

New London Public Schools Crisis Intervention and Threat Assessment Manual

Revised August 2021



**NEW LONDON
PUBLIC SCHOOLS**

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Introduction

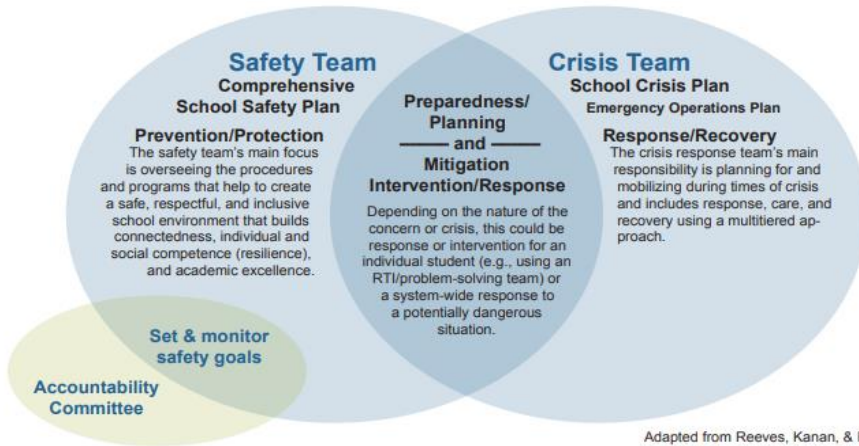
“Knowing how to respond quickly and efficiently in a crisis is critical to ensuring the safety of our schools and students. The midst of a crisis is not the time to start figuring out who ought to do what. At that moment, everyone involved- from top to bottom- should know the drill and know each other.”

--Margaret Spellings

New London Public Schools has developed a Crisis Intervention Manual in order to organize school personnel response to crises experienced by students. By preparing for crises before they occur, the impact of the traumatic event is mitigated and recovery is facilitated. **This manual is to be used in conjunction with the School Safety Manuals which address prevention and immediate school response through the Incident Command System.**

In addition, NLPS maintains a multidisciplinary Core Safety Team that manages and monitors all concerns related to physical, operational, and mental health safety.

Integration of Safety and Crisis Team Roles



What is a Crisis?

A school crisis is a traumatic incident that disrupts school functioning. Crises range in scope and intensity from incidents that directly or indirectly affect a single student to ones that impact the entire community. Crises can happen before, during, or after school and on or off school campus. Examples of crises include:

- Self-harm (e.g., cutting, self-destructive behaviors)
- Suicidal ideation or intent, or actual suicide attempt
- Persistent thoughts, desire, or stated intent to hurt another person
- Aggression or behavioral dysregulation that is not able to be de-escalated
- Serious withdrawal or non-responsiveness
- School fire
- Nearby school shooting
- Natural disasters
- Staff/student death
- Bus crashes
- Bomb threats
- Pandemic health crisis

The function of the Crisis Intervention Team is to respond rapidly and effectively to the crisis, to provide counseling, to refer the student and family to appropriate community resources, and to minimize the impact of the crisis upon the entire school and community.

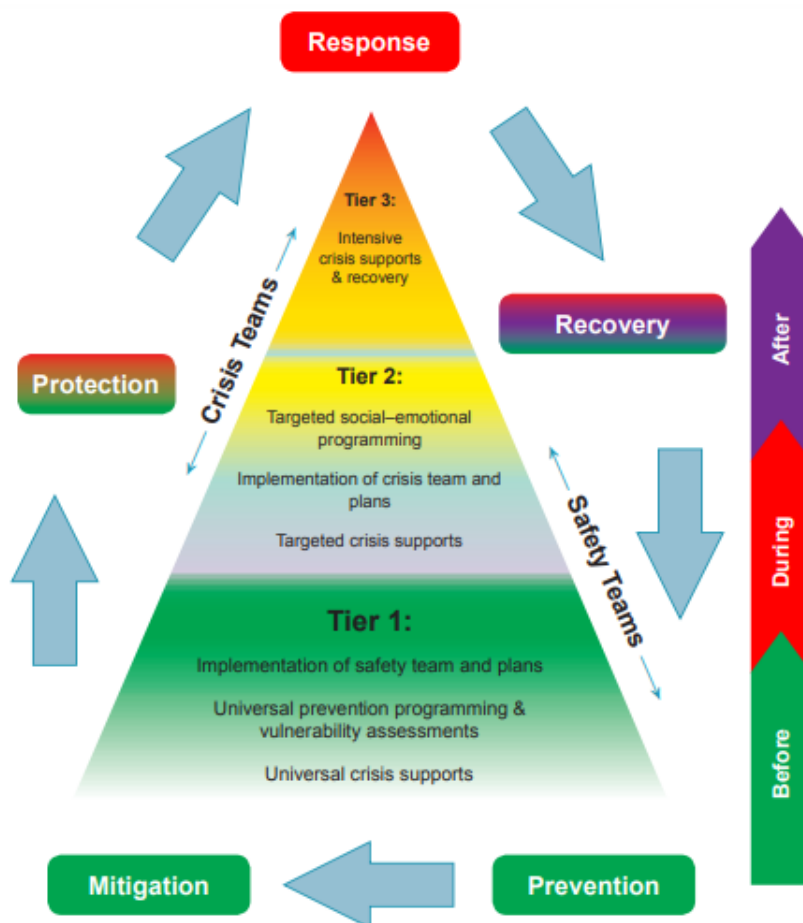
The Sequence of Crisis Management

In line with NASP PREPaRE model for crisis management, NLPS recognizes the following phases of crisis response:

- 1. Prevention: The prevention phase aims to avoid the occurrence of incidents or lessen the harm done by unavoidable incidents. Prevention refers to actions aimed at stopping incidents from occurring.
- 2. Protection: The Protection Phase requires planning for the worst-case scenarios and involves a continuous cycle of planning, practicing, and evaluating actions aimed at an effective response to an incident. Its goal is to minimize psychological and physical harm as incidents occur and to have a system in place for immediate and effective response and recovery.
- 3. Mitigation: The Mitigation Phase aims to reduce the harm done by unavoidable incidents. This includes capabilities necessary to eliminate or reduce the loss of life and property damage by lessening the impact of an event or emergency.
- 4. Response: The Response Phase includes the steps taken to minimize harm to people and property during a particular incident. Its focus is on the short-term

direct effects of an incident and requires coordination and rapid action among all participants.

- 5. Recovery: The Recovery Phase is concerned with restoring the learning and teaching environment after an incident. It is the process of mending the physical and psychological health of the school community, as well as restoring physical facilities to re-establish a positive learning environment. Its aim is to develop and implement plans to ensure school services and facilities are restored.



Note. U.S. Department of Education (2013), Reeves et al. (2010); Reeves et al. (2011).
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This Crisis Intervention Manual focuses primarily on the phases of Response and Recovery as it provides district staff with guidance on how to respond to crises. The areas of Mitigation, Prevention, and Protection are primarily addressed through the School Safety Manuals.

The Crisis Intervention Team

The Crisis Intervention Team is composed of individuals who can provide immediate assessment and support to those in a crisis situation. It consists of staff members who have been specifically trained in crisis intervention and diffusing strategies. These people provide individual or group support to students and staff impacted by a crisis.

Crisis Intervention Team members include:

- 1) Building Administrator or Core Team Member
- 2) At least one of the following Mental Health staff members, with backgrounds in risk assessment and mental health:
 - School psychologist
 - School social worker
 - School counselor
- 3) School nurse if needed for health assessment or information
- 4) Other school personnel with critical information about the student or the crisis
- 5) Consultation with additional Core Team members as needed

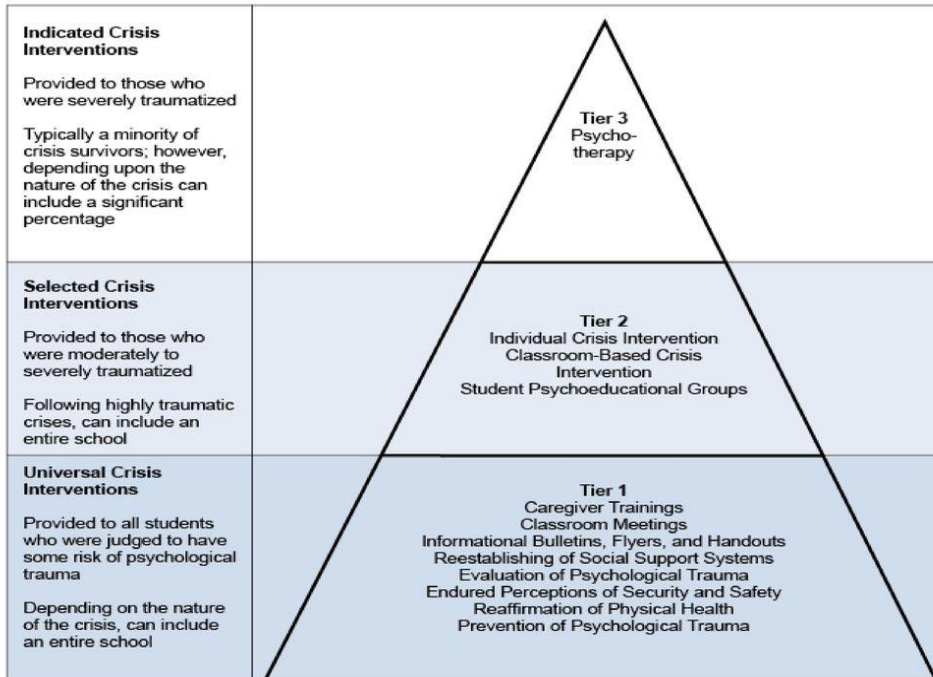
The administrator assumes decision-making responsibility consistent with school district policy and procedures, while Mental Health Staff address the health and/or mental health needs of the student and contribute clinical judgment. *Mental health staff members may disclose confidential information to protect the student, or others, from harm.*

The Crisis Intervention Team members should confer with the classroom teacher and other appropriate school personnel as indicated in the assessment and intervention process.

