This training manual is intended to provide assistance for achieving best practices with respect to campus sexual misconduct, but is not given and should not be taken as legal advice.

Before acting on any of the ideas, opinions or suggestions in this publication, participants should check first with a licensed attorney in their own jurisdiction.
Day One

I. Understanding Bias
II. Specific Population Awareness
III. Mitigating Bias
IV. Experiencing Microaggressions and Harmful Language
Day Two

I. Addressing Microaggressions
II. Crisis Management and De-escalation Skills
III. Assessing Threat to Reporting Party
IV. Bringing it All Together

Sources of Bias

- Gender, gender identity
- Race/ethnicity
- Sexual orientation
- Mental health (Autism Spectrum Disorder, personality disorders, thought disorders)
- Physical disabilities
- Community members from different countries (international)

Stereotype Exercise

1. Get out a piece of paper
2. Write down the stereotype you think of when you see the following images
3. Discuss in your group
What is a bias?
• A preference or tendency to like or dislike
• A cognitive process
• A habit learned over time through repeated personal experience
• Implicit or expressed; intentional or unintentional
• Can be intentional, but generally unintentional
• Formed from stereotypes, societal norms, cultural experiences, expectations of the people around you
Why does bias create problems for Title IX Administrators?
- Leads us to ignore the evidence or make assumptions not based on evidence
- Impacts what we remember and what witnesses remember
- Creates “blinders”
- Impacts the ability to build rapport, connect, and create safe/neutral spaces

Confirmation bias
- Form early hypothesis and tend to seek or overvalue evidence that fits it or confirms it
- Are you interviewing or validating?
**Correspondence bias**

- Tendency to make inferences about a person's disposition from behaviors that can be explained by the situation and context in which they occur.
- Ex: professor blames a student's test score on the student's intelligence rather than lack of study opportunity.
- Ex: investigator explains a responding party's evasive answers as an indicator of responsibility for misconduct when the student is actually lying because of concern he will be in trouble for his drug use that evening.

**Stereotype Threat**

- The tendency to expect, perceive, and be influenced by negative stereotypes about one's social category.
- Whistling Vivaldi by Claude Steele.

**Experience Bias**

- The tendency to see the world from your experience.
BIAS & DECISION MAKING

Responsibility Bias
• Tendency to assume people should be responsible for themselves

Bias Blind Spot
• Ability to spot systematic errors in other's decisions

Availability Bias
• Rely upon readily available (most recent) information
BIAS & DECISION MAKING

In Group, Out Group Bias
• Tendency to be more favorable toward in group

WHERE DOES BIAS COME FROM?
• Past experience
• Family and early childhood experiences
• Institutional pressures
• Stereotypes, societal norms
• Politics and religion
• Gender identity, race, sexual orientation
“Title IX also prohibits gender-based harassment, which may include acts of verbal, nonverbal, or physical aggression, intimidation, or hostility based on sex or sex-stereotyping, even if those acts do not involve conduct of a sexual nature.” (2011 DCL, p. 3, FN 9).
“Title IX’s sex discrimination prohibition extends to claims of discrimination based on gender identity or failure to conform to stereotypical notions of masculinity or femininity and OCR accepts such complaints for investigation. Similarly, the actual or perceived sexual orientation or gender identity of the parties does not change a school’s obligations.” (2014 Q&A, B-2, p.5).

“A school should investigate and resolve allegations of sexual violence regarding LGBT students using the same procedures and standards that it uses in all complaints involving sexual violence. The fact that incidents of sexual violence may be accompanied by anti-gay comments or be partly based on a student’s actual or perceived sexual orientation does not relieve a school of its obligation under Title IX to investigate and remedy those instances of sexual violence.” (2014 Q&A, B-2, p.5-6).

“A school should ensure that staff are capable of providing culturally competent counseling to all complainants. Thus, a school should ensure that its counselors and other staff who are responsible for receiving and responding to complaints of sexual violence, including investigators and hearing board members, receive appropriate training about working with LGBT and gender nonconforming students and same-sex sexual violence.” (2014 Q&A, B-2, p.6).
In May 2016, OCR released a Dear Colleague Letter specifically addressing Title IX's protections for transgender students.

