

How Dangerous is My Client?

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ABOUT THE AUTHOR

Ronald Mah, M.A., Ph.D., L.M.F.T. has a private practice in San Leandro, CA. He consults and trains for many human services agencies, therapists, and educators. He's on the Board of Directors of the California Kindergarten Association, and also on the Board of the California Association of Marriage & Family Therapists (CAMFT). He's the author of "Difficult Children in Early Childhood, Positive Discipline for Pre-K Classrooms and Beyond," Corwin Press, 2006, and "The One-Minute Temper Tantrum Solution," Corwin Press, 2008, and has another book in development for Corwin Press on social emotional issues including victimization for children with Asperger's Syndrome, Learning Disabilities, or ADHD, and gifted children; has DVDs on child behavior, discipline, and development with FixedEarthFilms.com. He's written online courses for the National Association of Social Workers- California Chapter. He also teaches MFT trainees at the Western Institute for Social Research in Berkeley. He also is a credentialed elementary and secondary school teacher; and has owned and directed his own child development center. His website is www.RonaldMah.com which includes articles and resources for parents, educators, and therapists. I have been contemplating, developing, using, and sharing this conceptualization with other therapists and human services professionals for several years. It has developed and grown with input from others, and has proved to be a useful tool in clinical work. For a more extensive discussion of these issues and more, you may read my e-book "How Dangerous is this Person? Assessing Danger & Violence Potential Before Tragedy Strikes" available at <https://www.smashwords.com/books/view/313775>. Feedback, commentary, and ideas would be very welcome.

HOW DANGEROUS IS MY CLIENT?

The following e-mail arrived in my Inbox from Sandra in late April a few years ago. It could have come after Aurora, Colorado or Newtown, Connecticut or Isla Vista, California, or a decade or more earlier or next year. It could have come yesterday, today, or arrive tomorrow. In one form or another, it will inevitably come again. One way or another, the same type of inquiry arose after the bombings at the Boston Marathon on Patriot Day in 2013 even during the final editing of my book on this topic. By the time one may be reading this article, there will likely be other individuals and communities confused and devastated by personal, local, national, or international tragedies. Some events will have the attention of the world or the entire country or a small community or a single victim. Other occurrences may shatter the lives of a few select people- a part of the background of violence in society. The e-mail said,

"I have a young Korean-American client who is a college graduate student in literature. He's a writer. I'll call him Jim. His initial presenting issues were dealing with a sense of isolation and his long-term resentment and anger from being misunderstood and bullied throughout his school career. This young man felt very alone and

angry when he was younger. Jim wanted to work on this because he was concerned it might eventually affect his relationships and career. He is clearly exceptionally intelligent, and perhaps even brilliant in his work. He has been recognized for his writing and received awards since high school. He has been involved in an internship with one of his instructors, an editor for a literary magazine. He finds that very stimulating although he is doing somewhat menial work as a "gofer."

He talked about working on a graphic novel where the protagonist is dealing with anger over rejection, 'and being invisible' with the themes of justice, compassion, violence, suffering, victimization and bullying, and redemption. It is very clear, that the novel is semi-autobiographical and that he identifies with the main character. The plot of the novel culminates with an intense massive act of vengeance upon the main character's abusers. I don't want to be simplistic, and really don't want to be stereotypical or even worse, racist, so I need to be clearer if there is potential for violence with him. The conversation was disturbing to me after the recent violence at Virginia Tech.

To be more blunt, my question is, how dangerous is my client? How dangerous is this person?"

Sandra could have asked about two Chechen-born young men, a college student, odd character in the neighborhood, or disaffected former employee. I received this query because I am a psychotherapist- a Licensed Marriage & Family Therapist in the state of California. I work with all kinds of people in my private practice. I see individuals, children, teenagers, couples, and families. Due to my reputation, I get a fair proportion of very difficult teenagers and couples with highly challenging issues and presentations. I have led drug diversion groups in the past. I also train therapists, social workers, teachers, Head Start staff, vocational development programs, human services professionals, parents, and various other groups about understanding and working with people, including adults of all kinds, young children, teenagers, couples, families, groups from various ethnicities, religions, and vocations, gangbangers, at-risk youth, difficult or aggressive individuals, moody or angry people, and many others. A variety of circumstances may be targeted: couples, families, classrooms and playgrounds at schools, at home including grandma's, mom or dad's new boyfriend or girlfriend's place, or the neighborhood, the "hood", or the mall, and at the workplace, organization, or institution. I researched and written about domestic violence as a part of my doctoral work on couples and couples therapy, which I have self-published as e-books. I have books published by a teacher press on children's behavior, discipline, tantrums, and bullying, as well as twenty DVDs of me training on similar topics geared towards teachers. As a result of my various activities, I am often asked to consult about problematic behavior a professional or a parent may encounter. This occurs in my consulting and training work and this e-mail message was from someone who had attended one of my presentations.

