



InterACTT
— INTERNATIONAL ALLIANCE —
FOR CARE AND THREAT TEAMS



**SUNY POLYTECHNIC
INSTITUTE**

Managing Mental Illness and Disruptive and Dangerous Behavior in the Classroom Participant Guide





Types of Violence



AFFECTIVE VIOLENCE

- Emotional reaction
- Based on situations and environmental stress
- Driven by adrenaline
- Lacks forethought or planning
- Can Be seen in FIGHT-FLIGHT-FREEZE

TARGETED VIOLENCE

- Non-emotional reaction
- Deliberate planning (weeks-months-years)
- Based in perceived/actual grievance
- Willing to sacrifice life for cause

Types of Threat

Howlers

Do not engage in approach behaviors and lack the intent to carry out their threats. When howlers threaten, their threats are TRANSIENT.



Hunters

Engage in serious targeted violence, and their intent is to complete the attack. They do not draw attention to themselves by making threats, so when hunters threaten, the threats are considered SUBSTANTIVE.



TRANSIENT THREATS

These types of threats do not express lasting intent to harm.



SUBSTANTIVE THREATS

These threats represent a continued attempt to harm someone.

TYPE OF THREAT	EXAMPLE
Direct	"I'm going to blow up the library."
Indirect/Vague	"Something bad is going to happen to the library."
Direct w/action/time imperative	"I'm going to blow up the library Tuesday at 3."
Conditional ultimatum	"If you don't give me a good grade, I'm going to blow up the library."
Transient	Frustrated about an assignment, a student throws a book and yells, "Burn this down!"
Substantive	"I'm going to bring a nalgene bottle of gasoline to spread on these books and light it up."
Howling	"You can't treat me like this. I'm going to set fire to the world and roast marshmallows!"
Hunting	"I have what I need. I know what I'm going to do. #fire #library"
Vague but direct	"Something bad is happening in the library soon."
Direct but vague	"They might want to invest in fire extinguishers around here."

We are more effective in our management of crises when we consider individual differences.



Cultural competence is the ability to understand, appreciate, and interact with people from different cultures and beliefs than your own.

Teams should be diverse in gender identity, sexual orientation, race and ethnicity, socio-economic status, political affiliation, religious beliefs, physical and mental disability, and age.



What is Bias?

Bias is our tendency to see the world from our particular lens of experience. It can lead us to ignore the evidence or make assumptions not based on evidence. It can impact what we remember and what witnesses remember. It can create blinders for BIT team members and impact their

ability to build rapport, connect, and create safe/neutral spaces. While we can never remove bias, we can train to make us more aware of how bias can affect decision making.

Types of Bias

- **Confirmation Bias:** Form an early hypothesis and tend to seek or overvalue evidence that fits it or confirms it. Are you interviewing or validating?
- **Dunning-Kruger Effect:** People who are terrible at a particular task think they are much better than they are, while people who are very good at it tend to underestimate their competence.
- **Anchor Bias:** The tendency to rely too heavily on the first piece of information we are given about a topic.
- **In Group/Out Group:** The tendency to be favorable toward the group that is similar to you.
- **Blind Spot:** Ability to spot systematic errors in others' decisions.
- **Availability Bias:** Reliance upon readily available (most recent) information.

Where does bias come from?

- Gender, gender identity experiences, and sexual orientation
- Race/ethnicity, world view, and generational expectations
- Mental illness or physical disabilities
- Different cultures or geographic areas
- Veteran history; and religious or political experiences
- Economic differences; and friend or peer groups



Microaggressions

Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership.

- **Microassaults:** Conscious and intentional actions or slurs, such as using racial epithets, displaying swastikas or deliberately serving a white person before a person of color in a restaurant.
- **Microinsults:** Verbal and nonverbal communications that subtly convey rudeness and insensitivity and demean a person's racial heritage or identity. An example is an employee who asks a colleague of color how she got her job, implying she may have landed it through an affirmative action or quota system.
- **Microinvalidations:** Communications that subtly exclude, negate or nullify the thoughts, feelings or experiential reality of a person of color. For instance, white people often ask Asian-Americans where they were born, conveying the message that they are perpetual foreigners in their own land.

