Safety Assessment in Schools: Beyond Risk

The Role of Child Psychiatrists and Other Mental Health Professionals

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KEYWORDS

- School violence • School shootings • School safety • Threat assessment
- Risk assessment • Safety assessment

KEY POINTS

- It is critical to empower the family and student at a time when they may feel threatened while simultaneously upholding the school standards of safety for all students.
- When the consultant has the capacity to create a careful balance between family, student, and school standards, schools are better able to provide a more substantive assurance that they are taking the necessary steps to not only provide immediate safety but also make critical outreach to students and families.
- A truly positive safe school climate that nurtures students and families while also enhancing the educational mission of the school can be created.

INTRODUCTION

A spate of school shootings in the 1990s, culminating in the rampage at Columbine High School, led to heightened vigilance toward severe violence in schools and precipitated focused efforts to develop effective methods of detection and response.[1] More recent school shootings, such as the mass murders at Sandy Hook Elementary School, continue to fuel a sense of urgency and create increased pressure on schools to identify students at risk for violent behavior and to act decisively. Often educators

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must decide if a student can return to school, needs a more restrictive school setting, or should be expelled immediately. In such cases, the school's primary priority is to ensure the safety of the students and staff.

Empirical data demonstrate that schools today are generally safe places and that multiple shootings, homicide, and suicide are relatively rare at school. In fact, the most recently published data from the Centers for Disease Control and Prevention showed that during the 2009 to 2010 school year, there was approximately one homicide or suicide of a school-aged youth at school per 2.7 million students enrolled.[2] However, both covert aggression and potential overt violence remain significant concerns. A nationally representative sample of students in grades 9 to 12 showed that 7.1% of all students did not go to school during the year at least once because they felt unsafe; 19.6% reported being bullied on school property; 8.1% reported being in a physical fight on school grounds during the year; 5.2% reported carrying a weapon; and 6.9% were threatened with a weapon on school property at least 1 day during the school year.[3]

When students and staff feel threatened, schools may turn to a child psychiatrist or other mental health consultant to evaluate imminent and long-term risk and to suggest an action plan. (As the article title suggests, in addition to child and adolescent psychiatrists, other highly trained mental health experts may serve as "consultants." School personnel who hold specialized expertise in risk assessment may play comparable roles. For convenience, the role of "consultant" is referred to throughout.) The consulting clinician will likely want to do more than just a rapid risk assessment (although rapid assessment may be necessary at times). He or she should also examine the context of the events or concerns, the potential underlying precipitants to the student's disruptive behavior, and the reasons for concern. This process ideally takes into account the perspectives of all involved, including student, family, teachers, and administrators. This approach evaluates whether the student's threatening behavior is a symptom of a mental illness, explores interactions between the staff and the student, examines how school climate may be contributing to the crisis, and addresses relevant family factors. This analysis can help educators generate a thoughtful treatment plan rather than resorting to immediate expulsion. The history of assessing threats of violence is briefly reviewed; the first author's (N.R.) model of assessment is introduced, and case vignettes are provided to illustrate the process.

FROM ASSESSMENT OF RISK TO THREAT ASSESSMENT

Numerous techniques have been developed to assess potential threats to school safety. Unfortunately, several of these techniques are not only invalid, but may cause additional harm by stigmatizing students who pose no danger and by overlooking students who need evaluation and support. In "What Can Be Done About School Shootings?," Randy Borum and colleagues[4] summarize the negative effects of zero-tolerance programs, excessive security measures, and so-called profiling and warning lists. They conclude that these measures are counterproductive in helping to detect high-risk students and actually create negative school climates wherein more harmful acts toward students may occur.[5,6]

Too many schools adopt a zero-tolerance stance for any kind of "violent" behavior—ranging from an immature boy who brags that he is making a bomb, to a second-grade child who accidentally brings a water gun to school, to an explosive girl who makes unsubstantiated threats. There is no research to demonstrate the efficacy of these policies. As a result, educators sometimes respond to trivial potential threats or minor transgressions of school rules with mandatory expulsion. Although zero-tolerance should, in theory, increase school safety by setting firm limits, in many cases, it may actually undermine school cohesion and true school safety by making no distinction between various types and levels of putative violence or social context and by treating all "offenders" the same.[7] In addition, minority students are disproportionately affected by such policies.[8]