In the Family Advocate article (D. L. C., 2012), "Who Is Dangerous?" author D. L. C. asserts that "No one can predict danger absolutely. There are simply too many variables. It is possible, however, to assess the type and degree of risk one faces and minimize

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the potential for both short and long-term damage to oneself, both personally and professionally. Knowing who to suspect can be life-saving." The author's advice to lawyers is applicable to all professionals and possibly laypersons as well. While one cannot predict the future actions of others, there are indicators that one should be aware of. "Those most likely to become **dangerous** (1) have a history of **dangerous** behavior; (2) behave in an impulsive and erratic fashion; (3) are paranoid; (4) are addicted to substances, including alcohol; (5) lack a conscience; (6) are incapable of empathizing with others; (7) have poor communication skills; (8) hold grudges; (9) are vengeful; (10) lack a support system; (11) are desperate; (12) tend to ruminate; and (13) believe that they have no way to redress the damage done to them other than to attack." While these lists of indicators seem relevant, can a professional use them in actual practice? Did Sandra see any of these warning signs in her client Jim? Had others seen any of these signs in Seung-Hui Cho? Or in Dzhokhar and Tamerlan Tsarnaev, the bombers at the 25013 Boston Marathon?

Less than two weeks prior to the receipt the e-mail, at Virginia Tech on April 16, 2007, on the campus in Blacksburg, Virginia, a student, Seung-Hui Cho killed 32 people and wounded many more, before committing suicide. The e-mail could have come shortly after any number of violent incidents with only minor differences in the details. At the time in 2007, this was the deadliest school shooting in U.S. history (Covarrubias, Mather, & Stevens, 2008). Only eight years before on April 20, 1999 at Columbine High School, two students, Eric Harris and Dylan Klebold, killed 12 students and a teacher, as well as wounding 24 others. They also committed suicide before they could be captured. Seung-Hui Cho was of Korean ancestry having moved here as a young child. Cho left behind angry and vengeful writings and videotapes chronicling a long history of mistreatment by others. His intense resentment seemed to motivate his homicidal actions. After the fact, laypeople and professionals have struggled to figure out the cause and origins of his violence, as was done after the killings at Columbine High and after the bombings at the Boston Marathon. For some, this is to understand the tragedy. For others, it is also to understand, anticipate, and hopefully prevent similar explosions in the future. Unfortunately, examining prior episodes of violence by others such as the Columbine killers did not prevent Cho's outburst. "With his sadistic creative writing, contempt for snotty rich kids, militaristic posing, and heavily plotted revenge fantasy, Virginia Tech killer Cho Seung-Hui has eerily reminded many Americans of Columbine murderers Eric Harris and Dylan Klebold. Cho apparently saw Klebold and Harris as kindred martyrs, giving the boys two separate shout-outs in his suicide manifesto" (Cullen, 2007). Examination of the Virginia Tech killings did not prevent the bombings at the Boston Marathon. None of us as therapists wish to be similarly reminded of Cho, Harris or Klebold, or Dzhokhar and Tamerlan Tsarnaev as we may fail to recognize a client's potential for violence.

