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NEWS FROM CAMBRIDGE HEALTH ALLIANCE

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CAMBRIDGE HEALTH ALLIANCE CLINICIANS IN PSYCHIATRY STUDY SCHOOL VIOLENCE IN NEWEST ISSUE OF THE JOURNAL OF PEDIATRICS

A high school student creates a slanderous website that challenges a teacher's authority.

A kindergartener rips drawings off the wall, kicks her peers, and runs from the classroom.

A seventh grader is repeatedly teased; a teacher overhears him discussing a hit list.

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Cambridge, Chelsea, Everett, Medford, Revere, Somerville, Winthrop, MA... Educators, parents, and mental health professionals are expected to deal with such scenarios on a daily basis, often with limited information. Schools sometimes request assurance that an aggressive or disruptive student is "safe to return to school," but how does a professional determine such a state? Clinicians at Cambridge Health Alliance (CHA), who are also Harvard researchers--Drs. Nancy Rappaport, Lois T. Flaherty, and Stuart Hauser--examined the circumstances surrounding 33

urban students whom staff had designated as "threats to school safety" in a study published in the August issue of *The Journal of Pediatrics*. The students were characterized by severe untreated or under-treated psychopathologies and faced serious adversity, ranging from substance abuse to academic difficulties.

Rappaport and her colleagues found major barriers to care, including poor experiences with the mental health system and parents, and school staff often did not understand the impact of a child's psychiatric condition on his/her behavior. Those receiving treatment sought help in fragmented doses, thereby limiting doctors' abilities to meet their needs.

The study highlights the complexity of students with disruptive behavior and special education needs in schools, and the challenges and opportunities for clinicians, families, and educators to optimize services for these vulnerable students.

The researchers also offer practical tips for parents and educators, who can look for signs that their child or children may be having difficulties. If a child exhibits increased irritability, impulsive responses, or reacts aggressively, he or she may be depressed, traumatized or struggling with a learning disorder. Consultation with a mental health professional may be critical. Parents should be aware that school personnel may sometimes encourage them to medicate their child to control explosive behavior. Only psychiatrists, pediatricians, and specially trained clinicians are qualified to determine whether or not medication might alleviate symptoms, but even they should recognize that a family cannot and should not be coerced into prescriptive cures.

Some students may simply misread social cues and act defensively against a perceived threat or provocation, responding with such phrases as "Why are you looking at me that way!" An adult can help teach students to develop the skill to analyze situations and thus avoid seemingly trivial insults from escalating to violence. A

careful reentry plan for a suspended student is critical, as this can be a time when there is an increased possibility of another occurrence of aggression.

Regardless of the cause of the behavior, a careful exploration of an aggressive student's access to weapons is critical. Students who threaten others often feel vulnerable and teased, and it can be difficult to determine how their frustration will manifest itself. It is critical to evaluate whether staff members can modify classroom strategies to increase the student's sense of security.

"Often educators look at Columbine as the 'twin towers' experience where schools are understandably more vigilant about aggressive students and their potential for violence. The challenge to create and maintain safe schools is to mobilize proactive strategies and create a balanced and informed approach. School teachers are challenged daily to develop plans that encourage struggling students to modify their behavior. School psychologists and social workers provide diagnostic clarity and help to access necessary services. Parents can be informed about warning signs that might indicate that their child needs help. Often these students need a coordinated sustained effort with an intensity of services to change the trajectory and to construct a safety net for some of our surprisingly most vulnerable students," Dr. Rappaport concluded.

The study is reported in "*Beyond Psychopathology: Assessing Seriously Disruptive Students in School Settings*" by Nancy Rappaport, M.D., Lois T. Flaherty, MD, and Stuart T. Hauser, MD, PhD. The article appears in **The Journal of Pediatrics**, Volume 149, Number 2 (August 2006), published by Elsevier.

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