



University of Colorado **Anschutz Medical Campus**

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

May 2024



# Speakers

## **Jan Gascoigne, PhD, MCCHES**

Associate Vice Chancellor for Student Affairs

Associate Clinical Professor, Community & Behavioral Health

CARE Team Member

## **Randy Repola, MBA**

Associate Vice Chancellor and Chief of Police

CARE and FaST Team Member

## **Adrienne Howarth-Moore, RN, MBA**

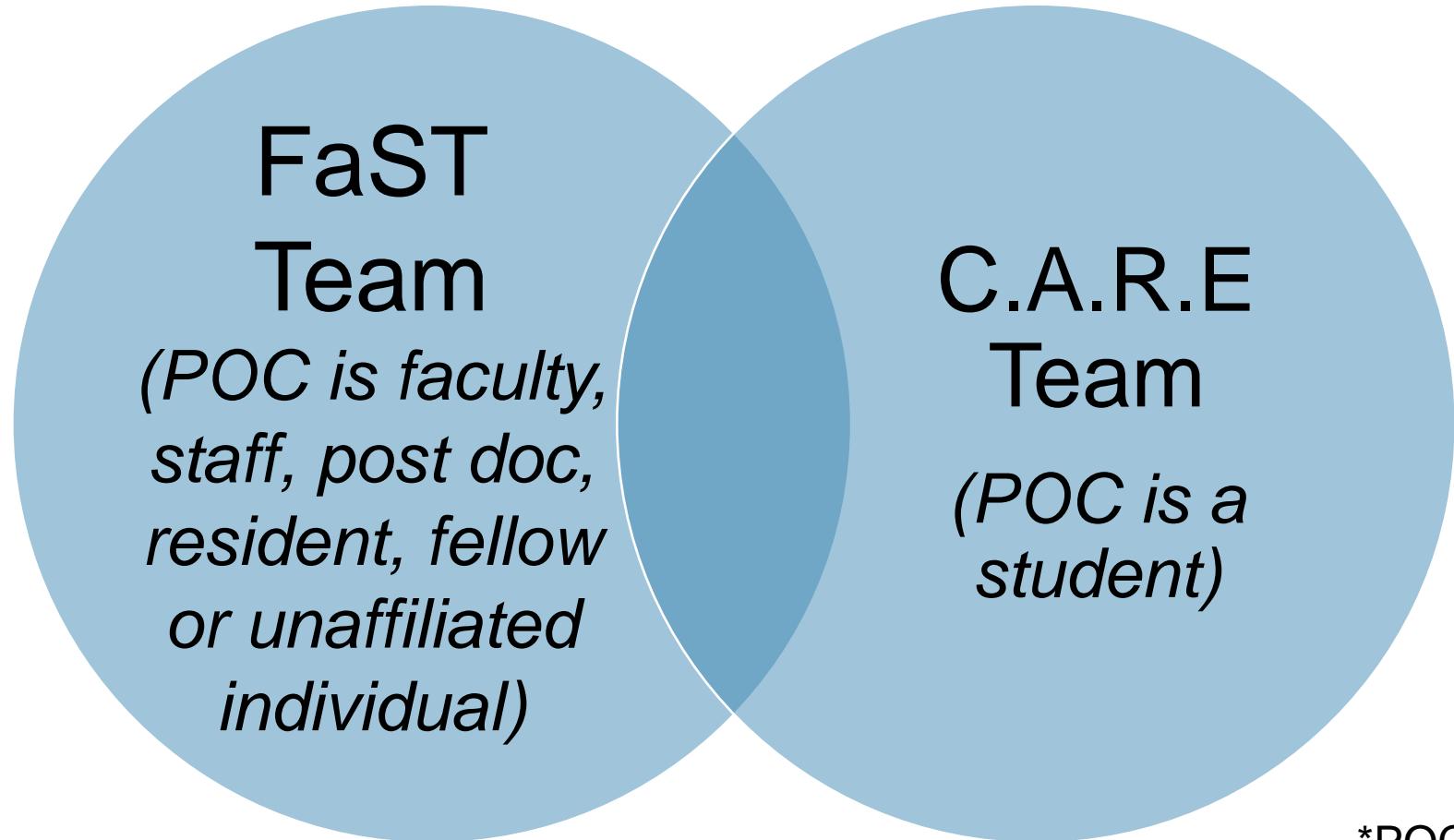
Associate Vice Chancellor and Chief Human Resources Officer