James E. Holmes was accused of killing 12 people and wounding 58 others in a movie theater in Aurora, Colorado on June 20, 2012. As yet, there is no definitive explanation for why he chose to do this. According to reports, he had been the patient of a psychiatrist at the University of Colorado's Anschutz Medical Campus (CNN, 2012a). At preliminary court hearings he appeared dazed and out of touch with the events around him. What the psychiatrist knew is unknown and what if anything the psychiatrist could have recognized as to his potential for violence unknown. His parents saw Jared Lee Loughner behaving more bizarrely prior and took some but not all recommended steps to care for or find care for him before he shot Representative Gabby Giffords in the head and killed six others on January 8, 2011 at a shopping center in Tucson, Arizona where Giffords was speaking (Siemaszko, 2013). His "parents felt powerless to stop their son's descent into madness." Anders Behring Breivik killed 77 people in a bomb attack and gun rampage in the attacks in Oslo and on Utoya

Island on July 22, 2011. He was judged to be sane by a Norwegian court (CNN, 2012b). Breivik bragged that he was an ultranationalist who killed his victims to fight multiculturalism in Norway. He acted he claimed to prevent the "Islamization" of his country. Scott Roeder killed Dr. George Tiller as he was in his church, asserting the killing was necessary to protect "preborn children and the necessity to defend them" (NBCNews.com, 2013).

How are Klebold, Harris, Cho, Lanza, Holmes, Breivik, and suspects Tamerlan and Dzhokhar Tsarnaev or Elliot Rodger who declared his deadly intent and then followed through with killing six people in Isla Vista, California on May 23, 2014 similar or dissimilar? They are almost all are acknowledged killers of strangers (Lanza, Holmes, and Dzhokhar Tsarnaev as yet not convicted as of the time of this writing). Is killing strangers identifiably different than assaulting or killing someone known to killers- that is, abusers or killers of friends, family, spouses or partners, children? How might they be similar or different than Lyle and Erik Menendez who were convicted of killing their parents August 20, 1989 when Lyle was 21 and Erik was 18 years old (Los Angeles Times, 2012)? Was Brian Mitchell who kidnapped and raped Elizabeth Smart when she was fourteen years old after he "married" her anything like the others (ABC News, 2012)? Was Phillip Garrido who kidnapped and raped Jaycee Dugard essentially the same as Brian Mitchell (New York Times, 2011)? Are those two kidnapers and rapists essentially different than Jerry Sandusky-former Penn State football coach who was convicted of 45 counts of charges of sexually assaulting 10 boys over 15 years (ydr.com, 2012)? How do those circumstance have any relevance on singer Chris Brown physically assaulting his pop star singer girlfriend Rihanna in 2009 (CNN, 2012)? Was Chris Brown's behavior different from San Francisco Sheriff Ross Mirkarimi who pled guilty to a misdemeanor count of false imprisonment after video evidence of his wife's bruised arm was presented as evidence of domestic violence (sfist.com, 2012)? Are they different from Ray Rice, the professional football player only because of the visual evidence from the infamous elevator video showing him knocking fiancée Janay Palmer unconscious with one blow (Youtube, 2014)? Aside from being known celebrities, what might Rihanna and Mirkarimi's wife Eliana Lopez- a Venezuelan telenova star, and Ray Rice's fiancée- now wife share with others famous or infamous personalities? What commonalities may be relevant to the two nursing home workers in Georgia, Jermeller Steed and Cicely Reed who were "charged with false imprisonment and battering a patient for the 2008 incident? The 89-year-old victim was restrained while the two women used a shower hose to run water over the victim's face, simulating drowning similar to the controversial torture technique, waterboarding" (wrlawfirm.com, 2012).

What about Judge William Adams whose daughter Hillary posted a video of him beating her with a belt when she was sixteen years old for "discipline?" He did not think he had done anything wrong in beating Hillary who has cerebral palsy (ABC News, 2012). Sandusky also still does not admit any impropriety with the boys-just wrestling or horseplay in the showers. Judge Adams did not have charges filed against him. Judge Adams expressed no remorse for his behavior. Garrido, Brown, Mirkarimi, and Rice however expressed remorse for their behavior. Are these apologies genuine? Dugard, Smart, and Hillary Adams condemn the abuse they suffered if not also their abusers. Lopez remained committed to Mirkarimi, Rihanna has had repeated interactions with Brown, and Janay Palmer married Ray Rice after the knockout blow. The questions presented are not rhetorical questions that imply judgments or opinions but are actual important inquiries whose answers can serve therapy, treatment, and intervention of potential perpetrators and potentially protect others. This article looks at one aspect that can help explain some of the violence.

