

Risk Assessment and the Emergency Student Assistance Team (E-SAT) Process

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EASTERN UPPER

PENINSULA

INTERMEDIATE

SCHOOL

DISTRICT

OUTLINE

- I. Case Examples
- II. Why E-SAT/Risk Assessment
- III. E-SAT Process
- IV. Decision-making
- V. Special Education Procedures and Child Find
- VI. Conducting the Risk Assessment
- VII. Outcomes
- VIII. Ongoing Monitoring
- IX. Staff Reflection
- X. Looking Ahead

CASE EXAMPLE I

- 13-year old female
 - Long-standing history of behavior referrals and self-harm
 - Cuts with whatever sharp she can find
 - Has required CPI several times per day, 5 days per week
 - Physical aggression toward staff / destruction of property
 - Escape behaviors
 - Appearance changes / dressed like a boy
 - Recently hospitalized with no improvement post-discharge

CASE EXAMPLE I (RECOMMENDATIONS)

Recommendations post hospitalization

- Medication upon exit
- Resume out-patient services with CMH

CASE EXAMPLE II

- 17-year-old male
 - Out-of-state OHI - transfer evaluation resulted in EI
 - Talked about “mapping out the school.....in case there’s a fire.”
 - Lets the school counselor know that she should start referring students to him because he could help them
 - Risk assessment private practice: MMSE: “minimal/absent evidence of dementia, psychosis, or other severe cognitive disturbance” -Impression: PTSD
 - CMH Evaluation: "appeared to experience some paranoia, rapid speech, and obsessive thoughts" but "didn't meet medical necessity criteria for CMH" - Impression: PTSD, unspecified depressive disorder

CASE EXAMPLE II (RECOMMENDATIONS)