Consider the story of Patrick, who is highlighted in the vignette provided. When he was in ninth grade, he found a Swiss Army knife on the way to school and unwittingly "played" with it during class. The school expelled him without conducting a thorough assessment, and his biracial family harbored animosity and distrust as a result. Patrick later presented a different kind of threat, and an outside consultant was called in to sort out the lingering resentment the family had for the school. The zero-tolerance policy, in this case, led to further issues that could have been avoided if a more comprehensive risk assessment had been done after the first incident.

According to Borum and colleagues,[4] the best school-based risk-assessment technique is to have thoughtful, well-trained personnel engage in investigative "threat assessment." When properly implemented, this technique will also address equally damaging nonphysical aggression acts, such as bullying and sexual harassment. This approach can result in an improved school climate, school connectedness, and genuine emotional security, which, in turn, can improve and enhance educational outcomes.[8]

The earliest evidence-based model of modern threat assessment for targeted violence in school shootings was developed by the Safe School Initiative (SSI), a collaborative effort of the US Department of Education and the US Secret Service.[9,10] The SSI studied 37 incidents of targeted school violence and 41 attackers. It used and modified key concepts of targeted violence by defining the target as "a specific individual, such as a particular classmate or teacher, or a group or category of individuals, such as 'jocks' or 'geeks'… or the school itself."[9] The study yielded 10 key findings (**Box 1**) to aid in future attempts to interrupt paths to violence; a model of investigative techniques; key questions that educators and mental health consultants can use to investigate students who actually pose threats; and suggestions that allow schools to respond to danger while diminishing unwarranted fears. The findings highlight the importance of a thorough evaluation that identifies resources to support students, because most attackers were known to have difficulty coping with significant losses or personal failures, had a sense of being persecuted or injured by others before the attack, and engaged in concerning behavior before the incident.

The SSI protocol emphasizes a questioning analytical and skeptical mind-set. This type of thinking is methodical, reasoned, and evaluative, leading to the development of a clinical formulation that deepens understanding about the student's concerning behavior.

The SSI argued that the best way to avoid a targeted school attack is to foster a student-friendly school climate in which students and adults are connected.[5,10] **Box 2** presents a series of 11 investigative questions that can help determine whether a student might *pose* a threat. In the 2004 final SSI report, Robert A. Fein and colleagues[11] emphasized, "Many persons who make threats do not pose threats… [and] some persons who pose threats never make threats."

Box 1
Ten key findings of the Safe School Initiative

1. Incidents of targeted violence at school are rarely sudden, impulsive acts.

2. Before most incidents, other people knew about the attacker's idea and/or plan to attack.

3. Most attackers did not threaten their targets directly before advancing the attack.

4. There is no accurate or useful "profile" of students who engage in targeted school violence.

5. Most attackers engaged in some behavior, before the incident, that caused concern or indicated a need for help.

6. Most attackers were known to have difficulty coping with significant losses or personal failures. Many had considered or attempted suicide.

7. Many attackers felt bullied, persecuted, or injured by others before the attack.

8. Most attackers had access to and had used weapons before the attack.

9. In many cases, other students were involved in some capacity.

10. Despite prompt law enforcement responses, most shooting incidents were stopped by means other than law enforcement intervention.

From Fein RA, Vossekuil B, Pollack W, et al. Threat assessment in schools: a guide to managing threatening situations and to creating safe school climates. United States Secret Service; United States Department of Education; 2002. Available at: http://www.secretservice.gov/ntac/ssi_guide.pdf.