The e-mail I received shortly after the shootings, posted a question that was not hypothetical or academic. Television and other

media analysts (the Today Show, NBC Nightly News with Larry King among others) have argued as to whether Cho was an angry depressive, a psychopath, a schizophrenic, or a psychotic among other diagnoses. There has been academic speculation about relationships between mental issues and behavior among larger groups of individuals. Howard et al (2014) concluded that there appears to be a relationship between personality disorder and violence. Specifically, personality disorders patients with high psychopathy co-occurring with borderline and antisocial personality disorders show a criminal profile characterized by a high degree of serious violence. Vinkers et al (2011) looked at the relationships between types of mental disorder and types of crimes. They found that the presence of any mental disorder among pre-trial forensic patients is most strongly associated not only with arson and battery and homicidal attempts or threats but also with sexual crimes and violent crimes.

Several resources, including Time (Veale) quoted family members saying that Cho had been diagnosed with autism when very young. This brought a quick response from AutismLink and Autism Center of Pittsburgh Director Cindy Waeltermann that it was "unfair to blame Cho's actions on autism" (AutismLink, 2008). Yet, there is research identifying potential links between Aspergers Syndrome or autism and violence among some individuals (Bjorkly, 2009; Newman & Ghaziuddin, 2008; Baron-Cohen, 1988; Barry-Walsh & Mullen, 2004; Murphy, 2010). As mental health clinicians, it is hard not to speculate on the evolution and causes of Cho's violence, especially if familiar with studies from researchers such as Howard, Vinkers et al, Bjorkly, etc. However after the fact correlation between mental illness or other important experiences or conditions of an already offending individual does not readily predict others' propensity to violence. Speculation to be beneficial would need to serve us in assessing other individuals, such as our clients or our clients' intimate relationships for the potential of violence. The therapist who wrote the e-mail was concerned because there were elements in her client that were similar to Cho and his history. However, there were also distinct elements once identified that allowed her to have confidence that her client was unlikely to erupt into violence. These elements also help direct the therapeutic process.

Here are fifteen criteria or elements to aid determination of the violence potential of children and teens. The concepts should also be applicable to adults. Eight of the fifteen criteria are highly compelling for an individual such as Seung-Hui Cho. These are

- Self-Righteousness Attitude
- Entitlement
- Ego-syntonic Perception
- Intense Emotional Arousal
- Resentment
- Characterlogical Nature
- Isolation/Avoidance Behavior
- Lack of Remorse

Taking into consideration, that I have not, and in all probability, you have not undertaken an intensive formal evaluation of Cho's developmental, psychological, social, academic histories, these issues are highly suggestive from the media information that has been available. He had an intensive sense of **self-righteousness** that fed into deep **resentment** from his years of being ostracized and bullied throughout his school career. The self-righteousness and resentment translated into an intense **entitlement** to have vengeance, which created a complete **lack of remorse** for actions to be taken. It is clear that he deeply believed that his victims or targets deserved to be killed. He was also living up to the powerful

and vengeful persona that he believed in. There was no conflict within himself regarding who he was and his eventual violent behavior; his violence was **ego-syntonic**. His issues and emotional state were not transitory, but rather seemed to be deeply embedded into his personality. His perception and relationship to others and the world appears **characterlogical**. His inability and difficulty in social relationships led to deep **isolation** and a lack of relationships or community to give him any kind of feedback or reality check or testing of his perceptions. While his lack of remorse would seem to suggest being a sociopath, his writings and his videos demonstrate **intense emotional arousal** unlike that of sociopath. Howard (2011) notes the quest for excitement, manifesting as a desire to inflict harm and suffering on others, is prevalent in the dissocial domain of **personality disorders**. In addition, it appeared that Cho intended to commit suicide or go down in a blaze of glory. Sociopaths are highly manipulative and can be extremely dangerous, but they also normally fully intend to survive their behavior. In other words, they do not want to go down in a blaze of glory, but to survive and to do it again in some other form to some other people. My best guess diagnosis from afar, is that Cho had paranoid personality disorder or some other issue that results in significant paranoia. Gregory Lester, Ph.D., trainer and therapist who specializes working with personality disorders identified the Columbine killers also as having paranoid personality disorders (Lester, 2004).