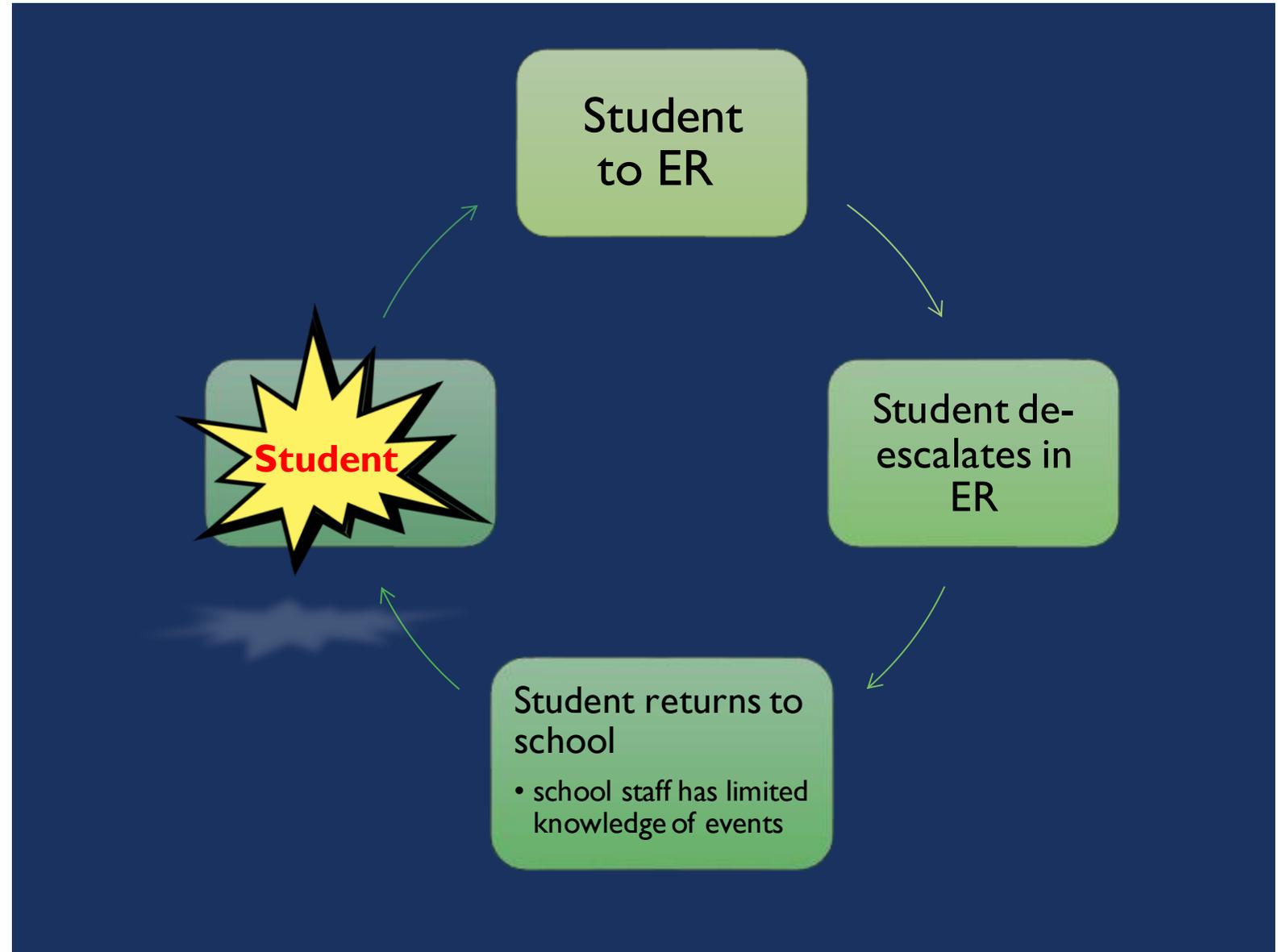
CMH Recommendations

- CMH "Assessment of Risk was low"
- Referred to community providers and PCP for "general health care issues" with option for additional counseling

Private Practice Recommendations

- Recommended psychiatric consultation for possible psychotropic medication

WHY E-SAT? WHY RISK ASSESSMENT?



STOP THE CYCLE

- Risk Assessments traditionally follow a medical model...do not consider the school model or consider impact of student's condition on the school environment
- Students are in school 7 hours a day, 5 days a week.
- The school is uniquely positioned to do this work.

OUR APPROACH

**Student
presents with
risk factors**

**School responds
with E-SAT / Risk
Assessment**

**School based
interventions
established**

**Student is placed
on path of social
/ emotional and
academic repair**

OUR APPROACH

- In depth analysis followed by intervention recommendations and monitoring
- NOTE: Our processes are new and we are already finding enhancements that are needed



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CORE BELIEFS

Schools should be safe, nurturing environments that facilitate learning for all.

Health and learning are directly linked and essential to the development of healthy, resilient citizens.

Harm to self or others is an outward symptom of an internal crisis that will have a direct impact on their well-being and effective functioning.

Children exposed to traumatic events are particularly at risk for developing long term psychological, physical, behavioral, and social difficulties.

MICHIGAN SCHOOL CODE:

- Section 1171 of the Michigan School Code encourages schools to provide age appropriate curriculum and staff professional development for risk and protective factors (parental notification is required)
- Legislation proposed in Spring 2018 that would have made this a requirement has not been passed or reintroduced

A Risk Assessment is an evaluation process that provides detailed insight into student behavior, motivation, and thinking.

A risk assessment occurs when a student displays *significant* behaviors that pose an imminent threat to him-/herself and others.

WHAT PROMPTS AN E-SAT?

Local administrator contacts the EUPISD and the following topics are discussed:

Prompting questions for each topic area are established

Risk Assessment
Warning Signs

Child Find

Discipline

THE E-SAT FORM

PURPOSE AND PARTICIPANTS

EMERGENCY STUDENT ASSISTANCE TEAM (E-SAT) REFERRAL FORM

To be completed by E-SAT Team

Purpose of E-SAT: The purpose of the E-SAT is to gather preliminary data regarding a student's **past and current** level of functioning as well as the **nature/severity of risk**. When completed, the E-SAT will **culminate in a decision** as to whether or not a formal school based Risk Assessment is necessary.