FaST Team Member



University of Colorado  
Anschutz Medical Campus

# CU Anschutz Behavioral Risk and Threat Assessment Teams



\*POC = Person of Concern



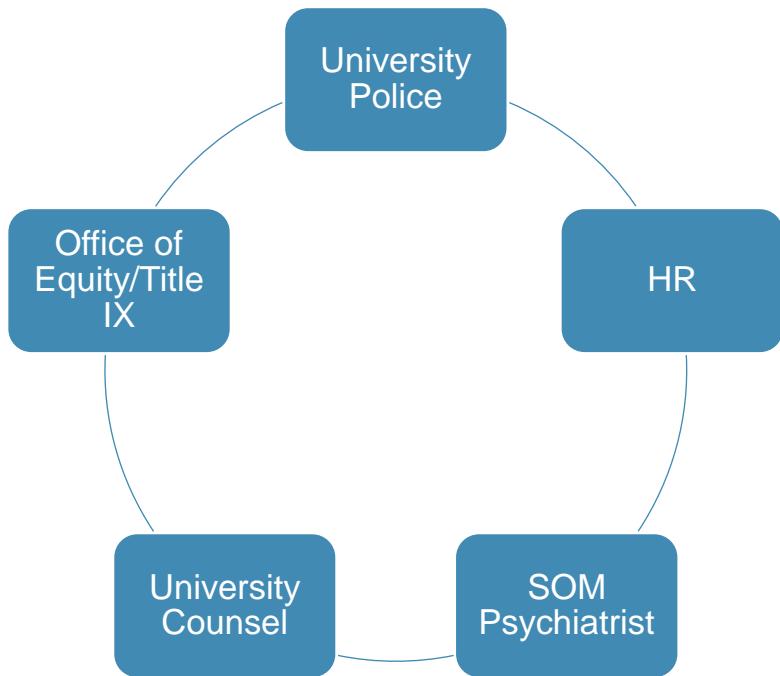
University of Colorado  
Anschutz Medical Campus

# Why Have Teams?

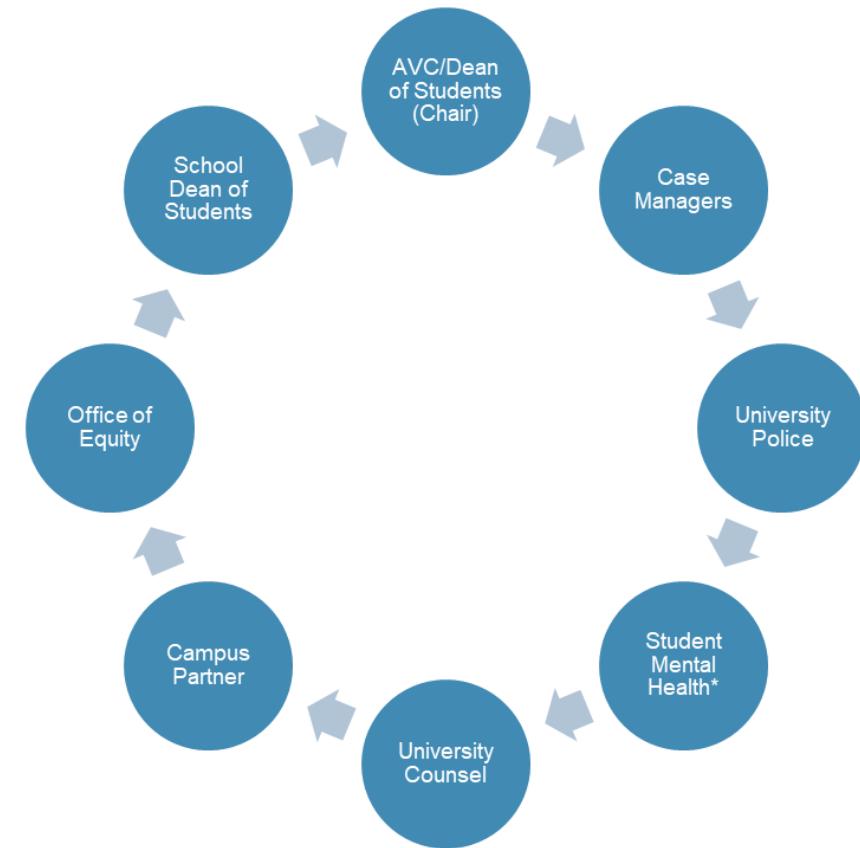
- **Why have a campus C.A.R.E Team?** To provide a mechanism for improved coordination and communication across the college campus when a distressed student or disturbing behavior has the potential to threaten the well-being and safety of the campus community.
- More broadly, to marshal the University's 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.*