In February 2017, OCR revoked the DCL.

However, OCR's 2014 Q&A reads, “Title IX's sex discrimination prohibition extends to claims of discrimination based on gender identity or failure to conform to stereotypical notions of masculinity or femininity and OCR accepts such complaints for investigation” (p.5).

It simply makes sense that Title IX protects on the basis of gender identity.

In February 2017, ATIXA updated and re-released its position statement on Title IX, Gender Identity, and Gender Expression.

ATIXA believes that Title IX does protect students on the basis of gender identity.

EEOC and numerous courts have determined gender identity is protected under Title VII.

Sex and gender stereotypes and “gender non-conformity”
SEXUAL ORIENTATION & GENDER IDENTITY

- Only 8% of Americans have worked with a transgender person
- 78% have worked with/known a gay or lesbian person
- 40% of anti-LGBT victims in 2011 were transgender women
- Transgender people face double the rate of unemployment
- 63% of transgendered people experienced some form of discrimination
  - Job loss, physical/sexual assault, lack of healthcare or homelessness

Source: National Transgender Discrimination Survey

SEXUAL ORIENTATION & GENDER IDENTITY

What does ‘transgender’ mean?
- An umbrella term often used to refer to people whose gender identity differs from their assigned sex at birth
- People whose gender identity differs from their assigned sex at birth may not self-identify as transgender
- May identify as transsexual, trans, gender queer, a person of transgender experience, etc.

Thanks to David J. Denino, LPC, NCC & Vanessa Pomarico, MSN., APRN, FNP-BC for sharing these concepts from their 2013 ACCA program. Source: GLAAD.org
What does ‘transgender’ mean?
• Individuals may/may not use a different name or pronoun than the one they were assigned at birth, and they may/may not pursue hormone therapy or surgery
• Always defer to the way a person self-identifies

What do you do when your inside does not match your outside?

(Placeholder for visual demonstration)
Let’s look at some terms:

1. **Sex**: male or female
2. **Gender**: masculine or feminine; psychological self-identification—deep sense of self-awareness of belonging to a gender
3. **Gender Queer**: do not identify completely as a man or a woman and can change genders often
4. **Androgynous**: person who presents themselves with ambiguous gender expression; appearing either, simultaneously, or neither masculine or feminine

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Let’s look at some terms:

1. **Heterosexual**: attracted to members of the opposite sex
2. **Homosexual**: attracted to members of the same sex
3. **Bisexual**: attracted to members of more than one sex

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Let’s look at some terms:

1. **MTF**: male to female
2. **Transwoman**: MTF who identifies herself as female
3. **FTM**: female to male
4. **Transman**: FTM who identifies himself as male
Let's look at some terms:

- **Cross dressers (Transvestite derogatory):** Individuals who wear clothing of the opposite sex
  - No desire to change their sex
  - Cultural dichotomy – more accepted for women to dress more “neutrally” or “tomboyish”

Let's look at some terms:

- **Transsexuals:** individuals who feel strongly they have been born in the wrong body
  - “Imprisoned”, “trapped”
  - 3 forms: pre-op, post-op and non-op
  - Can identify as such but no plans to alter body with hormones/surgery

Let's look at some terms:

- **Transgender:** a person whose gender identity differs from the sex marked on their birth certificate
  - Those living as opposite sex, but do not have surgery
  - Those who have had partial/complete reassignment surgery
  - Those who may or may not take hormone therapy
Let's look at some terms:

- **Intersex**: (Hermaphrodite-no longer used)
  - Born with ambiguous reproductive or sexual anatomy
  - Mosaic genetics
  - Parents are pressured to choose the infant's sex
  - New trend towards allowing infant to grow and choose when better able to understand

- **Gender nonconformity**: the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex

- **Gender dysphoria**: discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth
  - Note: This term is somewhat controversial
What is Transition?
• A complex process that occurs over a long period of time. Includes:
  – Personal
  – Legal and medical adjustments
  – Telling one’s family, friends, and/or co-workers
  – Changing one’s name and/or sex on legal documents
  – Possibly (though not always) hormone therapy or one or more forms of surgery

