Educators today need to know the characteristics, risk factors and warning signs of troubled youth, and have the support services in place to provide these student appropriate interventions. Troubled youth are defined as students who are at risk for violence toward themselves (i.e., suicide) or others (i.e., homicide). These students require either secondary or tertiary mental health intervention in their schools and/or through collaborative efforts with community mental health professionals. (For more information on the threat assessment process, see Threat Assessment: A Primer for Educators at http://www.nasponline.org/crisisresources/schoolviolence.html)

**DEFINITION AND RISK FACTORS OF TROUBLED YOUTH**

In understanding the causes of homicide or suicide, it is necessary to underscore the importance of risk accumulation. Trying to find the one cause of extreme violence or suicide is not possible. The Surgeon General’s *Report on Youth Violence* (U.S. Department of Health and Human Services, 2001) presents risk factors (both personal characteristics and social conditions) that predict youth violence.

*Risk factors in the primary grades* include: (a) being male; (b) substance abuse; (c) aggression; (d) low intelligence; (e) antisocial parents; (f) poverty; (g) psychological conditions such as hyperactivity; (h) weak social ties; (i) antisocial behaviors, attitudes, beliefs, and peers; (j) exposure to TV violence; (k) poor school performance; (l) abusive parents; (m) poor parent-child relationships; and (n) broken homes.

*Risk factors in the secondary grades* include: (a) crimes against persons, (b) family conflict, (c) academic failure, (d) physical violence, (e) neighborhood crime, (f) gang membership, (g) risk-taking behavior, and (h) poor parental monitoring.

**Specific characteristics of youths who commit suicide** include: a history of psychiatric disorders and/or prior suicide attempts; a family history of suicide and/or medical and psychiatric illness; and economic stress, significant family strife, and family loss. When combined with the above risk factors, a variety of situational factors such as interpersonal loss or conflict (particularly in romance), economic problems, and legal problems are also associated with suicidal youths.

**SCHOOL CRISIS EVENTS ARE MINIMIZED BY EARLY IDENTIFICATION AND TREATMENT**

*School Violence*—School violence exists along a continuum ranging from teasing, to harassment or bullying (that includes both verbal and physical aggression), to homicide. As troubled youths at risk for such acts are identified and provided mental health treatment, the incidence of acts of violence will decline. School staff should be trained to spot potential warning signs of school violence and be
provided with intervention options. A formal procedure to refer potentially violent students should be in place.

**Student Suicide**—Troubled youths often internalize problems, which can cause anxiety, depression, and suicidal ideation. School staff should be trained to spot warning signs of suicide and informed of their duty to intervene when suicidal ideation is observed or suspected. As troubled youths at risk for such acts are identified and provided mental health treatment, the incidence of school crisis events, such as student suicide, will decline. In addition, it is important to note that suicide risk assessment is also important to other directed violence threat assessment.

**Approaches to Prevention**

**Primary Prevention**

**Schoolwide or Curricular Approaches**— Schoolwide or curricular approaches help to provide an environment that develops and nurtures emotional healthy students (and thus prevents youths from becoming troubled). Examples of model programs include Second Step, The Primary Mental Health Project, and Bully Proofing Your School. (See Model Programs below for further information.)

**Availability and Development of School Mental Health Resources**—A second primary prevention strategy is increased availability of school mental health resources. In 1992, the National Association of School Psychologists (NASP) recommended a ratio of 1 school psychologist per 1,000 students (American School Health Association, 1999; Fagan, 1995). Based on statistics of the prevalence of mental disorders in children and adolescents, there is a clear need to increase psychological services in schools. The Surgeon General’s Report on Mental Health (U.S. Department of Health and Human Services, 1999) estimates that 11% of U.S. children ages 9 to 17 have a diagnosable mental or addictive disorder resulting in significant functional impairment. These statistics suggest that virtually any school staff member may need to provide mental health services. As a result, there is a critical need for inservice training in this area (Doll, 1996).

**Secondary Prevention**

Despite the best of primary prevention efforts, students will likely continue to develop mental health problems that will lead to other and self-directed violence. Schools must be prepared to identify, refer, and intervene with these students as early as possible.

**Development and Implementation of Risk Assessment and Referral Strategies**— All school staff members must be trained to identify the warning signs of potentially troubled youths. Within schools, there has been a recent trend to use these warning signs as behavior profiling tools. The goal of such profiling is to help identify youths who present a serious danger. In addition to training staff and students about warning signs of violence, a procedure should be developed for students, staff, and parents to refer troubled individuals for intervention and support. Once referred, the procedure must include provisions for risk assessment to determine the degree of risk. The procedure should designate a team to conduct risk assessments. A collaborative effort between site administration and school mental health professionals is recommended. If a moderate to serious risk of other-directed violence is suspected, law enforcement should be included in the evaluation and subsequent investigation. If a moderate to serious risk of self-directed violence is suspected, mental health personnel should be included in the evaluation.
Motivations: Reasons for Making Threats
- To warn of a possible attack.
- To demand help or seek attention.
- To ask to be stopped from pending violent acts.
- To attempt to taunt or intimidate
- To assert power or control
- To punish.
- To get revenge for an injury, slight, or injustice.
- To manipulate or coerce
- To test authority.
- To protect oneself.
- Reaction to fear of punishment or some other anxiety.
- To express frustration or anger or to communicate distress.
- To gain notoriety.

Imminent Warning Signs of Violence
- Serious physical fighting with peers or family members
- Severe destruction of property
- Severe rage for seemingly minor reasons
- Detailed threats of lethal violence
- Possession and/or use of firearms and other weapons
- Other self-injurious behaviors or threats of suicide

Tertiary Prevention
Tertiary prevention activities require a multiagency effort involving school districts, community mental health, law enforcement, probation, human services, and other agencies as needed. Working together, these agencies need to track troubled youths and ensure provision of long-term care. Multiagency “wrap-around” services should be used for such tertiary care. Through such a service approach, each agency considers what resources it has available to meet student and family needs, and then all agencies collaboratively develop an individualized intervention plan. School mental health professionals should communicate closely with community-based mental health care providers. For example, school personnel need to know when treatment starts, how treatment is progressing, what can be done to provide support at school.

The U.S. Secret Service has made several recommendations to monitor, control, and redirect subjects at high risk for violent behavior (Fein & Vossekuil, 1998). First, it recommends giving a consistent and coordinated message to the student at risk for violence that an attack will not be permitted. In addition, special emphasis needs to be placed on communicating to the troubled youth that it is clearly not in anyone’s best interest to engage in violent acts. These messages need to come from all agencies and institutions involved with the youth (e.g., law enforcement, school staff, the student’s family and friends, probation, etc). Negative consequences for acts of violence should be identified and motivations for violence addressed. For example, if a violent act was planned as a means to escape personal pain, other options and solutions to escape the pain should be explored. Second, the U.S. Secret Service recommends making the troubled youth aware of any investigation that is taking place.
RESPONSE AND INTERVENTIONS WITH AT-RISK YOUTH

Early Interventions

**Responding to at-risk youths.** It is recommended that school staff meet to review the needs of their at-risk students at least twice a year. One example of this approach involves a classroom teacher, principal, mental health specialist, and perhaps a master teacher meeting and reviewing student data for an entire class (with special attention directed toward academic and behavioral planning for the at-risk students). Once strategies are implemented, provisions must be made to monitor progress and, if no improvement is found, to modify these initial interventions. Usually, additional modifications will be developed in a review by a school Student Support or Student Assistance Team.

**Protocol for Responding to At-Risk Youth**

1. Teacher and school staff meet to review the following student data for at-risk students: group achievement test scores, test scores from local district assessment measures, attendance records, discipline records, language proficiency status, and school history.
2. Teacher and staff analyze the academic instruction across subject areas and suggest modifications if needed.
3. Teacher, staff, parents, and student develop a behavior contract if needed.
4. Teacher, staff, parents, and student develop a plan to improve attendance if needed. Documentation of poor school attendance following prescribed district procedures are implemented and carefully monitored.
5. Provisions are made to teach appropriate behavior and social problem-solving skills in the classroom or in a small group setting.
6. Any additional problems or risk factors are addressed through determining student and family needs. Referrals are made to appropriate school and/or community support systems.
7. Protective factors for student are analyzed and provisions made to continue or to add to these factors, which provide support for the at-risk student. For example, provide an adult mentor who meets periodically with the student.

**Responding to high-risk youths.** A procedure also must be in place for the provision of immediate intervention whenever a youth is judged at high risk for acts of violence directed toward self or others. The imminent warning signs of violence, developed by Dwyer et al. (1998), are presented in Table 6, on page 265. When the safety of a student or others is in question, action by school administration must take place immediately, usually with involvement of a school-based mental health professional, to assess the level of risk for potential violence toward self or others. Additionally, Dwyer and Osher (2000) recommend an informal process to provide immediate support until a formal meeting may be scheduled for high-risk students.
Protocol for Responding to High-Risk Youth

1. Determine if there are any imminent warning signs. If there are, then refer the student to the Risk Assessment Team for an immediate suicide and/or homicide risk assessment.

2. If imminent warning signs are not present, then give the student a high priority for a Student Support Meeting. Assign a Student Support Team member (e.g., principal, mental health specialist, or master teacher) to provide informal consultation until a formal meeting may be scheduled.

3. At the formal meeting, develop recommendations for responding to high-risk youth and consider the need for a referral for special education services.

4. Consider a referral to school site mental health and community-based mental health services.

5. Consider the need to revise the student’s behavior contract and/or to conduct a more in-depth behavioral analysis.

6. Obtain parental permission to exchange information with the appropriate community agencies to determine if the student is eligible for additional services. If available, call a meeting with other agency personnel to focus on provisions for wraparound intervention and support for the student and family.

7. Develop an action plan for immediate interventions that includes provisions for increased supervision.

MODEL PROGRAMS

A comprehensive model program for responding to troubled youths can be found in Safeguarding Our Children: An Action Guide (Dwyer & Osher, 2000). It presents resources and programs to address troubled youths through three components: (a) providing a schoolwide foundation for all students through the use of prevention programs, (b) early intervention for some at-risk students, and (c) provisions for intensive services targeting high-risk students. Another resource for model programs is the follow up resource to the Action Guide: Safe, Supportive and Successful Schools: Step by Step (Dwyer, Osher, &Jackson, 2004). This book reiterates the three-tiered model and then offers detailed reviews and contact information for more than 30 model programs.

SUMMARY

Research on school violence indicates that schools make the best use of their resources by focusing on prevention and intervention. Primary prevention efforts focus on strategies that are designed to prevent youths from becoming “troubled” in the first place. An important strategy in this regard is to increase availability of school mental health resources. Secondary prevention efforts are designed to provide early intervention and treatment of troubled youths. Tertiary prevention activities include the long-term treatment and after-care our most troubled students require.

NOTE: This handout is excerpted from “Identifying Troubled Youth,” by Sharon Lewis, M.A., Lodi Unified School District (Lodi, CA), Stephen E. Brock, Ph.D., California State University, Sacramento, and Philip J. Lazarus, Ph.D., Florida International University in Best Practices in School Crisis Prevention and Intervention (2002, National Association of School Psychologists, Bethesda, MD)

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