University of Colorado  
Anschutz Medical Campus

# Team Training and Risk Mitigation

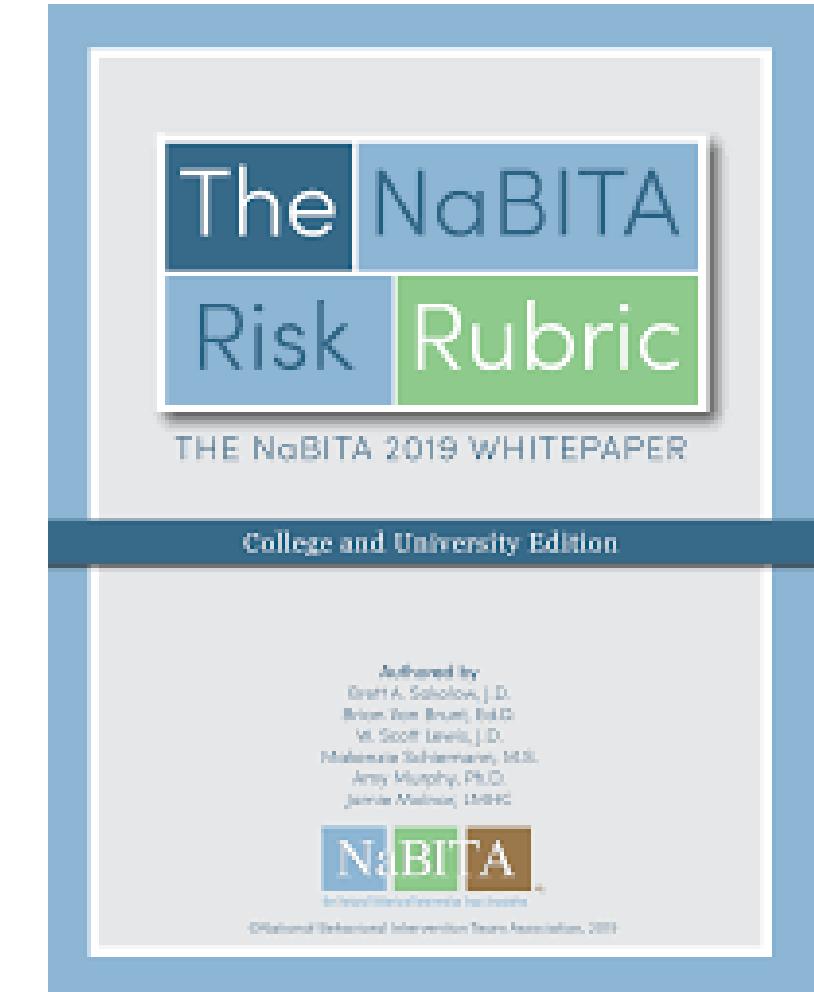
*Review, investigate and assess reports of troubling behaviors and situations and suggest de-escalating strategies to mitigate risk*

