




Threat Assessments in Schools

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Threat Assessments in Schools

How are Threat Assessments (Suicide and/or Threat to others) conducted?

The task is to determine if the student poses a risk to harm self or others. Not to predict if the student will carry out the threat.




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A student is referred to a member of the crisis team from any number of sources. Usually from teachers, parents or administrators; however, the identified student or other students, nurses, neighbors, facebook friends, etc. can and do refer.



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The student is assessed for suicidal ideation and/or homicidal ideation. The student is always seen the day of the referral. The assessment is always done by at least two crisis team members. Confidentiality is never promised. The parent is always contacted.



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The student is assessed for the frequency of ideation, intensity of emotional impact, duration of the ideation and lethality of plan. For example; “What is the precipitating event? How long have you been thinking about this? Who have you talked to about this?”



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Interview continued:

What have you planned to do? Method? Access to weapons? When were you planning to do this? Why haven't you done it before now? Who would miss you? Who would be hurt by your dying? What is keeping you alive? What were you planning for your life?", etc.



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Teachers are consulted about previous behaviors, academic functioning, and discipline issues, etc.



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Parents are questioned about behaviors and emotional functioning in the home.




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Risk level is assessed; Transient vs. Substantive Risk. If transient then nothing further needs to be done. If substantive, then the risk level is assessed; low, medium, high or imminent. If high or imminent the parent is encouraged to take the child to a MH professional or emergency room/psychiatric hospital.

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Most students have talked about their feelings or intentions with someone prior to the event. Often other students knew how the student was feeling for some time. It is not unusual for students to say, online, that they are considering suicide or planning to harm others.



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It is not uncommon for adolescents to believe that they are capable of handling each other's problems better than adults.




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Risk Factors to be considered;



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15 to 24 yo is the highest risk group. Don't ignore ES or MS students. As the age increases the risk increases. Remember that children and adolescents do not have the adult life perspective. They don't know that life can improve or their situations will get better as life progresses.



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(Risk Factors, cont.)

Diagnosis of Depression, Bipolar Disorder, Anxiety Disorders, Schizophrenia and other MH disorders. Depression is the leading cause of suicide in adolescents.



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(Risk Factors, cont.)

Prior suicide attempt(s) – students generally choose the same method. Boys typically pick the more violent methods (jumping, hanging, guns), while girls choose the less violent (pills, cutting)



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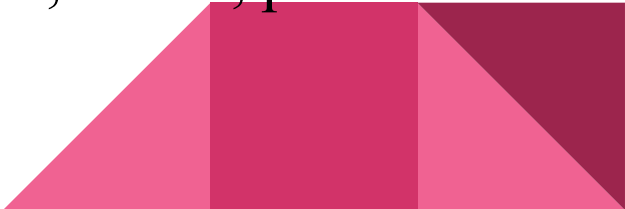
(Risk Factors, cont.)

Friend or peer has attempted or committed suicide

Parent or family member who has attempted or committed suicide.

Family history of mental illness.

Experienced recent loss; death of family member, friend, peer.



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(Risk Factors, cont.)

Break up of significant relationship

Students who are Gay, Bisexual, sexual confusion, etc.

History of Special Ed, difficulty coping. Don't rule out the mentally handicapped (ID), ADHD or Autistic.



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(Risk Factors, cont.)

History of cutting or self-mutilation. Cutting is not necessarily a suicidal behavior but should always be investigated.

Victim of bullying or excessive teasing (this may happen through technology; e.g., Facebook, Twitter, Instagram etc.)



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(Risk Factors, cont.)

History of discipline problems

History of Substance Abuse

History of parent, or family abuse

Victim of rape or sexual abuse



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(Risk Factors, cont.)

Chronic medical conditions

History of academic difficulties, failing grades, at risk for dropping out, etc.

Legal problems/charges




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(Risk Factors, cont.)

During the interview focus on emotions/feelings. Remember that emotions drive behavior!

An angry student is almost always a depressed student, and vice versa. The world has not been good to this student and he/she is angry and sad.



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Threat Assessment (threats to others) procedures are essentially the same as Suicide assessments.

All above risk factors apply.



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There is no reliable profile for a school shooter!!! The FBI, CIA and Secret Service have done extensive research on school shooters and there is no consistent or reliable profile that will predict a future shooter. For example; there are as many students who wear trench coats, have tattoos and spiked hair that pose no risk as those who do. They all still require an extensive and in-depth assessment.



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Read “Columbine”, by Dave Cullen. Story of Dylan Klebold and Eric Harris and their mental status and reasons for the shooting.



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Questions about suicide should always be addressed even if a student has made a threat to harm someone else.

It is not unusual for students who have histories of being bullied, have thoughts of homicide. They have endured enough and are going to get their revenge.

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If a threat is made toward another student, students or teachers, potential victims are notified of the threat.



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Possible interventions to consider;

Consider regular meetings with a mentor or school counselor to assess mental health and general adjustment.



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(Interventions, cont.)

Counseling services with community therapist. Offer a list of therapists in the area.


(May be recommended for any Substantive Risk Level)



Threat Assessments in Schools

(Interventions, cont.)


If High or Imminent risk level, consider hospitalization for safety, mental health diagnosis and psychiatric treatment.



Threat Assessments in Schools

(Interventions, cont.)

Consider prevention services in the school; e. g., Restorative Practices, PBIS, anti-bullying programs, etc.



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Questions/Discussion?

Thank you for your attention!