All NLPS staff members are responsible for referring potential crises **immediately to the building administrator or the appropriate Mental Health Staff before the end of the school day**. The administrator or staff member in receipt of information about a referral will convene the Crisis Intervention Team. The process for calling the team, assessing risk, and intervening in response to a crisis is outlined in detail in the following sections of this manual, and summarized in the Crisis Team Protocol for Assessment and Intervention form.

All school staff receive annual professional development regarding crisis intervention procedures.

Levels of School Crisis Interventions



Assessment and Intervention

Identification of students who are in crisis is the first step in the intervention process. Whenever a staff member becomes concerned that a student may be in crisis or at risk for crisis, that staff member should immediately inform a member of the clinical intervention team. A student who has a concern about a peer should also be directed to a Crisis Intervention Team member.

It is important to recognize that identification is distinct from assessment and management. Classroom teachers in particular have a critical role to play in the identification process. Once a student is identified as possibly at risk for suicide, or already in crisis, further assessment and intervention becomes the responsibility of the Crisis Intervention Team members.

- When the referral is received by a team member, that member conducts a preliminary assessment or interview of the student to verify the referral concern and gather information. If the referral concern is deemed to require crisis intervention, the team member proceeds with the process.

Commented [BB1]: Should we add a section pertaining to students who are unable to calm themselves or are making threats to harm others/attempting to harm others and steps to try like the suicide portion? Or be more inclusive of those crises?

- This team member ensures that the student of concern is constantly monitored and convenes the Crisis Intervention Team. Team members discuss the crisis, level of risk, relevant data about the student, and a preliminary plan. Roles and responsibilities are assigned, including conferring with other key personnel, such as a teacher or additional administrator.
- For all students at risk for self-harm or suicide, management plans should include:
 - Informing and conferring with the parent/guardian;
 - Collaborating with the family to access mental health services or make a referral to an appropriate community resource for further assessment and intervention;
 - Developing an initial plan for school support; and
 - Developing a plan for ongoing communication with the family and community providers.
- A **written crisis plan** will be developed that will specify the referring details, the assessment, and the further responsibilities of each team member. As needed, a **written safety plan** will also be developed to outline This plan will be kept in the student's health record. A copy of the plan will be forwarded to Special Services.
- Team logs crisis response in Powerschool, maintaining appropriate student confidentiality.

Assessment of Risk for Suicide

Suicide is a death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Suicide is the second leading cause of death for adolescents and young adults aged 15-24 in the US. A suicide attempt that is non-fatal significantly increases a youth's risk of death by suicide and often leads to more attempts.

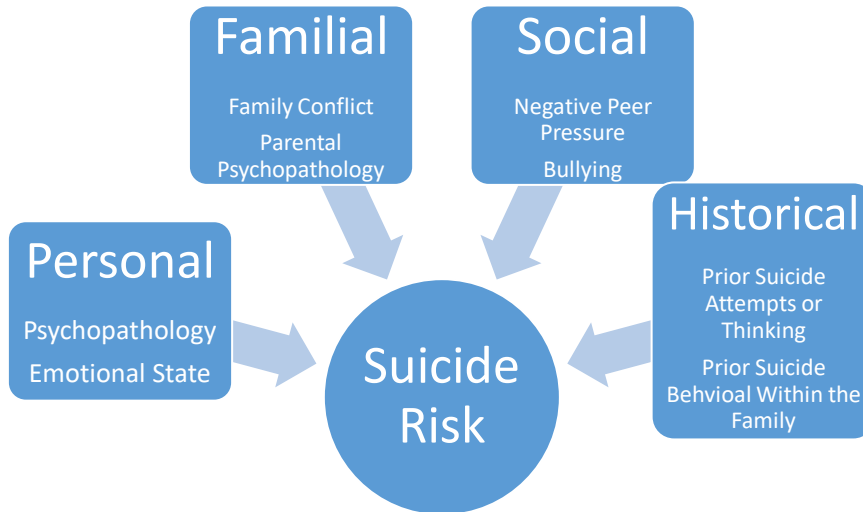
- Warning Signs
 - Talking about wanting to kill oneself or having the desire to die.
 - Increased feelings of hopelessness, life is meaningless, or having no reason to live.
 - Researching methods to commit suicide and/or getting a gun.
 - Isolating oneself from social connections such as family and friends.
 - Having a detailed plan of how, when and where.
 - Making direct statements/threats about killing or hurting oneself.
 - Making indirect/vague statements about harming oneself.
 - Refusing help and/or believing that there is not help for oneself.
 - Giving away possessions.
 - Withdrawing from activities.
 - Aggressive behaviors (e.g., fighting, arguing, increased agitation or irritability).
 - Decline in appearance and hygiene.

- Sudden positive changes in mood.
- Expressing death/suicide themes in writings and art.
- Sudden or unexpected changes in school behavior such as attendance. Declining academic performance, changed peer relationships, or disciplinary crisis
- Sleep disturbances (inability to sleep or sleeping to “escape”)

When assessing risk, the Crisis Intervention Team should consider warning signs in addition to *risk factors* and *predictors* (e.g., thoughts of suicide, previous self-injury, a current plan, unbearable pain, and a lack of resources for support).

1	<p style="text-align: center;">A student expresses a verbal or written suicide threat.</p> <p style="text-align: center;">Examples include:</p> <p style="text-align: center;">“I want to kill myself”</p> <p style="text-align: center;">“The world would be a better place without me”</p> <p style="text-align: center;">“Nobody will miss me anyway”</p>
2	Take all threats seriously!
3	<p style="text-align: center;">Maintain constant supervision of the student.</p> <p style="text-align: center;">Under no circumstances should the student be left alone.</p>
4	<p>Escort or arrange for the student to be escorted to a school clinician (Counselor, Social Worker, Psychologist, or Nurse) immediately, and ensure that the clinician is aware of the nature of the threat. It is critical that this step occur immediately after the threat is presented.</p> <p style="text-align: center;">Do not wait until the end of the school day!</p>
5	The clinician will conduct a suicide ideation assessment to determine risk level and next steps.
6	Follow up with the clinician to determine if there is any additional information that you need to be aware of in order to best meet the student’s education needs.

Suicide Risk Factors



The purpose of a suicide risk assessment is to determine if the student is suicidal, and to what extent (No, Low, Moderate, or High Risk). The Crisis Intervention Team should then connect the student to interventions and supports that address need (e.g., call 911, access EMPS, plan supports for longer term needs).

Direct questions are best to uncover suicidal thinking. Sample questions include:

- Have you ever thought things would be better if you were dead?
- Have you ever thought about killing yourself?
- Sometimes, people in your situation (describe the situation) lose hope; I'm wondering if you may have lost hope, too?
- With this much stress (or hopelessness) in your life, have you thought of hurting yourself?
- Sometimes when people have had your experiences and feelings they have thoughts of suicide. Is this something that you're thinking about?

The team member(s) interviewing the student should also ask questions to assess frequency (how often) and severity (how strong, how significant) of suicidal thoughts. Information should also be gathered on the history of self-injury and the suicide plan.

The attached Crisis Intervention Form should be used to help the Crisis Intervention Team gather the needed information to assess risk. Although self-harm or suicide is a common use of the form, it is important to note that a Crisis Intervention Team may use the form when

assessing risk of aggression towards others, or other dangerous behaviors requiring intervention.

Postvention and suicide contagion interventions should be considered and implemented following a student suicide. Successful suicide postvention is dependent upon a timely, efficient, and targeted response to a student suicide and increasingly, the ability of school personnel to recognize the possibility of contagion.