Some fears held by trans individuals:
• Would they try to find a cause and cure for being trans that didn’t involve hormones and surgery?
• Would they blame my upbringing, trauma, or life experience for my wanting to transition?
• Concerns about my sexuality being defined or limited by my gender. Transitioning to male doesn’t mean you have to be straight or can’t be bisexual.
BARRIERS TO REPORTING GENDER-BASED VIOLENCE

- Cultural issues of appropriateness
- Shame of being outed, losing control
- Family judgment
- Loss of friends, support group
- Personal safety around campus
- Religious persecution
- Fear of having one part of your life take over your entire life

MITIGATING BIAS

Reducing Bias
- Your only side is on that of the PROCESS
- Avoid “in your gut” decision making, search for evidence that contradicts your gut
- Reducing cognitive load – time, attention
- Noticing when we are uncomfortable
- Questioning yourself and your hypothesis
- Use checklists and investigation guides
- Pair with investigators who approach things differently
- An active process, truly deliberative
MITIGATING BIAS

• As a Title IX Coordinator or Investigator, it is crucial that you know how terms are being used on your campus and in your community, understanding that terms constantly evolve.

• It is also important that you know the difference between biological sex (referring to chromosomes, hormones, reproductive organs, and genitalia), gender identity (an internal sense of gender), and gender expression (an outward expression of gender).

MITIGATING BIAS

• In addition, it may be helpful to utilize your LGBTQ resource center on campus or in your community to become informed and to help you develop a policy and practice that competently addresses complaints of discrimination based on gender nonconformity, gender identity, and transgender status.

MITIGATING BIAS

• Demonstrating sensitivity regarding gender identity and expression and transgender status can help you build a rapport with and gain the trust of individuals who have Title IX-related grievances.

• This can make investigating and resolving reports of gender-based discrimination or misconduct a little less challenging.
MITIGATING BIAS

- Use inclusive language, regardless of with whom you may be communicating
- Ask: “How do you identify?” That includes individuals’ names, preferred pronouns, relationship status, and gender and sexual orientation of their partners
- Reflect an individual’s preferred name and pronoun in all communication
- Engage in training
- Use gender-neutral terms in your policies and avoid using gender-normative scenarios
- Ensure that resource websites, brochures, and intake forms are gender-inclusive, gender-neutral or all gender.

KEY TAKEAWAYS

- Discrimination on the basis of gender nonconformity falls under the purview of Title IX.
- Gender expression is protected as its own category, and not as a by-product of gender nonconformity with gender stereotypes.
- The Department of Education has encouraged the courts to interpret sex discrimination to include discrimination on the basis of gender nonconformity, gender identity, and transgender status.
- Evidence of gender stereotyping may not be necessary to prove that discrimination against a transgender person occurred.

ADDITIONAL RESOURCES

- www.WPATH.org
- Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTC)
- International Foundation for Gender Education: www.ifge.org
Ignoring
Temptation to just ignore behavior or issues we don't have time or a desire to address (exhaustion, graduation, transfer)

Icon Intimidation
When a person's status, fame, or power may influence how their actions are seen or our willingness to challenge them (sports, academics)

Time
Rushing to finish an interview or case due to outside time pressures

CASE DISCUSSION
• In this video, we'll be introduced to John, who has come to speak with Scott after a night of drinking with a friend took an unexpected turn. While not wanting to get his friend in trouble, John feels that someone should talk to Benjy about what happened between them.

CASE DISCUSSION
The basic facts as told by John:
• John and Benjy, two students who live on campus, have known each other for years.
• Benjy is openly gay, John is straight. They went out to a bar and drank too much. Throughout the course of the night, Benjy seemed to flirt with John and kept asking him whether he had ever thought of being with another guy.
• They returned to John's room together after the bar.
The basic facts as told by John:

• Tired of Benjy’s advances, John acquiesces. Both take off their clothes and Benjy initiates sexual contact.
• John freaks out, grabs his clothes, and leaves the room.
• He avoids Benjy’s calls and text messages, and wants someone to talk to him about why his actions were inappropriate.

