Intervention Protocol for School Shootings and Violence: Introducing a Structured Risk and Protective Assessment Framework for Mental Health Professionals in Academic Settings

Kurt LaRose MSW LCSW CHT CSW SUPERVISOR and LICSW
FL LIC. SW9297 and DC LIC. LC50081569
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This school shootings and violence emerging protocol being is being developed by the School Counseling Services Program in cooperation with public / private partnerships in school districts (for example, Taylor County School District in North Florida) wanting and in need of such a protocol. As an emerging protocol its development, is in the midst of school violence, is considered organic and in the current form, in a stage of change. To hold back the release of a fully formulated, developed, codified and implemented protocol, where student safety is at greater and greater risk, does not seem reasonable.

The notion that there is not a profile to consider in assessing the risk and protective factors for and against gun violence in schools is no longer a credible argument in perpetuating a lack of response, particularly from the mental health arena. Shooters, such as those from the Broward County incident (and other acts of gun violence in other relatively docile group environments) generally have had some form of verbal and written expression that includes statements, innuendo, and calls to action that are of a violent nature. A violent nature, as defined here, includes direct and indirect statements of self-harm and others centered harm. The school shooter profile generally includes a social media presence, with publicized information, that once interpreted has inclinations toward violence, extremism, and prejudice. The school shooter profile generally includes awareness in the academic setting of behavioral problems involving administrative referrals, school resource officers, family disruption, and peer victimization (whether it is the potential shooter as the victim, the perpetrator, or both). Many times, the school shooter profile includes child protective services, substance use or other mental health concerns, and family involvement in community based care (of various kinds). Often the school shooter profile has included contacts with one or more mental health professionals and a diagnosis is usually evident. Lastly, the school shooter profile generally includes some history of law enforcement interactions, outside of the school setting.

The repetitive limitation in the mental health sector in working with clients who suggest safety risks, is the legal mandate of 'imminent and immediate harm to self or others.' Contracting for safety is generally all that is needed for mental health experts to establish due diligence, legal compliance, and ethical standards; the documentation (with or without a digital footprint) of safety contracting and reporting is generally sufficient evidence that appropriate clinical actions were taken, by current standards.

The media and general public often see mental health professionals as lax in their roles to prevent school shooter violence. Largely the non-mental health community is unaware or insensitive to the

criteria by which mental health experts can legally commit an at risk party. And largely, mental health experts have erred on client self-determination, confidentiality, and reporting as rationales for action (even if those actions later are deemed ineffective).

The repetitive occurrence of school violence necessarily creates a new paradigm by which schools, law enforcement, mental health professionals, and clients can engage for the safety of the common good. The time has passed where concerns about "profiling" terminology, the goal of taking the least restrictive action, the client right to self-determine, and the laws that intend to protect citizens from over active practitioners, as these concerns relate to the safety of youth in schools. The time has also passed for school administrators to have vague protocols for assessing risks, particularly schools who serve vulnerable populations.

One of the realities in looking at data for self-harm is that 100% of those persons who intend to harm themselves (suicide or otherwise) do so, regardless of the interventions applied. The data is similar in looking at those parties who intend to harm others (homicide or otherwise). The 100% number is most helpful when considering past events, where it is self-evident in some form of hindsight. The complexity for predicting harm, using data, is much more difficult, given that harm events have yet to unfold. Here, some critical analysis of combined indicators may help in predicting risk, predicting safety, and in providing experts the premise on which to take prohibitive actions. With a premise on which to justify prohibitive actions, a premise that necessarily needs to be structured and systemic to the life of the person(s) being assessed, because of school gun shootings, would no longer be considered a potential over step in professional boundaries.

This article highlights the following categories as a protocol premise for school systems to implement and develop for the sake of having a structure in place, for the protection of those in academic settings. As such, the risk/preventions structure is made up of the following items:

1) it details profile components of a person in a school setting who could be classified as low, moderate, high or very high risk for harm,
2) it establishes risk *and* protective indicators to adequately assess propensity (toward harm and/or toward safety), with some valuation assigned to quantify findings and subsequent actions and inactions (as appropriate),
3) it provides the opportunity for schools to enlist and collaborate with parents at the beginning of each school year seeking consent as optional in allowing schools with mental health professionals onsite to assess their youth as needed and at will during the year,
4) it provides for consent exclusions as risks are known, where assent may be attainable with a youth onsite, with some interest in protecting the school and the professional from legal retaliation from parents who may withhold consent, as noted in number three above,
5) it highlights prior ambiguous safety actions taken (and not taken) by mental health professionals as a standard that currently errs against confidentiality for the protection of victims,
6) it sets a minimal standard for the mental health expert who makes the determinations of propensity,

