

WAYS TO ASSESS THE VIOLENCE POTENTIAL OF A MASS SUICIDE SHOOTER

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The recent mass shooting in Maine of 18 individuals underscore the need to develop an evidenced-based protocol designed to assess the violence potential of individuals. Consider the following fact, that prior to the violent shooting the perpetrator was hospitalized and assessed for a two-week period of time. We will never learn what assessment and intervention procedures were employed in formulating a risk assessment, HIPPA and possible legal accountability issues are barriers to such post-mortem analyses. This article provides a proposed assessment plan that should be implemented in such risk assessments on a routine basis and a mechanism by which to learn from previous assessments.

In the same manner that we search for the BLACK BOX after a traffic accident, mental health teams should learn from such assessments.

Here are the guidelines we would have included if we were conducting the two-week assessment program. (See our previous article on this topic published in THE CHIEF OF POLICE MAGAZINE, Winter 2019. Vol 33, Number 4)

PROPOSED GUIDLINES FOR ASSESSING THE VIOLENCE OF A POTENTIAL MASS SHOOTER

1. What was the REFERAL PROCESS by which this individual was brought for evaluation?

Was the patient mandated for treatment, by whom and for what reasons? Or is the individual voluntarily seeking assistance?

To what degree does the individual view his/ her present behaviors as a " threat " to self or to others? What is the individual's motivation for change and treatment engagement?

Was some form of Motivational Interviewing intervention employed in order to establish a THERAPEUTIC ALLIANCE (TA) with the individual?

Moreover, has session-by-session patient Feedback Informed assessment been conducted. The quality of the TA is the best predictor of harm to self and provides the basis for an open transparent assessment.

2. What were the ASSESSMENT PROCEDURES designed to assess both CURRENT and PAST evidence of violent behaviors to others and to self? Aggressive behavior is relatively stable over one's lifespan.

Does the individual have current possession of a weapon or have access to such weapons? What evidence of LEAKAGE (prior evidence of threats, intimate partner

violence, police reports, expressed family concerns, and the like) present? IN SHORT, what are all the RISK FACTORS that are evident, including social media resources?

There should be an assessment of any co-occurring disorders such as Substance abuse, PTSD, depression with accompanying suicidality. The assessment report should include a list of all measures and interview protocols and a listing of additional resources that were included such as interviews with significant others.

This report should be significantly detailed so few, if any, surprising risk factors emerge.

3. The assessment process is NOT COMPLETE until it includes the determination of protective factors, evidence of the individual's "Islands of competence", either interpersonal or personal. Does the individual possess any skill set that could be incorporated in an intervention program?
4. What interventions have been tried? If medication was prescribed, were adherence procedures implemented?

Was some form of therapeutic skills-oriented intervention employed?
What were the individual's reactions to such therapeutic efforts?
What are the barriers to such participation?

5. Solicit the individual's evaluation to his/her assessment process (Conduct an Exit Interview)
6. Most importantly, what are the specific plans for FOLLOWUP CONTACT AND ASSESSMENT. (Be specific-- who will do what, when?)

The FINAL ASSESSMENT REPORT should note the degree of a LOW, MODERATE AND HIGH LEVEL OF RISK to others and to self.

What can be done to implement such a systematic review process?

To address privacy disclosure and potential liability issues, imagine if all such information could be sent to a Center that could analyze and report such data on an aggregate anonymous basis.

IT IS TIME TO CREATE A BLACK BOX ANALYSIS MECHANISM FOR THE ASSESSMENT OF POTENTIAL SHOOTERS.

This Central agency could even conduct assessment interviews with clinical teams to probe deeply into the Guidelines we have proposed.

Assessment without ongoing feedback is a fruitless enterprise.