CASE DISCUSSION

• What other information should we get from John?
• How can we determine whether this was nonconsensual sexual contact?
• What happens if Benjy’s version of that night is different than John’s?
• How might we address Benjy’s behavior, if confirmed, while abiding by John’s wishes to not get his friend in trouble?

DISCUSSION QUESTIONS
• Provide education to all members of the campus community about what constitutes nonconsensual sexual contact and nonconsensual sexual intercourse, including definitions and examples of **incapacitation and coercion**.

• Additionally, reach out to special populations, including LGBTQ students, about issues that might come up related to sex and relevant campus policies.

*next slide

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**KEY TAKEAWAYS**

• **Incapacitation**: A state where someone cannot make rational, reasonable decisions because the person lacks the capacity to give knowing consent (e.g., to understand the “who, what, when, where, why, or how” of the sexual interaction).

• **Coercion**: Unreasonable pressure for sexual activity. When someone makes it clear to you that they do not want sex, that they want to stop, or that they do not want to go past a certain point of sexual interaction, continued pressure beyond that point can be coercive.

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**KEY TAKEAWAY**

• Be sensitive to the fact that some reporting parties may feel extreme embarrassment or shame sharing details of an incident. Display empathy and concern for what they have experienced.
KEY TAKEAWAYS

• Understand that some incidents result partly from lack of education around consent, and provide reporting parties in such situations with the individualized education needed to avoid repeat situations.

• Have a plan that can be easily customized according to the specifics of any case for handling situations in which both parties live on campus and/or are likely to run into each other, and the reporting party is not comfortable seeing the responding party.

KEY TAKEAWAYS

• Provide all parties involved in an incident of a sexual nature with information about how to seek out counseling and other supports they may need.
EXPERIENCING MICROAGGRESSIONS

[Placeholder for visual demonstration]

EXPERIENCING MICROAGGRESSIONS

[Placeholder for visual demonstration]

EXPERIENCING MICROAGGRESSIONS

[Placeholder for visual demonstration]
Microaggressions

- Not all language or behavior is direct
- Microaggressions are defined by Sue as “brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership”
- Sue and colleagues further divide microaggressions into three categories: microassaults, microinsults, and microinvalidations.

Examples

- Race and ethnicity
- Physical disabilities
- Mental health disabilities
- Gender
- Sexual orientation
- Generational diversity
- Geographic differences
- Language or cultural
- Political ideology
- Religious beliefs
Microinsults

- **Microinsults** are actions that disrespect or demean a person based on his/her group status.
- An example of this could be a student who selects an Asian-American student as a tutor based on the generalization that Asian-Americans do well in math.
- These comments may come out of ignorance, poor access to teaching, information about ethnicity and culture, or stereotyping.
Microinvalidations

• A student in a public speaking class who congratulates an African-American student on a presentation by saying, “I’m really surprised at how well that went. You were very well-spoken today” is an example of a microinvalidation.

• This kind of comment sends the message to the African-American student that “I didn’t expect you to be so well-spoken today in class.”

https://www.youtube.com/watch?v=y8oYzKydQXQ
EXPERIENCING MICROAGGRESSIONS

ADDRESSING MICROAGGRESSIONS

Five steps to address microaggressions
• Constant vigilance of your own biases and fears
• Experiential reality; interacting with those different from you in terms of race, culture, and ethnicity
• Don't be defensive
• Be open to discussing your own attitudes and biases
• Be an ally, stand personally against all forms of biases and discrimination

ADDRESSING MICROAGGRESSIONS

Cross-cultural issues related to investigations
• How culture may impact bias and blindspots
• How culture may impact an interview with someone in authority
• How gender may impact how an individual approaches an interview
• Language as a barrier to understanding questions
• Pre-existing, rival explanations for behavior (homesickness/culture shock, negative past experiences) can influence perceptions
CASE DISCUSSION: FRANK

• Frank was involved in an incident where he was found in a public hallway sitting on the floor with his laptop watching pornography.
• Other students walked by and reported the behavior to his Resident Advisor.
• Frank is called into a Title IX investigation.

