessment concern is an imminent concern, immediately call CUPD at 303-724-4444.

- **CU Anschutz University Police**
- https://www.cuanschutz.edu/police

- **CU Anschutz CARE Team**
  - https://www.cuanschutz.edu/student/support/care-team
- **CU Anschutz FaST Team**
  - https://www.cuanschutz.edu/offices/human-resources/faculty-and-staff-threat-assessment-response-team
- CU Anschutz Student Outreach and Support
  - https://www.cuanschutz.edu/student/support/case-management
- Office of Professional Excellence
  - https://www.cuanschutz.edu/offices/professionalism

Questions?