Crisis Team Protocol for Assessment and Intervention

Does the child need immediate medical attention, or are weapons or serious assault involved? **Call 911 AND immediately contact the Core Safety Team.**

- 1) Interview student and assess risk.
- 2) Arrange for a staff member to monitor the student at all times in a safe place within the school building.
- 3) Review student file, confidential file, health records, etc. for relevant background information.
- 4) Inform building administrator of findings.
- 5) Crisis Intervention Team develops a plan: Obtain more information? Contact outside counselor? Referral to EMPS? Student remains or does not remain in school? (*Note: If severity of risk requires immediate removal, the school must follow discipline or special education procedures.*)
- 6) Notify parent of crisis situation and specific concerns.
- 7) Specify to the parent the recommendation of the Crisis Team:
 - Parent needs to report to the school
 - Parent needs to speak with outside service provider, OR
 - School will call EMPS (need parent verbal consent)
- 8) If EMPS is utilized:
 - Dial 2-1-1 and provide information about the student and crisis situation.
 - Notify Core Safety Team.
 - EMPS clinician will respond in person within 45 minutes
 - School will provide space for EMPS clinician(s) to meet with the student

- Administrator or designee will meet with the EMPS clinician after the assessment in order to hear recommendations (e.g., safety contract, outside counseling, hospital evaluation)
- 9) Develop a written plan.
 - 10) Ensure that plan includes follow up with student and the parent.
 - 11) Inform teachers and relevant staff members of safety procedures in the plan.
 - 12) Make referrals to community organizations, if appropriate.
 - 13) Follow up as needed and per written plan.

Emergency Intervention

Occasionally, a student will present with significant behavioral concerns or mental health issues which require immediate medical attention. In this case, 911 should be called and an ambulance requested. The Core Safety Team should be notified immediately. The caller should specify that it is a mental health issue. This type of emergency intervention occurs when:

- The student is in immediate danger to himself/herself.
- The student is physically acting out and a danger to himself/herself or others. This includes students who are in a physical restraint or seclusion for an extended period of time and the student shows no signs of “calming down”.
- The Crisis Intervention Team determines that other interventions (e.g., Emergency Mobile Psychological Services) will take too long.

The decision regarding whether or not the student needs an emergency room evaluation should be made by the Crisis Intervention Team. The parent/guardian should be called immediately to explain the reasons for contacting 911 and be directed to meet the ambulance at the hospital.

When the student is transported by ambulance, the student should be accompanied by a Crisis Intervention Team member. If allowed, the staff member should ride in the ambulance with the student or follow in a car. The staff member should stay at the hospital until a parent/guardian arrives. If this exceeds the contractual work day, the staff member should call the building administrator who will relieve the staff member.

If a crisis situation involves weapons or serious assault, the Crisis Intervention Team should contact call 911 AND immediately contact the Core Safety Team.

Emergency Mobile Psychiatric Services (EMPS)

EMPS is a mobile intervention service for children and adolescents in crisis that can be accessed through 2-1-1.

An EMPS referral may be considered by the Crisis Team when a student is:

- Acting violently or dangerously
- Unresponsive to others
- Destroying property or out of control
- Threatening to hurt himself/herself or others

EMPS should not be called when a child needs immediate medical attention, needs immediate police intervention, or when weapons and/or serious assault are involved. Call 911.

EMPS will respond, *in person and within 45 minutes*, to crisis calls made by NLPS personnel during mobile hours (Monday through Friday, 6:00 am to 10:00 pm). Telephone support is offered 24 hours daily by calling 2-1-1. The Core Safety Team should be notified immediately if 211 is called.

EMPS clinicians can assist with:

- Crisis stabilization
- Evaluating risk or safety of a student
- Developing a student-specific safety plan
- Providing case management and linkage to community-based mental health services

Parent consent is required for EMPS services. Written consent will be obtained later by the EMPS clinician.

Large Scale Crisis Response

In the event of a large scale or district wide crisis, additional procedures must be implemented to mitigate trauma and provide support to students and staff.

In these crisis situations, the Incident Command System will be active. The Crisis Intervention Team will perform the following tasks:

- Designation of space for mental health supports, such as a library or designated classroom
- Identification of mental health counseling supports and family resources
- Triage of students needing support (see below)
- Documentation of supports provided to students during crisis
- Communication with parents and referrals as needed to community agencies
- Classroom support with large group Tier 1 lessons
- Staff support as needed and directing them to immediate or delayed treatment

Triage following a Crisis

Triage is the “process of evaluating and sorting victims by immediacy of treatment needed and directing them to immediate or delayed treatment. The goal of triage is to do the greatest good for the greatest number of victims.” (NIMH, 2002).

Risk screening is conducted with the understanding that not all individuals will react to a crisis event in the same way. Individuals may require interventions that are quite different. It is important to recognize that most individuals who are exposed to a trauma event will display some initial reactions. In time, most individuals will have a normal recovery. Some individuals may need short term support. A small percentage of individuals will require long-term supports.

Triage protocols should include:

- Initial Risk Screening
 - physical and emotional proximity
 - duration of exposure to crisis event
 - initial crisis reactions
 - personal vulnerability
- Secondary Risk Screening
 - individual interviews with students/staff who have been identified as high risk
 - determine need for treatment
 - contact parents
 - make appropriate referral
- Monitor individuals for ongoing trauma response
 - make appropriate referrals as needed
 - provide ongoing counseling supports

Risk Factors to Consider in Triage

Warning Signs- Common Initial Reactions			
Emotional		Cognitive	
* Shock	* Depression	* Impaired concentration	* Decreased self-esteem
* Anger	* Grief	* Impaired decision-making ability	* Decreased self-efficacy
* Despair	* Irritability	* Memory Impairment	* Self-blame
* Emotional numbing	* Hyper-sensitivity	* Disbelief	* Intrusive thoughts
* Terror/Fear	* Helplessness	* Confusion	* Worry
* Guilt	* Hopelessness	* Distortion	* Nightmares
* Phobias	* Loss of pleasure		
	* Dissociation		
Physical		Interpersonal/Behavioral	
* Fatigue	* Impaired immune response	* Alienation	* Avoidance of reminders
* Insomnia	* Headaches	* Social withdrawal/isolation	* Crying easily
* Sleep disturbance	* Gastro-intestinal problems	* Interpersonal conflict	* Tantrums
* Hyper-arousal	* Decreased appetite	* School refusal	* Regression
* Somatic complaints	* Decreased libido	* Academic decline	* Risk taking
* Startle response			* Aggression

Note: From "Evaluating Psychological Triage" (p.140), by Brock, S. E., Nickerson, A. B., Reeves, S.R., Jimerson, S.R., Lieberman, R. A., Feinberg, T. A. *In School Crisis Prevention and Intervention: The PREPARE Model*. Copyright 2009 by the National Association of School Psychologists.

Risk Factors		
Crisis Exposure	Vulnerability Factors	Threat Perception
<ul style="list-style-type: none"> * <u>Physical Proximity</u> * Physical injury * Threatened injury * Witness * In vicinity * <u>Emotional Proximity</u> * Parent/sibling * Other family member * Best or only friend * Good friend * Acquaintance 	<ul style="list-style-type: none"> * <u>Internal Vulnerability Factors</u> * Pre-existing mental illness * Poor emotional regulation * Avoidance coping style * Previous trauma * Low developmental level * <u>External Vulnerability Factors</u> * Lack of family support * Lack of social support 	<ul style="list-style-type: none"> * <u>Predictors of traumatic stress:</u> * Highly negative * Catastrophic view of oneself immediately after exposure.

Crisis Interventions:

Interventions Based on Level of Psychological Trauma		
Low	Moderate risk	High Risk
<ol style="list-style-type: none"> 1. Reestablish social support 2. Psycho-educational groups 	<ol style="list-style-type: none"> 1. Reestablish social support 2. Psycho-educational groups 3. Small group/individual crisis interventions 	<ol style="list-style-type: none"> 1. Reestablish social support 2. Psycho-education groups 3. Small group/individual crisis interventions 4. Long-term therapy

Caregiver Training

Caregiver trainings are designed to provide information to staff, parents, and other individuals who support students. Caregiver Training is crucial to help prevent long-term difficulties for students.

➤ Goals

- Crisis facts are understood and rumors are dispelled
- Potential crisis reactions are identified and normalized
- Stress management strategies are identified and/or taught
- Specific helpful reactions (i.e. empathy) to students' traumatic stress are identified
- Referral procedures are identified

Recovery

The rate of recovery differs for each person based on many factors, such as age, experience, and closeness to the incident, as well as any preexisting conditions. It is important also to consider cultural contexts in response to crisis, trauma, and grief. Culture is closely interwoven with traumatic experiences, response, and recovery.

Reactions and responses to a crisis are both immediate and long-term and may be observed for months or even years after an event. A school-based crisis intervention team is well suited to monitor the adjustment of students and staff members for an extended period of time. This allows identification of individuals who are in need of further services and a referral to community resources.