E-SAT Team Members:

School Administrator: _____

Teacher(s): _____

Special Education Teacher: _____

School Social Worker: _____

School Psychologist: _____

Parent: _____

Counselor: _____

Other: _____

GENERAL STUDENT INFORMATION/PARENT CONTACT

Student's Name: _____ **Grade:** _____

Referred by: _____ **Date:** _____

Teacher(s):

Parent Contacts

_____ Date of Initial Parent Contact – includes **duty to warn/protect**

_____ **Informed Consent** Date

_____ Date of Invitation to E-SAT

DUTY TO WARN/PROTECT TARASOFF

The Tarasoff Rule. "When a therapist determines, or pursuant to the standards of his profession, should determine, that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger."

DUTY TO WARN AND PROTECT: GUIDANCE

School staff have a legal obligation to protect all students from reasonably foreseeable risk of harm. If a student presents a serious danger of violence to another, there is an obligation of the school staff (*principal, teacher, school staff*) to:

- warn the intended victim or others likely to appraise the victims of that danger.
- notify the police.
- take whatever steps are reasonably necessary to protect the threatened individual under the circumstances.

TWENTY-TWO STATES HAVE MANDATORY DUTY TO WARN STATUTES:

- Arizona

- California
- Colorado
- Delaware
- Idaho
- Illinois
- Indiana
- Kentucky
- Louisiana
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Montana
- Nebraska
- New Hampshire
- New Jersey
- Ohio
- Tennessee
- Utah
- Virginia (prompted by the shootings at Virginia Tech)
- Washington

INFORMED CONSENT

- **Informed consent:** The process by which a patient learns about and understands the purpose, benefits, and potential risks of a(n).....intervention, including clinical trials, and then agrees to receive the treatment or participate in the trial.

<https://www.medicinenet.com/script/main/art.asp?articlekey>

- ...must make every effort to be sure the patient understands the purpose, benefits, risks, and other options of the test or treatment

INFORMED CONSENT SAMPLE

“Although most of what we talk about is private, there are three kinds of problems you might tell me about that we would have to talk about with other people. If I find out that someone has been seriously hurting or abusing you, I would have to tell the police about it. If you tell me you have made plan to seriously hurt yourself, I would have to let your parents know. If you tell me you have made a plan to seriously hurt someone else, I would have to warn that person. I would not be able to keep these problems just between you and me because the law says I can't. Do you understand that it's OK to talk about all things here but these are three things we must talk about with other people as well?”

BACKGROUND INFORMATION

Is there a history of excessive absences? ___ If yes, total absences ___ Total tardies ___

Has the student been retained? _____ If yes, what year(s)? _____

Is student currently eligible for special education? ___ YES ___ NO

Current Eligibility _____

Date of last evaluation _____

Previous Eligibilities (if applicable) _____

Has a Functional Behavior Assessment been completed? ___ YES (Date _____) ___ NO

BACKGROUND INFORMATION - CONTINUED

Medical and/or Mental Health Diagnoses

Diagnosis	Date Diagnosed	Medications if applicable
		(SSRI risks)

GRADE STATUS

Current Grades as of _____
(date) *within 2 weeks

Standards Based Key:

- ____ = Proficient (Strength)
- ____ = Partially Proficient (Neutral)
- ____ = Not Proficient (Weakness)

Reading _____

Writing _____

Math _____

Social Studies _____

Science _____

(Grade trend over time)

Developmental history

Self-harm

Harm to others

Threat or perceived threat

Escape

Internalizing Behaviors

Social

Other

AREAS OF RISK

DEVELOPMENTAL HISTORY

- History of trauma (considerations)- describe:
- Parental relation problems
- Adopted
- Currently in foster care
- Pertinent family factors (divorce, homelessness, history of suicide, etc) - describe:
- Other, please describe:

IMMINENT THREAT TO SELF OR OTHERS

Self-harm

- Other forms of self-destructive behavior (e.g., substance abuse)
- Possession of objects that could be used for cutting (e.g., razors, broken glass, thumb tacks)
- Cutting, burning, and skin picking
- Physical: Cuts, scratches or burns that do not appear to be accidental
- Reports of frequent “accidents” that have caused physical injury
- Direct observation of self-injurious behavior (e.g., self-punching or scratching, needle sticking, head banging, eye pressing, finger or arm biting, pulling out hair or picking at skin)
- Use of Emergency Seclusion and Restraint has been required for the protection of the student
- History of suicidal attempts - describe number and nature of attempts:
- Other, please describe:

IMMINENT THREAT TO SELF OR OTHERS

Harm to others

- Blatant acts of physical aggression against staff and/or students
- Blatant attempts to physically harm staff and/or students
- Use of Emergency Seclusion and Restraint has been required for the protection of others
- Other, please describe:

IMMINENT THREAT TO SELF OR OTHERS

Threat or Perceived Threat

- Verbalized intention to cause specific and substantial harm to self, others, or property
- Written intention to cause specific and substantial harm to self, others, or property
- Verbal or written communication that is perceived to be a threat of intended significant and substantial harm

IMMINENT THREAT TO SELF OR OTHERS

- **Follow Developmental Norm (Age-wise or Developmentally)**
- Ex: 5th grader threatens teacher “I’m going to cut your brake lines.”
- Ex: 11th grader to another student: “It’s people like you that make people like me want to bring a gun to school.” / Later: “I should bring a gun to school and shoot you.”
- Drawings
- Internet postings / Social media
- YouTube

IMMINENT THREAT TO SELF OR OTHERS

Escape

- Impulsive and/or premeditated attempts to leave classroom or school building
- Impulsive and/or premeditated attempts to run away from home

OTHER AREAS OF RISK

Student Risk Screening Scale (SRSS) data indicates concern in the following areas:

- Emotionally flat
- Shy/Withdrawn
- Sad/Depressed
- Anxious
- Lonely
- Peer rejection
- Internalizing Score = _____ (Low Risk_____ Moderate Risk_____ High Risk_____) check one
 - (Elementary: 0-1 = low risk 2-3 = moderate risk 4-15 = high risk)
 - (MS/HS: 0-3 = low risk 4-5 = moderate risk 6-18 = high risk)

OTHER SOURCES FOR INTERNALIZING BEHAVIORS

- Teacher Report Form/ASEBA:
 - Anxious/Depressed
 - Somatic Complaints
 - Withdrawn/Depressed
 - Social Problems
 - Thought Problems

Referral to
Intervention specialist

Referral to school
social worker

Referral to principal

Referral to
Emergency Room

Referral to CMH

Removal (suspension,
expulsion, restriction
from unstructured
activities)

Law Enforcement

Use of Emergency
Seclusion and
Restraint

Other

PREVIOUS
INTERVENTIONS

Associates with a negative peer culture

Socially isolated

Rejected by peers

Bullies or has been bullied

Other

SOCIAL

OTHER BEHAVIORS

Sudden change in peer group and/or withdrawal from prior relationships or (social isolation)

