

# **Integrated Risk Management Model for the Therapeutic Schools and Programs: Why the risk is worth taking**

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## **Abstract**

This article is the first of two written to focus attention on risk and behavior management in therapeutic schools as an ongoing process with key components and steps. The professional literature for public schools contains a large number of articles addressing risk and behavior management, but most possess limited application to therapeutic schools. These papers attempt to bridge this gap by outlining the characteristics of therapeutic schools and comparing risk management principles with other types of therapeutic programs. Demographics of the population served by therapeutic schools are described. The importance of experiential education in the therapeutic school is explored along with the role of risk and challenge in the learning process. Risk management and other useful terms are defined. An integrated risk management model is presented discussing risk assessment and analysis. Examples from the Mission Mountain School's approach to integrated risk and behavior management is presented as an illustration of how the principles identified in the literature can be used to create an applied model of integrated risk and behavior management. Citations are referenced both as a resource and to stimulate thought and discussion. This paper is directed toward school administrators, clinical directors, and program directors seeking to understand the important concepts and theory of risk management. The integrated risk management model and concepts introduced in this paper may also help the referring professional or parents to better evaluate an individual program's risk management approach and its suitability for different student profiles.

## Introduction

The National Association of Therapeutic Schools and Programs (NATSAP) is a voluntary professional association founded in 1999, dedicated to improving the quality of care in private pay residential programs for children. Membership is contingent on following established NATSAP ethical principles and best practices. The *2003 Directory* published by NATSAP lists 113 programs. Fifty-eight (58) of these programs opened after 1993 and 26 started since 1998. This represents a 105% increase in new programs in 10 years (NATSAP, 2003). In 2006 NATSAP continues to grow, consisting of 165 current members and serving over 15,000 children nationally (Santa, 2006). Approximately 30% of the programs listed in the current *NATSAP 2006 Directory* are schools, with 10 boarding schools, nine emotional growth boarding schools, and 31 therapeutic boarding schools. NATSAP defines a therapeutic boarding school as providing:

...an integrated educational milieu with an appropriate level of structure and supervision for physical, emotional, behavioral, familial, social, intellectual, and academic development. Therapeutic schools either grant a high school diploma or award credits that lead to admission to a diploma granting secondary school. Therapeutic schools serve students who have a history of failing to function at home or in less structured or traditional schools in terms of academic, social, moral, or emotional development (NATSAP, p. 6, 2006)

For the purposes of this paper, the term therapeutic school includes all the schools found in the NATSAP organization.

### ***Program Type and Continuum of Care***

Examining the differences between types of programs can provide a greater understanding of the different categories and types of risk therapeutic schools encounter when compared with other programs. It is helpful to look at where the therapeutic school model falls in a continuum of care to understand not only what these risks might be, but also what families can expect from a therapeutic school. As seen in Figure 1, the continuum begins with the day school and ends with the residential treatment center.

Figure 1. Comparison of program types

<u>Day School</u>	<u>Boarding School</u>	<u>Therapeutic School</u>	<u>Residential Tx Center</u>
<p><b>Daily Living,</b> Hygiene, Self Care, Nutrition, Health, Medication management Personal and Community Chores</p> <p><b>Recreation,</b> Sports, Health and Fitness and Experiential Education</p> <p><b>Education,</b> Classes, Curriculum, Course work</p>	<p>Little attention or focus on daily life skills, other than homework</p> <p>Gym, team sports, health class, outdoor recreation and adventure activities</p> <p>Curriculum based on pedagogical theory, leading to diploma, adjunctive arts and experiential educational opportunities available.</p>	<p>Curriculum focuses on creating school culture, DL skills, hygiene, self care, nutrition, personal and community chores. Students may have Individualized Plan</p> <p>Focus on experiential education, milieu building, team sports, health class, gym, outdoor recreation, adventure and wilderness activities, individualized student plans</p> <p>Curriculum based on pedagogical theory, leads to diploma, co-curricular arts and experiential activities, IEPs, &amp; LD support, high degree of faculty mentoring</p>	<p>Some focus on DL skills as adjunct to therapy: hygiene, self-care, and nutrition. May be included in TX plan</p> <p>Recreation therapy, as adjunct to therapy: activities, some sports, may be included in tx plan</p> <p>Education as adjunct to therapy, often focuses on filling gaps in transcripts, IEP's and LD support available</p>

