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October 2015 | Volume 73 | Number 2
Emotionally Healthy Kids

Is This Student Safe at School?

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When a student gives off warning signs that violence might be the next step, these protocols can help educators assess—and heal—the situation.

In the last two weeks Alex, a kindergartner, has placed his hands around a child's neck and hit two teachers. He grabbed a fish from the classroom aquarium and killed it. He also ran from the classroom and ripped up drawings displayed on the wall.

Jerry, a middle school student with average grades, recently posted online a picture of himself holding a gun. He told other students he wants to be an assassin.

Most schools see disturbing student behaviors like these at some point. Targeted school violence is rare, making schools relatively safe places for everyone. However, all educators need to be familiar with basic concepts for quickly and comprehensively assessing student behavior that seems threatening.

When behaviors like those of Alex or Jerry happen, schools usually try one of two responses—neither of which is ideal. A school may suspend a violent student. After suspended students return, however, they frequently continue to misbehave, fall further behind in classes, or drop out. Or a school might send the student to the local emergency room for a crisis assessment. But such assessments usually happen after school is closed, when hospital personnel don't have sufficient information or access to school staff.

Responding as a Team

When administrators and teachers need to determine whether a student who's acting erratically is a threat to others, they frequently seek help—as they should. With proper support, schools can effectively respond to a child like Alex who gives off warning signals by using a problem-solving approach that involves both assessment and intervention. Schools are then in a better position to create a plan tailored to meet the troubled student's needs while protecting everyone.

One good option is to form an assessment team to determine whether it's safe for that young person to be in school. Clinicians—for instance, the school social worker or an outside consultant—are commonly asked to weigh in on these decisions, and they can be extremely helpful. A clinician can help put the event in context and systematically assess the situation by talking with the student, family, and school. If the student's behavior stems from mental illness or an ongoing family problem, a mental health professional can reduce stigma and help the family access the services they need. By understanding both the school's concerns and the underlying reasons for the student's disruptive behaviors, a clinician can defuse power struggles and explain the school's discipline policy to the family (Rappaport, Pollack, Flaherty, Schwartz, & McMickens, 2015).

Determining Whether a Threat Exists

Safe School Initiative

Good resources exist to help such teams as they struggle with how to respond to potentially dangerous behavior. The Safe School Initiative (SSI) outlines guiding principles any professional can use. Developed by the U.S. Secret Service and Department of Education after they analyzed school events in which a student killed multiple people in a targeted attack (known as *targeted school violence*), the guidelines are a way to investigate students who may pose a threat to school safety (Fein et al., 2002).

Although school murder is relatively rare, the Safe School Initiative approach is useful in less horrific situations. The approach highlights the need to prioritize risk factors and evaluate whether a student has the resources, intent, and motivation to carry out a threat. As the guidelines note, there are no typical profiles of students who engage in targeted school violence, although before they made an attack, most attackers showed behavior that caused concern or indicated a need for help. Many were known to have difficulty coping with significant losses and had a sense of being persecuted or injured.

To begin this approach, the school forms an assessment team that includes members of the school's staff, staff from an outside community agency, and possibly law enforcement officials. This team gathers reliable information from sources connected to the student (teachers, parents, or friends) to establish whether he or she poses a threat of targeted violence—or is even preparing an attack. Pointed questions like these shed light on the situation:

1. Is there any communication (such as something the student wrote in a diary, journal, or website) that suggests an intent to attack? Has the student asked friends to stay away from school?
2. Is there known history of attack-related behaviors? Has the student made efforts to secure weapons or rehearsed attacks or ambushes?
3. Is the student experiencing hopelessness, desperation, or despair? It's crucial to assess whether the student has experienced a recent loss, failure, or diminution of status, or has ever been suicidal.
4. Does the student have at least one trusting relationship with a responsible adult?

The Virginia Model for Threat Assessment

Building on the Safe School Initiative guidelines, Cornell, Sheras, and others (2004) developed this assessment, which school staff can use to evaluate actual threats a student makes.¹ Threat assessment teams typically consist of a principal or assistant principal and a school's resource officer, psychologist, and counselors. The team leader, often the principal, makes the crucial triage decision about whether the student's threat is transient (meaning it can be handled with routine and often minimal school intervention, as can most threats) or substantive (it indicates a risk of danger to the threat maker or others, requires immediate action, and might warrant consulting with mental health or law enforcement professionals).

A member of this team interviews the student and the family to help everyone understand the context of the behavior and develop a plan. The interviewer asks questions like these:

1. I know you must have had reasons for your behavior. What happened?
2. What were you feeling then?
3. How do you feel now?
4. Is there anyone who has threatened or teased you recently?
5. What do you think you might do if you had a gun?
6. Have you been in trouble with the police?

Investigating and resolving threats with this framework allows schools to be less reactive and more consistent and avoid resorting to profiling. Schools using this approach report decreased bullying, greater willingness among students to seek help, and more positive school climates (Cornell, Sheras, Gregory, and Fan, 2009).

Beyond "Is He a Threat?"