In my clinical experience with young children, pre-teens, and a few adults with high functioning autism or Asperger's Syndrome, I have seen a developmental progression that can lead in some cases to a paranoid personality disorder. This is by no means, the normal or only outcome. With early intervention and skillful education and care, children with Asperger's Syndrome or other high functioning autism can be highly successful in all aspects of life. Dr. Temple Grandin is one example of a very respected author with autism. She is an expert on cattle handling, and has written and spoken often from her experiences and insights as an autistic individual, including many television appearances. Unfortunately, with inadequate caregiving and/or highly negative social experiences, there can be extremely problematic outcomes for some individuals. Autism or Asperger's Syndrome does not cause violence. However, one of the major challenges for individuals within the autistic spectrum is the difficulty in reading social cues, especially nonverbal cues. Individuals within the autistic spectrum are also often more sensitive to environmental stimulation. These combine to make social interactions often extremely challenging for such a child. In communities such as classrooms or the playground, other children often identify such children as being different, and subsequently a target for teasing and victimization. The childhood history of Cho reports that he was brutally teased and bullied in school. Depending on the individual temperament or personality of the child, as well as the environmental and interventions support (or lack of) from caregivers such as teachers, children with these issues respond differently. It seems that Cho did not get the appropriate support or intervention, and with his intense personality suffered greatly and became ever more resentful. Another person with more positive support, with a similar intense personality may become a very attractive passionate individual. Because of the difficulty in understanding social cues, Cho may not have understood how he was perceived, or why others treated him so badly. This may have exacerbated his growing isolation, emotional trauma, and increasing resentment. Unable to identify why others were so abusive to him for seemingly no logical reason, a hypervigilance and hypersensitivity leading to paranoia may have resulted. Over the years, a paranoid personality disorder may have developed. Waeltermann is alluding to such destructive dynamics, when she says, "This is a wake-up call that stresses the importance of early intervention, research, and appropriate treatment

strategies.... research has consistently shown that when children receive the help that they need early on they are more likely to become more adept at social and communication skills." Cho did not receive this intervention or treatment. It appears that his challenging dynamics (which I believe may have been undiagnosed Asperger's Syndrome or other autistic spectrum issue), while observed, were never accurately diagnosed and most importantly, never treated appropriately. The consequence to him was his lonely enduring deep dark world of anger and resentment that subsequently erupted to darken the lives of so many others.

Consensus may never be reached regarding Cho's diagnosis. Cho's internal process is not accessible to interested professionals and the public despite intense interest. Declercq and Audenaert (2011) were able to not only review official documents of a mass murder case but also conduct interviews with the mass murderer. The diagnosed borderline **personality disorder** was coherent with pervasive feelings of loneliness, the lack of availability of the attachment figure in childhood and the clinical depression during the incubation phase of the murders. The murderer's ruminations about revenge appeared to be compulsive and ego-dystonic and seem parallel to Cho's process. The resultant predatory violence gave them both relief. Their crimes also both seem to grow out of the perception of themselves as victims of a hostile world. Both killers systematically rejected personal responsibility. Interestingly the paranoid personality disorder diagnosis which seems appropriate for Cho has not been mentioned in my reading of the media literature. Whether or not, others agree with this diagnosis, it does not serve Cho or the many victims at Virginia Tech. However, the criteria or elements that were compelling and led me to this diagnosis can be useful in assessing the violence or danger potential of others, hopefully before violence occurs or so that intervention can be made. If you consider the eight criteria or elements and apply them to the client, Jim that the therapist was concerned about in the e-mail, you find that there are important distinctions. In addition, if you consider other criteria or elements (the other seven I have found to be important), you can gain even greater clarity for diagnosis. Some of the criteria or elements give clear indication of a more stable and less violently prone individual. Others guide the therapist in clinical inquiry. The first major difference between Jim and the shooter at Virginia Tech is that Jim sought out therapy. Cho was a social isolate and unable to maintain social relationships. He had difficulty maintaining even formal relationships with teachers. He internalized his process and did not have any social context for reality check. Jim uses therapy for this process, and he is successful socially. He seeks out social contact and interaction. Also, Jim was not comfortable with his own anger and resentment. It was **ego-dystonic** for him, because he could see how it would harm his relationships. Jim is **not deeply resentful**, although he could have cause for resentment in being a gofer for his instructor at the internship. Instead he appreciated the opportunity to experience the work despite his menial responsibilities. The judgment regarding the other criteria and elements were not clear to the therapist for Jim, but can be pursued through the therapeutic process. The following are questions I suggested that the therapist explore to get more information and clarity. Some are specific for Jim, while others would be useful in general to examine other individuals.