Box 2
Eleven key questions to determine if a student poses a threat

1. What are the student's motive or motives and goals?

2. Have there been any communications suggesting ideas or intent to attack?

3. Has the student shown inappropriate interest in any of the following?
   - School attacks or attackers
   - Weapons (including recent acquisition of any relevant weapon)
   - Incidents of mass violence (terrorism, workplace violence, mass murders)

4. Has the student engaged in attack-related behaviors?

5. Does the student have the capacity to carry out an act of targeted violence?

6. Is the student experiencing hopelessness, desperation, and/or despair?

7. Does the student have a trusting relationship with at least one responsible adult?

8. Does the student see violence as acceptable—or desirable—or the only way to solve problems?

9. Is the student's conversation and "story" consistent with his or her actions?

10. Are other people concerned about the student's potential for violence?

11. What circumstances might affect the likelihood of an attack?

From Fein RA, Vossekuil B, Pollack W, et al. Threat assessment in schools: a guide to managing threatening situations and to creating safe school climates. United States Secret Service; United States Department of Education; 2002. Available at: http://www.secretservice.gov/ntac/ssi_guide.pdf.

Building on the SSI guidelines, Dewey G. Cornell and Peter L. Sheras have conducted several studies examining threat assessment in schools. Their research led to a manual, "Guidelines for Responding to Student Threats of Violence," which presents a field-tested model to assess school threats.[12] The goal was to develop a user-friendly model of threat assessment and to distinguish what they came to call "transient threats" (which can be handled with routine discipline) from "substantive threats," which require more immediate precautions, mental health consultation, and, in extreme cases, law enforcement involvement.

In their first study, over the course of one school year, 188 cases were identified for assessment with only 30% rising to the level of "substantive threats" that required protective plans and consultation.[13] Ultimately, no threats were ever carried out. There were a few expulsions, but the vast majority of students coming to the attention of the assessors were allowed to return to their original schools.

The researchers tested their model as part of the 2007 Virginia High School Safety Study and found that schools using this threat-assessment approach reported decreased bullying, greater willingness among students to seek help, and more positive school climates than schools that did not implement their threat-assessment approach.[14] Although only loosely related to the SSI model, the Virginia program drew on the same underlying principles: connecting threat assessment to an enhanced school climate; appropriate reaction to threats; and consultation with mental health professionals regarding substantive threats.[10] This approach thus provides a bridge from mere risk assessment to a more sophisticated threat assessment.

In this model, consultants work with school systems to foster an environment of genuine safety. An integral component of the school's educational mission is to provide interventions for potentially harmful students before they act out.

OUR MODEL: BEYOND THREAT ASSESSMENT TO SAFETY ASSESSMENT

Developing a program of school safety consultation involves a larger perspective than that of many threat-assessment approaches. It emphasizes an in-depth understanding of a student's and family's objective and subjective experience, and it is best undertaken by a professional who has experience in school consultation and a sophisticated level of mental health training. The consultant should have the clinical experience necessary to pull multiple perspectives together.

An important objective is to move from the phase of crisis evaluation and safety assessment to an effort to mobilize resources of resilience[15,16] and create a climate that strengthens the relationships between students and adults.[6] A sophisticated mental health consultant who uses empathic interviewing and the principles of threat assessment can ultimately enhance a student's capacity for mental health and emotional balance as well as "safety." Although many assessments are limited to only establishing whether the student is safe or not, these evaluations also offer recommendations—once safety is assessed and established—to increase the capacity for how schools can work with the identified student and family. The goal is to enhance the student's learning and to build a safe and civil school climate by fostering emotionally meaningful connections between staff and students alike.[1,5,17,18]

A comprehensive psychiatric safety-assessment approach developed by the lead author (N.R.) is illustrated. This approach was created as part of a school outreach program based within a Harvard Medical School teaching hospital's Department of Psychiatry, located in an urban setting. This 14-year collaboration between the school assessment program and the local school system, elementary through high school,

has resulted in more than 140 safety assessments performed to date by N.R. as well as attending psychologists and supervised child psychiatry fellows.