CASE DISCUSSION

• What other details would you need to gather about this case?
• You learn that Frank has rather extreme Autism Spectrum Disorder (formerly called Asperger’s). How might this impact the investigation?
• How does Frank’s attitude about repeating this action impact the decision making in this case?
CASE DISCUSSION: DEVON

• Devon has a history of traumatic brain injury and developmental delays. He becomes overly fixated on certain colors, fabrics, and shades.
• Devon is involved in an incident where he hugs a female student because she is wearing a green, fuzzy sweater. The female student becomes enraged and reports the behavior to the police and Title IX office.

• What other details would you need to gather about this case?
• How might you involve a mental health or medical evaluation to help determine the likelihood that this behavior wouldn't happen again in the future?
• Assuming Devon is remorseful and compliant, how much emphasis should the victim impact statement have on sanctioning?

ADDRESSING MICROAGGRESSIONS

• Within common key closed communities
  – Athletics
  – Fraternities/sororities
  – Organizations or clubs
  – Unions
  – Religious groups
  – Residence halls
  – Colleges/schools/area of study
  – Faculty
  – Leadership groups
  – Membership associations
ADDRESSING MICROAGGRESSIONS

• Fear of not being believed
• Fear of being blamed
• Fear of retaliation by
  – Friends/peers
  – Institution/administration
  – Faculty
  – Family
• Guilt/shame
• Cultural norms
• Religious concerns
• Familial concerns

ADDRESSING MICROAGGRESSIONS

• Feeling disempowered
• Power/position of the harasser/discriminator
• Belief that nothing will come of it
• Concerns about confidentiality/privacy
• Not knowing to whom to disclose
• Not knowing how to disclose
• Nature of institutional policies and prohibitions
• Fear of getting in trouble
  – E.g.: concerns if alcohol/drugs were used concurrent with incident(s)

ADDRESSING MICROAGGRESSIONS

• Not defining what happened as sexual violence, harassment, or discrimination
• Feel it is not serious enough
• Negative associations with institutional, medical, law enforcement, or legal establishments
• Nature of trauma & re-traumatization
• Mental illness
• Others?
Crisis is contextual

- Imagine you are on fire. This would be a good example of universal emergency, right?
- Pretty much everyone, regardless of gender, race, or nationality would agree that being on fire is an emergency.
- Unless, of course, you happen to work for Walt Disney World’s Lights, Camera Action car chase stunt show and your job is to ride a motorcycle through a fiery oil slick and then run around in a flame-retardant suit for the camera.
• What is a crisis or emergency?
• Let's create a quick list of what you would consider a crisis or emergency.
• There is a biological and cognitive change we go through when responding to a crisis. We may experience goose bumps, adrenaline rush, a sense of urgency and, potentially, panic or aggression.
• This becomes an “out of the ordinary” event.

• Some students we intervene with have a history of self-harm or suicidal behaviors/attempts.
• This requires staff to have an understanding of suicide risk and how to question, persuade, and refer students to assistance during a crisis.
• One such approach is found in QPR. We will review some of the central concepts to QPR as they relate to working with college students.

Suicide: What to Report
The SPRC compiled the following risk factors:
• Mental health disorders (anxiety, depression)
• Hopelessness, impulsivity, low self-esteem, and paranoia
• Previous suicide attempts and violent behavior history
• Being bullied or picked on
• Easy access to lethal weapons; an active plan
• 90% of individuals who complete suicide experience a mental or substance use disorder
Suicide Clues and Warning Signs

The more clues and signs observed, the greater the risk. Listen to all signs!

Direct Verbal Clues
- "I've decided to kill myself."
- "I wish I were dead."
- "I'm going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."

