



Mobile Crisis Intervention Services

Assessing Violence Risk in Children and Adolescents

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Overview of Training

Section 1: Introduction: Why are you here?

Section 2: Role of the Mobile Crisis Intervention Service Provider

Section 3: Understanding the issue:

Background and statistics

Normal and Abnormal Development

Section 4: Foundations of risk assessment :

Threat Assessment

Introduction of the SAVRY

Section 5: Final Tips when Interviewing youth

Discussion and Q&A



Section 1

Introductions:

Why are you here?



Mobile Crisis Intervention Services

Section 2

Role of the Mobile Crisis Intervention Service Provider



Role of Provider

- Responding to crisis / risk assessment in the community
- 90% mobility
- Reduce reliance on ED's
- Provide on-site comprehensive assessment and link to other service providers as needed
- Determining level of risk of harm to self and/or others



Role of Provider

- Assess difficulties in children and youth
- Important role is to provide crisis assessment and help determine safety of child/youth for themselves and others
- Identify at least **one, caring supportive adult**
- Violence assessment can be a critical aspect of evaluating certain at risk youth



Clinical Functioning

(Mobile Crisis Intervention Annual report)

- Client Presenting Problem:
 - 26% Disruptive Behavior
 - 7% Harm/ Risk to Others
- 14% of clients were suspended in the past 6 months
- 4.4% of clients were arrested in the past 6 months
- 1.8% of clients were arrested DURING episode



Scenario: Adolescent male- parents seeking support/ peer support group

History of preschool services for speech/ language;
parental divorce; two moves

Received special education support until grade 4

In 5th grade writes a story at school with graphic
depictions of violence

Limited relationships with peers/not bullied

Increased anxiety/ OCD tendencies- excessive hand washing
(pediatrician recommends lotion)

One ED visit for anxiety/ withdrawal/ depression

Diagnosed with OCD and Autism (high functioning)

Refusing Medication



Section 3

Understanding the issue:
Background and Statistics





Violence Among Children and Youth in the U.S.

In a 2016 Nationwide survey:

- Nearly 22.6% of HS students reported being in a physical fight in the past 12 months
- Nearly 16.2% reported carrying a weapon in the past 30 days
- Nearly 5.6% did not go to school on one or more days because they felt unsafe; 20% reported being bullied and 15% reported electronic bullying
- In Connecticut, suicide and homicide were the 2nd and 3rd leading causes of death respectively



Understanding Development

Adolescence provides a “learner’s permit” to adulthood...

- Adolescents make mistakes, and learn from them
- Risky behavior (behaviors that increase the chances of negative outcomes) is normal for adolescents

(National Juvenile Defender Center, September 2000)



Understanding Development

Development varies by individual...

- Adolescents demonstrate competencies in some areas, deficits in others
- Some adolescents develop early in various domains, while others are “late bloomers” developmentally.
 - Some 15-year-olds appear to be 21, while others may look like they are 10.



Understanding Development

One trait should not be used to determine an adolescent's overall level of development...

- Youth might be physically mature, but emotionally immature
- One incident of misbehavior should not be used to categorize "delinquency"



What is “normal”?

- According to developmental psychologists, “normal” development refers to what a statistical majority of youth do or experience
- So, “normal” behavior can include things that are not necessarily in the best interest of the individual or society
 - For example, it is “normal” for adolescents to experiment with alcohol or marijuana, but society would not endorse this



Abnormal Development

**What happens to youth that
can impact development?**

RISK FACTORS: Characteristics in the individual, family, school, community that increase the chances of a particular developmental event occurring.



Abnormal Development

PROTECTIVE FACTORS: Characteristics in the individual, family, school, community that decrease the chances of a particular developmental event occurring in the presence of risk.

RESILIENCE: Normal or enhanced development despite the presence of risk.



Abnormal Development

Common risk factors for mental/behavioral health problems and substance abuse:

- Poverty
- Race
- Violence & Trauma Exposure
- Compromised Health
- Family History and Current Functioning
- Genetic Factors