SCHOOL REFERRALS FOR SAFETY ASSESSMENT

School psychologists, guidance counselors, and clinical social workers are often asked to conduct an assessment on a student who may make a threat. In some cases, when the situation is perceived as a high-level threat, the students will be referred to a multidisciplinary team, which often includes an administrator, a school resource officer, and a clinician. When a student is referred for a safety assessment, usually the school has made a decision that they need a more thorough psychiatric evaluation but there is not imminent risk of harm. The clinician conducting the safety assessment should be familiar with the SSI threat-assessment protocols[9,10] and the emphasis on a questioning analytical and skeptical mind-set.

Students are referred for psychiatric safety assessment when their behavior is concerning but not sufficiently serious to result in immediate referral to the police. Although the student may not seem to pose an immediate risk of serious harm, the school asks for consultation to understand the context of the student's behavior and to share the responsibility of making the weighty decision about whether the student is safe to return to school. The consultant can help allay staff anxiety and provide meaningful suggestions about how to effectively continue to intervene with the student.

Reasons for referrals have included threats made or posed (directly or indirectly) to an adult or peer and assaults without a weapon. Some of the referred students have also threatened or assaulted siblings or parents.[19] Behaviors have included escalating explosiveness; swearing at a teacher or threatening to harm a teacher, student, or parent; destroying property in the classroom; fighting with peers; assaulting staff; engaging in inappropriate sexualized behavior; and posting something potentially threatening, or perceived to be threatening, on the Internet.

SAFETY ASSESSMENT: A CASE-BASED EVALUATION MODEL

This assessment model involves review of school records including, but not limited to, the incident report, academic transcript, and, if applicable, any psychological testing or Individualized Education Program (IEP). It involves discussions with school personnel and other involved mental health professionals, a psychiatric interview with the referred student, and a separate interview with his or her family or guardians (**Box 3**).

The first step always is to focus on whether a student is safe and to assess the immediacy of the student's potential for harm (**Box 4**). The consultant must create a therapeutic alliance that allows for deeper psychological understanding and delves into the motivation and context of the student's threat. Therefore, the assessment includes a detailed review of the incident and context that led to the referral; the student's current mental status; questions about involvement in bullying; drug and alcohol and other substance use and abuse; current level of psychosocial stressors for the student and his or her family; questions of exposure to domestic violence; and assessment of school context and previous educational history.

This assessment is done objectively, as well as subjectively, through the eyes of the referred student and the family. Access to weapons is always ascertained. Factors of resilience are also assessed, identifying resources that can be mobilized to enhance the student's higher functioning by expediting access to treatment. The consultant also addresses, if appropriate, how to increase the "goodness of fit" between the

> **Box 3**
> **Components of the assessment model**
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> *Record review*
> - Incident report
> - Academic transcript
> - Psychological and neuropsychological testing
> - IEP
>
> *Interviews*
> - School personnel
> - Student
> - Parents or guardians
>
> *Components of the interview*
> - Rapport building
> - Limits of confidentiality
> - Safety assessment
> - Exposure to violence/domestic violence
> - Mental health assessment, family history, school history
> - Questions about bullying
> - Access to weapons
> - Substance use/abuse
>
> *Potential recommendations*
> - Additional accommodations
> - Mental health treatment
> - Home-based services
> - Functional behavioral analysis
> - Academic accommodations
> - Mediation
> - Alternative educational/therapeutic setting

capacity of the student, the parents or legal guardians, and the expectation of the school.[7] The consultant then formulates all of the findings into a written consultation report, in addition to meeting with school personnel, the family, and, at times, the student to discuss findings and recommendations and to participate in treatment and educational planning for the student.

The goal is to work collaboratively with the school team, student, and family to identify interventions that can mobilize support. It is critical to have a clinician who is familiar with school resources and has the capacity to connect vulnerable families to therapeutic services, including those outside the school.