Reporting Child Abuse and Neglect

Mandated Reporting of Child Abuse and Neglect

At times, the Crisis Intervention Team may convene to review information or evidence of child abuse or neglect. Under Connecticut law, all NLPS employees (including teachers, administrators, related services staff members, coaches, and paraprofessionals) are mandated reporters of child abuse and neglect.

When an NLPS staff member suspects abuse or neglect the Crisis Intervention Team will:

1. Ensure immediate physical safety of the child.

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2. Support the staff member who is a mandated reporter to call Department of Children and Families (DCF) Careline to report the suspected abuse or neglect as soon as possible but within 12 hours of learning of suspected abuse or neglect.
3. Support the staff member who is a mandated reporter to complete and file necessary documentation. *Documentation of DCF referrals (DCF136 form) should be placed in the student's Health File, as well as given to the building principal and **sent to the Superintendent's Office. The follow-up report received by the caller from DCF should also be sent to the Superintendent's Office.***

The following information is provided by the DCF regarding the legal requirements of mandated reporters:

Who Must Report?

*Connecticut law requires certain citizens to report suspected child abuse and neglect. These mandated reporters are people in professions or occupations that have contact with children or whose primary focus is children (e.g. any person who works in a school). The state of Connecticut defines the mandated reporter as the **person to whom the child discloses the information**. The building principal will provide coverage, if needed. Mandated reporters with any questions are encouraged to seek assistance from the school social worker, school psychologist and/or administrators.*

**DCF Child Abuse and Neglect Careline: 1-800-842-2288
TDD Number 18006245518**

What Must Be Reported?

Mandated reporters are required to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm. (Connecticut General Statutes §17a101a)

Child abuse occurs where a child has had physical injury inflicted upon him or her other than by accidental means, has injuries at variance with history given of them, or is in a condition resulting in maltreatment, such as, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment. (Connecticut General Statutes §46b120)

Child neglect occurs where a child has been abandoned, is being denied proper care and attention physically, emotionally, or morally, or is being permitted to live under conditions, circumstances or associations injurious to his wellbeing. (Connecticut General Statutes §46b120)

Medical neglect is the refusal or failure on the part of the person responsible for the child's care to seek, obtain, and/or maintain those services for necessary medical, dental, or mental health

care; or withholding medically indicated treatment from disabled infants with life-threatening conditions

Note: Failure to provide the child with immunizations or routine well child care in and of itself does not constitute medical neglect.

Educational neglect occurs when a child 5 years of age and older and under 18 years of age has excessive absences from school through the intent or neglect of the parent or caregiver.

Additionally, when receiving a report DCF Hotline personnel will ask for any other information the reporter has on siblings, their date of birth, or knowledge of previous reports on the child. Sibling information is available on student registration form and previous reports are in the student's health records.

When making a report, a mandated reporter is required to provide the following information, if known:

- *Names and addresses of the child and his parents or responsible caregiver(s)*
- *child's age and gender*
- *nature and extent of injury, maltreatment or neglect*
- *approximate date and time the injury, maltreatment or neglect occurred*
- *the circumstances in which the injuries, maltreatment or neglect became known to the reporter*
- *previous injury, maltreatment or neglect of the child or siblings*
- *name of the person suspected to have caused the injury, maltreatment or neglect*
- *any action taken to treat or help the child*
- *any other information the reporter believes would be helpful*

Mandated reporters who, outside the ordinary course of their employment or profession, have reasonable cause to suspect or believe that a child under the age of 18 is in imminent risk of being abused or has been abused or neglected, can and should make a report to the Hotline.

How to Report

*Mandated reporters must report orally to the DCF Careline or a law enforcement agency within **12 hours** of suspecting that a child has been abused or neglected and must submit a written report* (DCF136 form) to DCF within **48 hours** of making the oral report.*

Anonymity

Mandated reporters are required to give their name when they make a report to DCF, however, reporters may request anonymity to protect their privacy. This means that DCF would not disclose their name or identity unless mandated to do so by law (Connecticut General Statutes, Sections 17a28 and 17a101).

If DCF suspects or knows that the reporter knowingly makes a false report, his or her identity shall be disclosed to the appropriate law enforcement agency and the person may be subject to the penalty described in the next section.

Immunity and Penalty

Immunity from civil or criminal liability is granted to people who make required reports in good faith. Immunity is also granted to people who in good faith have not reported. However, failure to report could result in fines, which range from \$500 to \$2,500 and the individual will be required to participate in an educational and training program. In addition, mandated reporters could also be sued for damages if further injury is caused to the child because they did not act.

Anyone who knowingly makes a false report of child abuse or neglect shall be fined up to \$2,000 or imprisoned for not more than one year, or both. The identity of any such person shall be disclosed to the appropriate law enforcement agency and to the perpetrator of the alleged abuse.

Employers may not discharge, discriminate or retaliate against an employee for making a good faith report or testifying in an abuse or neglect proceeding. The Attorney General can bring a court action against any employer who violates this provision, and the court can assess a civil penalty of up to \$2,500 plus other equitable relief.

Informing the Family

Mandated reporters are under no legal obligation to inform parents that they have made a report to DCF about their child. However, depending on the circumstances, it may be necessary and/or beneficial to do so.

- *When a child is suspected of being abused, neglected or placed at imminent risk of serious harm by a member of the staff of a private or public school or an institution that cares for the child, the person in charge of the school or facility must notify the child's parent or other person responsible for the child's care that a report has been made. It is DCF's responsibility to notify the head of such school, facility or institution that a report has been made.*

However, in cases of serious physical abuse or sexual abuse, it may not be wise to talk with parents before reporting the case to DCF. This may put the child at greater risk and could interfere with a potential criminal investigation.

Suspected Abuse by a School Employee

Mandated reporters are required to report any suspected child abuse, neglect or imminent risk of serious harm directly to DCF or the police. This includes situations when the alleged perpetrator is a school employee. DCF must notify the head of the school that a report has been made, unless such person is the alleged perpetrator.

The State's Attorney must notify the Superintendent, or supervising agent of a nonpublic school, and the Commissioner of Education when a certified school employee, or any person holding a certificate issued by the State Board of Education, is convicted of a crime involving an act of child abuse or neglect.

Suspected Abuse by a Member of an Institution or Facility Providing Child Care

Mandated reporters are also required to report when they have reasonable cause to suspect or believe that any child has been abused or neglected by a member of the staff of a public or private institution or facility that provides care for children.

Important Links for Responding to a Crisis

Reporting child abuse or neglect: <http://www.ct.gov/dcf/cwp/view.asp?a=2534&Q=314388>

Voluntary Services program through DCF:
<http://www.ct.gov/dcf/cwp/view.asp?a=2558&q=314906> -

Family With Service Needs (FWSN) information for parents and schools:
<http://uwc.211ct.org/family-with-service-needs/>

Department of Mental Health and Addiction Services (DMHAS): <http://www.ct.gov/dmhas/>

Suicide prevention information: <http://www.preventsuicidect.org/>

School Safety and Crisis Resources (National Association of School Psychologists): <http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis>

Attachments

Feels should be punished

Other (describe) _____

SYMPTOMS

(Check if applicable)

*Be sure to ask duration, frequency, severity

- Disturbance in sleep
- Disturbance in appetite
- Weight loss/gain
- Isolation/withdrawal
- Psychomotor retardation
- Accident proneness
- Truancy/running away
- Impaired ability to concentrate
- Hallucinations
- Thinking/ talking about wish to be dead
- Sexual promiscuity
- Frequent clinic visitor
- Change in personal appearance (unkempt)
- Somatic complaints (headaches, etc)
- Drug/alcohol use
- Dysphoric mood
- Lacks interest
- Threatening (self or others)
- Aggression
- Self-injury

Is there suicide ideation, behaviors, or plan? Yes No

Suicide Screener
To be completed prior to further suicide risk assessments

Suicide Ideation Definitions Prompts	Past Month	
	Yes	No
Ask questions that are bolded and underlined. 1.) Wish to be dead: Student endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2.) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thought so ways to kill oneself/associated methods, intent, or plan. <u>Have you actually had any thoughts of killing yourself?</u>	<input type="checkbox"/>	<input type="checkbox"/>
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3.) Suicidal thoughts with Method (without specific plan or intent to act): Student endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place, or method details worked out. "I thought about taking an overdose but I never made a plan as to when or how I would actually do it". <u>Have you been thinking about how you might do this?</u>	<input type="checkbox"/>	<input type="checkbox"/>
4.) Suicidal intent (without specific plan): Active suicidal thoughts of killing oneself and student reports having some intent to act on such thoughts. <u>Have you had these thoughts and some intention of acting on them?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5.) Suicide intent with specific plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>	<input type="checkbox"/>	<input type="checkbox"/>
6.) Suicide behavior question: <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	Lifetime	
	<input type="checkbox"/>	<input type="checkbox"/>
If YES, <u>Were any of these in the past 3 months?</u>	Past 3 Months	
	<input type="checkbox"/>	<input type="checkbox"/>

Adapted from Columbia-Suicide Severity Rating Scale 2008.

Additional Suicide Risk Assessment:

Specifics of the self-destructive plan:

Is implementing available? Yes No

Has the student made a public declaration of his intent? Yes No

HISTORY

Prior ideation: Yes No

Prior threat: Yes No

Prior attempt: Yes No

Hospitalized for suicidal behavior? Yes No

Level of Risk:

High

Moderate

Low

No thoughts of suicide

Describe actions taken and follow up steps:

ACTION	DATE/TIME	PERSON(S) RESPONSIBLE

Original is to be placed in student health file. A copy should be sent to Office of School and Family Supports.

Submitted By:

Title:

Date Submitted:

Acknowledgements

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- The Office of Drug Free and Safe Schools, U.S. Department of Education
- National Association of School Psychologists
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- Chicago Public Schools
- National Education Association

School-Based Behavioral Threat Assessment and Management

Forward

In response to recent acts of violence on school campuses, law enforcement, officials, and school safety experts have cited research which indicates that before a student commits a violent act on a school campus, warning signs are usually evident. Research indicates that if appropriate action is taken in light of the warning signs, the risk of violence can be mitigated. (Molly M. Spearman, State Superintendent of Education, South Carolina”)

Disclaimer

This guide and the documents contained herein do not predict future violence nor are they a foolproof method of assessing an individual’s or group’s risk of harm to others. The guide and accompanying documents are not checklists that can be quantified. They are designed to assist in the inquiry/investigation of potential danger (identify circumstances and risk factors that may increase risk for potential youth aggression) and to assist school districts in development of a threat assessment and management plan. Furthermore, as circumstances change, so too does risk potential; therefore, if you are reviewing the guide and accompanying documents at a date after assessment completion, be mindful of supervision, intervention, and the passage of time.

Acknowledgement

The following document is largely based on the work by the South Carolina Department of Education and the School-Based Behavioral Threat Assessment and Management: Best Practices Guide for South Carolina K-12 Schools (2019).

Introduction

This guide and accompanying resources complement state law. Effective threat assessment increases focus on violence prevention and resolution, increases access to counseling services and supports, and decreases long-term suspensions and alternative placements.

This guide is to be used in conjunction with the School Safety Plans which address prevention and immediate school response through the Incident Command System.

Behavioral Threat Assessment and Management Team (BTAM)

BTAM is a fact-based, systematic, process designed to identify, assess, and manage potentially dangerous or violent situations. A key goal is to distinguish between making a threat and posing a threat.

A threat is an expression of intent to cause harm. It can be communicated through behavior, orally, visually, in writing, electronically, or through other means and has the potential to significantly disrupt the school environment.

The threat may be:

- Direct Threat – statement of clear, explicit intent to harm
- Indirect Threat- violence is implied or phrased tentatively
- Conditional Threat – made contingent on set of circumstances
- Veiled Threat – vague and subject to interpretation

It is important to note that *context is more important than content* as most offenders do not threaten targets directly (US Departments of Justice/FBI, 2017).

BTAM Process, Elements, and Principals

The BTAM process is designed to:



Source: SIGMA Threat Management Associates (2017)

An effective BTAM process includes the following:

- Clear and confidential reporting mechanisms help to **identify** the subject(s)/situation(s) whose behavior or impact has raised concern.
- A BTAM school/district team to conduct an **inquiry** to gather additional information in a lawful and ethical manner,
- **Assess** information regarding situation, context, developmental, and disability factors to determine if the subject/situation *poses* a threat of violence or harm to self and/or

others. If there is a significant concern for safety, the BTAM team will engage law enforcement who will determine if an official investigation via law enforcement needs to begin.

- **Manage** the threat by implementing problem solving supports, and if warranted, an intervention and monitoring plan to prevent harm where possible and to reduce/mitigate impact of the situation. Progress monitoring should also occur.

Note: The focus of BTAM is to understand the situation and how best to mitigate safety concerns. It is not the same as a criminal or disciplinary investigative process, nor is it profiling. Profiling involves making generalizations about an individual based on the individual's similarity to high risk groups; whereas threat assessment is an individualized assessment of the person of concern, considering their particular situation at a particular point in time. Behavioral threat assessment and management is a deductive, dynamic process that is responsive to the nature and process of the threatening situation (SIGMA Threat Management Associates, 2017).

Principles of BTAM include understanding the following

1. Distinction between *making* a threat and *posing* a threat;
2. Targeted violence is the end result of understandable, process of thinking and behavior;
3. Violence stems from interaction among subject, target, environment, and precipitating events (STEP);
4. Having an investigative and inquisitive mindset is critical;
5. Threat assessment is based upon facts and observations of behavior, not characteristics, traits, or profiles; and
6. Threat assessment utilizes an integrated systems approach.

ESTABLISHING & IMPLEMENTING THE BTAM PROCESS

BTAM Process at a Glance:

1. Assemble team;
2. Gather preliminary information and conduct screening;
3. If proceeding to full assessment, **NOTIFY CORE SAFETY TEAM IMMEDIATELY.**
4. Gather information from multiple data sources;
5. Organize and analyze information;
6. Determine level of concern/risk;
7. Develop intervention and support plan;
8. Document; and
9. Monitor progress – stay engaged!

*Refer to Appendix B and Appendix C for threat assessment interview.

*Refer to Appendix D for a sample flow chart of the BTAM process.

1. ASSEMBLE TEAM

The BTAM team is to be multi-disciplinary and must include individuals with expertise in school administration, mental health, instruction, and law enforcement. Involving members from an array of disciplines enhances the team’s ability to:

- Identify developing concerns/threats;
- Gather information from multiple sources and organizational “silos;”
- Maximize skills and resources to address concerns;
- Monitor outcomes;
- Communicate within the team and to other community support providers;
- Collaborate regarding effective awareness and outcomes; and
- Coordinate and engage in purposeful planning of actions and interventions to help mitigate risk and engage the individual(s) of concern onto a more positive pathway.

School-based teams consist of an administrator, mental health staff, school counselor, and additional members that may know the student.

NLPS also has a central team, the Core Safety Team, that provides oversight, consistency, and accountability for all BTAM processes and manages threats impacting whole district.

2. GATHER PRELIMINARY INFORMATION & CONDUCT SCREENING

Based on the initial report(s) and a quick review of relevant records, the team will screen the case for imminence. The screening decision will determine if the threat is transient or substantive (Cornell, 2018).

<i>Transient Threat</i>	<i>Substantive Threat</i>
<ul style="list-style-type: none"> • Made a threat but does not pose a threat • No “true” threat (person on receiving end does not feel threatened) • Acknowledges threat was in response to a specific situation; and/or perceived as a joke; no intent to harm • Situation can be resolved or managed through problem-solving process or existing supports 	<ul style="list-style-type: none"> • Context and meaning support a legitimate safety concern • Threat communicated with intent to harm others (verbal, non-verbal, electronic, written, pictures, gestures, social media) • Person(s) on receiving end is concerned/ threat was not perceived as a joke • Needs further assessment to more specifically determine level of concern and the actions needed to assure safety

***If there is any weapon involvement or threat with specificity, immediately proceed to full behavioral threat assessment and engage law enforcement in process.**

***See Appendix A for additional information.**

***See Threat Assessment and Management Forms section for screening tool.**

3. FULL ASSESSMENT, GATHER DATA FROM MULTIPLE SOURCES

Data must be gathered, corroborated, and thorough in order to facilitate good decision making. Key data sources include the following:

Specific data sources may include the following:

- Current school academic and discipline records; including previous threat and suicide assessments.
- Previous school academic and discipline records.
- Law enforcement records of student.
- Search of student, locker, car (if applicable) on school property, according to district policy.
- Search (or search warrant) of room/home/vehicle with law enforcement, if appropriate.
- Interview with student of concern.
- Parent/guardian interview.
- Interview with school staff and/or classroom teacher(s).
- Interview with target individual(s) of threat.
- Interview with other student(s).
- Internet histories/activities; written and artistic material, etc.
- Social media history/activity.
- Information from probation, juvenile diversion, social services, and/or other involved agencies.
- Additional information determined necessary/helpful.