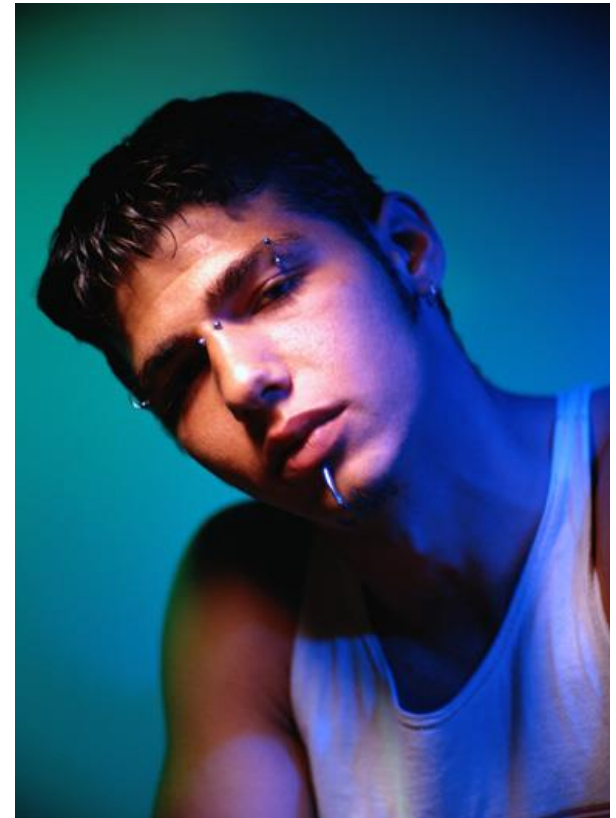
Abnormal Development

- Previous Mental Health and Behavioral Problems
- School Drop-out
- Poor Support & Coping Systems
- Unavailable Parental Monitoring or Support
- Juvenile Justice Involvement



Section 4:

Violence and Risk Assessment





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https://youtu.be/X9_WwuGF4dM



Gathering Data

Clinician should use multiple sources of data available which could include:

- Youth self report
- Caregiver/ family reports
- Teacher reports/ School records
- Social worker / counselor reports
- Police reports
- Probation reports/ Juvenile Justice Records
- Psychological and psychiatric evaluations
- Mental health / Medical records



Threat Assessment

- Schools cannot ignore threats of violence
- Most schools have developed threat management systems
- EMPS calls to assess threats



Threat Assessment

Four Categories

- Direct: a specific act against a specific target delivered in a clear and explicit manner
- Indirect: a vague, ambiguous plan with some of motivational aspect
- Veiled: Implies but does not explicitly threaten violence
- Conditional: Act will occur unless demands are met



Threat Assessment

- Low Level: Threat has been evaluated and determined to pose little threat to public safety
 - Student sent email to peer: “You’re a dead man”
- Medium Level: Likely involvement of law enforcement to obtain additional information
 - Student makes a video using guns that appear real
- High Level: Law enforcement involved and likely result is criminal prosecution
 - A caller states “there is pipe bomb set to go off at noon... I will know if someone goes to check on it”



Threat Assessment

- Multiple models of threat assessment have been generated over the past 25 years as a result of increased rates of school shootings
- *National Center for the Analysis of Violent Crime (NCAVC)*-- FBI Academy
- In-depth review of past shootings
- Designed to be used by educators, MH professional and law enforcement
- NOT a “profile” or checklist



SAVRY: Structured Assessment of Violence Risk in Youth

- Developed by Borum, Bartel and Forth
- Copyright 2002, 2003, and 2006 by Psychological Assessment Resources (PAR)
- Modeled after tool developed for adult violence risk
- Validated for use with 12 to 18 year olds
- Meant to be used as a *tool* to help assess violence risk
- Composed of 24 risk items drawn from research (rated: low; medium or high)
- 6 protective factor elements assessed
(rated: present or absent)



SAVRY Items

Divided into four sections:

- 1) **Historical**- based on past behaviors and past experiences including prior episodes of violence
- 2) **Social/Contextual Risk Factors**- consider the influence of interpersonal relationships, connections to social institutions and the environment
- 3) **Individual/Clinical Risk Factors**-focuses on the youth's attitudes and key aspects of psychological and behavioral functioning
- 4) **Protective Factors**- positive factors which are present and may offset the presence of risk and diminish the probability of a violent outcome.



SAVRY Historical Risk Factors

- **History of violence**
 - Frequency, recency and severity of past violent behaviors
- **History of non-violent offending**
 - History of anti-social, non violent offending such as stealing, property destruction, smoking, selling drugs
- **Early initiation of violence**
 - Early violent or delinquent activities prior to teen years



SAVRY Historical Risk Factors

- Past supervision/ intervention failures in mental health treatment or correctional/court ordered activities
 - Youth has, in the past, either failed to abide by court orders or with conditions for treatment on fewer than three occasions
- History of self-harm or suicide attempts
 - Youth has a history of self-harm or suicidal gestures such as minor acts of self-mutilation that did not require hospitalization and had no clear suicidal intent



SAVRY Historical Risk Factors

- Exposure to violence in the home
 - History of the child's exposure to domestic violence, victimization and/or maltreatment. Youth has witnessed chronic physical aggression or serious forms of violence in the home
- Childhood history of maltreatment
 - The youth was physically abused or was neglected



SAVRY Historical Risk Factors

- **Parent/caregiver criminality**
 - One or more of the youth's primary parents/caregivers has a history of frequent minor or serious criminal behaviors
- **Early caregiver disruption**
 - Child's history of separation from parents/caregivers is significant for multiple placements and disruptions
- **Poor school achievement** Child's history of performance in school
 - Youth has a history of grade failures and below average academic performance