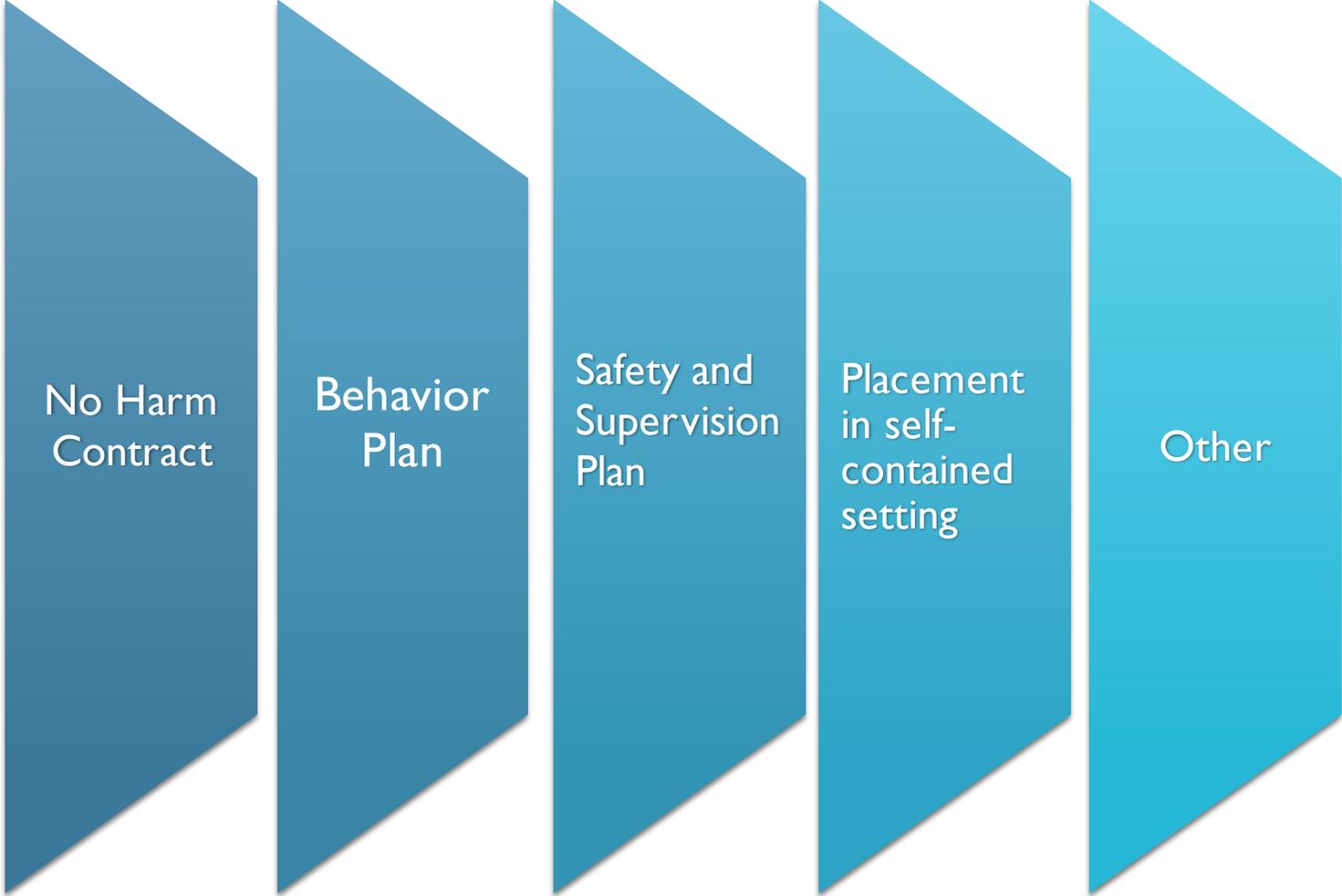
Secretive behaviors (e.g., spending atypical amounts of time in the restroom or isolated areas in the school).