- Are there any aspects of paranoid personality disorder or other paranoid thinking? This can also be from paranoid schizophrenia or stimulant drug abuse (cocaine, crack, crank, methamphetamine).
- Is there a long held resentment and self-righteousness for past wrongs done to him? Or, is the upset or anger transitory?

Intense feelings that are released through cathartic processes are less likely to erupt into violence.

- Does he/she have mechanisms to self-soothe distress or other negative emotions (other than with drugs and alcohol or other dysfunctional behavior)? Does he/she activate them effectively or readily? Individuals, who can self-soothe to any significant degree, are more likely to keep bitterness and resentment under the threshold that ignites destructive behavior.
- Is there any underlying Asperger's disorder (high functioning autism) that may be indicative of missing social cues? Does Jim give appropriate non-verbal social cues in the therapeutic interaction? Not only do many individuals in the autistic spectrum not recognize social cues, they may also not give appropriate social cues.
- Does he/she present as "odd"? Mismatch between emotional content and non-verbal cues (eye contact, facial expressions, body movements, voice tone, etc.) may indicate autistic issues, or may indicate disconnection due to intense uncomfortable emotions. In addition, any individual perceived as different is more prone to being targeted for victimization by bullies.
- Is his/her presentation that of a "normal neurotic?" "Normal neurotics" may have an intense presentation at the high or low end of the normal spectrum of emotions. However, they tend to be available to processing their emotions in therapy.
- What is the energy of the movie for Jim? The movie Jim is doing may be cathartic and serves to mollify his resentment. It may keep him from possibly exploding violently into reality.
- How does Jim feel about his recognition? Does he feel them deserved? Appreciation is the normal reaction to recognition. High fragile self-esteem or entitlement would be characteristic of narcissist individuals. Failure to get recognition can result in narcissistic rage and transitory aggression.
- Does Jim feel that despite the awards, that others still don't understand or value him? That he has got recognition and awards from others from his work would seem indicative of gaining positive social validation. Thus, he would be less likely to be dangerous. If he thought that the recognition and awards come from stupid people that he feels superior to... that getting the awards are just signs of their ignorance, stupidity, perverted values, that he's fooling them, then there should be more concern.
- Does he/she feel understood by anyone? By you? Individuals often seek validation from their therapist, after many life experiences of invalidation. They normally appreciate and respond positively to the validation. If the client cannot feel understood or appreciated, or dismisses validation, it would be of concern.
- Does he/she feel that he can be understood by anyone? Who? Cho felt he understood the Columbine killers. Determine with whom the client identifies. Who he/she understands. Are they positive models or dangerous models?
- How does he/she see his/her own anger and what does he/she do with it or in reaction to it? Even when many individuals feel their anger is justifiable, they also understand it can be dysfunctional for them. Of greater alarm, is when an individual sees the anger and the aggressive behavior that harms others, as both justifiable.
- What is the ending of the novel? Is there personal redemption or just vengeance? Does the protagonist die (is doomed) or

move on to "happily ever after?" Does the character have hope? Is it a transformative process for the character? For example, from doing poorly to doing well, from being alone to having positive relationships? A transformative story is a self-prophecy of hope as opposed to a story of doom.

- What generation is Jim? Foreign-born, first American born with immigrant parents, second generation, or third generation or beyond? The less Americanized or closer to immigration generationally, the more likely an individual may have difficulty fitting in.
- What are his/her parents like? This is a basic psychodynamic exploration- an examination of the family of origin, attachment relationships, validation, nurturing, etc.
- Does he/she feel rejected now? Are these feelings transitory or ongoing? Transitory feelings come and go and are not likely to cause distractive behavior, unless he/she is highly impulsive.
- Was he/she referred or mandated to therapy? Is he/she self-referred? Self-referral is an act of hope and less likely to be indicative of desperation, and thus he/she is probably less likely to be dangerous.
- Are there class issues that may also apply? Class is an often forgotten discriminatory issue.
- How does Jim identify? As American? As Korean? Internalized self-hatred can have ethnic or cultural origins. Internalized self-hatred can externalize into aggression against others.
- Does he/she identify as normal? As special? As different? Misunderstood, etc.? How does he/she identify relative to others, such as victim to bully, or superior to inferior? The role dynamics can predict behavior at or to others.
- You could ask Jim directly about the shooter at Virginia Tech. How much does he empathize versus identifies with Cho? Empathy might be indicative of understanding Cho's pain, while identification may be indicative of seeing himself in that role.