7) it provides for protective actions that youth and teachers can take if / when an active violent scenario involving firearms and explosions is believed to be underway, allowing for tolerances that may include damage to school property in any escape scenario,
8) it not only creates a general framework for a protocol (see items 1-7 above) but it also creates a practical framework for schools that includes the development of standardized and codified protocols to engage students, administrators, families, law enforcement, community members,
9) it creates the structure by which onsite mental health professionals utilize the codified documentation for assessing risk and protective factors, including collateralization, quantification of weightiness (the degree to which an indicator is given credibility and importance), justifications for actions and inactions taken with and without parental consent, and,
10) it creates the collective and credible justifications needed to operate in a professionalized protocol and structure, necessary to ensure safety and prevent risk in the school setting.

A key consideration in a school violence risk and protective assessment is that *both* occur: there is a risk assessment completed *and* a protective assessment. That both risks and protective factors are assessed will aid in the goal of operating in the best interest of the youth and in the interest of the larger community, simultaneously.

Indicators of a "risk profile" would need to be identified, as would indicators of a "protective profile." Further, in the assessment of school violence risk and protective factors, it will be necessary to utilize a minimal standard that attempts to quantify each indicator, giving it more or less significance.

Significance of risk and protective factors would occur using three general themes, adding to some quantification qualities: 1) frequency (how often this indicator occurs in a designated time-period), 2) duration (how long each indicator lasts when it does occur, in a designated time-period), and 3) intensity (the severity and degree with which the indicator occurs in a designated time-period).

As risk factors outweigh protective factors, where both are assessed for indicators paired to frequency, duration and intensity, the clients right to confidentiality, self-determination, and least restrictive interventions, lessen. Conversely, as protective factors outweigh risk factors, where both are assessed for indicators paired to frequency, duration and intensity, the clients right to confidentiality, self-determination and least restrictive interventions, increase.

The Harm Risk Profile: **An Assessment of Risk Factors**

Statements of Harm, including indirect and direct threats toward self and/or others, previously recorded and/or immediately reported. Each time such an incident occurs, and where a prior contract for safety has been utilized, the risk factors increase.

Here a standard for a basic level safety assessment is completed (safety assessment link), as one part of the risk assessment. Further, a standard basic level contract for safety is completed (safety contract link), and even if signed, it too, is one part of the assessment.

Social Media Presence with violence, extremism and prejudice evident.

Academic Setting Disruptions where administrative referrals, School Resource Officer involvement, and peer-to-peer victimization (as the perpetrator particularly, but also as the victim too) is evident.

Community Based Care Interactions that include protective services cases, mental health counseling referrals and involvement onsite, Juvenile Detention lock up history, and family disruptions due to domestic violence and substance use disorders.

Mental Health Disorders and Substance Use Disorders including events, such as the youth has a DSM5 diagnosis (particularly bipolar disorder, conduct disorder, thought disorders, or any disorder with psychotic symptoms), or has mental health hospitalizations, particularly committal via involuntary means. If the mental health diagnostic history includes property damage, harm to animals, and fire setting, a greater consideration to risk may be considered.

Law Enforcement Involvement where interactions with legal authorities outside of the school setting have occurred and where incident and case history is evident. A repetitive nature would indicate an increased risk. If the law enforcement history includes property damage, harm to animals, and fire setting, a greater consideration to risk may be considered.

Refusal of Parent to Provide Annual Consent for risk/protective safety assessments would be an indicator of a risk factor.

Refusal of Youth to Provide Assent if requested by an onsite provider, in the case of credible suspected need for such an assessment to occur, would be an indicator of a risk factor.

Risk Collateralization where multiple informants are contacted to support/refute the indicators being assesses (risk and protective factors), such that the collateral contacts are recorded and documented (preferably in a system with a digital footprint, to ensure the timely collection and recording of the data, and for quality control factors if / as they may arise). (collateralization link)

The Safety Protective Profile: **An Assessment of Protective Factors.**

Protective Social Media Presence without violence, without extremism and without prejudice evident is seen as protective. Adding to the protective interpretation would be if the social media presence includes affirming information about safety, acceptance, and tolerance, along with group memberships and followers, friends and the like who are similarly communicative.

