

# Characteristics of School Violence and the Value of Family-School Therapeutic Alliances

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**ABSTRACT.** This article discusses the problem of school violence and the fear about school safety that have been reinforced by extensive news media coverage of the recent series of school shooting incidents. Various factors associated with school violence are addressed, including sociocultural influences on adolescents that pose a challenge to counselors and therapists working with this clientele. In order to reduce violence and aggression in schools and to ease concerns about safety, steps must be taken not only by schools but also by parents and communities. Families can play an important protective role in minimizing at-risk behavior by young people. In fact, many of the most effective youth violence interventions include family components. Several of these programs are described as well as a number of collaborative approaches that demonstrate the potential synergy of school counselors and family therapists working together. With the addition of more courses in family dynamics

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in counselor education programs, school counselors will be in a better position to collaborate with family therapists in helping reduce violence in the nation's schools. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

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### **INTRODUCTION**

The news media's graphic descriptions of armed assaults by students, particularly the Columbine High School tragedy and more recently the shootings at California's Santana High School, have cast an ominous shadow across our schools and created the impression that they are dangerous places for children. By contrast, the U.S. Surgeon General has concluded that the nation's schools are relatively safe, compared to homes and neighborhoods (U.S. Department of Health & Human Services [HHS], 2001). Homicides are still extremely rare at schools. A child has less than a one-in-a-million chance of becoming the victim of a school-associated violent death—less than the chance of being killed by a lightning strike (Donahue, Schiraldi, & Zeidenberg, 1998). But one child's death due to school violence is too many, and fear is real. The highly-publicized school shooting incidents have had a significant impact on Americans, especially in communities that may have previously felt insulated from youth violence (Thornton, Craft, Dahlberg, Lynch, & Baer, 2000).

The perpetrators of school violence are not only influenced by individual factors and by interactions within the school community but also by their peer, cultural, and family environments. Family-related issues, in particular, often contribute to acting out and aggressive and violent behaviors by students in school (Rotter & Boveja, 1999). So efforts to reduce school violence that are solely school-focused are less likely to be effective than those that are more comprehensive in scope (HHS, 2001). Family therapists, with their expertise in family dynamics, and school counselors, with their skills in school-based intervention, are in an excellent position to work collaboratively to address the problem of school violence.

### **SCHOOL VIOLENCE: THE NUMBERS**

Data compiled by the National Center for Education Statistics and the Bureau of Justice Statistics present a mixed picture of school safety (Kaufman et al., 2000). From 1995 to 1999, the percentage of students who reported being victims of crime at school declined from 10% to 8%, and most school crimes do not involve violence. Students are about twice as likely to become victims of serious violent crime away from school as they are at school. Among young people 5-19 years old, less than 1% of all homicides occur on or near school property or en route to or from school.

Students seem to feel more secure at school now than they did a few years ago. From 1995 to 1999, there was a decline in the percentage of students (from 9% to 5%) who feared school-associated attacks or who avoided one or more places at school for their own safety (U.S. Departments of Education and Justice, 2000). However, the rates of some types of crimes at school have remained constant in recent years, including the percentage of high school students who reported being threatened or injured with a weapon (7-8%) or becoming involved in a physical fight (15%) on school property in the previous year (Kaufman et al., 2000).

School is not the only place where young people may be exposed to violence. A longitudinal study of students at public middle and high schools in New Haven, Connecticut conducted by a researcher at the Yale University Child Study Center found nearly a third of the young people reported having seen someone shot or stabbed (Lurie, 1999). A number of studies have documented a relationship between exposure to violence and a child's own aggressive behavior as well as various forms of psychological distress, including anxiety, depression, and PTSD symptoms (Singer et al., 1999).

Bullying and drug use are major problems that can heighten the risk of aggressive behavior by students at school (HHS, 2001). Nearly a third of high school students reported being offered, sold, or given illegal drugs on school property in 1999 (versus 24% in 1993). Bullying remains a serious concern, particularly in middle schools. In 1999, about 10% of students in grades 6 and 7 reported being bullied, compared to about 5% in grades 8 and 9 and 2% in grades 10 through 12. In addition, about 13% of teenagers reported being the target of hate-related words at school (Kaufman et al., 2000).

Prompted by the Columbine tragedy, a number of government agencies and private sector groups have developed lists of warning signs or

risk factors for youth violence (Verlinden, Hersen, & Thomas, 2000). But there are currently no validated research instruments or protocols that can reliably identify a likely perpetrator of violent attacks at school (Sprague & Walker, 2000). Vossekuil, Reddy, Fein, Borum, and Modzeleski (2000) emphasize the futility of trying to profile potentially violent students: "There is no accurate or useful profile of 'the school shooter'" (p. 5). The students responsible for school violence come from a full range of ethnic and socioeconomic backgrounds, and a multitude of factors—individual, social, and contextual—may contribute to their violent behavior (Verlinden et al., 2000; Chandras, 1999).

### ***SCHOOL, FAMILY, AND SOCIOCULTURAL FACTORS***

The intense media attention given to the relatively rare, multiple-victim school shooting incidents has led to a rush for quick, visible solutions. The result has been a significant tightening of security in many schools, including the installation of metal detectors and surveillance cameras, the assignment of law enforcement officers to patrol campuses, and the use of random searches of students and their property (Agron & Anderson, 2000; Yell & Rozalski, 2000). Donahue et al. (1998) believe the possibility of school-associated death is "overblown, and we are witnessing a tragic misdirection of attention and resources" (p. 3). Glasser (2000) agrees and says the money would be better spent on counseling interventions.

One area in need of additional resources is the provision of school counseling services. School counselors are limited by increasing case-loads, a rising burden of non-counseling duties, and the necessity of interacting with all the parts of the school system (Wade, 1996). Yet these counselors also have an opportunity to observe and interact with young people in natural settings and to build trusting, supportive relationships in the process. Students who attend schools with more fully implemented guidance programs report a more positive learning environment, better behavior by their peers, and greater feelings of safety and belonging (Lapan, Gysbers, & Sun, 1997). The American School Health Association recommends a maximum student-to-counselor ratio of 250-to-1 (Institute of Medicine, 1997). However, the current average in the U.S. is 561-to-1, and fewer than half of the states require that counseling services be provided in public schools (American Counseling Association, 1999). At Santana High School in Santee, California, site of one of the most recent school shootings, there are only two guidance

counselors for more than 1,900 students (Grossmont Union High School District, 2000).

Although schools and communities share in the responsibility for educating and nurturing children, families have traditionally had the greatest impact on childhood development. Families also have a major role in the propensity of children and adolescents to commit violent acts (Chandras, 1999). The FBI's model for assessing the likelihood that a student will carry out threatened violence focuses on several family risk factors: turbulent parent-child relationships, a lack of family intimacy, parental acceptance of pathological behavior in the child, few or no limits on the child's conduct and a sense of parental intimidation (O'Toole, 2000). Families are also faced with challenges originating outside the family system.

Children and adolescents are bombarded with violent images through television, video games, movies, and the Internet. They spend an average of 3 to 5 hours a day using these various forms of media and entertainment (Strasburger & Donnerstein, 2000). Numerous studies have concluded that violence on television is consistently associated with aggressive behavior by children (Singer et al., 1999).

To balance the wave of "virtual" electronic impressions absorbed by American children, Pipher (1996) advocates urging families to turn off televisions and computers at least one night a week and to spend more time together at meals and outdoors in natural settings. "To be strong," she asserts, "the family must build walls that give the family definition, identity and power. These walls are built by making conscious choices about what will be accepted and rejected" (p. 230). Taffel and Blau (2001) suggest that families should partially insulate themselves from the larger culture with an invisible barrier—an "empathetic envelope" made up of values, expectations, and ways of spending time together. A recent randomized, controlled study involving 3rd and 4th grade students in California indicates that such efforts may have a positive effect. The study concluded that a family-school intervention to reduce television and video game use can significantly decrease aggressive behavior by school children (Robinson, Wilde, Navracruz, Haydel, & Varady, 2001).

### ***PREVENTION AND INTERVENTION***

Fundamental to the success of school violence prevention efforts is a sense of partnership and shared responsibility between student, school,

family, and community (Dwyer, Osher, & Warger, 1998). In his report on youth violence, the U.S. Surgeon concludes that General evaluated dozens of intervention programs (HHS, 2001). The most effective approaches did not focus on single elements of the problem but instead took a comprehensive approach by mobilizing community resources, improving the social climate of the schools, encouraging positive peer interactions, and promoting parental and family involvement. In a longitudinal study of more than 12,000 teenagers, feelings of connectedness to parents, school, and friends were found to provide protection against a variety of risky or violent behaviors (Resnick et al., 1997). O'Toole (2000) states that "school shootings and other forms of school violence are not just a school's problems or a law enforcement problem. They involve schools, families, and the communities" (p. 4).

The family therapist and the school counselor have distinct perspectives on at-risk students, but each faces certain limitations. The family therapist is usually unable to observe young clients in naturalistic, social situations. And school counselors often lack the time or the expertise to address the dynamics of a student's family system on anything more than a short-term basis (Rotter & Boveja, 1999). By working together though, family therapists and school counselors can have a synergistic effect on the problem of school violence (Cassidy & LaDuca, 1997; Whiteside, 1993).

For collaborative efforts to be successful, school counselors must be able to conceptualize cases in a systemic way and to be aware of a student's life beyond the school. Various researchers have emphasized the importance of school counselors having some training in family therapy (Hinkle & Wells, 1995; van Velsor & Cox, 2000). Indeed, treatment strategies may be ineffective if they do not include a consideration of a family's potential influence on a student's problem behavior (Davis, 2001). Similarly, Rotter and Boveja (1999) caution family therapists to consider the impact of family life on a child's school experience and the effect the school may be having on the child's behaviors at home. Otherwise, they state, the "therapist may very well be contributing to an exacerbation of the problem" (p. 277). It is likely, therefore, that family therapists and school counselors would benefit greatly from more communication and consultation with each other, as would their clients.

### ***FAMILY SYSTEMS EDUCATION FOR SCHOOL COUNSELORS***

As counseling paradigms have changed in recent years, school counselors have become more aware of the need to have training in family

dynamics (Magnuson & Norem, 1998; Hinkle, 1993). Increasingly, family systems approaches are being included in the curricula of counselor education programs (Kraus, 1998). There are currently some initiatives that will offer the next generation of practitioners a dual specialization in family therapy and school counseling so they may do more effective school-based family consultation and referral.

Stetson University in Deland, Florida has such a program, which is outlined on its web site (<http://www.stetson.edu/departments/degree.htm>). Stetson offers a hybrid Master of Science degree in School Counseling and Family Consultation. The goal is not only to prepare students for certification as school counselors but also to help them meet the requirements for licensure as Marriage and Family Therapists. This kind of collaboration is hopeful and challenges the current system that often leaves school counselors with tasks beyond their expertise and family therapists shut out of the opportunity to work through the school systems. It is not being suggested that school counselors become family therapists but rather that they gain enough conceptual grounding to be able to communicate and work effectively with family therapists in their communities.

At The George Washington University's Community Counseling Center in Alexandria, Virginia, groups of school counseling interns have been given opportunities to address school-related problems by using a multicultural, multimodal approach in working with families, under the supervision of an experienced family therapist who is also a counselor educator. In one case, an extended South American family was seen (Hudson, Ruef, & Kirkman, 2000). The "identified patient," a 10-year-old girl, was assigned to an intern with training in sand tray therapy; two younger siblings were engaged in play therapy by another intern; and the father and paternal grandparents worked with a pair of interns, one of whom served as a translator. (The children were fluent in English; the adults were not.) The entire family attended sessions with the family counselor, who also held weekly group supervisory meetings with the interns. The counseling was concluded after an eight-week period, with the family reporting positive outcomes.

### ***FAMILY-SCHOOL PREVENTION AND INTERVENTION MODELS***

Several programs that include family and/or school-based interventions have been found to have a significant deterrent effect on youth vio-

lence and its associated risk factors (HHS, 2001; Thornton et al., 2000). In a report for the Centers for Disease Control and Prevention, Thornton et al. (2000) conclude that "parent- and family-based interventions have proven highly effective in preventing [violent or precursor] behaviors, especially when they . . . are paired with other interventions based in the school or community" (p. 62). The following are some examples:

The Seattle Social Development Project addresses both the family and school environments through a combination of parent and teacher training in areas ranging from communication skills to the consistent use of appropriate discipline (HHS, 2001). A notably flexible design allows the program to be used either with at-risk youth or with general populations of elementary and middle school students. Among the benefits cited are reductions in aggressive, antisocial, and self-destructive behaviors, lower levels of drug and alcohol use, greater commitment to school, and improvements in family attachment and relationships (Hawkins, Von Cleve, & Catalano, 1991).

Multisystemic Therapy (MST) is an intensive, family-based, family-driven approach aimed at seriously delinquent or substance-abusing teenagers and juvenile offenders (Henggeler, Mihalic, Rone, Thomas, & Timmons-Mitchell, 1998). Drawing on the strengths of the systems involved (family, school, peer group, community); MST seeks to empower the young person and the parents with coping skills and other resources. Typically, a therapist has contact with the family several times a week over a four-month period, with services delivered in the home, school, or community. MST has been shown to reduce violent offenses and criminal activity and to have positive effects on behavior problems and family relationships.

Another program for high-risk adolescents is Preventive Intervention, a two-year, school-based approach designed to strengthen communication between students, teachers and parents and reinforce appropriate student behavior (Center for the Study and Prevention of Violence, 1999). In weekly small group meetings, students role-play and discuss their progress, which is reported by staff members to parents in periodic home visits. Positive outcomes include higher grades and a significant decrease in delinquent activity, substance abuse, and school-related problems such as truancy (HHS, 2001).

The Bullying Prevention Program seeks to change the social climate of an elementary or middle school while also intervening with individual students and their parents to reduce bullying behavior and victimization (Olweus, Limber, & Mihalic, 1999). The program is adapted to each school, with components ranging from classroom discussions and

rule-setting sessions to increased supervision during break times. In addition to coordinating the program, school counselors and other mental health professionals' work with students identified as bullies or victims and involve their parents in the intervention process. Schools using the program have reported substantial reductions in bullying and victimization, lower levels of other antisocial behavior, and improvements in social climate.

### ***COLLABORATIVE APPROACHES***

Building on the foundation of anti-violence programs that have demonstrated effectiveness in randomized, clinical trials, researchers have begun assessing a number of new approaches that involve forging therapeutic alliances between family therapists and school counselors. Van Velsor and Cox (2000), for instance, describe a model that enables school counselors to perform brief family interventions and assessments in school. For cases needing further attention, the school counselor makes a referral to a family therapist but remains a participant in the intervention through ongoing collaboration and consultation.

Another approach, detailed by Caffery, Erdman, and Cook (2000), involves the delivery of family counseling services in a school setting. This program targets problems that affect both school and family systems. Families referred by the school counselor are seen by a family therapist from a university-based center for several sessions in the school during regular school hours. The combination of a familiar environment with the neutrality of the family therapist appeared to foster acceptance by the participants and an increase in the efficiency, effectiveness, and coordination of the therapeutic interventions that were used.

Davis (2001) describes a structural-strategic family counseling model that is implemented by school counselors in the school setting. The goal is to help school counselors conceptualize students' problems and possible interventions from a systems perspective. A number of therapeutic techniques are used, including exploration of family structure, subsystems, and boundaries and the use of include directives and homework assignments to facilitate change. Davis discusses a case in which a student's aggressive acting out is effectively addressed by this family systems approach.

Not all collaborative models are based in the school. Rotter and Boveja (1999) present an approach in which the school counselor is in-

cluded in the intake session with the family therapist and the family, with all sessions conducted in the therapist's office. The participation of the therapist and counselor at intake allows both to learn vital information about the family that can facilitate later consultation and galvanize the application of interventions across settings (e.g., school and home).

Thus far, these collaborative initiatives have only been reported through case studies and pilot project results. Despite suggestions of positive outcomes, there is a dearth of empirical support (Caffery et al., 2000). There are also logistical challenges such as the difficulty in finding compatible times for all participants within the constraints of school and building schedules. But these new approaches hold promise and can serve as a guide to future outcome research on youth violence prevention.

### ***WHAT FAMILY THERAPISTS CAN DO***

There are a number of avenues open to family therapists who are interested in helping forge therapeutic alliances. A good first step is to network and communicate with school counselors and counselor educators. One way to reach out is to offer to conduct an in-service presentation for teachers at a local school or a workshop for parents on family issues. Many school counselors would welcome such a proposal and be eager to cooperate. Family therapists might also consider becoming involved in local school district policy-making or volunteering to serve in an advisory capacity.

Counselor education programs are beginning to open their doors to increased collaboration and are developing opportunities for practitioners in school and family counseling to work together as teams rather than separately in isolated "turf" courses. These efforts are being encouraged by national organizations such as the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), an affiliate of the American Counseling Association, and the Education Trust, through its National Initiative for Transforming School Counseling (<http://www.edtrust.org>). By making contact with counselor educators at local colleges and universities, family therapists can become directly involved in these initiatives and offer their expertise to school counseling interns and site supervisors.

Another option is to participate in one of the many innovative programs already in place in schools nationwide to provide family counseling. In the Altoona Area School District in Pennsylvania, for instance, there are evening counseling hours once a month to accommodate the

schedules of working parents (<http://counselors.aasdcat.com>). Similarly, at the Buckner Elementary School in Independence, Missouri, mental health professionals provide counseling services for students and families two evenings a week during the school year as part of a comprehensive, community-based outreach plan (<http://www.fortosage.k12.mo.us/program-information/buckner.htm>).

### CONCLUSION

Family therapists have much to contribute to synergistic efforts to reduce school violence. In addition, as school counselors are given more opportunities to learn family counseling skills and systems theory, they will be in a better position to work collaboratively with family therapists. Bridges must be built before a family is ready to accept the notion that they should take their problems beyond the school to the expert who is the family therapist. School counselors and family therapists should join forces to work with families of school children in order to resolve issues before troubled young people resort to gun violence to ease their pain.

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