As a psychiatrist who consults in schools, I developed an alternative safety assessment to use with students who *don't* pose an imminent threat of targeted violence but whose behavior shows that they have trouble controlling anger and frustration—and who might eventually become violent at school. Educators might conduct a safety assessment with students who swear at or threaten to harm a teacher (or fellow student); destroy classroom property; fight with peers; or post a message or image that seems potentially threatening on the Internet.²

This safety assessment involves more than assessing the level of threat. It not only emphasizes understanding the

context of the student's behavior, but also helps the adults involved mobilize resources to address the student's and family's needs. For instance, a social worker might connect a family with the local health clinic for counseling or provide documentation about why a student should be placed in a therapeutic school.

A mental health clinician—for example, a school social worker—usually conducts the safety assessment, although a team of administrators, teachers, and clinicians could also conduct it. The clinician or team reviews school records (like incident reports, academic transcripts, and any psychological testing results or individualized education program the student has) and gathers many perspectives by interviewing school personnel and other mental health professionals involved. A psychiatric interview with the student, and a separate interview with his or her family or guardians, should take place. The process includes a detailed review of the incident that led to the safety assessment; the student's current mental status; questions about involvement in bullying and drug or alcohol abuse; an exploration of special stressors facing both student and family (such as domestic violence); and the student's education history.

Whether the clinician works within the school or comes from an outside agency, he or she should also identify the strengths and vulnerabilities of the student and his or her family and recommend positive steps (Rappaport et al., 2015). Families and schools may be at an impasse because of long-standing disagreements about what the student needs. A key step is letting the parents know they're being heard. Often while working with families of disruptive students, I've encountered family members who feel they can't adequately communicate their frustration or distress. We need to acknowledge that families feel overwhelmed, understand how the family has tried to solve the problem, and discover what they've found that works.

When a student is in crisis, it's a crisis for the school and the family. A safety assessment can help evaluate whether the school has the resources to provide and manage the kind of care an emotionally troubled student needs, while upholding the school's commitment to safety. Ideally, mental health professionals will offer teachers working with the student and family members strategies to address the problematic behaviors. This was the case when educators working with Alex and Jerry arranged a safety assessment. Let's look at how this approach helped Alex.

Hope for Alex

The school knew that Alex had witnessed his father physically abusing his mother for several months before his father ultimately left home. Students like Alex who are threatened at home often communicate their distress at school with aggression and a frantic fight-or-flight response. Many times they struggle with self-regulation and can't follow behavior plans that tell them to show with their bodies that they are calm. These students may be frightened by close contact with adults; sometimes the very people that they have looked to for comfort have betrayed them with physical abuse, sexual abuse, or neglect. A child like Alex may want to be close to a teacher, yet act aggressively when he becomes terrified from feeling dependent.

The school social worker had been meeting daily with Alex, but Alex would often run out of the room. The school psychologist had created a behavioral plan that provided positive incentives for appropriate behavior, but Alex argued and threw things when he didn't receive points. Alex's mother was frustrated that she was frequently called at work about his school behavior. She felt the school was blaming her for his outbursts, even though school staff thought they were bending over backwards.

At his point, the school asked for a safety assessment from a child psychiatrist to learn how to keep Alex and others safe. The assessment highlighted the importance of validating Alex's feelings while also setting limits on his behavior. The psychiatrist emphasized that being playful with Alex would help defuse his oppositional behavior, as would giving controlled choices and making additional time for positive interactions with school adults. The psychiatrist gave suggestions to staff who worked with Alex, and the school social worker provided them with added support.

Alex's teacher learned to help him notice clues that he was starting to get upset; for instance, he'd begin clenching his fists. She would then encourage him to do breathing exercises and yoga stretches. It helped that his teacher gave Alex a daily preview of upcoming tasks, helped him with transitions, and instructed him about reading other children's social cues. She helped him develop positive relationships with his teachers. Many students with explosive behavior benefit from such supports (Minahan & Rappaport, 2012; Rappaport & Minahan, 2012).

The psychiatrist encouraged the family to pursue therapy to help them heal and expedited the referral. She also provided an opportunity for the school and Alex's family to talk about their conflict. Teachers had been reluctant to talk with Alex's family about how the trauma at home affected his ability to behave in the classroom, but this difficult discussion was necessary to create a caring, consistent, and safe response to Alex.

As his family healed, and as his teacher shifted her focus from trying to control his behavior to fortifying his skills and understanding what he was trying to communicate, Alex settled down. He had fewer episodes of aggression.

A Safe Haven

Schools need to provide a safe haven and education for students with serious emotional issues and aggressive

behaviors. When working with such students, schools should apply a problem-solving approach. If a particular incident raises concern for the safety of the school and other students, it's important to understand the different types of threat and to assess the level of risk with this student using approaches like the Safe School Initiative. It's also important to respond to students who aren't likely to commit school violence but who show ongoing aggression—like Jerry and Alex—with a comprehensive evaluation to see what interventions might help them.

Schools need to think deeply and strategically about how to reach their most troubled students. A rigorous process of asking questions, gathering crucial information, and fine-tuning interventions is one of their best tools.

Video Bonus

Nancy Rappaport offers [additional insights into safety assessments](#).

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Endnotes

- ¹ For more information on this model, visit <http://curry.virginia.edu/research/projects/threat-assessment>.
- ² For more detailed information on this safety assessment, visit www.nancyrappaport.com.

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