Protective Academic Setting Disruptions where administrative referrals have not occurred, School Resource Officer involvement is not evident, and peer-to-peer victimization is not evident. Adding to the protective interpretation would be if the youth is active in administrative affirmative activities (volunteering in the classroom for example), is supportive of an SRO role in the school setting (sees the role as reasonably justified), is outspoken or at least favorably versed against bullying behavior, has multiple friends in a peer group of common interests, and has at least one close/best personal friend.

Protective Community Based Care Interactions that do not include protective services cases, where mental health counseling referrals and involvement onsite is not evident, where Juvenile Detention lock up history is negative, and where family disruptions due to domestic violence and substance use disorders is also negative. More protective would be community based involvement such as activities with organized sports, organized social philanthropic activities (volunteering at a shelter, church, community based club, community center, etc.), organized group events (speech, yoga, art, collective activism, etc.).

Protective Mental Health Disorders and Substance Use Disorders includes the youth not having a DSM5 diagnosis of Bipolar, Conduct Disorder, Thought Disorders, or any disorder accompanied by psychotic like symptoms (regardless of its kind) nor has there been a mental health hospitalization, particularly involuntary committal. Further, if the mental health diagnostic history does not include any property damage, any harm to animals, and any fire setting, a greater consideration to protective indications may be considered. More protective would be that a diagnosis, if it does exist, has been treated and considered successfully resolved, successfully and clinically managed, or it is now in sustained and full remission.

Protective Law Enforcement Involvement where interactions with legal authorities outside of the school setting have not occurred and where incident and case history are also not evident. It is protective if involvement with the legal system entirely absent or if involvement did not result in charges and/or convictions. It is protective, that if legal involvement did occur, it was not of a repetitive nature (and it did not include more than one event). Further, if the legal history does not include any property damage, any harm to animals, and any fire setting, a greater consideration to protective indications may be considered.

Protective: Youth assent readily obtained where referred youth for safety/risk/protective assessments readily provide their permission to be interviewed.

Protective: Contracts for safety will be necessary, and where the youth interviewed is forthright, including being willing to contract where affect and cohesiveness are evident to the provider.

Protective: Parental consent previously obtained where the willingness on the part of the parent or guardian to provide consent in the name of safety assessments, to potentially prevent gun violence in the school setting, at the beginning of year is evidence of a protective behavior. And in the case where the consent was denied at the beginning of the year, if subsequently provided, this too would be a protective factor (although subsequent consent may be considered less protective than annually provided consent).

Protective Collateralization where multiple informants are contacted to support or refute the indicators being assesses (risk and protective factors), such that the collateral contacts are recorded and documented (preferably in a system with a digital footprint, to ensure the timely collection and recording of the data, and for quality control factors if / as they may arise). (collateralization link)

RISK and PROTECTIVE PROFILE ASSESSMENT CONSIDEATIONS

Mental Health Professional Limitations and Modifications in Immediate Harm where, as front line direct service interventionists, who can operate in a more ambiguous paradigm, given the current trends in lives being lost. Here, the expert is seasoned as an independently licensed professional, experienced in working with youth for at least 5 consecutive years. Additionally, the mental health professional engages in an evaluation of the above risk criteria, using aspects of frequency, duration, and intensity as low, moderate and high markers.

A Modification to the Current Confidential Client First Paradigm to Collective Safety First with Protocol Development and Compliance where it is less and less reasonable to maintain total or even limited confidentiality, contrary to traditional practice wisdom and in some cases even current statutory mandate, particularly when assessment risk increases to justify the professional action in the name of safety. This is truer, as a paradigm adjustment in the clinical role, where at an institutional level, a large number of people can easily be accessed and collectively harmed. That such a paradigm shift is extreme, certainly in the absence of a general and practical protocol, may seem true. However, already mental health experts act outside of the law, as in cases of domestic violence where mandated reporting laws are often ignored given that a report statistically increases the risk of death to the victim. Similarly, with the evolution of HIV and AIDS confidentiality paradigms shifted such that intentional and knowingly spreading the two was criminalized, and became mandated reports. Lastly, in child abuse and elder abuse mandated reports, commonly the issue of risk and vulnerability are already factored into the action and inaction of investigator findings (is the suspected victim disabled in any way, are there guns in the home, is there any other history of suspicion, is the report first/second/or third person, etc.).