Indirect Verbal Clues:
- "I'm tired of life, I just can't go on."
- "My family would be better off without me."
- "Who cares if I'm dead anyway."
- "I just want out."
- "I won't be around much longer."
- "Pretty soon you won't have to worry about me."
CRISIS MANAGEMENT

Behavioral Clues:
• Any previous suicide attempt
• Acquiring a gun or stockpiling pills
• Co-occurring depression, moodiness, and/or hopelessness
• Putting personal affairs in order
• Giving away prized possessions
• Sudden interest or disinterest in religion
• Substance abuse/relapse after a period of recovery
• Unexplained anger, aggression, and irritability

CRISIS MANAGEMENT

Situational Clues:
• Being fired or being expelled from school
• A recent unwanted move
• Loss of any major relationship
• Death of a spouse, child, or best friend, especially by suicide
• Diagnosis of a serious or terminal illness
• Sudden unexpected loss of freedom/fear of punishment
• Anticipated loss of financial security
• Loss of a cherished therapist, counselor, or teacher
• Fear of becoming a burden to others

CRISIS MANAGEMENT

Understanding Stressors:
• Relationship problems
• Legal problems/substance abuse
• Death within family/friends
• Bullying
• Questions of sexual orientation
• Other suicides
• Loss of function, hope, and dreams
  – Academic plans, athletic plans, and bodily functions
CRISIS MANAGEMENT

Tips for Asking the Suicide Question:
• If in doubt, don’t wait, ask the question
• If the person is reluctant, be persistent
• Talk to the person alone in a private setting
• Allow the person to talk freely
• Give yourself plenty of time
• Have your resources handy: resource sheet, phone numbers, and counselor
Risk Factors for Harm to Others

- NaBITA offers in-depth threat assessment training on the topics of addressing harm to others. This includes the NaBITA threat assessment tool, as well as the SIVRA-35.
- The first step to preventing harm to others is developing a clear understanding of risk factors related to a potential threat or harm to others.

Outlines what clinical staff should know about workplace violence research and threat assessment
- Addresses both assessment and treatment of those who threaten
- Beyond mental health assessments and treatment, with a focus on anger, dangerousness, and addressing uncertainty
- Offers clarity on working with referral sources in term of letters and sharing information
- Builds on research and literature from workplace violence and rampage shootings

Questions?
Brian@ncherm.org
1. Direct threat to person/place/system
2. Has tools, plans, weapons, schematics
3. Fantasy rehearsal, legacy token
4. Action plan or timeframe to attack
5. Fixed/focused on target
6. Grudge/injustice collector
7. Pattern of negative writing/art
8. Leakage/warning of potential attack
9. Sustained thoughts with plan
10. Talks about persuasion/victim mindset
11. Last act behaviors
12. Confused thoughts/hallucinations
13. Hardened point of view
14. No options/hopeless/desperate
15. Drawn or pulled to action
16. Recent break-up or stalking
17. Defensive/overly casual interview
18. Little remorse or bravado
19. Weapons access or training
20. Glorifies/studies violence
21. Disingenuous/externalizes blame
22. Acts superior/lacks empathy
23. History of impulsive risk-taking
24. History of conflict (authority or work)
25. Extreme poor frustration tolerance
26. Trouble connecting/lacks trust
27. History of substance abuse/alcohol use
28. Mental health issues
29. Poor access to mental health
30. Objectification of others
31. Obsession with person/place
32. Oppositional thoughts/behaviors
33. Evaporating social inhibitors
34. Overwhelmed from loss (e.g., job, class)
35. Drastic, unexplained behavior change

CRISIS MANAGEMENT

CRISIS MANAGEMENT

Harm Reduction

- Harm reduction is the process of approaching change through a progressive reduction of harmful behaviors rather than approaching change in an absolute or abstinence-based manner.
- Change becomes focused on the removal of obstacles and encouragement of positive future behavior in a manageable, small-step process.

CRISIS MANAGEMENT

Solution Focused

- Borrowed from the Cognitive Behavioral Therapy (CBT) approach to helping. CBT is a goal-directed change focused on future-oriented choices that move individuals forward.
- The past is de-emphasized and lengthy discussions of what didn't work instead is replaced with what does work and how to move forward with change.

CRISIS MANAGEMENT

What's happening on top?

What's going on underneath?

CRISIS MANAGEMENT

Understand the content (what is being said) and process (how it is being said).

• Spoken: "This school sucks! Everyone is out to get me and every single step I take is watched! I can’t win."
• Unspoken: "I feel overwhelmed and trapped, like no matter what I do, I’m stuck. Help."

