

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 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 cause physical 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



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?

TRAJECTORY?

BASELINE

INTERVENTION OPTIONS TO ADDRESS RISK
AS CLASSIFIED

CRITICAL (4)

- Initiate wellness check/evaluation for involuntary hold or police response for arrest
- Coordinate with necessary parties (student conduct, police, etc.) to create plan for safety, suspension, or other interim measures
- Obligatory parental/guardian/emergency contact notification unless contraindicated
- Evaluate need for emergency notification to community
- Issue mandated assessment once all involved are safe
- Evaluate the need for involuntary/voluntary withdrawal
- Coordinate with university police and/or local law enforcement
- Provide guidance, support, and safety plan to referral source/stakeholders

ELEVATED (3)

- Consider a welfare/safety check
- Provide guidance, support, and safety plan to referral source/stakeholders
- Deliver follow up and ongoing case management or support services
- Required assessment such as the SIVRA-35, ERIS, HCR-20, WAVR-21 or similar; assess social media posts
- Evaluate parental/guardian/emergency contact notification
- Coordinate referrals to appropriate resources and provide follow-up
- Likely referral to student conduct or disability support services
- Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk

MODERATE (2)

- Provide guidance and education to referral source
- Reach out to student to encourage a meeting
- Develop and implement case management plan or support services
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information
- Possible referral to student conduct or disability support services
- Offer referrals to appropriate support resources
- Assess social media and other sources to gather more information
- Consider VRAW² for cases that have written elements
- Skill building in social interactions, emotional balance, and empathy; reinforcement of protective factors (social support, opportunities for positive involvement)

MILD (0/1)

- No formal intervention; document and monitor over time
- Provide guidance and education to referral source
- Reach out to student to offer a meeting or resources, if needed
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information

CRITICAL

ELEVATED

MODERATE

MILD

NABITA

INTERVENTION OPTIONS TO ADDRESS RISK
AS CLASSIFIED

CRITICAL (4)

- Initiate wellness check/evaluation for involuntary hold or police response for arrest
- Coordinate with necessary parties (student conduct, police, etc.) to create plan for safety, suspension, or other interim measures
- Obligatory parental/guardian/emergency contact notification unless contraindicated
- Evaluate need for emergency notification to community
- Issue mandated assessment once all involved are safe
- Evaluate the need for involuntary/voluntary withdrawal
- Coordinate with university police and/or local law enforcement
- Provide guidance, support, and safety plan to referral source/stakeholders

ELEVATED (3)

- Consider a welfare/safety check
- Provide guidance, support, and safety plan to referral source/stakeholders
- Deliver follow up and ongoing case management or support services
- Required assessment such as the SIVRA-35, ERIS, HCR-20, WAVR-21 or similar; assess social media posts
- Evaluate parental/guardian/emergency contact notification
- Coordinate referrals to appropriate resources and provide follow-up
- Likely referral to student conduct or disability support services
- Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk

MODERATE (2)

- Provide guidance and education to referral source
- Reach out to student to encourage a meeting
- Develop and implement case management plan or support services
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information
- Possible referral to student conduct or disability support services
- Offer referrals to appropriate support resources
- Assess social media and other sources to gather more information
- Consider VRAW² for cases that have written elements
- Skill building in social interactions, emotional balance, and empathy; reinforcement of protective factors (social support, opportunities for positive involvement)

MILD (0/1)

- No formal intervention; document and monitor over time
- Provide guidance and education to referral source
- Reach out to student to offer a meeting or resources, if needed
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information