A clinician who is not part of the school staff has the potential to defuse tension if the school and family are in conflict. An outside clinician also may have the added benefit of helping to share responsibility with the school in making a judgment call about whether the student is safe to return to school. Although there are benefits to using

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Box 4
Identifying concerning behavior

Behavior that is within typical developmental range

- Impulsivity
- Exploration of provocative topics
- Low frustration threshold and misdirected anger
- Struggles with authority

Concerning behavior (see Meloy and O'Toole[20] for more detail)

- Bizarre statements or behavior
- Obsession with themes of blame or desperation or increasingly concerning obsession with a person or cause, including stalking
- Threatening gestures
- Violent drawing or writing (outside of an assignment)
- Seeking information about weapons and their acquisition and/or a "warrior mentality" that identifies with previous attackers or as an agent of a cause or belief
- Communication of the intent to harm to a third party
- Escalating acts of violence
- Increasing desperation or distress
- Repetitive threats and past history of aggression
- Agitation

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an outside clinician, some schools may not have the capacity to employ one. Whether the clinician is drawn from within the school or an outside agency, the clinician must be able to engage families and students, to conduct a thorough assessment that explores the strengths and vulnerabilities of the student and family, and to generate a clinical formulation and recommendations to most effectively support the student and the family.

The consultant is in a privileged position to both validate the school's concerns about safety and respond to the staff's fear that a student may harm others, while also recognizing the feelings and concerns of the family. The consultant mediates among school, student, and family so that the entire system can move forward productively. Although it must be clear that the written evaluation is provided for the school and that the information shared by the family is not confidential, the consultant can still offer a valuable empathic stance. He or she can assist the family to understand what initiated the school crisis and to create a narrative of their experience. The consultant can help the student and family to advocate for what they reasonably need to feel empowered at a time when they may otherwise feel vulnerable or stigmatized and, as a result, misunderstood. Ultimately, the family may come to experience this type of safety-assessment process as a therapeutic intervention, which may, in turn, make them more amenable to following through on suggestions for continued help without feeling criticized or judged, but rather encouraged to promote their own growth.

At the same time, the consultant needs to recognize that the school's duty is to provide safety for all students and to find the appropriate and delicate balance between the student's needs and the school's response. The consultant can help to

appropriately diminish the level of tension with the hope of creating a more constructive dialog. However, even when the school is receptive to investing in these types of evaluations, a productive outcome is not guaranteed. The school staff's referral of a disruptive student for a psychologically oriented safety assessment demonstrates a willingness to address the student's needs. However, educators can, at times, be reluctant to follow through on the consultant's recommendations, such as adequately addressing or modifying the school climate, providing the student with the necessary therapeutic services, and remaining open to the needs of the family as well.

The school's resistance to change can occur for a variety of reasons: a lack of resources, external pressure for academic performance over emotional climate, or ambivalence because some school personnel may be exasperated or fearful by this point and therefore not as invested in understanding the depth or context of the student/family perspective. The consultant who remains open to understanding objections or resistance on the part of the school allows for the best chance for a continuing dialog and better receptivity to the consultant's recommendations over time.

SAFETY ASSESSMENT: CASE VIGNETTES

Patrick

Patrick, a biracial adolescent in his junior year of high school, was referred for a safety assessment after teachers learned that he was looking at, and suggesting others visit, a Web site that referred to killing teachers. One of Patrick's teachers viewed the Web site and expressed that she felt unsafe having Patrick in her class. Rather than wait for the administrator and school security to complete their assessment, she immediately contacted other teachers and Patrick's friends to sound the alarm and to share her concerns.

Patrick had a history of initially engaging his teachers with his keen intellect, but then, at some point, would "cross a line." Some teachers struggled with his somewhat rigid sense of self-righteousness when concerns were raised. In the interview with the consulting child psychiatrist, he described how he would argue a matter passionately when someone in power asserted or "forced their control."

Patrick and his parents described the Web page in question as a "stream of consciousness" that contained provocative ideas about the organization of the school and the state of education. Patrick's parents saw the school's response to the incident as overly emotional and excessively harsh. In ninth grade, Patrick had been suspended and subsequently expelled for "playing" with a Swiss Army knife in class after picking it up en route to school. His parents were still angry about what they saw as the school's rigid decision that led to that expulsion, even though the weapon was not used to threaten anyone. The family thought that teachers should know how to avoid getting into power struggles. Patrick suggested that a teacher "should be like a comedian who doesn't get derailed by the hecklers."