Peer to peer consultation with Unclear and/or Committal Based Findings are an added tool for any onsite professional who may be and is burdened with a decision that necessitates further assessment, up to and including hospitalization. It may be a protocol requirement (and in some states it may be legally necessary) to involve another mental health professional to review (and concur in the case of involuntary committal) with the findings of an onsite provider, when high and very high risk determinations are indicated.

Documentation Standards in the Digital Server Era Provide Added Creditability to the Seasoned Onsite Provider Conclusions where the entry and maintenance of records are created with a digital footprint that includes a time stamp as well as a records generation digital footprint production stamp. Additionally, collateral documentation can be scanned and stored in the server (also time stamped at the point of uploading), at the time the documents are produced. These three key aspects in digital age server based practice models (time stamp at data entry, time stamp at data production, time stamp storage of related assessment collateral documents) allow for a quality assurance tracking component to the steps taken by the onsite professional, and when those steps were taken. The timely nature of an assessment is key in determining risk and protective factors related to critical incidents in an academic setting. Digital technology enhances confidentiality of the data, while also giving the provider and the school setting an ability to establish due diligence. These digital footprint components are and will be instrumental in reducing and addressing liability risks.

Having a structured exit plan for youth and teachers when and if an act of gun violence occurs in the school setting will enable school administrators, personnel and youth to pre-plan and practice escape plans. Traditionally school settings are reasonably protective against property damage, however in the context of gun violence damaging windows, doors, desks, and the like, to escape a locked down facility may be necessary. Further, in cases were a secure lock down location is not feasible (bullet proof locked glass, metal doors ways, etc.) staying in one location as a group may not be advisable. (escape plan and practice schedule – current policy or newly modified to gun safety risk link)

Legal Implications are less of a factor when and where safety considerations are underway, and up until they are credibly resolved. With or without parental consent a formulated and justified comprehensive assessment of protective/risk factors enables and empowers school districts and onsite providers to take the steps needed to ensure safety and well-being of all parties involved.

FORMS and DOCUMENTS CURRENTLY BEING DEVELOPED

PROVIDER BASED TABLES AND FORMS:

- **FREQUENCY, DURATION, INTENSITY ISK AND PROTECTIVE VALUATION TABLES** - LINK

Risk One Indicator	Valuation Score 1-5 1-2 low	3 moderate 4 high, 5 very high
Risk1 Frequency	R1F Valuation:	
Risk1 Duration	R1F Valuation:	
Risk1 Intensity	R1F Valuation:	
	Total Risk1 Factor Score:	

Protective One Indicator	Valuation Score 1-5 1-2 low	3 moderate 4 high, 5 very high
Pro1 Frequency	P1F Valuation:	
Pro1 Duration	P1F Valuation:	
Pro1 Intensity	P1F Valuation:	
	Total Protective1 Factor Score:	
	Total all Risk Factor Scores:	
	Total all Protective Factor Scores:	

- **RISK/PROTECTIVE FACTOR COLLATERALIZTION TABLE** - LINK

Risk Indicator	Confirmation	Contact Person	Documentation Provided
Protective Indicator	Confirmation	Contact Person	Documentation Provided

PROTECTIVE COLLATERALIZATION TABLE - LINK

Risk Indicator	Confirmation	Contact Person	Documentation Provided

SAFETY/HARM RISK ASSESSMENT INSTRUMENT (suicidality/homicidality) - LINK

CONTRACT FOR SAFETY INSTRUMENT - LINK

COMMITTAL DETERMINATION/CONSULTATION INSTRUMENT - LINK

ESCAPE PLAN MAP, PROTOCOL AND EXIT STRATEGIES PERMITTED IN THE MIDST OF GUN VIOLENCE - LINK

SCHOOL VIOLENCE ASSESSMENT BASED FORMS:

- **ANNUAL PARENTAL CONSENT/REFUSAL FORM FOR SCHOOL VIOLENCE PREVENTION ASSESSMENTS** - LINK
- **SCHOOL VIOLENCE ASSESSMENT REFERRAL FORM** - LINK
    - (INCLUDE CHECKLIST OF DOCUMENTATION TO BE PROVIDED)

NOTE: Links that are listed and inactive are currently documents in development or they are already in use by the school and would be linked here accordingly). These are updated as the protocol is increasingly formulated and implemented onsite.