

GATDDBS

Guidelines for Assessing

Threatening and Dangerous Behavior in Schools

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This instrument is intended to:

- Be used after immediate disciplinary decisions have been made and school staff has addressed immediate concerns regarding legal, health and safety issues.
- Guide school personnel in conducting a thorough assessment of threatening and dangerous behavior when problems/concerns are reported to them.
- Guide decision-making about the need for further actions.
- Guide and document decisions regarding potential for violence by considering known principles of risk assessment.
- Be completed by an interdisciplinary team consisting of an administrator and at least two additional staff within three (3) school days.

Instructions

- When an administrator becomes aware of threats or acts of violence, assessment of threatening and dangerous behavior begins.
- This assessment process has three main parts:
 1. The school administrator completes the *Initial Assessment* (Sections A, B and C).
 2. The interdisciplinary team completes *History & Interviews* and *Follow Up* (Sections D through I). One member of the interdisciplinary team will take responsibility for getting staff input. (See Appendix C)
 3. School personnel, community agencies, parents and the student may be involved in the completion of the *Intervention Plan* (Section J). The effectiveness of the *Intervention Plan* is evaluated at regular intervals. Revisions are made to the plan as necessary. A case manager is identified for the purpose of calling and chairing the review meetings.

Level of Concern

- Rate the *Level of Concern* following Sections C and H.
- For an elaboration on the *Levels of Concern*, refer to Appendix A.

Decision Point

- The first *Decision Point* (Section C) requires a decision regarding whether the assessment process will be continued or discontinued. In all cases an *Intervention Plan* will be developed.
- Individuals completing this assessment may experience some ambiguity at the *Decision Point*. In such cases, continue with the assessment process.

Parent Notification

- Parent notification is recommended when an assessment of threatening and dangerous behavior begins but no later than the completion of Section C.
- A sample *Letter of Notification* is provided in Appendix B.

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Guidelines for Assessing Threatening and Dangerous Behavior

Date Initiated _____

Student Name _____

Date of Birth _____

Grade/School _____

Date, time, and location of incident _____

Administrator _____

- Special Education student?** *If yes, contact Special Education personnel and proceed with this assessment.*

INITIAL ASSESSMENT

- A. INCIDENT** *Briefly describe the incident or report that brought this student to your attention. Be specific. Write exactly what was said in quotes. Identify (potential) victims and identify threat targets.*

- Discipline Decision:**
- Referral to School Board for expulsion
 - In-school suspension (# of days _____)
 - Out-of-school suspension (# of days _____)
 - After-school detention
 - Saturday attendance
 - Community service
 - Other: _____

		Date	By Whom
Immediate Action(s) Taken:	<input type="checkbox"/> Student informed of infraction	_____	_____
	<input type="checkbox"/> Notified student's parents	_____	_____
	<input type="checkbox"/> Police referral	_____	_____
	<input type="checkbox"/> Referred for risk assessment	_____	_____
	<input type="checkbox"/> Special Education personnel notified	_____	_____
	<input type="checkbox"/> <i>Person(s) notified:</i> _____	_____	_____
	<input type="checkbox"/> Notified victim(s) and their parents	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	

Specifics Surrounding Threat and/or Behavior (May check more than one box.)

Yes	No	Needs Further Assessment	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student has a plan. (When, where, who, how is known.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student has access to weapons, bombs, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student intends to carry out plan. (Same day or near future)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student stalks threatened victim.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student shows no remorse.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student shows no concern about consequences.

Other Factors to Consider (May check more than one box.)

Yes	No	Needs Further Assessment	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impulsive remark or response, no real harm intended
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joking/teasing and you tend to believe it
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention seeking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental context (Does student have ability to understand and carry out threats?)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Socially isolated from peers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Absence of a significant relationship with school staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Experienced change in social relationship (e.g. romantic breakup or rebuff)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student experienced change of status or group membership
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humiliation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Target of teasing or bullying
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other family or life stress (e.g. divorce, death, move)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent disciplinary action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

C. SITUATIONAL CONTEXT

What happened immediately prior to incident? (Ask informants. Consider provocation.)

Were there factors that reduce your concerns? Yes No If yes, what?

LEVEL OF CONCERN (Please rate your level of concern taken as a whole, after reviewing sections A through C. See Appendix A.)