Patrick's exploration and curiosity were reframed by the consultant as provocative but not sinister, which allowed Patrick to reenter school and addressed the staff member's anxiety. After comprehensively assessing for threat and finding nothing imminent, but noting an ongoing disconnection between Patrick and some of his teachers, the child psychiatrist formed a plan. The assessment included interviewing the teacher; evaluating the threat; establishing that the student had no intent to hurt the teacher; and determining that he had no history of antisocial behavior, family violence, rage outbursts, aggression, impulsivity, agitation, restlessness, alcohol or drug use, or access to a weapon.

With this information, the focus shifted to understanding the student's sensitivity to humiliation and his struggle with authority, which could lead him to provocative behavior. The goal was to help the school staff contain their anxiety closer to the level of the reality of the problem

and to help them see through the bravado of Patrick's normative adolescent curiosity and questioning, which might at times be viewed as menacing. In turn, the psychiatrist worked with Patrick and his parents to let down their guard enough to feel less outraged at the school and to be reflective about how Patrick communicated in a way that could feel threatening to his teachers. Consequently, any potential chance of risk of harm was assessed and alleviated, and the rift in the connection between the school and the student and his parents was repaired.

Problems still arose, such as Patrick negotiating disagreement with teachers, but they could now be resolved without resorting to another safety assessment. Teachers were encouraged to engage in strategies that measured expectations and balanced accountability with flexibility, rather than resorting to demands for apologies and control struggles, which only served to escalate the conflicts. These approaches were key factors to fostering an open dialog, which ultimately allowed Patrick to be more pro-social and less self-sabotaging. The incident at school had made Patrick initially decide not to apply to college, but after the assessment, he chose to pursue the application process and ended up being admitted to an elite college.

Robert

Robert was an eighth grader who lit a fire in a garbage can behind the school after hours. He had also brought a sharp metal object to school, which he threw against a tree during recess. He subsequently denied this, even though adults observed the behavior. He escalated to stealing a cell phone from the assistant principal's office. The school requested consultation to assess whether he was safe to be at school and to understand what was necessary for him to make progress.

During the psychiatric consultation, Robert's mother revealed that her son had problems with his anger, which had gotten significantly worse since both she and Robert's brother became ill. Robert had also been exposed to significant domestic violence aimed toward his mother in early childhood, including observing his mother being burned, hit, and stabbed by her ex-boyfriend. More recently, Robert had become increasingly aggressive at home. His mother also shared that he had recently pinned her up against a wall, kicked his brother without provocation, and held a hot metal rod to his sister's arm. His mother said she discovered him keeping knives under his bed. His mother agreed that he could be aggressively out of control at school.

Robert had also been arrested and charged for alleged sexual assaults in his neighborhood. During the individual interview, Robert was agitated and barely cooperated answering the questions. He seemed to show no remorse about harming his family members. He thought that the school was out to get him and took minimal responsibility for his aggression. He said that he would not participate in outpatient therapy because it was a waste of time. The information that the mother provided to the clinician warranted a report to the child protective services (which was already providing home-based treatment in which Robert was refusing to participate). Because he was so guarded and had prior history of acts of aggression, it was difficult to assess his access to a weapon. His sadism toward his brother and escalation of aggressive behavior and agitation also were extremely concerning. The school had not been aware of the extent of this behavior. His unwillingness to participate in any type of therapy precluded that option to address his anger. To return to a public school setting, Robert needed to be less aggressive and show that he was motivated to develop new skills to replace his reliance on intimidation as a source of power.

In this case, the consultant concluded that Robert could not safely return to his regular educational setting and required more intensive clinical monitoring within a structured residential/therapeutic school. The school was comforted to have shared the responsibility for this difficult placement, which required significant financial investment but seemed necessary. His mother was relieved to finally have the opportunity to speak to the consultant about these increasingly frightening experiences with her much-loved son.