## 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.



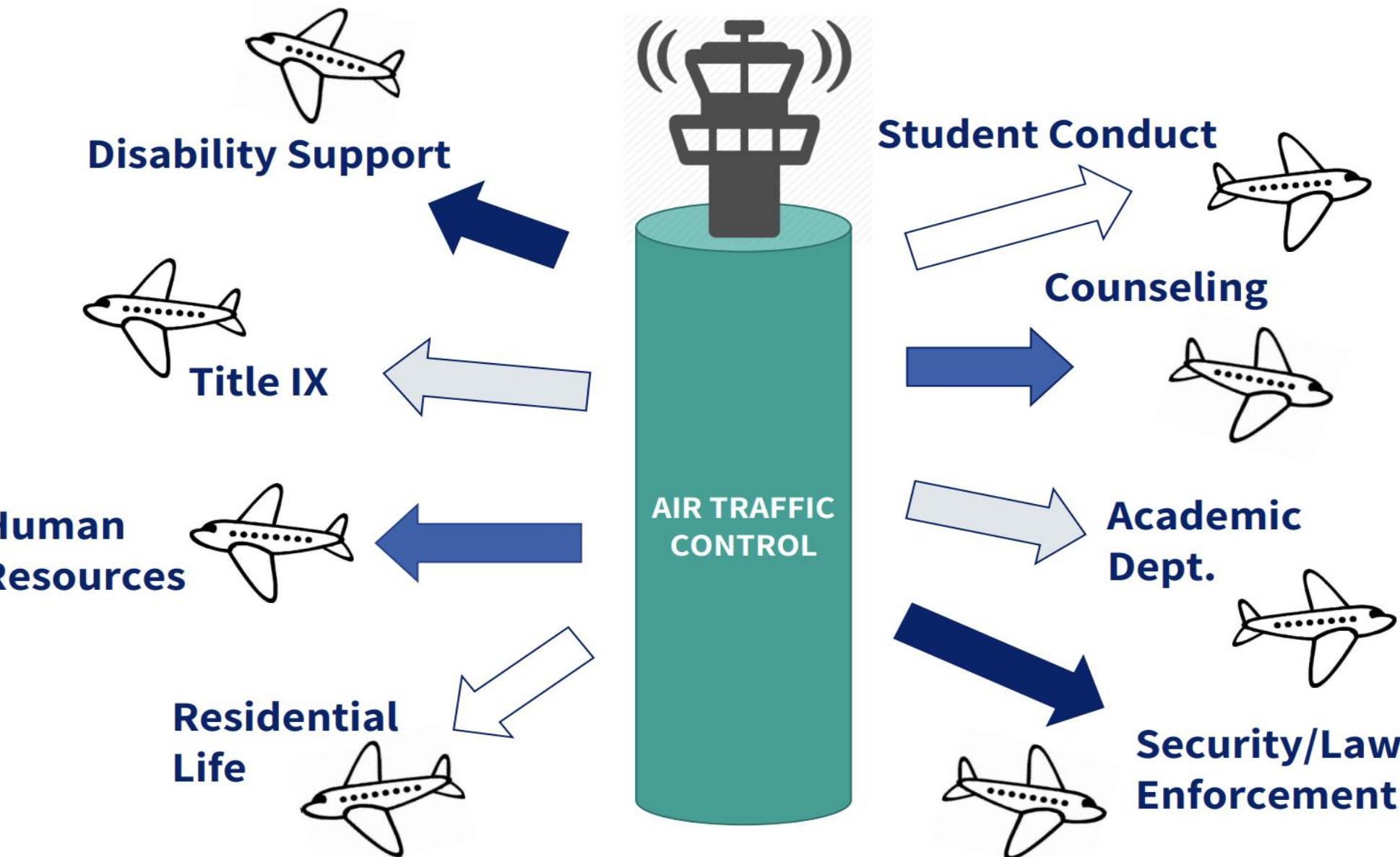
University of Colorado  
Anschutz Medical Campus