	<u>Day School</u>	<u>Boarding School</u>	<u>Therapeutic School</u>	<u>Residential Tx Center</u>
<u>Therapy</u> Individual, Group, Modality, Style	Some limited in school counseling, referrals available, some mentoring	School counselors, dean of students, dorm parents, high degree of faculty mentoring available	Dean of students, high degree of faculty & staff mentoring, extensive therapy included on site, therapists on staff, individualized tx plans	Highly staffed, clinically based, high ratio of therapists to students, sophisticated tx plans, variety of individual therapy available.
<u>Psychiatric</u> Care/Services	None on site	None on site, some off site referral. Limited medication management.	School facilitates off site visits, or has Psychiatrist come on site, facilitates med. management	Onsite psychiatrist and medical staff, intensive med. management, time out, therapeutic restraints and ICU.
<u>Parent</u> Involvement	High opportunity in PTA type activities	Less opportunities available, founders day etc.	Regular parental involvement typical required onsite	Depends on program
<u>Student Profile</u> Screening Academic Social Hx Intellectual Psychological Psychiatric Willingness Student desire Self modulating Ability to perform	Open/inclusive Important Not usually import Not usually import Not usually import Not usually import Adequate Adequate Adequate Adequate & import	More rigorous Important Important May be considered Not addressed Not address Adequate Adequate Adequate Adequate & import	Rigorous Important Important Important Important Considered Usually willing Often lacking Often lacking Often lacking	Rigorous Not important Important Important Important Important Often lacking Often lacking Often lacking

Academic boarding schools typically divide their curriculum into residential elements, program activities, and academic components or programs. Most boarding schools do not integrate the students' experience between these program areas. Only a few possess a well articulated philosophy of adolescent development expressed in a sequential, systematic residential, or experiential curriculum. Much of the literature on risk management for day and boarding schools is directed at disaster mitigation or minimizing risk of physical harm to students. Currently there is an increased focus on prevention of school related violence and assault (Haynie, Alexander & Walters, 1997; Katz, 2000).

As seen in Figure 1, therapeutic schools have a lot in common with regular boarding schools and with residential treatment centers. Many therapeutic schools, however, hold a stronger allegiance to the school part of their mission than the residential treatment center. The result is that education may be a more central component for the therapeutic boarding school. Depending on the school model, therapy may be equal in importance, or may be secondary to the students' learning experience. Some of the early therapeutic school models used an emotional growth curriculum as adjunctive to education. Residential and recreation also form the other two central components of therapeutic schools. Therapeutic schools often have a much higher degree of experiential education as part of the program than regular schools or a residential treatment centers. In addition, therapeutic schools typically have a greater focus on behavior management than regular schools. Psychiatric care has been limited in the past with therapeutic schools, but is becoming more prevalent and quite similar to treatment center models.

Treatment centers possess a primary focus on psychological and psychiatric care and therapy, with residential, recreation, and academics as adjunctive elements to the primary care objectives. They follow more of a medical or behavioral health care model rather than a pedagogical or experiential learning model.

These observations are supported by the work of Balmer (2003), who has delivered several presentations categorizing programs based on the following five components as proportionately represented in

their structure: milieu/community, therapy/counseling, education, activities/recreation, and psychiatry. The relative amount or focus on each of these five components provides another way to conceptualize similarities and differences.

While these categories may not be based on research, they are generally consistent with available research. No current research classifies the different programs by constituent components. In recent years, the distinctions between these models have become blurred. Models where treatment centers are being designed as schools, as well as schools integrating more of a treatment center modality, are becoming more prevalent (Amtzis, 2003; Gaffney, 1999; Horwitz, 1999; U.S. Department of Health and Human Services, 1999).

Best practice standards can vary for day schools, therapeutic boarding schools, and residential treatment centers. Parent and student perceptions and expectations also influence what constitutes an acceptable level of risk. The ability of students to self-modulate and self-manage is a key factor in looking at different risk management practices between boarding schools, therapeutic boarding schools, and residential treatment centers. Programs should be designed to manage and mitigate risks to a reasonable level for a typical student profile. Programs can encounter difficulties when they accept students who do not fit the profile and find their risk management plans are inadequate to protect students.

### ***Population Served by Therapeutic Boarding Schools***

While many children successfully navigate their teen years, adolescence can be a difficult time of turmoil and adjustment for some individuals. Popular and scientific literature express concern about the problems and difficulties faced by these troubled adolescents in the United States. Suicide, violence, alcohol abuse, and other drug abuse all negatively affect adolescents, as well as their families, schools, and communities. Along with behavioral disorders such as attention deficit hyperactivity disorder, these problems create difficulties in learning opportunities, adjustment processes, and raise questions about how to effectively educate and care for these children (Erikson, 1968; Goldstein, 1997; Pagliaro & Pagliaro, 1996; Roeser, Eccles, & Sameroff, 2000; Steinberg, 2001).

The median age for the first manifestation of symptoms of mental disorders in the United States is 16 (Robins, & Price, 1991). The risk for unipolar depression and chemical dependency is highest at ages 15 – 19 (Burke, Burke, Rae, & Regier, 1991). Longitudinal studies link adolescent dysfunction, behavioral, and emotional disorders to the development of persistent personality and affective disorders in adulthood. These conditions have a detrimental effect on adult competency, success, and ability to function in society (Ge & Conger, 1999).

One 14-year longitudinal study of 386 adolescents from a working class community found that at age 18, a large number of these adolescents met diagnostic criterion for lifetime psychiatric disorders as defined by the DSM-III-R. This includes 32.4% as alcohol dependent, 9.8% drug dependent, 9.4% depressed, (half of those were suicidal), 22.8% phobic, 2.1 % OCD, and 6% PTSD. This study further identified significant impairments for chemically dependent youth with school failure rates, poor grades, and greater emotional and behavioral problems (Reinhertz, Giaconia, Lefkowitz, Pakis & Frost, 1993).

Studies link attention deficit disorder and hyperactivity with poor academic achievement in adolescent children (Taylor, Chadwick, Heptinstall, & Danckaerts, 1996). Other studies link externalizing disorders such as oppositional defiant disorder and conduct disorder with poor school performance, maladjustment, and criminality (Mannuzza, Klein, Abikoff & Moulton III, 2004). Drug and alcohol abuse have been linked with these and other serious problems (e.g., mood disorders, anxiety and stress disorders, personality and cognitive learning disorders) (Tapert, Baratta, Abrantes, & Brown, 2002; Belcher & Shinitzky, 1998; Pagliaro & Pagliaro, 1996).

Emotional and psychological disturbances occurring in adolescents are growing. In 2003, it is estimated that 20.6 % or 5.1 million of the children in the United States between the ages of 12 and 17 received counseling or treatment for emotional or mental health problems as compared to the 2002 estimate of 19.3% or 4.8 million. About nine percent of those receiving treatment in 2003 required hospitalization. Fifty-one percent of 12<sup>th</sup> graders in 2003 used some illicit substance

during their lifetime. Twenty-four percent used an illicit substance within 30 days of the survey. Twenty-eight percent of the youth between 12 and 17 years of age using illicit drugs in 2003 received treatment for mental health problems (National Institute on Drug Abuse, 2004; Substance Abuse and Mental Health Services Administration, 2004).

The number of children visiting pediatricians' offices "with recognized psychosocial problems more than doubled between 1979 and 1996" (American Academy of Pediatrics, 2003 p. 34). At the same time, the pool of parents is decreasing. Only 26% of households in the U.S include children under 18 and less than half of those are intact families with both biological parents present. Numerically this implies that while adolescent dysfunction is increasing, the number of households with children is decreasing, amplifying the effect on total population of households with adolescents (American Academy of Pediatrics, 2003).

In 1997, 11% of all public school children received services under the Individuals with Disabilities Education Act, and emotionally disturbed children comprised eight percent of that population. A 1999 study of 18,623 children served by community mental health services reported 55% percent had individual education plans, and 62% of those plans related to the emotional disturbance designation (Center for Mental Health Services, 1999).

Educational professionals identify most of these students as severely emotionally disturbed. Many of these children may need and qualify for special education services under PL 94-142 and PL 101-476. The Substance Abuse and Mental Health Services Administration estimates there may be as many as 4.5 to 6.3 million under-served adolescents that fall into this category. The number of resident days severely emotional disturbed children spent in residential care nearly doubled from 4.5 to 8.3 million from 1970 to 1986 (USDOE 1994, 1997, 2002; Frank & Dewa, 1992).

These children pose problems from both an educational perspective and a mental health perspective. Achenbach, Dumenci, and Rescorla (2003) describe how 12.8% of the 1,641 adolescents in a longitudinal study received mental health services in 1999. They note that only



30.5% of those having a need for mental health services (as indicated by the problem scores on the child behavior checklist) actually received those mental health services.

Twelve percent of the 63 million adolescents in the United States suffer from serious emotional disturbance and over 2.5 million children lived in some kind of residential treatment or care annually in the early 1990's. The estimated annual cost for this care is over 1.5 billion dollars (Weisz, Weis, & Donenberg, 1992). Providing for the residential care and education of these children is a major expense and can consume a disproportionately high amount of the special education budgets in many states (MacMillan & Grimes, 1996).

