

Improving Our Ability to Identify Potential Mass Shooters:
A Memo for Mental Health and Law Enforcement Personnel*

Donald Meichenbaum, Ph.D. & Etiony Aldarondo, Ph.D.
The Melissa Institute for Violence Prevention and Treatment

The recent mass shooting in Thousand Oaks CA by Ian Long provides an opportunity to critique the process by which mental health personnel assess violence potential. Law enforcement and mental health specialists were called to Mr. Long's house for a domestic disturbance prior to the shooting. While the FBI and other law enforcement personnel have searched diligently for a possible motive to this horrific crime, it is also important to investigate the procedures used to assess Mr. Long's potential for lethal violence. News reports highlight that mental health workers talked with Mr. Long about his military service and the possibility of PTSD. On the basis of these conversations they determined that he did not pose a significant threat of violence to others—he was not considered to be dangerous enough to be removed from home and placed in an environment with access to appropriate treatment.

Conducting a Post-Event Analysis

We know that most forms of violent behavior, including mass shootings, are difficult to predict with accuracy. We also know that aggressive behavior is stable over time and situations; that an array of individual, relational, and community factors help determine which person will be more aggressive, and that aggressive behavior is more likely to reach dangerous levels when these factors converge. For these reasons we propose that *a post-event analysis* of the actions and decisions made by mental health personnel assessing Mr. Long could help us determine critical pieces of information and opportunities missed in their interaction with him that can be valuable when assessing similarly dangerous situations in the future.

Consider the following possible danger assessment questions:

1. Who conducted the mental health screening and how long did this assessment take?
2. What specific questions were asked and in what order?
3. What were the specific responses that Mr. Long offered and what were the follow-up questions?
4. Were there any questions about exacerbating circumstances concerning the domestic disturbance such as use of drugs and alcohol and availability of weapons?
5. What information about potential risk and protective factors was available to the mental health personnel involved in Mr. Long's assessment which may have influenced their decision to not pursue other potentially therapeutic and safety promoting actions?
6. Was there any effort to conduct a second home visit to further assess the level of dangerousness to others and to himself?
7. What was the nature of the interview with the person with whom he had a domestic disturbance? What was his/her assessment of concern?

Within this context it would also be instructive as part of the post-event analysis to have the mental health personnel who conducted the assessment role-play the assessment process they conducted. The purpose of the proposed post-event analysis is not to look for culpability or any form of specific accountability, but to improve our ability to predict in the future dangerous and potentially lethal forms of violent behavior like the one perpetrated by Mr. Long. This is an in-house assessment tool, the results which do not need not to be made public. Again, we know that the prediction of such rare violent acts is very difficult to predict. We also know that our ability to predict such events increases when we learn from the actions and decisions of mental health personnel conducting those assessments. A call for a similar post-event analysis of school

shootings has been proposed by the Melissa Institute for Violence Prevention as part of a Toolkit available on www.melissainstitute.org.

Critical Components in the Assessment of Dangerousness

The following assessment framework is offered as a guideline to improve future assessments:

1. The most critical component in conducting a mental health assessment of potential dangerousness is *to develop a nonjudgmental, empathic relationship with the interviewee*.

Unless the individual feels respected and heard, then he or she will not be prone to provide honest, non-defensive answers. The individual should feel free to talk so interviewers can assess thinking processes and emotional state.

2. The interview should be conducted by a male and a female mental health team in order to *assess the person's view toward members of the opposite sex and help determine if others forms violence are present*. Rapport and insight can be further enhanced by selecting interviewers who share similar characteristics, such as sex, race, ethnicity, and military history. Obviously, this would depend on prior knowledge about the interviewee and availability of suitable mental health personnel. What would have been the effect if one of the mental health staff who interviewed Mr. Long were a veteran of the Afghanistan war? Would the result of the assessment have been different?

3. The interview should begin with an introduction of the mental health personnel and a statement that they are there to better understand the nature of the reported disturbance. *Structure the interview around "what" and "how" questions, not on "why" questions*. The interview should begin with a description of the external and internal triggers that started the disturbance. What happened? How did that make the person feel? What, if anything, did he or she do with those

feelings? How did the others present respond? What accompanying thoughts did the person have? In particular, did they convey the belief that they did this "on purpose." The attribution of intentionality is a necessary ingredient to turn anger into aggression.

4. There is a need to conduct both a situational and a developmental analysis of whether the individual has had similar feelings and experiences in other settings and over the course of his or her life.

5. The questions should help *explore the person's goals in the situation and discrepancies between the way the individual wants things to be and the way they are*. In order to develop these skills Motivational Interviewing training should be provided to the mental health assessment team

6. With regard to assessing the lingering impact of military service, it is useful to *find nonintrusive ways to explore and affirm the story of military service and its lingering impact*, especially signs of PTSD and accompanying readjustment challenges. For example, if the individual has a visible tattoo, a line of inquiry such as "Have you had this tattoo for a long time? I am curious how soldiers choose specific tattoos. There are so many options. Can you tell us about how you chose that tattoo? What is the story behind your choice?" is often a good place setter for the story of military service to unfold.

7. People do not naturally disclose information about *access to weapons, controlled drugs and illegal substances*. It necessary to *ask directly about these issues for the information to emerge*.

8. Finally, the mental health personnel should make clear that they would be *conducting follow up meetings to make sure that the domestic disturbance does not reoccur and the situation gets out of hand*. Also, the assessment team should leave the person with their contact information and a list of resources they could access for help.

As a result of this process, a detailed report should be completed and filed with a list of risk and protective factors for lethal violence present in the person's life, the estimated level of dangerousness (low, moderate, high), appropriate intervention options, and follow-up procedures. In the same way that first responders are systematically trained to respond--to deal with a wide array of emergencies and the high levels stress and uncertainty associated with these emergencies--, there is a need for mental health personnel to be trained to conduct dangerousness assessments—to identify the risk and protective factors at play and the level of dangerousness or potential lethality of the situation. The tragic recent mass shooting in Thousand Oaks perpetrated by Ian Long reminds us that mental health workers are often on the front lines not only addressing individual distress but also protecting society. We owe it them to provide them with updated knowledge and tools to assess dangerousness, support their efforts, and constantly work with them to learn from their predictions and recommendations, when they work and when they do not work.