- Strong concern
- Moderate concern
- Minimal concern

DECISION POINT -- AT THIS POINT, INDICATE YOUR DECISION

	CONTINUE (go to "History and Interviews" section on page 4)
	DISCONTINUE (go to "PLAN" section on page 7)

HISTORY AND INTERVIEWS

Interdisciplinary Team continuing assessment:

_____	_____
<i>Name, Title</i>	<i>Date</i>
_____	_____
<i>Name, Title</i>	<i>Date</i>
_____	_____
<i>Name, Title</i>	<i>Date</i>

D. STUDENT'S BEHAVIOR HISTORY *(Briefly describe. Consider frequency, duration and intensity. Cite sources of data.)*

- Previous violence/aggression (details) _____
- Brain injury _____
- Psychological disorder _____
- Suicide attempts _____
- Self-injurious behavior _____
- Legal involvement _____
- Cruelty to animals _____
- Fire setting _____
- Alcohol or drug abuse _____
- Tantrums, outbursts or aggression _____
- Few friends, socially isolated _____
- Fascination with weapons and/or military _____
- Recreational use of weapons _____
- Preoccupation with violent music, movies, video games _____
- Tends to blame others for own problems, holds grudges, keeps lists _____
- Lack of empathy _____
- Habitually makes violent threats when angry _____
- History of personal failures and/or disappointments _____
- Depression or significant mood swings _____
- Parents unaware of student's activities/friends _____
- Student's behavior reflects cultural/family norms _____
- Exposure to aggressive role models _____
- Gang membership _____
- Other: _____

E. FAMILY CIRCUMSTANCES *(Briefly describe. Consider frequency, duration and intensity. Cite sources of data.)*

- Discipline strategies used at home _____
- Protective Services involvement _____
- Turbulent parent-child relationship _____
- Substance abuse _____
- Significant family conflict _____
- Recent divorce, separation, remarriage _____
- Change in financial circumstances _____
- Change(s) of residence _____
- Incarceration of family member _____
- Weapon(s) in the home _____
- Other: _____

J. INTERVENTION PLAN *Student's Name:* _____

Based on your level of concern, develop an Intervention Plan. See Appendix D.

INTERVENTIONS	PERSON(S) RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED
I. Student:			
II. Family:			
III. School:			
IV. Community:			

INTERVENTION PLANNING TEAM MEMBERS

_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Date</i>

Case Manager: _____

Intervention Plan review: _____
Date *Location*

Persons to be invited to the Plan of Action review:

Appendix A: Levels of Concern

Strong Concern *(Listed below are examples of indicators for Strong Concern.)*

- Direct, specific, and highly plausible threat
- Poses clear and immediate danger to the safety of others
- Steps have been taken to implement the plan (e.g., acquisition of the weapon)
- Act usually requires involvement of law enforcement
- Threat contains (1) identifiable target and (2) specific description of intended act

Moderate Concern *(Listed below are examples of indicators for Moderate Concern.)*

- Could be carried out, although plan may not be (1) realistic and/or (2) imminent
- Statements seek to convey intention to carry out threat (i.e., "I'm serious!" or "I really mean this!")
- Wording of threat suggests the individual has given some thought to how the act will be carried out
- Includes a general indication of place and time, but still falls short of a detailed plan
- No indication that the individual has taken preparatory steps toward implementation

Minimal Concern *(Listed below are examples of indicators for Minimal Concern.)*

- Poses a minimal risk to the victim and public safety
- Is vague and indirect
- Information is inconsistent, implausible or lacks detail
- Lacks realism
- Content suggests person is unlikely or incapable of carrying out the threat
- Inappropriate verbal comment, drawing or gesture that does not intend to threaten violence

Appendix B: Sample Letter of Parent Notification

To: *(parents of the student being assessed)*

From: *(administrator)*

Date:

Re: Threatening and Dangerous Behavior Assessment

Today we were made aware of a threat (or dangerous behavior) exhibited by your child. It is our district practice to take all threats and aggressive behavior seriously. My initial inquiry into the situation warrants further assessment. A team of school personnel will be completing the assessment of the situation. This may include individual interviews with you, your child and others involved in the incident.

If you have any questions or concerns, please contact me at 248.xxx.xxxx.
Thank you for your support in addressing this serious matter.

Yours truly,

Cc:

Appendix C: Staff Input

Teacher: _____

Subject: _____

_____ has been referred for an assessment regarding a recent incident.
Please review and respond to the following items. Check all that apply.

Behavior	Comments
<input type="checkbox"/> Struggling academically	_____
<input type="checkbox"/> Poor attendance/tardies	_____
<input type="checkbox"/> Low frustration tolerance	_____
<input type="checkbox"/> Impulsive behavior	_____
<input type="checkbox"/> Poor attention span	_____
<input type="checkbox"/> Excessive physical behavior	_____
<input type="checkbox"/> Low motivation	_____
<input type="checkbox"/> Lacks self confidence	_____
<input type="checkbox"/> Defiant/oppositional	_____
<input type="checkbox"/> Irritates classmates	_____
<input type="checkbox"/> Socially isolated	_____
<input type="checkbox"/> Bullies others	_____
<input type="checkbox"/> Victimized by others	_____
<input type="checkbox"/> Recent change in behavior	_____
<input type="checkbox"/> Recent change in appearance	_____
<input type="checkbox"/> Recent change in classwork	_____
<input type="checkbox"/> Other concerns:	_____

Please identify student's strengths:

Your input is critically important to our understanding this student. We appreciate your comments. Please return this form to _____ by _____.