Clearly this population poses challenges for therapeutic schools in that they are likely to have experienced delayed progress in some aspect of their development. In addition, there is a high degree of substance abuse, incipient mood disturbances, impulse control, and related problems with focus, attention, and executive functions. This means responsible programs need to have well-developed systems in place to help these children, protect them from harm, and foster their growth and development. Integrated risk management processes play an important role for schools because they are data driven and self-correcting. This provides for institutional learning and improved quality of care.

### ***Why Not Try to Eliminate All Risk***

Risk is a fact of life and students need to learn how to manage and mitigate risk in order to have a full life. Adolescents naturally seek out risk as part of their learning experience. Learning how to successfully identify and manage risk is an important component in the process of adolescent development that helps facilitate self-esteem, concept, confidence, and competency (Dougherty, 2002).

### ***Experiential Education and Risk***

Experiential education is one of the important programmatic elements often differentiating a therapeutic school from more traditional schools and residential treatment centers. John Dewey saw risk and problem solving as an essential ingredient to a good education (Dewey, 1937). Risk, and how the individual responds to it,

is a fundamental factor in experiential education. Risk and challenge, which is an enjoyable form of risk, are found as central components of almost all outdoor adventure programming (Berman & Davis-Berman, 1995; Meier, Morash & Welton, 1980; Neill & Dias, 2001; Priest & Gass, 1997). This can be illustrated by examining the following paradigm used at Mission Mountain School.

### *Experiential education processes*

- The process starts with the identification and introduction of task, goal, and the challenge associated with the desired outcome.
- The participant is briefed about the activity/event, which generates anticipation with excitement about benefits, and/or anxiety and a heightened awareness of challenges and risks associated with the activity.
- This excitement/anxiety is channeled into planning for the activity.
- Implementation of the activity begins with the student actively following the plan and preparing to face the challenge.
- The experiential or doing part of the task or challenge is divided into three distinct phases of experience:
  - The beginning is where the participant is still anxious, still thinking about the upcoming challenge and may attempt to manage anxiety through reorganizing or rearranging equipment.
  - The mid-point of the journey or task occurs with the student actively engaged in problem solving and experiencing the resolution of challenge as “flow.”
  - The return phase interrupts the flow, and the student begins to think about going back to the everyday realities of life. The return involves an initial processing or “quick debrief,” to help to instill the experience into memory.
- After the return, the learning processing continues and evolves through the articulation of stories, artwork, photos, etc. inspired by the experience. The articulation helps the student understand the experience and how to apply it to a broader context in her life. The learning then becomes part of the individual’s sense of self as expressed in her personal mythology.

Risk plays a key role throughout this experiential education (EE) paradigm, as it tends to be a motivator in the beginning of the process, and serves as a continuing catalyst to create flow experiences in the middle of the EE curriculum. Risk is typically the centerpiece of the stories told when students return from the EE experience. Perceived risk or challenge is effective in enhancing learning and development (McKenzie, 2000, 2003; Walsh & Golins, 1976). Programs can seek to manage perceived risk or challenge to increase engagement and learning on the part of the student (Priest & Gass, 1997). In this model, students experience gains in self-confidence and self-esteem by facing the challenges or risks found in the experience. Seeking ways to articulate their experiences and express what they have learned leads students to the development of a “personal mythology” about their experiences. This further reinforces their learning, through the process of telling and re-telling the stories of their challenging experiences and the associated risk they faced. This process serves to embed the learning deep into the fabric of their personality.

The difference between perceived risk or challenge and actual risk is critical in risk management planning. Programs can use student perceptions as a risk management tool to keep actual risks low while enjoying the benefits of perceived risk in facilitating student-learning processes. Choosing to brief or not brief students about an activity is one way program staff can increase perceived risk or challenge. This dynamic can be used to increase engagement on the part of the student, while maintaining the activity risk at a lower level.

Conversely program staff need to think about times when they want to lower anxiety and reassure students by having them accurately perceive risks rather than overestimate them. Excessive fears or anxiety about an activity can adversely impact students’ satisfaction and learning from the experience (McKenzie, 2003). In such circumstances, risks are managed, and opportunities to learn enhanced, by helping students accurately assess, prepare, and develop appropriate coping strategies to increase their confidence and decrease their fears.

