School Violence: Evaluation and Early Intervention

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Why Integrate Mental Health Evaluation in Violence Assessment?

- Untreated or under treated mental health issues pose safety risk at schools
 - Many serious mental illnesses appear during adolescence
 - Schizophrenia, Depression, Bipolar Disorder, Post Traumatic Stress Disorder, other anxiety disorders
 - Drug Alcohol Dependency
 - Suicide #1 killer in this age group
 - Suicide + Homicide common
 - Poor parental compliance
 - Stigma of mental health treatment
 - Ignorance of mental health treatment options
 - Lack of available treatment options
 - Confusion regarding school's role (IEP, SST, ED)

Why MH Intervention at the School?

- Earliest intervention possible
 - As soon as reasonably possible
 - Consent and releases obtained on the spot
- Better information available enhances evaluation
 - Teachers, students, school counselor/psychologist, parents
 - More recent information
- Better access to decision makers
 - School officials
 - Decisions regarding placement or consequences
 - Parents
 - Potential for greater rapport
 - Less denial/minimization
 - Move forward from stuck position
 - Less blaming, more constructive education/treatment planning

SMART Mental Health Role in Early Intervention

- To aid in evaluating student's risk of violence
 - Can remain in school?
- To aid in evaluating student's need of emergency mental health services
 - Hospitalization (voluntary or involuntary)
- To aid in providing recommendations or referrals to parents and school district
 - School placement, transfer, mental health treatment
- To aid parents and student in understanding and effectively utilizing those services
 - Navigating mental health treatment obstacles

Progression to Serious School Violence

- No "profile", but standard progression to violence
- Time between stages vary
- Behaviors suggest need for help
- Other students often aware of intention
- Untreated or under treated mental health issues often at root

Dissatisfaction,
Depression,
Personality
Disorder Traits

Suicidal / Homicidal
Thoughts / Ideation

Suicide / Homicide /
Planning organizing

Suicide / Homicide /
Violence Execution

Progression Factors are Complex

- -Genetic / Family Predisposition
- -Drug, Alcohol abuse/dependency
- -Post Traumatic Stress
- -Persistent bullying / ostracism
- -Relational difficulties
- -Child Abuse
- -Un/undertreated MH issues:
- ADHD, Bipolar, ODD, CD, LD
- -Medical conditions
- -Poverty/fin ancial stress ors
- +Empathic parent / school / adult
- +Self-esteem building activities
- +Non deviant peer relationships

- -Persistent stress / problems
- Non-empathic parents
- Inadequate MH treatment
- -Resistance to MH treatment.
- -Identification with violent media (music, films, TV, internet)
- +Adequate MH tx
- +Supportive Counseling
- +AA/NA. Substance A. Tx
- +Medication compliance
- +/-Religious beliefs
- +Supportive relationships

- -Availability of information
- -Continued negative environmental
- -Poor relation ship w/ parents
- -Po or visibility of future
- -Deviant peer relationships -Availability of weapons
- +Parental monitoring (i.e. computers, bedroom, car)
- +Adequate mental health treat ment/coun selin g
- +Positive family relations
- +Positive school environment

- -Lack of parental monitoring
- -Continued negative environmental factors
- -Successful weapons acquisition
- -Encouragement by deviant peers
- +Student, friend informant
- +Parental monitoring
- +Student/staff intervention

Stage / Phase

Observations

Mood Disorder (MDD, BPD), NP Traits

Suicidal / Homicidal Thoughts / Ideation

Suicide / Homicide planning organizing Suicide / Homicide / Violence

Factors

Sad or angry affect Sleeping problems

Eating problems

Low energy, poor concentration

Isolation **Irritability**

Violent acts

Low frustration to lerance

Distorted thinking

Addictions/compulsions

Declining school performance

Psychotic Symptoms:

Paranoia, delusions. hall ucinations. reality break

Preoccupation with death Preoccupation with violence

Media, discussion, Internet

Preoccupation with weapons Telling others about wanting to die

or to kill others Threatening behavior

Persistent message of hopelessness and helplessness

Drawings, statements reflecting

violence, hatred

Violent behavior

Searching Internet, other sources for information

Planning, drawing, writing

Secretive activities, meetings Interest in acquiring money

Paranoia, threatening behavior Acquisition, >interest in weapons

Telling others of intent

Expression of anger toward an identifiable group, victim/revenge

Improved affect / agitation Selling, giving away personal

belon ging s

Video recording, writing

Suicide attempt at home/school/otherlocation Homici de attempt at home/school/otherlocation Weapon(s) brought to school Violence to others and/or self