Data collection using multi-method and multi-source approach in order to conduct a contextual assessment is critical. Contextual assessment involves the STEP approach as *targeted violence stems from an interaction among the Subject(s), Target(s), Environment and Precipitating Incidents (STEP).*

<u>S</u>ubject	Person of concern; insight into how the individual perceives and deals with conditions in his or her life; intensity of effort they direct toward planning and preparation for violence.
<u>T</u>arget	Identified target; persons are fearful as a result of person(s) of concerns behavior
<u>E</u>nvironment	Circumstances/situations affecting the person of concern; external influences that encourage and/or discourage violence
<u>P</u>recipitating Events	Events that have a positive (protective) impact and/or those that have a negative impact that accelerate risk

Source: SIGMA Threat Management Associates, LLC (2017)

Thus, interviews with the person(s) of concern and potential targets, in addition to those who know the subject, are critical. Interviews can gather information not always captured by observations or records.

In addition, interviews allow the BTAM team to assess if the subject(s) “story” is consistent with their actions. It is strongly recommended that interviews are led by a school mental health professional as they have received specialized training in interviewing skills. In addition, they are typically not seen as a disciplinarian, thus oftentimes the subject will be more comfortable responding to questions.

The **TOADS** acronym helps to facilitate data collection and determine imminence and intent. The person of concern should be asked about the following:

<u>T</u>ime	Has the time to execute their plan; if time imperative, immediate containment is needed
<u>O</u>pportunity	Has the opportunity to carry out plan; is able to access targets
<u>A</u>bility	Cognitive and physical capabilities to carry out plan
<u>D</u>esire	Strong desire to carry out plan and sees no other option besides violence
<u>S</u>timulus	Stressors are negatively impacting life and decision making, thus can be a trigger for carrying out the harmful act

Source: Nicoletti (2002)

In addition, data needs to be gathered to assess for *risk factors* and *warning signs*. Risk factors are variables that increase the probability of a student becoming violent. While far from perfect predictors, they signal the need to increase vigilance for warning signs.

Research has identified multiple risk factors:

- Socially withdrawn
- Isolated and alienated
- Feels rejected
- Violence/bullying victim
- Feels persecuted/having been picked on
- Low school interest and performance
- Intolerance and prejudice
- Drug and alcohol use
- Affiliation with gangs
- Expresses personal grievance/moral outrage
- Thinking framed by ideology
- Failure to affiliate with prosocial groups
- Dependent on virtual community(ies)
- Occupational goals thwarted
- Mental illness
- Poor impulse control

- Access to, and possession of, firearms
- History of
 - violent expressions in writings and drawings
 - serious threats of violence
 - uncontrolled anger
 - impulsive and chronic hitting, intimidating, bullying
 - discipline problems
 - criminal violence

Warning signs indicate a person of concern is actually considering an act of violence and is on the pathway to violence. Warning signs in isolation are concerning, but warning signs combined with a number of risk factors and stressors are especially worrisome. Direct special attention to the student who has suicidal thoughts, as such are often paired with homicidal thoughts. It is also important to note that the absence of violent behavior in one's past might be irrelevant as some of these individuals do not display outward signs of violent behavior before carrying out an act of violence (de Becker, n.d., 2017). The list below summarizes multiple factors associated with potential warning signs, which in turn indicate the need for BTAM team action. None of these factors alone are sufficient when it comes to predicting aggression and violence; thus, it is inappropriate, and potentially harmful, to use the risk factors and warning signs in simple checklist fashion.

Warning Signs for Targeted School Violence

- Targets identified
 - Persons
 - Places
 - Programs
 - Processes
 - Philosophies
- Articulates motives
 - Personal
 - Political
 - Religious
 - Racial/ethnic
 - Environmental
 - Special interest
- Increasing intensity of violence related
 - Efforts
 - Desires
 - Planning
- Direct and/or indirect communications about violence
 - Words consistent with actions

- Sees violence as acceptable/only solution
- Access to weapons or methods of planned harm
- Leakage of ideations
- Social withdrawal
- Emotional state
 - Hopelessness
 - Desperation
 - Despair
 - Suicidal thinking
- Feelings of being picked on, teased, bullied, or humiliated
- Increasing capacity to carry-out threats
- Engagement with social media facilitating or promoting violence
- Intimate partner problems
- Interpersonal conflicts
- Significant losses or personal failures

4.ORGANIZE AND ANALYZE INFORMATION

See Threat Assessment and Management Forms Section for the *Behavioral Threat Assessment and Intervention Plan (BTAIP)*. This form can be used to guide data collection, decision-making, and documentation of the full threat assessment process.

4. DETERMINE LEVEL OF RISK/CONCERN

The BTAM team is to consider ALL data, including risk and protective factors, to determine level of risk/concern. In turn, this decision guides the team in directive actions and supports to be taken. The higher the level of concern, the more directive and intensive the supports must be.

It is important to note that levels of concern/risk are not to be used to predict human behavior or to automatically determine a change of educational placement, but are to be used to design interventions and support.

LEVEL OF RISK/CONCERN	DEFINITION
<i>Low risk/concern</i>	Individual/situation does not appear to pose a threat of violence or serious harm to self/others, and any exhibited issues/concerns can be resolved easily. <ul style="list-style-type: none"> •Threat is vague, indirect, inconsistent, and implausible. •Information contained within the threat lacks detail or realism; no “true” threat. •Misunderstanding of what was communicated. •Taken out of context.

	<ul style="list-style-type: none"> •Student lacks developmental understanding. •Available information suggests that the person is unlikely to carry out the threat or become violent. •No identified grievances; thought was in passing to a specific circumstance/made in heat of the moment. •Subject is remorseful. •Supports are available and accessible. •Can be resolved with clarification, explanation, retraction, and/or an apology. •Managed through existing educational programming already in place.
Moderate risk threat	<p>Person/situation does not appear to pose a threat of violence, or serious harm to self/others at this time but exhibits behaviors that indicate potential intent for future violence or serious harm to self/others; and/or exhibits other concerning behavior that requires intervention.</p> <ul style="list-style-type: none"> •Threat is plausible but lacks specifics. •No clear indication the student has taken preparatory steps, although there may be ambiguous or inconclusive references pointing to that possibility. •Some grievances but does not view situation as helpless •Moderate or lingering concerns about a student’s potential to act violently but willing to access supports. Open to help. •Has at least some protective factors present.
High risk threat	<p>Person/situation appears to pose a threat of violence, exhibiting behaviors that indicate both a continuing intent to harm and efforts to acquire the capacity to carry out the plan; and may also exhibit other concerning behavior that require intervention.</p> <ul style="list-style-type: none"> •Threat is specific and plausible. There is an identified target or strong indication of target(s). •Information suggests concrete steps have been taken to act on the threat and has means (e.g., acquired or practiced with weapon, has victim under surveillance) but no plans for immediate execution of plan. •Information suggests a strong concern about a student’s potential to act violently in absence of interventions. •Strong grievance; intent on violence as only solution. •Minimal to no supports; resistive to problem solving/interventions.
Imminent threat	<p>Person/situation appears to pose a clear and immediate threat of serious violence toward others that requires containment and action to protect identified or identifiable target(s); and may also exhibit other concerning behavior that require intervention.</p> <ul style="list-style-type: none"> •Same indicators as high risk but immediate containment is needed to address safety and/or mental health issues. •Notify law enforcement immediately.

Adapted from: VA Center for School and Campus Safety (2016); Amman, et al (2017)

Two key questions guide actions to be taken after determining level of concern:

1. **Does the subject pose a threat of violence, whether to others, to self, or to both? (i.e. moderate, high, imminent risk)?**
2. **Does the student need additional interventions, and *on-going* supports and engagement for a period of time, to mitigate risk, decrease stressors, and build protective factors?**

If “NO” to both (i.e. low risk) then:

- Document the BTAM process followed and actions taken to resolve the concern.
- *If the subject shows a need for help or intervention, such as mental health care, then provide the subject/subject’s family with appropriate referrals and document.*
- Close the case.
- Send copies of all paperwork to Superintendent’s Office
- Place forms in student’s health file.
- Log in PowerSchool “Threat assessment completed. See Health File.”

If “YES” to one or both then:

- Immediately notify Core Safety Team
- Develop an intervention and monitoring plan, appropriate for level of risk.
- Provide the subject/subject’s family with appropriate mental health/support referrals.
- Document the case, including referrals made.
- Assign a case manager for progress monitoring, accountability, and follow-up.
- Send copies of all paperwork to Superintendent’s Office
- Place forms in student’s health file.
- Log in PowerSchool “Threat assessment completed. See Health File.”

6. DEVELOP INTERVENTION AND MANAGEMENT PLAN

To effectively manage and mitigate potential risk, interventions and supports need to be put in place to help the person of concern off the pathway to violence. ***It is critical to note that punitive measures such as suspension and expulsion can increase risk!*** Actions that further disconnect the subject from monitoring and supports can further escalate emotions and disenfranchise the person from the school and social environment. Thus, these types of consequences should be implemented only after careful team consideration and should always be paired with supportive interventions.

The **STEP** acronym can also be used in case management. Assign a case manager for progress monitoring, accountability, and follow-up.

The BTAIP in Appendix I provides guidance in determining level of risk/concern, developing an intervention and monitoring plan, and documenting actions taken/to be taken.