SAVRY

Social/Contextual Risk Factors

- a) Peer delinquency
- b) Peer rejection
- c) Stress and poor coping
- d) Poor parental management
- e) Lack of personal/social support
- f) Community disorganization



SAVRY Social/ Contextual Risk Factors

- **Peer Delinquency**
 - Youth frequently associates with other delinquents, criminals or other antisocial youth. Youth's primary peer group is antisocial
- **Peer Rejection**
 - Youth is currently or has a history of being interpersonally rejected or ostracized by peers
- **Stress and Poor Coping**
 - The youth has experienced significant stress or loss and shows poor coping ability



SAVRY Social/ Contextual Risk Factors

- **Poor parental involvement/ management**
 - History of poor supervision and inconsistent and inappropriate discipline
- **Lack of personal/social support**
 - Availability of prosocial/ responsible adults to provide support and guidance is lacking
- **Community disorganization**
 - Youth lives in a community with significant problems relating to crime, poverty and/or violence



SAVRY

Individual/Clinical Risk Factors

- a) Negative attitudes
- b) Risk taking/impulsivity
- c) Substance use difficulties
- d) Anger management problems
- e) Low empathy/remorse
- f) ADHD history
- g) Poor compliance
- h) Low interest/commitment to school



SAVRY Individual/ Clinical Risk Factors

- Negative attitudes
 - The youth clearly endorses attitudes and values that condone violence or delinquency ;shows significant difficulty generating non aggressive solutions to problems; and often tends to misperceive hostility in the intentions of others
- Risk taking/impulsivity
 - Youth exhibits significant risk taking or impulsivity and engage in impulsive behaviors without considering the consequences



SAVRY Individual/ Clinical Risk Factors

- Substance use difficulties
 - Youth uses alcohol and/or other drugs that impacts their day-to-day functioning
- Anger management problems
 - Youth has significant difficulty controlling expressions of anger, often leading to threatening behavior, violence or property destruction
- Low empathy/remorse
 - Youth demonstrates antisocial tendencies, and appears to have little to no empathy for others or remorse for his/her actions



SAVRY Individual/ Clinical Risk Factors

- ADHD history
 - Diagnosis of ADHD and serious difficulties noted with hyperactivity and attention
- Poor compliance
 - Youth does not believe that he or she is at risk and does not appreciate the need for help. Youth is unlikely to cooperate with a risk reduction plan
- Low interest/commitment to school
 - Youth has a low interest or commitment to school, and is often truant, late and does not complete assignments



Protective Factors

- a) Prosocial involvement
- b) Strong social support
- c) Strong attachments and bonds
- d) Positive attitude towards intervention and authority
- e) Strong commitment to school
- f) Resilient personality traits



Protective Factors

- **Pro-social involvement**
 - Youth demonstrate socially valuable behaviors such as helping, cooperating, participating in activities
- **Strong social support**
 - Youth has a network of individuals who provide emotional support and assistance in times of need
- **Strong attachments and bonds**
 - Youth demonstrates warm and affectionate relationships with appropriate adults



Protective Factors

- Positive attitude towards intervention and authority
 - Youth is open and willing to engage with authority
- Strong commitment to school
 - Youth is actively engaged in school and shows interest in school activities and community
- Resilient personality traits
 - Youth demonstrates positive individual characteristics (i.e., intelligence, creativity) that can serve as resilient factors in the presence of risk



Recent scenarios

- What keeps you up at night?
- Role of supervision
- Trust your “gut”



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Final Tips When Interviewing Youth



Conducting a Risk Assessment: Interviewing Youth

Interviewing skills:

- Develop rapport
- Ask questions vs. making statements that appear judgmental
- Respond to questions or concerns
- Avoid asking closed-ended questions that prevent youth “story-telling”
- Avoid getting into “power struggles” by disputing facts, getting into standoffs and stalemates



Conducting a Risk Assessment: Interviewing Youth

- Avoid long questions or statements with more than one question embedded in them
- Avoid asking for abstract reflection, as this might be beyond their developmental capacity
- Use visual and auditory props to access multiple learning styles
- Avoid questions that can be answered with yes, no, or a look or gesture
- Clarify slang, don't assume you know, and even ask for an education on the latest lingo



Dealing with Angry or Traumatized Youth

Angry Youth:

- Show genuine interest in them as young people with an important story to tell
- Use calm responses, sincere smiles, and straight eye contact
- Use empathic responding to challenging statements



Dealing with Angry or Traumatized Youth

Traumatized Youth:

- Traumatized youth are hypersensitive to arousal, and might respond with aggression
- Traumatized youth have difficulty trusting adults
- Traumatized youth require calm, soothing environments
 - Reduce noise and interruptions



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Discussion & Question and Answer



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