There are lots of questions that can get greater information and insight. Scott et al. (2011) from the United Kingdom use a psychiatric label of "Dangerous and Severe Personality Disorder" (DSPD) to refer to "people who are thought to be capable of extremely violent or aggressive behavior as a direct result of a personality disorder... These may include anti-social personality disorder or borderline personality disorder..." (page 157). While not a DSM diagnosis, and more of an administrative category in UK law that was motivated by a murder committed by a person recently released from hospitalization (page 158), it nevertheless represents a group of individuals whose demeanor and behaviors trigger professional alarm. DSPD is "a label referring to an imagined type of character rather than an empirically distinct group of individuals. DSPD is constructed by a set of predictive indicators of dangerousness and risk; clinicians are expected to assess the client's potential for violent or intimidating behaviour rather than their actual history of it, and estimate the threat they might pose to public safety" (page 159). Implicit if not overtly attempted are governmental and institutional attempts for prevention, which Scott et al argue becomes immensely complex and controversial.

The challenge of finding some empirical models is significantly complicated by the wide variety of potential factors, their relative intensity, and interactions. Science has not yet advanced enough to diagnose except in retrospect- that is, after a horrific violence action has occurred. What is left nevertheless is the need for professionals to protect individuals and the public. What do your instincts say? Versus your fears? In a study by one of the authors, interviews were conducted with 46 mental health professionals in two community

health teams. Despite professional training, education, and resources, there remained significant uncertainty assessing for danger potential in individuals. "Given this uncertainty, many of the respondents said that they made decisions not only on the basis of 'objective' medical evidence, risk assessment instruments and occupational training, but also by attending to their subjective emotional reactions to clients. However useful their risk assessment inventories were, it was impossible to predict with certainty who would pose a serious risk of harm and so, aside from their professional training, the clinicians developed an additional repertoire of intuitive, case-based knowledge. Social workers and CPNs (community psychiatric nurses) were particularly likely to admit this, as one CPN said: 'There isn't a tick box answer with people... It has to go hand-in-hand with experience and skill and I still think gut feeling. Of course you can't run a service on a load of gut feeling but it certainly helps'... Sometimes an individual would be able to say all of the 'right' things to indicate that they were not a danger to themselves or others, but the clinician would be swayed by an instinctive fear: '...the hairs go up on the back of your neck,' as one CPN observed" (page 162).

In the short message from the therapist Sandra, she had some instinctive concerns about Jim but had been more worried because of what someone else did at Virginia Tech. The hairs did not go up on the back of her neck because of Jim per se. There were indications that were not consistent with Jim being a danger to others. However, this therapist, just as you are, is the only one in the room to make a final judgment and to do the interventions or therapy. The therapist was able to take these questions and interact purposefully with Jim. I later received this wonderful note from the therapist,

"From the questions you prompted me with, even before seeing him again, I was able to gather that my client was most probably needing affirmation and that his attitude is more hopeful. It is clear that he was reaching out for some support and that his work most probably is cathartic. I feel empowered and will move forward in the therapy. I will use the questions to further assess him, and whether my current sense of his low or non-propensity to violence is correct". About four months later, I received an additional communication from the therapist regarding her client. "My former Korean-American client is doing a lot better. He's starting a paid post-graduate internship at the literary magazine this fall. He won an award for one of his short stories that included a financial prize. He has had a lot of support from his former instructors and myself. Although I haven't heard from him in a while, he usually contacts me for a few sessions when a crisis or he needs to work through something stressful."

The larger list of criteria or elements to use for assessment for violence or danger potential is:

1. Specific Triggering Event
2. Opportunistic Behavior
3. Sense of Entitlement
4. Self-Righteous Attitude
5. Ego-syntonic Perception
6. Self-Esteem Gain or Loss
7. Intense Emotional Arousal
8. Pleasure
9. Resentment
10. Functional Reinforcement (Positive or Negative)
11. Characterological Behavior or Perceptions
12. Transitory Behavior or Perceptions
13. Isolation/Avoidance Behavior
14. Social
15. Presence or Lack of Remorse

In addition, nine types or origins of violent or aggressive behavior may be characterized:

1. frustration
2. cultural issues

3. bullying
4. borderline behavior
5. narcissistic behavior
6. paranoid behavior
7. sociopathic behavior
8. psychotic violence
9. substance abuse ignited aggression

Which and how the fifteen criteria or elements manifest indicate the core etiology of the nine types of violent or aggressive behaviors. Each of the nine types of violent or aggressive behavior has a distinctive profile of the fifteen criteria or elements. Explaining how each of the fifteen criteria or elements applies to these nine types of violent or aggressive behaviors is beyond the capacity of this article. In addition, opinions may differ on the relevance of or how to apply these criteria or elements. As you examine a client for danger potential, including suicide, domestic violence, or child abuse, using this process should conceptually confirm much of your clinical instincts. I believe that clinicians often do very good work based on instincts. However, if it is good work, it also is conceptually sound work. As you understand the conceptual foundations to your instincts, you go from good to often, great work. In addition, instinctive work is largely reactive, but with conceptual clarity you can be proactive. This becomes especially important when there is a potential for violence by or to our clients. The first responsibility of a therapist is the safety of the client and the safety of others in the greater community. The threat of harm to others, suicide, child abuse, and domestic violence constitute fundamental legal and ethical requirements for all mental health professionals. The first assessment of violence or danger potential serves the choice of action to that first responsibility. The subsequent assessment serves our therapeutic responsibility to address the client's emotional and psychology process. Whether or not you operate clinically using DSM terminology and diagnoses (the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition recently updated to a Fifth Edition is utilized by most psychotherapists for diagnosing mental disorders), assessing for and addressing relevant criteria or elements from the following list can serve therapy (American Psychiatric Association, 1994; 2013):

dealing with specific triggering events,

- likelihood of engaging in opportunistic behavior,
- sense of entitlement,
- origins and the consequences of a self-righteous attitude,
- development and consequences of ego-syntonic perception,
- how self-esteem is gained or lost with the behavior,
- dealing with intense emotional arousal that affects the behavior,
- pleasure versus displeasure of the negative behavior,
- development of and intensity of resentment,
- degree of functional reinforcement from the behavior (positive or negative),
- how established or characterological is the behavior or perceptions,
- whether the behavior or perceptions are transitory, and how to get past them successfully if they are transitory,
- degree of isolation/avoidance behavior,
- need for and success at social relationships and interactions,
- presence or lack of remorse

For example, the violence potential of one adolescent gangbanger

versus another gangbanger can be differentiated in seeing how one individual's potential aggression may come from the cultural framework of the gang, while the other's significantly greater potential for violence and danger to individuals and society may come from a sociopathic energy within the cultural framework of the gang. Differentiating criteria or elements for the sociopath would be

- lack of remorse,
- pleasure in the violent behavior,
- absence of intense emotional arousal,
- ego-syntonic nature of the behavior,
- lack of resentment fueling the behavior,
- opportunistic nature of getting away with the behavior,
- disinterest in social sanctions,
- characterological nature of the behavior

Given the psychological profile of the sociopath, emphasizing or creating significant negative consequences for the violent behavior would be the most effective approach for change. Appealing to remorse would be completely ineffective, among many other approaches. For another gangbanger who may be asked to or does engage in aggressive behavior primarily because of the culture of the gang, the differentiating criteria or elements would be

- potential functional gain in self-esteem and social status within the gang for the high risk behavior,
- need to arouse intense anger in order to be violent,
- lack of motivating resentment against a target,
- displeasure in the act,
- ego-dystonic experience
- remorse for harming someone.

For this gangbanger, challenging the cruelty of the act, the dystonic identity of being a violent person, the gangbanger's remorse from harming someone, while also addressing and offering alternatives to gain self-esteem and status would be more effective therapeutically. This approach would have little or no effect on the sociopathic gangbanger. Can we absolutely be sure about a client's potential for violence? Probably not, but we are nevertheless responsible to do the best that we can. Applying these criteria or elements to other clients could provide diagnoses, assessment for violence potential, and direct treatment differentially. And, give us greater confidence for our clinical judgments.

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