Lack of energy

Poor sleep habits / falling asleep in school

Low self-esteem

Decline in appearance and hygiene (self-care)



No Harm
Contract

Behavior
Plan

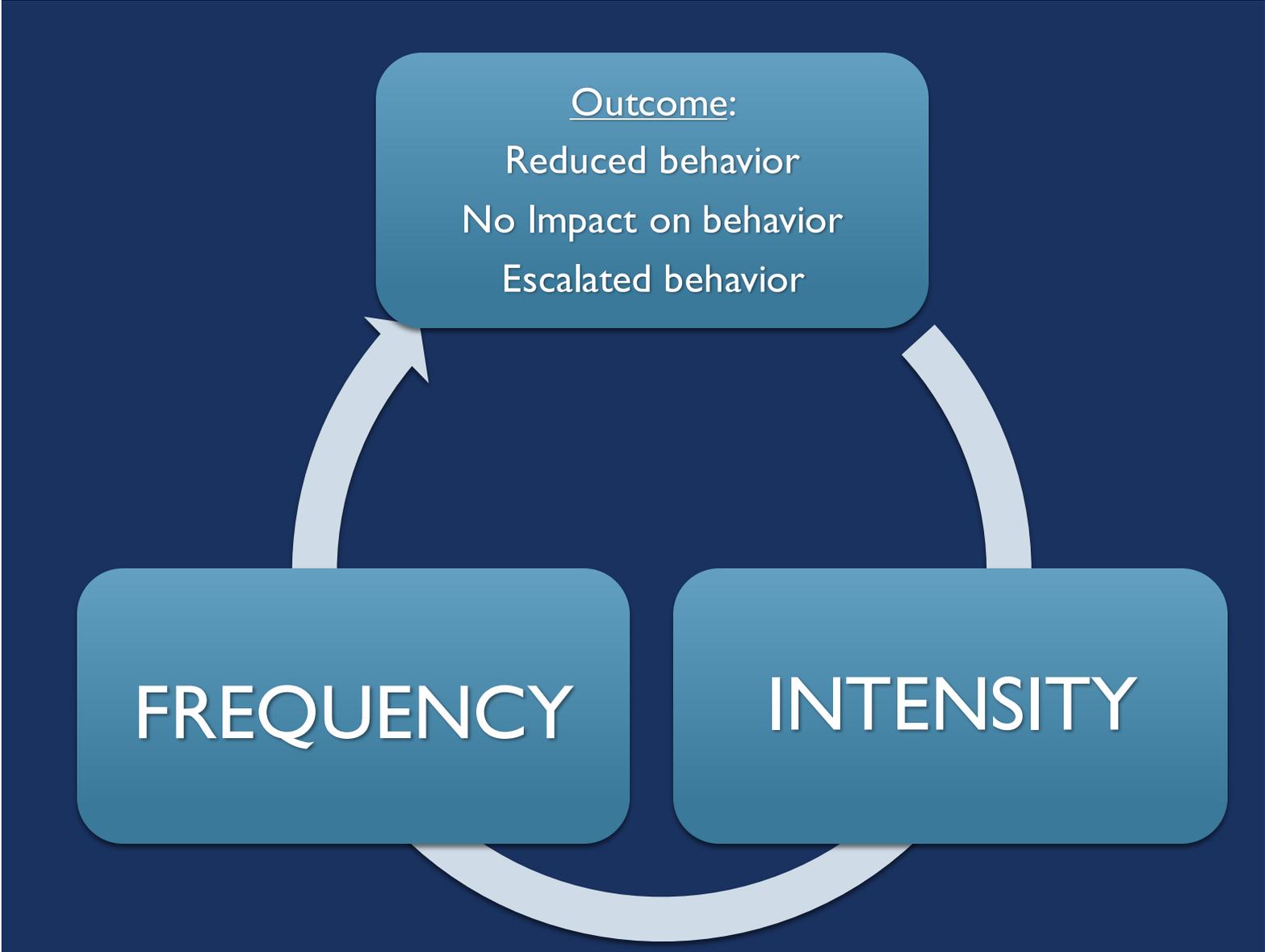
Safety and
Supervision
Plan

Placement
in self-
contained
setting

Other

**PREVIOUS
SCHOOL TEAM
INTERVENTIONS**

RESPONSES
CARRIED
OUT DUE TO
RISK AND
OUTCOME
OF RESPONSE





DECISION-MAKING

One size does not fit all

IMPACT ON LEARNING: LOW IMPACT

This student is not presenting risk to self and/or others at this time however *due to the current circumstances there is a need for continued monitoring on a continued basis.*

IMPACT ON LEARNING: MODERATE IMPACT

Need to intervene 1 to 5 times per day due to moderate internalizing and / or externalizing behaviors Due to current circumstances there is a need for continued monitoring on a regular basis.