CRISIS MANAGEMENT

• Nothing calms more than a sense of confidence...

**equanimit**

(ee kwah NIM ub tee; ek wuh NIM ub tee) n

composure or evenness of temper, especially under stress

[Placeholder for visual demonstration]
CRISIS MANAGEMENT

Cycle Breathing. Controlling the biological tendency for escalation.
Breathe in slowly to the count of 1...2...3...4...
Hold your breath to the count of 1...2...
Breathe out slowly to the count of 1...2...3...4...
Hold your breath to the count of 1...2...

www.aggressionmanagement.com

CRISIS MANAGEMENT

- Motivational Interviewing, or Motivational Enhancement Therapy (MET) was developed by Miller and Rollnick (2002). The approach is used primarily with mandated alcohol and substance treatment.
- The approach is useful when there is disconnect between the goals of the person intervening and the student. It is useful with those who haven't yet recognized their behavior needs to change.
- Five key concepts make up the foundation of motivational interviewing.

Motivational interviewing involves:
- Expressing empathy
- Developing discrepancy
- Avoiding argumentation
- Rolling with resistance
- Supporting self-efficacy
CRISIS MANAGEMENT

Express Empathy:
- Ask exploratory, open-ended questions (think first date)
- Have a burning curiosity for the person
- Avoid judgmental statements
- Stay in the moment; don’t rush to solution
- Accept the person where s/he is with his/her problems
Develop Discrepancy:
• Identify parts of the plan that aren’t working
• Avoid seeming judgmental, but rather as helping them see the situation accurately
• Look for logical problems in the plan
• Ask clarifying questions to explore
• Present contrary information in the proper way, at the proper time
• “What is it you don’t like about that...”

Roll with Resistance
• Partner with students and move with them rather than against them.
• Don’t take the bait. Make it a game of catching them setting a trap for you.
• Identify those times where a person has a plan, but the plan won’t work.
• Foster new ways of thinking about the problem.
CRISIS MANAGEMENT

Avoid Argumentation:
• Actively avoid pairing off against them
• Not possible if your “goat is got” or buttons are pushed
• Avoid having them admit or accept anything.
• Instead, use counseling skills
  – Active listening
  – Simple reflection
  – Summary reflection
Support Self-Efficacy:
• Catch students doing well
• Look for a positive frame to their stories
• Find ways to encourage hope, optimism, or even self-confidence

Traps
• These are the traps you can unwittingly step on, causing an explosion rather than a solution
ASSESSING THREAT

- Not defining what happened as sexual violence
**RISK FACTORS**

**Attitudes and Beliefs**
- Objectification and depersonalization
- Misogynistic ideology
- Lack of empathy
- Hardened or inflexible point of view

**RISK FACTORS**

**Treatment of Others**
- Using substances to obtain sex
- Threats and ultimatums
- Grooming behaviors
- Pattern of escalating threat strategies

**RISK FACTORS**

**Escalating Risk**
- Obsessive or addictive pornography/sex focus
- Sensation-seeking behaviors
- Obsessive and/or addictive thoughts or behavior
- Past experience
“Prediction is very difficult, especially about the future.”
- Niels Bohr, Danish physicist.

**Approach:**
- By developing a systematic understanding of the individual, we can better understand the potential for violence.
- Actuarial Risk Assessment vs. SPJ.
- Prediction/Probability Models vs. Prevention.

**Prediction models are limited.**
- Risk assessment is a complicated task.
- The problem is the operator, who doesn't have the cognitive skills to handle the task.
- Prediction suggests the solution is to make the task simpler and then automate it (development of algorithms).
- Prediction defines risk as trying to estimate the probability that someone is going to engage in violence.
- It doesn't worry about where or when.
Perils of prediction:
- Ignores uncertainty.
- Ignores the complexity (e.g., “I don’t have to know about someone’s life.”).
- Ignores individuality (e.g., “People are all the same.”).
- Ignores context (e.g., “I don’t need to know what is going to happen five, 10, or 15 years in the future.”).
- Ignores action (e.g., “If we estimate a 50 percent chance of violence — not much you can do about it.”).

