The Clinical Threat Assessment of the Lone-Actor Terrorist

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KEY POINTS

- The TRAP-18 (Terrorist Radicalization Assessment Protocol) is a structured professional judgment instrument for the assessment of individuals who present a concern for lone-actor terrorism.
- It consists of eight proximal warning behaviors and 10 distal characteristics.
- Previous research has demonstrated its interrater reliability and some concurrent and postdictive validity.
- TRAP-18 is retrospectively applied to the case of a US Army psychiatrist and jihadist, Malik Nidal Hasan, who committed a mass murder at Fort Hood, Texas, in November 2009.
- The strengths and limitations of TRAP-18 as a structured professional judgment instrument for mental health clinicians are discussed, and clinical risk management suggestions are made.

Although there are many definitions of terrorism, and ideologies that drive such acts of violence toward noncombatant civilians, they share two common characteristics. First, they are acts of targeted violence, intended and purposeful events that are virtually always the culmination of a pathway toward violence. Acts of terrorism are not impulsive, and typically not a reaction to an imminent threat, which define most violence among individuals.[1,2] Second, not only is a target selected, but an audience, as noted by Bakunin, the nineteenth century anarchist, in his definition of terrorism as "propaganda of the deed." Recent attacks by jihadists against Westernized democracies, most notably in Paris, San Bernardino, Nice, Orlando and Brussels, have underscored the degree to which the audience is anyone who has access to television, the Internet, or social media.

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One of the counterterrorism responses has been to search for a means by which lone-actor terrorists can be identified in real time before they act by efficiently organizing accumulating data. Such approaches have encountered several problems: (1) the traditional finding in violence risk research that historical variables are the best predictors has less relevance to lone-actor terrorists[3]; (2) the lack of efforts to draw a distinction between affective (emotional, reactive, impulsive) violence and predatory (instrumental, intended) violence,[4] the latter mode of violence being the domain of terrorists; (3) the lack of attention to proximal and dynamic factors as the best predictors of short-term violence risk, and distinguishing them from more long term, distal characteristics, although this seems to be changing; and (4) the conflation of prediction and prevention. From an epidemiologic perspective, prevention does not require individual prediction, as long as risk factors are known. The paradox is that if prevention is effective, whether primary or secondary, one will never know which individuals would have become symptomatic (or in this application, carried out an act of terrorism) if no intervention had been done.

We believe the young scientific discipline of threat assessment and threat management can alleviate some of these issues,[5] and has a direct application to mental health professionals in their clinical work. First developed by the US Secret Service 20 years ago,[6,7] threat assessment focuses on behavioral facts that may be dynamically changing in real time to determine which individuals pose a risk of targeted violence. It is distinctive in many ways from traditional violence risk assessment, which is a more static approach to determine general violence risk.[8] Since its inception, threat assessment has been successfully used in several risk domains, including stalking, public figure approaches and attacks, workplace violence, school violence, university violence, and adolescent and adult mass murder.[5] The threat assessment model is being used by local, state, and federal law enforcement agencies in various countries to address the risk of targeted violence, including terrorism.

One practical method may eventually provide a reasonable assessment of risk of individual terrorism, based on the recommended domains of Monahan[3,9] and incorporating work on proximal warning behaviors for targeted violence[10–12]: the Terrorist Radicalization Assessment Protocol (TRAP-18), an investigative template developed for operational purposes. This article explores the use of TRAP-18 as a structured professional judgment instrument for clinical use by mental health professionals.

TRAP-18 consists of two sets of variables: first, eight warning behaviors that were originally developed to identify patterns of proximal risk for intended or targeted violence, in contrast to the more common mode of violence, which is typically impulsive or reactive.[1,13] Second, 10 distal characteristics of the lone-actor terrorist were derived from studying the extant empirical and theoretic research on terrorism and Meloy's experience as a forensic psychologist[10,14] in directly and indirectly assessing foreign and domestic lone-actor terrorists over the past 20 years.[15] The proximal warning behaviors and distal characteristics are listed in **Box 1**.

There are two distinctive aspects to TRAP-18, however, which are worth noting. First, TRAP focuses on patterns of behaviors, rather than discrete variables. We think this is a more productive clinical approach that guards against a myopic, and perhaps misleading focus on one risk variable. Second, the two components of TRAP (proximal warning behaviors and distal characteristics) allow the mental health professional to make a determination as to whether the case should be actively managed (the presence of one or more warning behaviors) or just continue to be monitored (a cluster of only distal characteristics). This distinction utilizes the work of Monahan and Steadman[16] who drew from the weather forecasting research concerning