Would you like to meet with a representative from the assessment team to discuss your concerns?

yes no

Appendix D: Intervention Worksheet

The following interventions are suggestions. This list is not exhaustive. It may not include various services/programs that are commercially available and/or school district specific.

The circles indicate interventions that are reasonably appropriate based on the level of concern. Some interventions may be considered for all levels of concern.

Your district will want to develop a comprehensive, student-centered Intervention Plan utilizing multiple strategies drawn from *ALL* areas listed below.

MINIMAL	MODERATE	STRONG	STUDENT INTERVENTIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily check-in with counselor or social worker between classes and at lunch time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-school suspension with support to do school work and problem solve
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer for psychotherapy (<i>family or individual</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer for substance abuse evaluation or treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer to Alateen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer to Child Protective Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule change for academic support (<i>appropriate classes for ability</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule change for behavior support (<i>supervision, separation from target peers or staff</i>)
		<input type="checkbox"/>	Refer for psychiatric hospitalization
	<input type="checkbox"/>	<input type="checkbox"/>	Early dismissal between classes with an escort
	<input type="checkbox"/>	<input type="checkbox"/>	Refer for psychiatric evaluation
	<input type="checkbox"/>	<input type="checkbox"/>	Wrap-around
<input type="checkbox"/>	<input type="checkbox"/>		Encourage participation in extra-curricular activities (sports, clubs, etc.)
<input type="checkbox"/>	<input type="checkbox"/>		In-school psycho-educational group (<i>anger management, stress management, etc.</i>)
<input type="checkbox"/>	<input type="checkbox"/>		Planned discussions: scheduled times for problem-solving with trained staff
<input type="checkbox"/>	<input type="checkbox"/>		Refer to Youth Assistance (<i>anger management, counseling</i>)
			Other:

MINIMAL	MODERATE	STRONG	FAMILY INTERVENTIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist with obtaining family health care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents have daily conversations about student's concerns, problems and fears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduce exposure to violence & pornography (<i>movies, video games, internet, magazines</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referral to community agency (<i>specify: _____</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referral to parenting education program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents monitor student behavior related to curfew, homework, school attendance
	<input type="checkbox"/>	<input type="checkbox"/>	Referral to family therapy
	<input type="checkbox"/>	<input type="checkbox"/>	Regularly scheduled meetings with student's family
	<input type="checkbox"/>	<input type="checkbox"/>	Request removal of weapons and other dangerous materials from the home
			Other:

MINIMAL	MODERATE	STRONG	SCHOOL INTERVENTIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Build staff/peer support for target peer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bully-proofing program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive special education evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop behavior support plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engage student in extracurricular activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Involve school liaison police officer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify student's schedule to ensure safety of target peers or staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide behavioral monitoring (hourly, daily, weekly)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide meaningful work on school campus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide staff mentor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reentry conference (include appropriate school staff, student, parent, agencies)
		<input type="checkbox"/>	Provide escort for travel between classes
		<input type="checkbox"/>	Recommend expulsion with expectation of intervention during time out of school
		<input type="checkbox"/>	Refer to alternative special education setting
		<input type="checkbox"/>	Refer to therapeutic school-based day program
	<input type="checkbox"/>	<input type="checkbox"/>	Ongoing school social work intervention
	<input type="checkbox"/>	<input type="checkbox"/>	Referral to Oakland Schools for psychiatric and/or neurological consultation(s)
<input type="checkbox"/>	<input type="checkbox"/>		Referral to conflict resolution/peer mediation program
<input type="checkbox"/>	<input type="checkbox"/>		Provide peer mentor
<input type="checkbox"/>	<input type="checkbox"/>		Social skills instruction
<input type="checkbox"/>	<input type="checkbox"/>		Utilize behavior contract
			Other:

MINIMAL	MODERATE	STRONG	COMMUNITY INTERVENTIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist student in obtaining PPO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate/increase communication between school, home, therapist
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Involve local police department (notification, arrest, etc)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Police assist in removing weapons from the home (<i>gun purchasing program, etc.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referral to community agency (<i>specify: _____</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referral to Youth Assistance
	<input type="checkbox"/>	<input type="checkbox"/>	Help victim obtain Personal Protection Order (PPO)
<input type="checkbox"/>	<input type="checkbox"/>		Assist with finding employment
<input type="checkbox"/>	<input type="checkbox"/>		Involvement in volunteer organization/activity (<i>e.g., Explorers, hospitals, 4-H</i>)
<input type="checkbox"/>	<input type="checkbox"/>		Referral to Big Brothers, Big Sisters
<input type="checkbox"/>	<input type="checkbox"/>		Referral to mentoring program
<input type="checkbox"/>			Referral to military service recruiter
<input type="checkbox"/>			Referral to Job Corps
			Other: