

RISK ASSESSMENT OF STUDENTS' ONLINE BEHAVIORS

The Role of the Mental Health Consultant

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A student tells a high school guidance counselor that one of her friends has posted alarming comments on Facebook. The school accesses the Facebook profile and discovers that her peer wrote, "I hate my life. I wish everyone at school would just drop dead." The Facebook profile belongs to a student who is currently in the 10th grade and has an individual education plan (IEP) for a diagnosis of social communication disorder. The school is concerned that the student could be a danger to himself and possibly to his peers. They consult a child psychiatrist about whether or not he is "safe to return to school."

Exposing private information online is a risky behavior that may appeal to teenagers for a variety of reasons. Engaging in provocative and risky digital behaviors may be done in the hopes of gaining peer acceptance and achieving improved social status.¹ Adolescents may also believe (erroneously) that online, few are likely to see such personal and private information, or that information exposure is an attractive form of defiance against authority.² When angry or distressed, students may also impulsively post information online. Children and adolescents who struggle with social interactions are at even greater risk of using digital forms of communication when upset, such as the adolescent in our case example.

Clinicians are frequently asked to provide guidance when a student has posted online information that raises safety concerns. Online materials, such as direct threats against a peer or the school, a posted hit list, provocative pictures or known access to prohibited web sites have provoked crises in schools. Research shows that online threats of targeted school violence are potentially more serious than threats made offline, and that adolescents who express threats online are more likely to be bullied or depressed.³ A consultant can provide insight as to whether or not an online behavior is impulsive but not dangerous, related to a mental illness, a response to other students' aggression, or warrants legal action.

School-Based Safety Assessments

There is limited empirical research regarding the use of threat assessments to accurately predict targeted school violence. However, certain guiding principles attempt to improve decision making when conducting safety risk assessments in a school setting.⁴ After school staff have discovered potentially threatening information posted online

by a student, the context of the threat needs to be assessed. Review of the circumstances should include the student's patterns of Internet use, history of violence or mental illness, and the student's functioning and family engagement around Internet use.⁵

A clear understanding of what school-based threat assessments entail, including the differences between transient and substantive threats, is important.⁶ Transient threats are often impulsively made and occur in the heat of the moment. Substantive threats are more dangerous, indicating potential injury to self or others. A thorough assessment considers the existence of specific details or physical evidence of a plan. Certain features of online environments that increase disinhibition (such as perceived anonymity) increase the frequency of transient threats. In

the event of what appears to be a substantive threat, a thorough mental health assessment is required,⁷ and may result in notification of the police.

A school-based threat assessment is an investigative process that considers known risk factors for targeted violence. The Safe School Initiative outlines how to distinguish between students who "only" threaten and those who are more likely to act upon a threat.⁴ These guidelines are also applicable when evaluating threats made online. The questions below can assist in assessing the degree of risk for a given student:

- Are there deviant fantasies of revenge?
- Is there known history of attack-related behaviors?
- Is the student experiencing hopelessness, desperation, or despair?
- Does he or she have at least one trusting relationship with a responsible adult?
- Does he or she view violence as acceptable, or desirable to solve problems?

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- Is his or her conversation and “story” consistent with his or her actions?

As a liaison to the school, the mental health clinician can help students access services that reduce future risk of violence. In the case presented above, a mental health clinician sought to support the family and school in understanding why, and in what context, the student’s online statements were posted. An interview revealed that the student was frustrated with and ashamed about harassment that occurred after he incorrectly answered a question in class. He did not have a plan to hurt himself or others, but did evidence symptoms of depression. At home, he reported being bombarded by mean comments from peers on instant messaging. The consultant facilitated access to outpatient counseling, a social skills group, and family guidance about monitoring computer use. He was able to safely return to school after the assessment. The school consultant advised the administration on how to follow up on the student’s concern about harassment by peers. New guidelines in the school disciplinary code were written to encompass cyberbullying off campus. The consultant also aided the school by reviewing prevention programs for reducing cyberbullying.⁸⁻⁹ A school adult was identified who could check in with this student to ensure that he was not further isolated. It is important to recognize that adolescents who are struggling off-line with impulsivity, substance use, alienation from caregivers, self-harm, and depressive symptoms may reflect these problems, and their pain, online.

School Engagement With Families About the Use of Social Media

The mental health clinician can provide direction on how to engage students and families in discussion and thought about the use of social media. Students who hear a consistent message from both school and family about basic Internet safety skills and acceptable rules that govern Internet behavior are more equipped to make good decisions. Ideally, expectations (including clear rules and boundaries) about safe and appropriate use of online me-

dia should be delineated *before* a crisis occurs. This education should be offered at the beginning of each school year, with frequent reminders.

In addition to providing educational guidance, a consultant may suggest appropriate responses in the event of “sexting” (students’ texting sexual images or written communications).^{10,11} Schools have also expressed concerns about students who are “addicted to the Internet,” and lament the parents’ seeming ineffectiveness at limiting students’ online access. The construct of “Internet addiction” is controversial due to lack of conceptual clarity and methodological weaknesses in the available literature. Vulnerable adolescents who struggle with delayed gratification and crave emotional connection often say that they need to be online in order to monitor their peers and to “not miss anything.” For individuals with problematic Internet use, the feeling of missing online information that is perceived as important is often associated with anxiety.¹² Some students experiencing intense anxiety can be assisted by clinicians skilled in dialectical behavioral therapy (DBT). With guidance, clinicians can expand the focus to Internet distress tolerance for emotional regulation and interpersonal effectiveness skills to address the adolescents’ skill deficits.¹³ A greater distress tolerance can help to reduce the likelihood that a student might post emotionally provocative content when acutely upset. The consultant can participate in supervising school clinicians who provide these treatments.

Take Home Summary

Clinicians are increasingly asked to perform risk assessments on students who post threatening content online. Although empirical evidence is limited for predicting targeted violence in schools, and there is even less research about online threats, providers can give an estimate of relative risk and facilitate the appropriate utilization of treatment resources. Students who make poor decisions online often struggle with adversity in their actual lives and should be thoroughly screened for mental health issues.

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