S	De-escalate, contain, or control the <i>subject</i> who may take violent action
T	Decrease vulnerabilities of the <i>target</i>
E	Modify the physical and cultural <i>environment</i> and systems to discourage escalation
P	Prepare for and mitigate against <i>precipitating events</i> that can trigger escalation

Source: G. Deisinger and Randazzo, SIGMA Threat Management Associates (2017)

Below are various strategies to be considered to help manage threatening situations, in addition to building resiliency and protective factors for the subject. Consider existing support and resources available within the school (i.e. multi-tiered systems of supports; MTSS, PBIS, etc.), and if the student is receiving special education services, it is important to follow special education procedures and guidelines.

It is important to note that completion of a threat assessment does not automatically necessitate a referral for special education.

Discipline

<ul style="list-style-type: none"> • Letter of Apology • Conflict resolution • Confrontation/warning • Restorative Practice • Behavior Contract • No contact order 	<ul style="list-style-type: none"> •Parent Meeting •Ticketed by law enforcement •Charges filed by law enforcement •Law Enforcement Diversion Program •Court issues protective orders 	<ul style="list-style-type: none"> •Detention •Suspension •Alternative to suspension •Expulsion
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Monitoring

<ul style="list-style-type: none"> • Check-in, checkout • Searches • Safety contract • Adult monitoring • Adult escorts from class-to-class, etc. • Modify daily schedule 	<ul style="list-style-type: none"> • Restrictions • No contact agreement • Ongoing collaboration between school and parent/guardian • Parent/guardian will provide increased supervision • Monitor for precipitating events (i.e. anniversaries, losses, perceived injustice, etc.) 	<ul style="list-style-type: none"> • Ongoing collaboration with agency supports, probation/juvenile diversion, mental health professionals • Detained, incarcerated, or placed under intensive supervision
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Skill Development/Resiliency Building

<ul style="list-style-type: none"> • Academic Supports • Conflict resolution • Anger management lessons • Social skills group 	<ul style="list-style-type: none"> • Supports from behavior specialist • Counseling • Referral to outside agencies 	<ul style="list-style-type: none"> • Conduct Functional Behavioral Assessment • Develop Behavior Intervention Plan
---	---	--

Relationship Building

<ul style="list-style-type: none"> • Establish system for student to seek support proactively from an adult • Peer mentor • Adult mentor 	<ul style="list-style-type: none"> • Increase engagement in school activities • Increase engagement in community activities • Provide feedback and mentoring 	<ul style="list-style-type: none"> • Engage in leadership activities • De-escalation training for staff
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Additional Interventions

<ul style="list-style-type: none"> • Refer to Special Education or 504 • Revise IEP/504 Plan • Change in transportation • Referral to DCF/outside agencies
--

7. DOCUMENT

- A copy of all forms should be placed in the student’s health file and immediately sent to the Superintendent’s office upon completion.
- All threat assessments, regardless of risk, should be logged in PowerSchool as “Threat Assessment completed. See Health File”.
- Information Sharing- “School officials with legitimate educational interest” may access education records per FERPA.
 - When there is a safety concern, schools must balance safety with student privacy interests. FERPA contains a “health or safety emergency exception”. This exception allows for school officials to **disclose PII from educational records**

without consent to appropriate parties only when there is an actual, impending, or imminent emergency, such as an articulable and significant threat.

8. PROGRESS MONITOR – Stay Engaged

For subjects determined to be low risk, informal monitoring may be sufficient. For those subjects determined to be moderate, high, or imminent risk, more formalized progress monitoring will need to be implemented and it is highly recommended a follow-up meeting is scheduled to review progress and responsiveness to interventions and supports. It is important to reevaluate the plan and make adjustments as needed.

As for closure of the case, this is done when the BTAM team feels that formal monitoring is no longer needed and the subject has responded well to interventions and is on a more positive pathway.

Appendix A: Transient vs. Substantive Threats

TRANSIENT THREATS	SUBSTANTIVE THREATS
<ul style="list-style-type: none">• Transient threats are statements that do not express a lasting harm to someone.• These include statements intended as figures of speech or reflect feelings that dissipate in a short period after reflection. <p><i>Transient threats can be easily resolved.</i></p>	<ul style="list-style-type: none">• Substantive threats are statements that express a continuing intent to harm someone.• They may express emotion like a transient threat, but they also indicate a desire to harm someone that extends beyond the immediate incident when the threat was made.• Context and meaning are more important than verbal content. <p><i>Substantive require additional assessment and supports.</i></p>

Presumptive Indicators of Substantive Threats:

- Contains specific, plausible details, “I’m going to shoot Mr. Smith with my shotgun.”
- The threat has been repeated over time or the student has told multiple parties of the threat.

- The threat is reported to others as a plan, or there are suggestions that violent action has been planned, “Wait and see what happens next Tuesday in the cafeteria!”
- There are accomplices or student has sought out accomplices.
- Student has invited peers to observe the threat.
- Physical evidence of intent to carry out the threat (e.g., written plans, lists of victims, drawings, weapons, materials).

Factors to Consider:

- Age, credibility, and discipline record of the student who made the threat.
 - Judge credibility based on student’s presentation of what happened as well as on all other information you have about this student and accounts by other students.
 - An older student is considered more likely to make a substantive threat than a younger student.
 - A student with discipline record that indicates previous aggressive behavior, dishonesty or both is considered more likely to make a substantive threat.
 - Student with disabilities may not fully understand the implications of words or actions chosen and/or their behaviors may be consistent with disability (e.g., difficulties managing emotions), but pose no true threat.

Appendix B: THREAT ASSESSMENT QUESTIONS

Current best practices in school threat assessment recommend answering the following assessment questions to determine whether a person of concern poses a threat of school violence:

1. **Does the person of concern pose a threat of violence – to others or to self? That is, is the person of concern on a pathway to violence to self and/or to others?**
2. **If the person does not pose a threat of violence to self or others, is the person otherwise in need of help, support and/or referral for services?**

Key Questions:

1. **Explore motivations for violence.**
 - What is the behavior and circumstances that first raised concern about the person in question – and do those circumstances still exist?
 - What are your motivations or reasons for the planned violence? How do you think it would solve your problems? What other ways have you tried to solve your problems?
2. **Identify thoughts of violence and/or revenge.**
 - Has the person shown inappropriate interest in any of the following?
 - School, campus, or other rampage attacks or attackers;
 - Fixation with weapons (including recent acquisition of any relevant weapon);
 - Incidents of mass violence (terrorism, workplace violence, mass murderers);
 - Obsessive pursuit, stalking or monitoring others.
 - Have any events happened where you felt you would like to get revenge or to get back at someone? Do you hold any grievances or bad feelings about school or individuals at school? Grievances towards political, religious, and/or social causes?
3. **Identify experiences with/attitudes toward weapons.**
 - Has the person engaged in attack-related behaviors (i.e., any behavior that moves an idea of harm forward toward actual harm)?
 - Does the person have the capacity to carry out an act of targeted violence?
 - Do you have experience with guns and/or other weapons and items that can be used to harm others? Do you have any experience with violent point and shoot video games? If so, describe.
4. **Explore history of/attitudes toward violence.**
 - Have there been any communications suggesting ideas or intent to engage in violence?
 - Are the person's conversation and "story" consistent with his or her actions?
 - What are your views on violence?
 - What do your parents think about violence?
 - What do your friends think about violence?
 - Do you have a history of violent behavior, criminal behavior, harassing others?
 - Have you gathered any information about weapons, murders, suicides, or school shootings (e.g., Internet writings, news accounts, music, etc.)?
5. **Identify possible stressors.**
 - What circumstances and/or stressors are occurring in your life (might affect the likelihood of violence)?
 - What events are happening in your life right now that are stressful?
 - What has happened in the past that was stressful? How have you coped with stress in the past?
 - Have you had any major changes in your life lately (e.g., changes in living arrangements, loss of a significant relationship, death, divorce, a recent personal failure)?