Five steps to address microaggressions:

1. Constant vigilance of your own biases and fears
2. Experiential reality; interacting with those different from you in terms of race, culture, and ethnicity
3. Don't be defensive
4. Be open to discussing your own attitudes and biases
5. Be an ally, stand personally against all forms of biases and discrimination

To respond when accused of microaggressions:

1. Commit to a constant vigilance of your own biases and fears
2. Experience their reality. Find ways to interacting with those different from you in terms of race, culture, and ethnicity
3. Don't be defensive
4. Be open to discussing your own attitudes and biases
5. Be an ally, stand personally against all forms of biases and discrimination

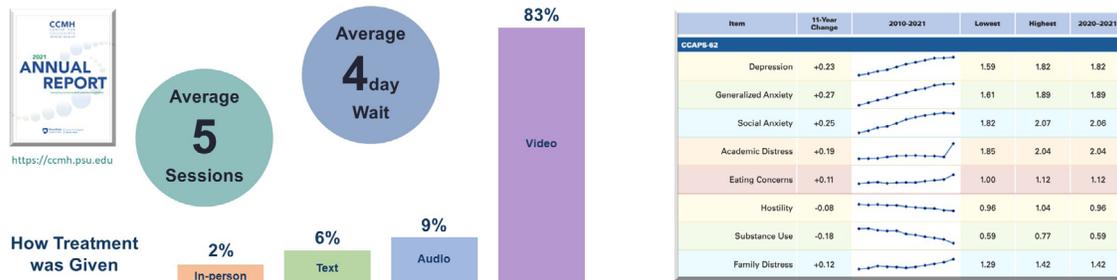
Ways to expand your understanding:

Engage actively in learning about other's experiences. Nurture a curiosity of other's experiences while limiting your assumptions. Avoid seeing those different from you as having a duty or responsibility to educate you about their heritage, culture or group experience. Our role as allies is firmly seated in a personal responsibility to seek knowledge without making it the job of those who have been marginalized to teach us. We should each have a general understanding of experiences common to certain groups, but should not assume that the issues common to a certain group have been important to or experienced by a member of that population.

Consider these questions to reflect on or ask:

- Where does the individual identify as home?
- How are concepts such as community, family, extended family, holidays, politics, and religion viewed?
- What is his or her first language?
- How were expectations set around dating and relationships in their life?
- What are some recurrent fears, worries or anxieties they having living in the United States?

Managing Chronic Illness on Campus*



Depression and Suicide

Students who experience suicidal thoughts often experience depressive symptoms. These symptoms can include difficulty sleeping or eating, a lack of interest in activities that they used to enjoy and general feelings of unhappiness and hopelessness for a better future. While students can be depressed without feelings of suicide, it is rare for a student to experience suicidal thoughts without depression.

Bipolar Disorder

Bipolar disorder involves periods of manic moods that lead to poorly planned activities, a lack of impulse control and increased risk-taking behaviors. These manic episodes are often alternated with severe depression that can include a lack of energy, hopelessness for a better future, isolation from friends and family, and suicidal thoughts. These manic and depressive periods can occur over relatively short periods of time (days) or can extend over long periods of time (months or years).

Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a developmental spectrum disorder that impacts an individual's ability to read subtle social cues and function in social situations. They may also experience sensitivity to stimuli, hyper-sensitivity to living close to other students or being overreactive to small slights or frustrations. Autistic students may have very intense interests. They may also display odd movements, ways of interacting or unusual speech tones as they talk.

Thought disorders

Individuals with schizophrenia are often so lost in their own internal logic and paranoia that they struggle to relate to those around them. They are often scared of the world and overcome with worry that they will be hurt. Students may be concerned and worried about the odd behavior they notice in other students who have schizophrenia and will need help to understand what the student is experiencing. They may worry about what the student may do and that they might act unpredictably or put others at risk.