Intervention

Psychiatric treatment (medication) & psychotherapy

Psychotherapy / Counseling Addiction treatment

Parent counseling

Resolution to psychosocial factors

Change home / school environment

All previous interventions+ Residential treatment

All previous interventions+ Psychiatric Hospitalization followed by residential treatment Parent / friend involvement. Student or staff involvement Law enforcement

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What Parents Can Do to Reduce Risk

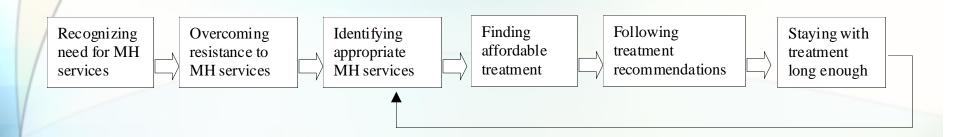
- Model respectful and responsible behavior you are your child's greatest influence
- Be available for your children to listen without panic or judgment
- Talk with your children about being respectful of others and to never bully or abuse others
- Talk with your children about respectful dating relationships
- Talk with your children about the importance of reporting violence or threats of violence
- Talk with your children about drug and alcohol abuse and addiction

What Parents Can Do to Reduce Risk

(continued)

- Monitor your child's physical and emotional health
 - Regular physical exams, follow up for ADHD, MDD
- Monitor your child's academic performance
 - Rapid decline should be warning sign
- Monitor your child's activities weekends, evenings
 - Limit media excesses Computers, video games
 - Hidden Dangers MySpace deviant peer influences
 - Test for drugs and alcohol
- Seek appropriate medical and mental health treatment
 - Antidepressants never taken without psychotherapy

Obstacles to Mental Health Treatment



- Delays in treatment increase risk of violence
 - Danger to self or others
- Delays in treatment increase risk of academic, social, legal problems including drug/alcohol abuse, dependency
- Delay in treatment increase family conflict
- Delays in treatment risk limits to parental authority
 - At 18 can't force into treatment

Overcome the Fear of Mental Health Care

- It doesn't mean you are a bad parent
- Delaying care can result in more serious problems
- The science of behavioral health has come a long way
 - Proven psychotherapies to treat depression, anxiety
 - Proven medications for ADHD, OCD, depression
 - Medication is not necessarily a lifetime prescription
- Treatment is confidential
- Talk to your health care provider
 - Don't believe everything you read on the Internet
 - Don't be frightened by "horror stories"
- Get referrals from your insurance and those you trust

Mental Health Treatment Providers

- Psychiatrist / Pediatric Psychiatrist, MD (MD)
 - Diagnose, prescribe & manage medication
- Clinical Psychologist Psy.D. or Ph.D. (PSY)
 - Diagnose, assessment & psychotherapy
- School Psychologist, MA (PPS)
 - Test and evaluation for learning and achievement
- Licensed Clinical Social Worker (LCSW), MA
 - Psychotherapy with families, case management
- Marriage and Family Therapist (MFT), MA
 - Psychotherapy based on relationship issues
- Counselor (addiction, pastoral, life coach)

Important Tips

- Find a treatment provider you and your child will feel comfortable with
 - You wont hurt their feelings if you don't feel like a good fit
- Get a second opinion if you are not sure about a diagnosis and/or treatment plan
- Give treatment enough time
 - Don't expect instant results
- Don't rely only on medication for behavioral disorders
 - Psychotherapeutic treatment approaches should be considered
- Be persistent in finding the right treatment
 - Don't rely on school or other institutions to help your child

Credits / References / Resources

- Mohandie, K. (2000). School Violence Threat Management. Specialized Training Services, San Diego, CA
- US Secret Service, Department of Education (2002) Threat Assessment in Schools. US Secret Service and Department of Education. Copies available at no charge: www.ed.gov/pubs/edpubs.html