DISCUSSION

In these examples, the school saw each of these students' behaviors as threatening, although neither of them met the threshold of threats of targeted violence. The school's apprehension was understandable: Patrick's obsession with the Web site that seemed to endorse violence against teachers was frightening, and Robert's rising aggression was becoming extremely ominous.

In the first case, the student and family experienced the consultant as a neutral third party who was able to objectively assess the information surrounding the incident. Based on the information gathered, the student was deemed safe to return to school, and recommendations around school climate allowed the student to engage more effectively with teachers. The second case illustrates the cumulative risk factors that led a consultant to determine that a student was at substantive risk to a school, to his family, and perhaps even to himself, and warranted placement in an alternative school setting.

Ongoing retrospective research study of a sample of these comprehensive psychiatric safety assessments performed over the last 5 years has yielded preliminary findings that suggest that some parents and students initially experience the school as overreacting and aligned against them. They react with anger and defensive behavior and may approach the psychiatric evaluation feeling attacked and vulnerable or helpless. Without this safety-assessment process, they might easily have waged an unproductive standoff against the school, which would have diminished the likelihood of the youth's returning to school, much less having a successful outcome. The assessment process shifted this dynamic.

It is critical for the consultant to recognize the asymmetrical nature of the relationship during the process of the evaluation and to act as a neutral, yet empathic, party who can help to realign the goals of the school and the family so that they can move forward. The first step is to understand the complexity and multiplicity of the factors involved in the student's behavior and to determine the context of the threat. The clinician can then leverage his or her role as a mediator among the student, the family, and the school and often address the underlying tensions that are creating an impasse. The process is often high stakes in terms of the decision about whether a child is safe to return to school, but the opportunity for reflection should occur after that decision has been made.

The evaluation can potentially be therapeutic for families and students and affect more wide-ranging life outcomes. The consultant can work with the school to alter the trajectory of the student by determining what course of action is helpful based on the understanding of the student's behavior from the safety assessment. The consultant can help students and families to understand the school rules regarding unsafe behavior and help facilitate access to resources and mental health professionals. Educators often struggle with the responsibility to be responsive to individual students' needs and to keep all students safe. The consultant can provide an opportunity to have a measured approach to evaluating situations in which students may act in alarming ways or make provocative comments. He or she can help tease out the meaning in the context of the student's development and decipher what the student may be communicating. This information may help the school to feel less threatened and to resume a more caring, connected stance, which can, in turn, create a safer environment for all.

SUMMARY

The safety-assessment model presented here expands beyond classic risk assessment. It not only shares the responsibility with educators in making informed decisions

about the safety of students but also uses the consultant's expertise to discover the complexity and deep meaning of all the variables that created the crisis of safety and to understand the context. School consultants empathically interview school staff, the student, and the family and construct a narrative encompassing all 3 sides of the story while also attempting to balance and address (or diminish) underlying tension. In this way, the consultant can increase the family's receptiveness for additional scaffolding for the student; galvanize mental health resources; enhance communication among the school, the family, and student; and catapult the school system and family past an impasse. This process, in turn, can provide greater safety and, whenever possible, intensify support at a time when the student needs to shift his or her developmental trajectory in a more positive direction.

This is a delicate process that is not formulaic, but which requires an ability to successfully negotiate when conflict is high. It is critical to empower the family and student at a time when they may feel threatened while simultaneously upholding the school standards of safety for all students. When the consultant has the capacity to create this careful balance, schools are better able to provide a more substantive assurance that they are taking the necessary steps to not only provide immediate safety but to make critical outreach to students and families; this creates a truly positive safe school climate in a way that nurtures students and families while also enhancing the educational mission of the school.

TIPS FOR EDUCATORS

- Zero-tolerance policies are not supported by research and may actually undermine school safety.
- Differentiation of students who may pose a substantial threat from those who make threats is key.
- Comprehensive safety assessments are the best means to avoid a targeted school attack, allowing schools to enhance a positive school climate and to maintain safety while diminishing impasses between school, students, and families.

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