**Stalking and Harassment  
Assessment and Risk Profile  
(SHARP)**

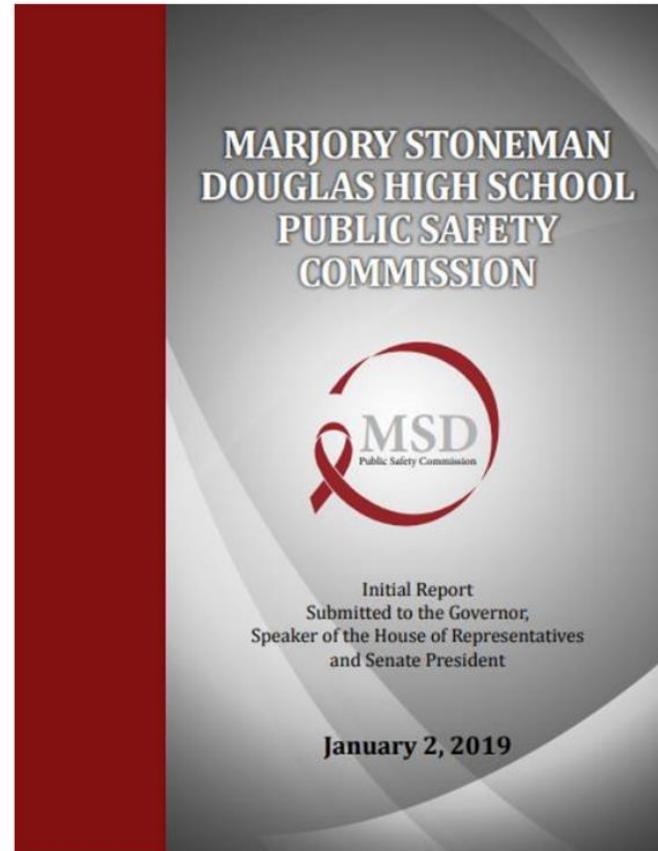


# CARE Team Overview



# 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.”



University of Colorado  
Anschutz Medical Campus

# 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

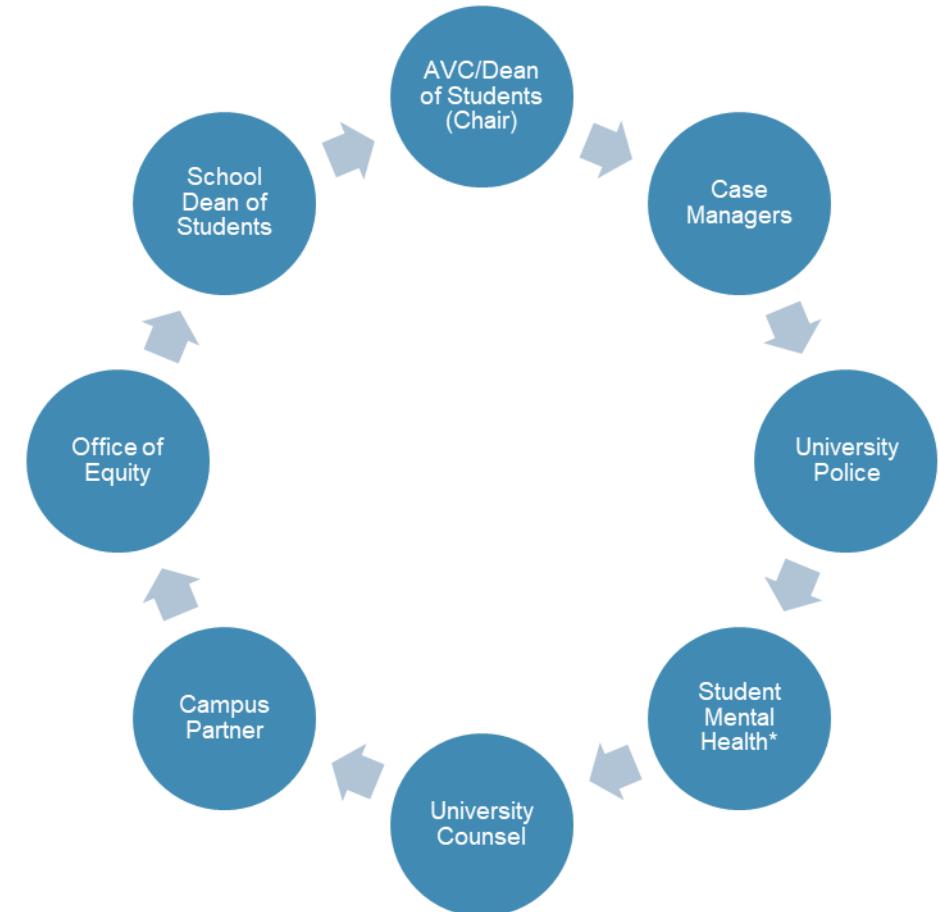
## Mission

- 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-harmous 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 enforcement 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 BITCARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

TRAJECTORY?