IMPACT ON LEARNING: HIGH IMPACT

Need to intervene greater than 2 times per day due to physical threat to self or others AND/OR need to intervene due to verbal threat of harm to self and/or others, without a plan, and/or without the means to carry-out the plan within the immediate environment. Due to current circumstances there is a need for continued monitoring on a regular basis.

IMPACT ON LEARNING: SEVERE IMPACT

Need to intervene greater than 2 times per day due to physical threat to self or others AND/OR need to intervene due to verbal threat to self and/or others, with a plan, and the means to carry-out the plan within the immediate environment. Due to current circumstances there is a need for continued monitoring on a regular basis.

EDUCATIONAL IMPACT

We are a school so our primary job is education

However, sometimes student needs require us to go beyond "typical education"

Risk assessment is a time when we go beyond what is typical

There are cases where the student has concerning behavior but it is not directly impacting education

In cases where there isn't a strong connection to education...there is a still a need for intervention

Teams can establish supports through the use of a safety and supervision plan to help those students

OUTCOME: ADVERSE IMPACT DETERMINED

E-SAT determines there is adverse impact within the school setting.

- District will develop REED to request Risk Assessment and any additional evaluations that are applicable (including FBA - Functional Behavior Assessment)
 - REED Guidance for students who have current special education eligibility
 - Initial REED Guidance for students who are not currently special education eligible
 - REED Implementation Guide
- REED Meeting to obtain parental consent is scheduled for _____ (date)
- Procedural Safeguards given on _____ (date)

CHILD FIND

- Does the student have an IEP?
- Does the student have a Section 504 plan?
- Do you have reason to suspect the student has a disability? Is there a basis of knowledge to consider this student is a “not yet eligible child?” (IDEA 300.534)
 - Has a parent expressed concern in written?
 - Has a staff member expressed a concern?
 - Has the parent request a SE evaluation?
 - Has school staff expressed concerns about a pattern of behavior?

CHILD FIND CASE LAW

Horne ex re. R.P. v. Potomac Preparatory Charter Sch., 68 IDELR 38 (D.D.C. 2016)

- 6 year old, evaluated via cognitive, educational, visual-motor, socio-emotional assessments – not eligible - "transient emotional distress" did not interfere with access to GE
- 2 months later – suicide attempt by jumping out window at school; verbalized "wanted to die"
- Ruling
 - Previous evaluation did not excuse failure to re-evaluate after suicide attempt
 - Suicide attempt itself amounted to "inappropriate behavior under normal circumstances"
 - Failure to reconsider needs after incidents = a child find violation

SPECIAL EDUCATION PROCEDURES

Utilize REED for the Risk Assessment Evaluation

Parent Consent

Timelines

Discipline/Suspension

Procedural Safeguards

OUTCOMES:

Additional ESAT outcomes outside of the REED process may include:

- Parents assisted with connection to outside agency support
- Safety Plan created on _____ (date)
- No Harm Contract created on _____ (date)



WHAT HAPPENS AFTER A DETERMINATION TO
EVALUATE OCCURS?