Anxiety

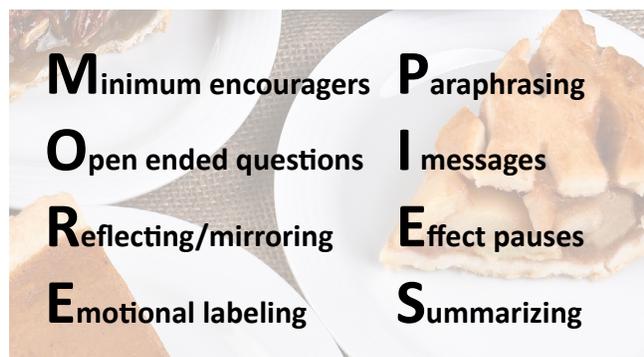
Students who experience anxiety disorders may become anxious about filling out a Free Application for Federal Student Aid (FAFSA) form or residential life checklist the same way others normally would become anxious if a tiger ran across campus. Imagine the panic, sweating, tunnel vision, difficulty breathing and feeling of impending dread. Fight, Flight or Freeze!

For more information, see *Overview of Mental Health Issues* at www.lookingglasscd.com/sunypoly

Building Rapport

Build a Strong Bridge of Connection

- **Smile.** This is a universal gesture of goodwill regardless of culture, nationality, or religion. Research indicates that individuals who receive a smile from another feel accepted and not judged.
- **Listen carefully.** Most people do not listen to each other in an open and patient manner. If the interviewer is attentive, is nonjudgmental, and shows interest in other people, a very positive emotional dynamic will be put in place, even if the interviewee is very distrustful and hates what the interviewer represents (e.g., the Federal Bureau of Investigation, Americans).
- **Find something in common.** Identify a characteristic that is shared between the interviewer and interviewee and point that out. It could be marriage, a child, a common geographical area visited, a certain amount of education, or interest in a certain sport. Find it and say it.
- **Mirror the interviewee.** This refers to mimicking the interviewee's body language and words, which takes attention and practice. If it is done too obviously, it will be noticed and rapport will not arise. It may mean sitting the same way, making similar gestures, using some of the same words, even using similar emotional tones of voice.
- **Avoid blunders.** Allowing the soles of one's shoes to face another person is considered an insult in the Arabic culture. Displaying a cold and unfriendly demeanor is considered an insult. Conveying impatience, such as glancing at one's watch or tapping one's fingers on the table, is considered an insult. Certain gestures may be an insult. Study the culture and know what the blunders are.
- **Find hooks, beware of barbs.** Hooks bring us closer together (common interests, similar backgrounds). Barbs drive us apart, raising defensiveness.



Putting It Into Practice

Motivational Interviewing

- **Express empathy.** Respect their point of view, freedom of choice, and ability to determine their own self-direction.
- **Develop discrepancy.** Explore the consequences of their actions and how they will not lead to the desired outcome.
- **Avoid argumentation.** Instead, explore more deeply what they are saying and reduce their defensiveness with open-ended questions.
- **Roll with resistance.** Avoid direct confrontation and stay focused on goals and outcomes, supporting their developmental growth and personal responsibility.
- **Support self-efficacy.** Praise them when they take positive steps and acknowledge that a positive outcome is possible.

Transtheoretical Change Theory

- **Pre-contemplation.** They aren't aware of the problem or ready for change. Raise doubt; increase their perception of risk and the problems with their current behavior.
- **Contemplation.** They are thinking about change, but haven't taken steps. Help them see the risks of not changing and strengthen their self-efficacy for making changes.
- **Preparation for action.** They are ready to make a plan to bring about change. Work with them to find the best course of change.
- **Action.** They are putting their plans into action to bring about change. Provide encouragement and resources to make change.
- **Maintenance and relapse prevention.** They maintain positive steps and adjust elements that aren't working. Teach them relapse prevention skills.