6. **Identify signs of depression, helplessness, and/or hopelessness.**
- Is the person experiencing hopelessness, desperation and/or despair?
 - Have you written any essays, poems, music, journals with themes of hopelessness, helplessness, homicide, and/or suicide?
 - What kind of course do you feel your life is on right now: even, upward, or downward?
 - Do you have feelings of depression now?
 - Have you had feelings of depression in the past? For how long? How intense?
 - Do you have feelings of being desperate?
7. **Identify suicidal ideation.**
- Is the person experiencing suicidal ideation?
 - Have you ever tried to hurt yourself?
 - Do you have any thoughts of hurting yourself or killing yourself now? Have you ever threatened to kill yourself?
 - Do you have access to means that could hurt yourself?
 - Have you ever made a gesture of suicide such as trying to slash your wrists?
 - Have you tried to kill yourself before?
 - Do you have a plan? (Ask "how," "how soon," and "how prepared.")
 - Have you told others of your plans to kill yourself? What have been their reactions?
 - What factors might increase the chance that you will attempt suicide? What factors might decrease the chance that you will attempt suicide?
8. **Identify homicidal ideation.**
- Does the person see violence as an acceptable, desirable, or only way to solve problems?
 - Do you have any thoughts of hurting or killing others now?
 - Have you had any homicidal thoughts in the past? What plans do you have?
 - Have you taken any steps or actions to injure or kill others so far?
 - What weapon(s) have you considered?
 - Do you have access to guns (i.e., at home, at relatives)? Have you made any efforts so far to get hold of a gun(s)? Do you know how to get hold of a gun?
 - Have you thought about whom you would target?
 - Do you have a time and place in mind?
 - Have you thought about how you would get close to this target (persons or building)?
 - How well do you know the target?
 - Have you thought of other targets?
 - Have you thought of how to get around security measures?
 - Have you told others of your plans to kill others? What have been their reactions?
 - What factors might increase the chance that you will attempt to attack the target? What factors might decrease the chance that you will attempt to attack the target?
9. **Identify possible helping resources**
- Does the person have a trusting relationship with at least one responsible person (e.g., a parent, teacher, coach, advisor, etc.)?
 - Are other people concerned about the person's potential for violence?
 - What do you need right now to make your life a little better?
 - What has helped you cope with angry or depressed feelings in the past?
 - How might the school help you? How might your family help you?
10. **Identify additional psychiatric disorders.**
- Is there a history of mental health concerns/illnesses? If so, what are those concerns? Currently under treatment?
 - Have you had any hallucinations where someone is commanding you to do something?

- Have you had any delusional ideas, feelings that others are out to get you?
- Have you acted on these feelings or experiences?
- Does anyone in your family have a history of mental illness?
- Have you ever been treated for mental health concerns? If so, describe treatment.

APPENDIX C: INTERVIEW GUIDELINES

When interviewing a student, it is critical for the adult to convey a neutral, non-biased, calm tone. The subject of concern and potential victims must feel heard and understood. Below are guidelines and examples of questions that can be used in the threat assessment process. Questions should be modified, as appropriate/necessary, to obtain an account of the threat and to begin to determine the student's intent.

Nonverbal Behaviors

Be aware of own body posture. To convey interest and understanding, make good eye contact (be aware of cultural norms as eye contact between a student and someone of authority is not seen as culturally acceptable for some cultures), orient your body towards them, and maintain a physical posture of interest. Keep focused on the story/narrative of what the other person is disclosing.

Ask Skillful Questions

How questions are phrased can be critical to the amount of detail you receive. Questions show you are interested in their perspective. There should be a balance between open and closed ended questions and avoid rapid firing of questions as you don't want the person to feel they are being interrogated. Questions should be interspersed with reflective statements, affirmations, and other ways that show the youth you're listening.

Open-Ended Questions

The goal of open-ended questions is to get the interviewee talking and to provide more detail. It's best to start with open-ended questions the interviewee will respond to an easy acronym to facilitate a good skill set with open-ended questions is OARS—open-ended questions, affirmations, reflective statements, and summarizing. Examples of open-ended questions:

Subject of Concern:

- Tell me what happened as your perspective is important.
- How are you feeling right now?
- What happened when you were [place of incident]?
- What exactly did you say and do? (write down exact words)
- What was meant when you said (or did) that?
- How did you think he/she feels about what you said (or did)?
- What was the reason you said (or did) that? (note prior history of conflict)
- What are you going to do now that you have made this threat?
- How did the fight between you two start?
- How could this situation get in the way of what you want to accomplish?

- How do you think this situation will help you accomplish what you want?
- What do you perceive as the consequences of carrying out this act of violence?
- How do you think your actions might affect your family? Your future?
- Who are the people you turn to for support?

Witness/Victim Interview

- What exactly happened when you were [place of incident]?
- What exactly did [student] say or do? (write down exact words)
- What do you think he/she meant when saying that?
- How do you feel about what he/she said (or did)? (gauge level of fear and if perceive as a true threat)
- Why did he/she say or do that? (note prior history of conflict)

Close-Ended Questions

Close-ended questions can help provide clarification and help an uncomfortable youth to still engage in a conversation. Be careful not to ask too many closed-ended questions as the dynamics can then feel like an interrogation. Examples of close-ended questions:

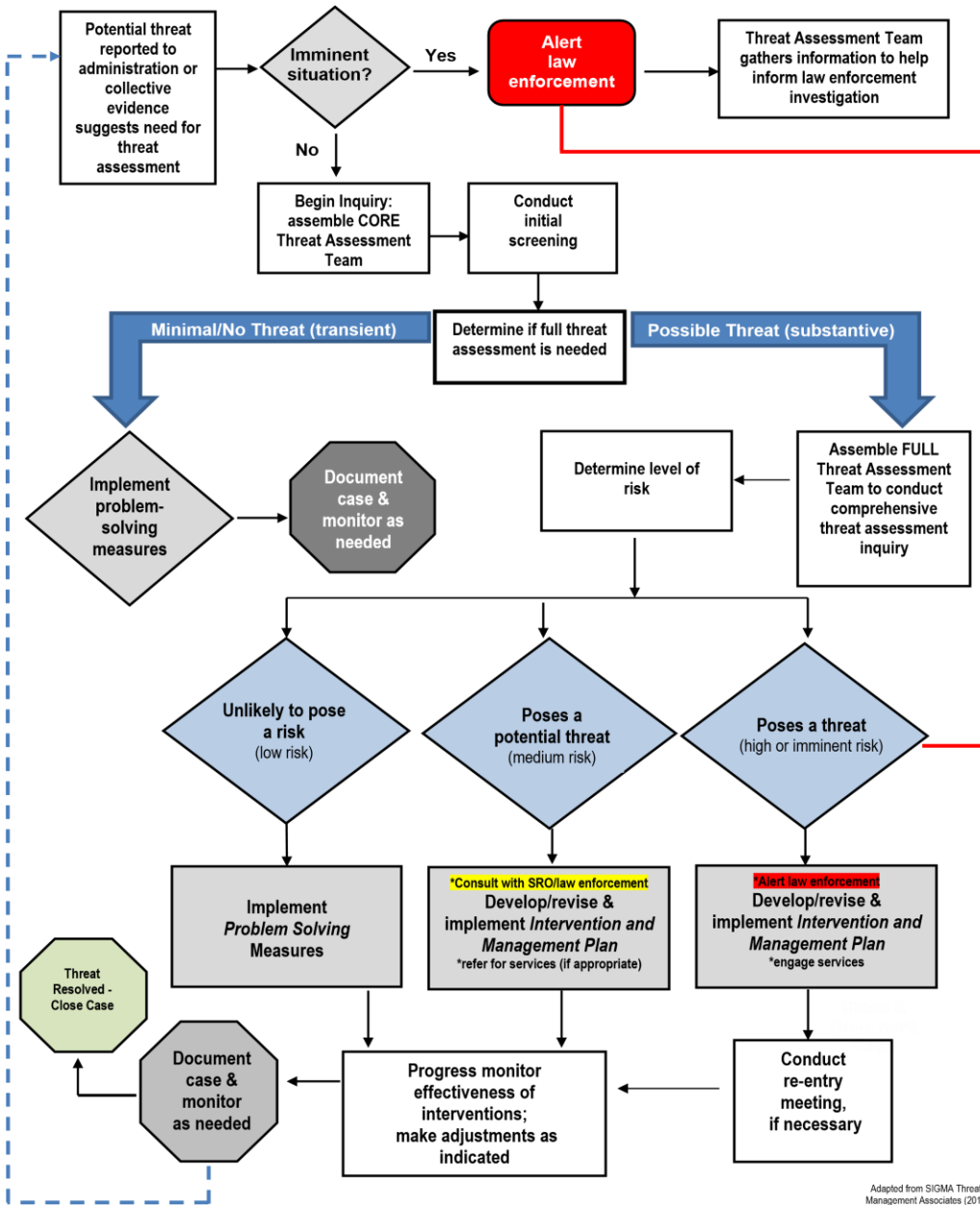
Subject of Concern:

- “Do you know why I wanted to talk with you?”
- “Are you feeling upset right now?”
- “Did the fight start because she upset you?”
- “Do you think carrying out your plan will solve all your problems?”
- “Do you think it’ll be difficult for your family to deal with what you did?”
- What do you perceive as the consequences of carrying out this act of violence?
- How do you think your actions might affect your family? Your future?
- Who are the people you turn to for support?

Witness/Victim Interview:

- Are you concerned (scared, fearful, worried....)?
- Are others concerned?
- Are you scared to come to school?

Threat Assessment and Management Process Flow Chart



Adapted from SIGMA Threat Management Associates (2018)

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