CARRYING OUT THE RISK ASSESSMENT

RISK ASSESSMENT

Staff interview

Parent interview

Record review

Outside agency interview

CONDUCTING THE ASSESSMENT

1

Importance of
establishing
rapport

2

Order/Sequence
of Assessment

3

Insight – reading
the student in
the moment

ASSESSMENT TOOLS

Psychological Evaluation and Threat
Risk Assessment (PETRA)



Trauma Symptom Checklist for
Children (TSCC)



Beck Youth Inventory – Second
Edition (BYI-II)



Mental Status Exam / Student
Interview



Kaufman Brief Intelligence Test-
Second Edition (KBIT-2)

MENTAL STATUS EXAM

- Appearance
- Behavior
- Attitude
- Level of Consciousness
- Orientation
- Speech / Language
- Mood
- Affect
- Thought Processes / Form
- Thought Content
- Suicidality / Homicidality
- Insight / Judgement
- Attention Span
- Memory
- Intellectual Functioning

CASE EXAMPLE I

- 13-year old female
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 - Cuts with whatever sharp she can find
 - Has required CPI several times per day, 5 days per week
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CASE EXAMPLE II

- 17-year-old male
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OUTCOMES

Convene	Convene a meeting to review findings with school team and parent
Provide	Provide recommendation regarding educational placement and strategies
Provide	Provide recommendations regarding community supports
Consider	Consider the need for additional special education testing



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ONGOING MONITORING

- Any student that has posed a risk – no matter the level of severity – will require ongoing monitoring
- Review of safety/supervision plan
- Contact with parent(s)
- Point of contact established for student for check-in
- PBIS
- Case review and follow up schedule determined



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CASE REVIEW AND FOLLOW UP SCHEDULE

Areas of functioning in the school setting:

**Independence - Behavior - Socialization
Communication - Academic Engagement - Safety**

<p>Frequency Guidelines</p>	<p>If the team circled mostly 1's consider meeting <u>1 time a semester to annually</u></p>	<p>If the team circled mostly 2's consider meeting <u>monthly</u></p>	<p>If the team circled mostly 3's consider meeting <u>weekly to bi-weekly</u> AND if student has not had a Risk Assessment, it is recommended that the team reconvene the E-SAT to determine need for Risk Assessment</p>	<p>If the team circled mostly 4's consider meeting <u>weekly</u> AND if student has not had a Risk Assessment, reconvene E-SAT to determine need for Risk Assessment</p>
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STAFF REFLECTION



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- Facilitated by the person that carried out the risk assessment
- An informal time for staff to discuss
 - what happened
 - how they are feeling
- Support staff to deal with physical / psychological symptoms associated with a critical incident.
- Is not a debriefing
- Is not documented
- Taking in perspectives
- Can address compassion fatigue
- Perspective on behaviors that were “normalized” but that are not normal
- Voluntary

LOOKING AHEAD

Risk Assessment Process

- Consider a team approach
- Enhance the postvention system
- Motivational interviewing training
- Return-to-Learn approach that mirrors concussion guidelines

Local Capacity

- PREPaRE
 - Increasing local awareness
 - Local systems for prevention
 - SPRC Tool Kit

<http://www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf>

REFERENCES

- Brock, S. (2017, January 1). Suicidal and Non-Suicidal Self Directed Violence. In *sacstateschoolpsych.weebly.com*. Retrieved from <https://sacstateschoolpsych.weebly.com/uploads/3/2/2/7/32272527/suicide.brock.pdf>
- Ditezell, R.A. (February, 2018). Special education top ten in 2018. PowerPoint presented at Michigan Association of Administrators of Special Education, Lansing, MI.
- Granich, S. (2012). Duty to warn, duty to protect. *The New Social Worker*. Retrieved from http://www.socialworker.com/feature-articles/ethics-articles/Duty_to_Warn%2C_Duty_to_Protect/
- Kanan, L. (2018). Best practice in threat assessment I: What you need to know. NASP Conference Workshop.
- Jacob, Susan, Dawn M. Decker, and Timothy S. Hartshorne. *Ethics and Law*. Sixth ed., Hoboken, John Wiley & Sons, Inc., 2011, pp. 54-55
- MIBLSI. (2018). Student Risk Screening Scale. Retrieved from <https://miblsi.org/evaluation/student-assessments/student-risk-screening-scale>

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