### OVERALL SUMMARY



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

TRAJECTORY?



University of Colorado  
Anschutz Medical Campus

© 2019 National Behavioral Intervention Team Association

# 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

# 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)

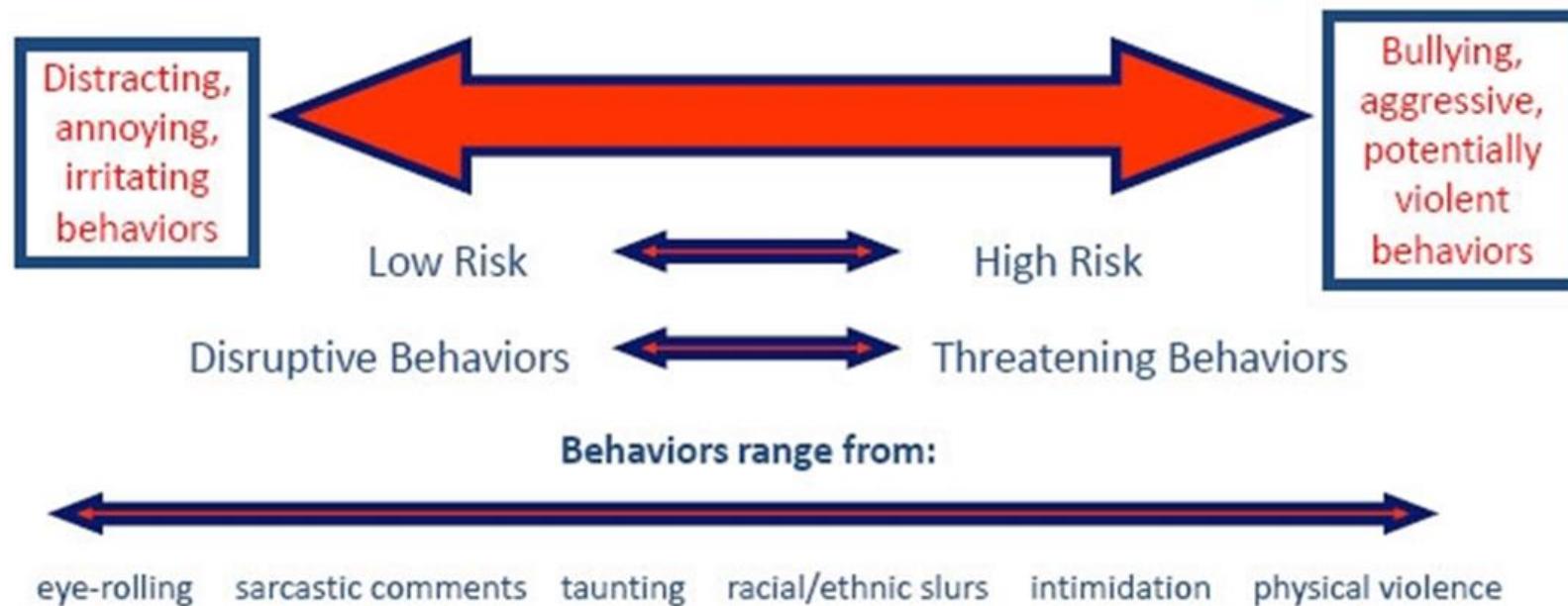
Source: National Institute for Occupational Safety and Health (NIOSH)



University of Colorado  
Anschutz Medical Campus

# Workplace Incivility

## Continuum of Incivility



Clark © 2011

Medscape



University of Colorado  
Anschutz Medical Campus

# 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



University of Colorado  
Anschutz Medical Campus

# 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?



University of Colorado  
Anschutz Medical Campus