Structured Professional Judgment:
- The problem is the task itself (not the operator).
- Understand what we don’t know and to try to create plans to deal with that uncertainty.
- We can consistently do a good job at dealing with this uncertainty through structure and systematization.

Seven Steps:
1. Gather information
2. Determine the presence of risk factors
3. Determine the relevance of risk factors
4. Develop a good formulation of violence risk
5. Develop scenarios of violence
6. Create case management plan based on those scenarios
7. Develop conclusory opinions about violence risk
Step #1: Gather Information.
• Obtain information from a variety of sources
• Counseling, health services, conduct, admissions, residential life, family, peers on campus, background check, GPA and registrar, Greek life, and athletics
• Think depth and breadth (e.g., current sphere of influence and past records and interactions)
• We’d always like to have an interview, but sometimes that can’t happen (same with records)

Step #2: Determine presence of risk factors.
• Using a structured process (e.g., SIVRA-35, HCR-20x3, WAVR-21, MOSAIC, FAVT, PCL-R, ATAP RAGE-V), determine a list of risk factors for the individual.
Step #3: Determine relevance of risk factors.
• Of the present risk factors, which are relevant?
• Is there a link that is related to the risk at hand?
• Karl is an alcoholic; is Karl's alcoholism connected to his violence?

Step #4: Develop a good formulation of violence risk.
• Formulation is the process of product of gathering and integrating diverse information to develop a concise account of the nature and etiology of the problems affecting a person's mental health to guide decision-making.
• We need a theory for this individual — a theory about why this person might be violent.

Why do people choose violence?
• People cannot act without looking around the environment and making a decision in the moment.
• They can be quick, habitual, automatic (often less conscious), and over-learned.
• If you don't care about what you are doing or if you are going to do something that you are not proud of — you can put yourself on auto-pilot; willful blindness.
• You can also carefully weigh out the options.
Step #5: Develop scenarios of violence.
• Now that we have an understanding of the person's past, we can focus on the future.
• Focus on the primary hazards and feared outcomes.
• If the individual was to commit violence, what would s/he do? Who would this person hurt?
• What kind of things could we do that would make some of these things more likely?

Developing Scenarios: Four Different Kinds
• Repeat: Stories about a replication of past violence.
• Twist: Similar story with a change in motivation, different target, and/or location.
• Escalation: Increase in attack, including lethal or “worst case.”
• Improvement: Including desistence or “best case.”

Evaluating Scenarios: Simplify and Sort
• Plausible: Information anchors should be relevant, comprehensive, and credible (aliens).
• Useful: Should guide development of specific risk management plans.
• Consensual: Different people should develop similar scenarios.
Step #6: Case management plan based on scenarios.
• A good case management plan should specify strategies, tactics, and logistics.
• Strategies – Thinking about goals or objectives.
• Tactics – How we are doing it.
• Logistics – How we support it.

Picture of thinking, doing, and support/resupply.

Strategies:
• We should identify potential trigger events based on scenarios.
• What events could cause things to get worse?
• What people should be identified as potential targets and how do we communicate with them?
• Are there freedoms we should restrict with the student to make the campus safer?
• Are there supervision or monitoring issues?
• Would a team meeting help increase communication among those involved?

Tactics:
• Should this involve counseling (either assessment or mandated treatment)?
• How should student conduct be involved?
• Can campus police or off-campus police provide further assessment or monitoring?
• Who should attend case planning meeting?
Logistics:
• How do we support the on-going strategies and tactics?
• Does counseling need additional training to perform risk assessments? How can that be funded?
• Are there conferences, listserves, or whitepapers that could help with preparedness?
• How can the BIT become better trained and make use of tabletop exercises?
• Are their on-going communication problems that can be addressed? Other roadblocks?

Step #7: Conclusory opinions about violence risk.
• Create a summary of early steps into a cohesive “good story” of risk.
• Make use of motivators, disinhibitors, and destabilizers.
  • “He was acutely disinhibited by alcohol use and had anger for his girlfriend for breaking up with him.”
  • “His general decision-making was also chronically destabilized by relationship discord.”

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