



Wilma L. West Library Resource Notes

School Shootings

May 2002

On three previous occasions, I considered the issue of School Shootings as a topic for the Resource Note. There is no denying it is a societal crisis, one I thought was confined to middle or high school grades and to the United States. That belief was proven wrong by:

1. the more **recent shootings in a high school in Germany.**

Another nudge to consider this topic in a Resource Note was a piece in 60 Minutes II televised on May 15, that looked at the study done by the US Secret Service and the Department of Education begun after the Columbine High School shootings in April 1999. Visit

<http://www.cbsnews.com/sections/60II/main3475.shtml> to read more about this broadcast.

Here is a list of the key findings:

- More than half of the attackers had revenge as a motive and almost three-quarters were known to hold a grievance prior to the attack.
- Most attackers had previously used guns and had access to them. Two-thirds got the guns used in attacks from their own home or that of a relative.
- Despite prompt law enforcement response, most shooting incidents were resolved before law enforcement authorities arrived on the scene. Other students or faculty stepped in, or the student stopped shooting or committed suicide.
- In almost half the cases, the attacker was influenced or encouraged by others. In most cases, the attacker acted alone.
- There is no accurate or useful "profile" of those who engaged in school-based attacks. Student attackers come from various ethnic and racial backgrounds; a range of family situations; and have varying academic performance. Some were socially isolated, some popular; some had behavior problems, some had none that were evident; and few had any diagnosed mental disorder.

Another critical finding in this study is that before more than three-quarters of the shooting incidents, the shooters had told others what they wished they could do or their actual plans. The final report is titled The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the United States. From this report, a guide will be created, Threat Assessment in Schools: A Guide to Managing Threatening Situations and Creating Safe School Climates that will be sent to schools and law-enforcement agencies as well as used in training seminars around the country. Go to <http://www.threatassessmentseminars.org> for information on the seminars.

And finally, I understand that a growing number of occupational therapy practitioners are working in the school system. They need to have an understanding of the problem and find ways to contribute to its solution. Two ideas that I took away from the 60 Minutes II program are

that many of the killers had just experienced a personal defeat, either in a relationship or in an academic subject and they had previous behavior problems. As shown in the references below, Occupational therapy practitioners have experience working with teens and children with emotional problems, as well as developmental or physiological.

Agrin, A.R. (1987). Occupational Therapy with Emotionally Disturbed Children in a Public Elementary School. *Occupational Therapy in Mental Health*, 7(2), 105-114.

ABSTRACT: This article describes a model of delivering occupational therapy services to a class of emotionally disturbed children in a public elementary school. It was determined that many of the children were placed in a special class because of inappropriate social skills. A weekly occupational therapy program was developed to address the children's lack of age-appropriate social skills. A task-oriented group was chosen as the format, with activities selected based upon the level of the children's group interaction skills. The children exhibited an improvement in their social skills over the course of the school year.

Braswell, L. (1993). Cognitive-Behavioral Groups for Children Manifesting ADHD and Other Disruptive Behavior Disorders. *Special Services in the Schools*, 8(1), 91-117.

ABSTRACT: A model for school-based cognitive-behavioral groups for children manifesting symptoms of Attention-Deficit Hyperactivity Disorder (ADHD) and/or other disruptive behavior disorders is presented. Key aspects of organizational readiness to conduct this type of program are discussed, particularly the importance of having the support of the children's classroom teachers. The child group format and content, including recommended behavioral contingencies, are described. A brief review of the outcome literature concludes there is currently more justification for using this type of intervention with children manifesting disruptive behavior disorders other than ADHD or in addition to ADHD, and topics for future research are discussed.

Ebb, E.W., Coster, W. & Duncombe, L. (1989). Comparison of normal and psychosocially dysfunctional male adolescents. *Occupational Therapy in Mental Health*, 9(2), 53-74.

ABSTRACT: The purpose of this study was to examine whether variables defined as critical by the model of human occupation (Kielhofner & Burke, 1980, 1985), could discriminate normal (n=18), and psychosocially dysfunctional (n=15), groups of male adolescents. Discriminant analysis was used to evaluate several variables simultaneously in order to determine group membership. Measures used were the following: Locus of Control Scale for Children (Nowicki & Strickland, 1973), Occupational Questionnaire (Riopel, 1981), Role Checklist (Oakley, 1982), Modification of Matsutsuyu's Interest Checklist (1969) and the Adapted Adolescent Functional Performance Evaluation. Results showed that the model variables did successfully differentiate between the normal and psychosocially dysfunctional groups. Further data analysis indicated that the number of current and future roles as well as the number of strong interests proved to be the most valuable variables in this discrimination. Future research is suggested to improve the validity of the instruments used in this study.

Hahn, C. (2000). Building mental health roles into school system practice. *OT Practice*, 5(21), 14-16.

ABSTRACT: School-based OTs are well known for providing sensory, fine, and gross motor interventions. But Cindy Hahn explains how she recognized a need and expanded OT services to include psychosocial intervention for students, and training for other staff.

Haner, S.L. (1996 Oct). The Role of unconditional positive regard in the development of adolescent self-concept and identity status. *The Journal of Occupational Therapy Students*, 13-

15.

ABSTRACT: Because adolescence is the development period during which personal identity status is shaped and achieved, the literature was reviewed to determine what role unconditional positive regard (acceptance and respect regardless of the circumstances) might play in the development of personal identity status. The review indicates that a positive self-concept may be facilitated by unconditional positive regard from significant others. Positive parental attitudes and communication techniques may encourage self-confidence and an active, positive response to new and challenging situations

Henry A.D., & Coster W.J. (1997). Competency beliefs and occupational role behavior among adolescents: explication of the personal causation construct. *American Journal of Occupational Therapy*, 51(4), 267-76.

ABSTRACT: According to the Model of Human Occupation (MHO), beliefs regarding competency can influence whether a person's occupational role behavior is adaptive or maladaptive. Such beliefs are considered to be part of a person's sense of "personal causation." This article reviews some of the theoretical underpinnings of the personal causation construct. Issues addressed are the distinction between competency beliefs and locus of control (another aspect of personal causation according to the MOHO); the domain-specific nature of competency beliefs; and, in particular, the evidence for a relationship between competency beliefs and actual behavior. The article focuses on competency beliefs and their relationship to three domains of occupational behavior that have relevance for adolescents: academic ability, social competence, and physical competence. Implications for clinical practice with adolescents with psychiatric disorders are addressed.

Lancaster, J. & Mitchell, M. (1991). Occupational therapy treatment goals, objectives, and activities for improving low self-esteem in adolescents with behavioral disorders. *Occupational Therapy in Mental Health*, 11(2/3), 3-22.

ABSTRACT: This paper examines the concept of self-esteem: its definitions and the association between low self-esteem and adolescents with behavioral disorders. It also provides goals and objectives for OT intervention based upon the taxonomy in the affective domain (Krathwohl, Bloom, & Masia, 1964) and suggests activities integrated into the model of human occupation (Kielhofner, 1985). Finally, a scheme organizing goals, objectives, and activities is offered to occupational therapists, which can be used in the treatment planning process.

Schultz, S. (1992). School-based occupational therapy for students with behavioral disorders. *Occupational Therapy in Health Care*, 8(2/3), 173-196.

ABSTRACT: Although occupational therapists are employed in large numbers by public schools, their services are limited to students whose handicapping conditions are primarily physiological. Students with behavioral disorders are rarely referred to occupational therapy. This article synthesizes education, psychology and occupational therapy literature to identify the essential constructs of a holistic intervention for the student with a behavioral disorder. A model program based on the concept of occupational activity illustrates implementation.

Snyder, C., Clark, F., Masunaka-Noriega, M. & Young, B. (1998). Los Angeles Street Kids: New Occupations for Life Program. *Journal of Occupational Science*, 5(3), 133-139.

ABSTRACT: In the same sense that health intervention focused on the daily occupations of the well-elderly can promote successful aging, programs aimed at the daily occupations of at-risk youth may act as a potential deterrent to street gang activity. In the city of Los Angeles, thousands of young people come under the influence of gang culture and in turn lead lifestyles destructive to themselves and society. This paper begins with a few statistics that paint a grim

picture of the existence of street gang members and the impact of street gang involvement. Following, there is a story of one youth's path from immigration to the United States to his involvement with a street gang, which eventually led to his participation in the New Occupations for Life Program. This pilot program, developed by the University of Southern California Department of Occupational Science and Occupational Therapy, targeted the harmful occupations for

100 Hispanic and African-American teenagers at risk for gang involvement. The program provided a safe context for disestablishing gang allegiances, building community, and exploring socially acceptable, productive occupations. In this liminal space, these at-risk youth were given the opportunity to experience other "modes of being" within the context of meaningful and enjoyable occupations. Clark and her colleagues offer their interpretation of this transformative process and share their optimism about the power of occupation to change the lives of at-risk youth.

Organizations and on-line resources are:

School Violence Prevention on the pages of the Center for Mental Health Services

School Violence Resource Center

From the **ERIC Clearinghouse on Counseling and Student Services (ERIC/CASS)**

Following are five references on assessing or predicting the risk of violence. The author of the first two is my favorite clinical psychologist. (Yes, he is my husband.)

Binderman, R.M. (2001). Understanding VRAG: The violence risk assessment guide. *Forensic Examiner*, 10(1-2), 28-31.

Abstract: Shows the Violence Risk Assessment Guide (VRAG) to be an empirically validated instrument that allows forensic psychologists to base their violence risk assessments on actuarial data. The author provides a description of the VRAG, which includes its development, structure and accuracy. The VRAG, developed from a study of 618 inpatient offenders being assessed or treated for mental illness, uses 12 risk factors, or predictor variables. Among these risk factors are the score on the Hare Psychopathy Checklist-Revised, a DSM-III (or DSM-IV) diagnosis of Personality Disorder, a younger age at the time of the instant offense, and a history of being separated from his or her parents before the age of 16. The article states that higher scores on the VRAG are directly correlated with higher rates of violent recidivism, as well as with greater severity of the violence committed. The author also explores the VRAG's suitability for evaluation of various types of individuals, and discusses recommendations for its appropriate use, including opposing views.

Binderman, R. Mark. (1995). Identifying violence risk factors. In: VandeCreek, L. & Knapp, S. (Eds.) *Innovations in clinical practice: A source book*, volume 14. Sarasota, FL: Professional Resource Press/Professional Resource Exchange, Inc. (pp. 137-149).

Abstract: from the book) [describe] a checklist of risk factors [compiled by the author] to identify violence potential in clinical practice (from the chapter) this checklist of risk factors [is] derived from the professional literature and from the opinions of recognized authorities on violence assessment / [the] checklist does not constitute a formal "method" or "system" for violence assessment, and it is not an instrument capable of calibrating the risk of violence / the goal of this checklist is to clarify which risk factors to look for in an assessment, based on research and theory history of past violent behavior / exposure to violence in childhood / demographics /

substance abuse / mental disorder / schizophrenia / delusions / "threat/control-override symptoms" / psychopathy / attachment-type personality disorders: borderline, histrionic, antisocial, narcissistic, and paranoid / anger, impulsivity, and hostility / cognitive impairment / situational stress / potential victims available / presence of weapons / inadequate structure in the environment

Borum, R. (2000). Assessing violence risk among youth. *Journal of Clinical Psychology*, 56(10), 1263-88.

ABSTRACT: Despite recent declines in the reported rate of juvenile violence, there appears to be increasing public and professional concern about violent behavior among children and adolescents. Media accounts of school shootings and juvenile homicides have prompted a need to develop approaches for systematically assessing violence risk. This article describes the task of assessing general violence risk among youth, and argues that a somewhat different approach is required to assess cases where an identified or identifiable young person may pose a risk to a specifically identified or identifiable target (also referred to as "targeted violence"). Key risk factors for violent behavior among children and adolescents are identified, fundamental principles for conducting an assessment of violence potential in clinical and juvenile justice contexts are outlined, and an approach to assessment when an identified person engages in some communication or behavior of concern that brings him or her to official attention is briefly described.

Ellickson P.L & McGuigan K.A. (2000). Early predictors of adolescent violence. *American Journal of Public Health*, 90(4):566-72.

OBJECTIVES: This study sought to identify early predictors of adolescent violence and to assess whether they vary by sex and across different types and levels of violence. **METHODS:** Data from a 5-year longitudinal self-report survey of more than 4300 high school seniors and dropouts from California and Oregon were used to regress measures of relational, predatory, and overall violence on predictors measured 5 years earlier. **RESULTS:** Deviant behavior in grade 7, poor grades, and weak bonds with middle school predicted violent behavior 5 years later. Attending a middle school with comparatively high levels of cigarette and marijuana use was also linked with subsequent violence. Early drug use and peer drug use predicted increased levels of predatory violence but not its simple occurrence. Girls with low self-esteem during early adolescence were more likely to hit others later on; boys who attended multiple elementary schools were also more likely to engage in relational violence. **CONCLUSIONS:** Violence prevention programs for younger adolescents should include efforts to prevent or reduce troublesome behavior in school and poor academic performance. Adolescent girls may also profit from efforts to raise self-esteem; adolescent boys may need extra training in resisting influences that encourage deviant behavior. Programs aimed at preventing drug use may yield an added violence-reduction bonus.

Hastings T.L. & Kelley M.L. (1997). Development and validation of the Screen for Adolescent Violence Exposure (SAVE). *Journal of Abnormal Child Psychology*, 25(6), 511-20.

ABSTRACT: Empirical evidence was provided on the utility of the Screen for Adolescent Violence Exposure (SAVE) in assessing adolescent exposure to school, home, and community violence. The SAVE was empirically developed on 1,250 inner-city adolescents, and obtained excellent reliability and validity. Both exploratory and confirmatory factor analyses identified three factors: Traumatic Violence, Indirect Violence, and Physical/Verbal Abuse. The SAVE demonstrated utility in classifying high- and low-violence participants, and correlated significantly with both objective crime data and theoretically relevant constructs (anger, posttraumatic stress symptoms, and internalizing/externalizing problems). Thus, the SAVE

provides measurement of the stress or criterion associated with posttraumatic stress disorder, and allows quantification of severity of violence exposure by setting.

The occupational therapy articles were extracted from other Resource Notes, and I remind you that there is one on [Youth Violence](#) that is available on the Foundation's web site.

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