The Mission Mountain School describes an actual example of institutional learning through their risk management process. A recent survey of student and alumni conducted by the Mission Mountain

School discovered while many students expressed great satisfaction, sense of accomplishment, and an increase in self-esteem from outdoor recreation activities, some students felt overwhelmed by the challenge of the activities. The following risk management analysis process used by the Mission Mountain School illustrates an example where staff set goals with students to bike to the top of a nearby mountain summit, emphasizing the difficulty of the task. This increased the challenge from the student's perspective.

However, the risk analysis process further established the actual activity risks were low when compared to other kinds of mountain biking. It was a relatively short distance for the activity (seven miles one way). The grade was mild (less than 1,000 foot elevation gain) with a wide unobstructed roadway with minimal and infrequent vehicle traffic. The staff were in constant radio contact with the school, and could readily evacuate a student by motorized vehicle within a 20-minute drive if there was a need. While some students may have still perceived the task as incredibly risky or difficult, the actual level of difficulty and activity risk was relatively low.

As a result of the risk management analysis and planning processes like this, the Mission Mountain School discovered an opportunity to manage the perceived risk and challenge of outdoor activities at different levels to meet differing student needs. For the student that is afraid, inept, or in early phases of the program, staff now brief them on the short distance, easy grade, opportunities for numerous stops, the wide roadway, and the easy vehicle access for evacuation and support on this route. This approach reduces these students' anxieties, building confidence and competency in the activity. At the same time, for the more assured students comfortable in the latter phases of the program, staff continue to gradually emphasize increasing activity challenges and perceived risks. For instance, staff may challenge more competent and adept students to race to reach the summit, or make the complete roundtrip without stopping, or to carry gear for other less proficient students.

McKenzie (2000) describes the importance of matching the challenge of an activity to the capabilities of the participant. As the skill and accomplishments of the participant grow, the challenge

and perceived risk must also grow to maintain a “...constructive level of anxiety,” (p. 20) to facilitating learning. The critical point of this approach to remember is that risk can serve as an incredibly beneficial element of programming if managed to promote learning. The application of risk management analysis and planning processes at the Mission Mountain School actually helped staff identify indicators of perceived risk and understand how and when it is useful to lower perceived risks or the challenge experienced by certain students. The Mission Mountain School identifies the next step in the risk management process is establishing indicators of stability and resilience, determining when it is useful to actively increase the challenge experienced by students.

### ***What Risks Are Not Acceptable to the School Program?***

Implementing risk in therapeutic school programming needs to be determined within the context of the mission, philosophy, goals, and policies of the program. This will vary from program to program. It is also constrained by law, regulation, and the concept of industry standard. Risk management plans will ultimately define for the school what risks are and are not acceptable for the school program.

### ***What is Risk Management?***

Risk management is pertinent to all residential programs caring for children. At the center of this statement is a belief that risk management, coupled with best practices, results in improved quality of care and outcomes for children in these programs.

School management literature describes risk management as an ongoing component of an open systems approach to school administration. Risk management is further conceptualized with its incorporation into the contingency theory of school management. Contingency theory posits there are multiple potential outcomes to any one situation and best management practice is to be prepared to address the most likely outcomes, positive or negative. Contingency theory is a useful framework for looking at risk management from a broader organizational perspective (Hanson, 2003).

Risk management in therapeutic schools will vary from program to program. However, to be effective and relevant, risks must be evaluated

within the context of the mission, philosophy, goals, and policies of the program. Acceptable risk is constrained by law, regulation, and the concept of industry standard or best practice. Risk management is very closely tied to the concept of “best practice” since practices are evaluated and selected to reduce risk as well as increase program effectiveness. Risk management processes can be used as instruments for institutional research, identifying practices that are acceptable or not acceptable to have in the school program. Some large schools and programs may have a designated “risk manager” with various levels of formal training in risk assessment and management. Most schools, however, will rely on the principle administrator to take the lead in risk management. The best approach to achieving the most utility out of a risk management program may come through an integrated risk management approach (Chordas, 2001; Fort, 2000; Pistell, 2001 and Trump, 2002).

### ***Definition of Terms***

It is useful to develop a clear set of terms to use in the description of risk and risk management efforts. Each organization needs to look at and define risk, as well as determine what risk management means for their organization. It is important for programs to define these terms within the context of their mission, program, population served, and other stakeholders. The following definitions are used by the Mission Mountain School.

Risk is the probability of an adverse outcome occurring.

Risk analysis is the systematic examination of all aspects of the program to identify potential and real adverse outcomes.

Risk management is not about elimination of all risk. Risk management occurs when risks are identified through risk analysis and strategies for mitigating and managing them are developed. Management also means implementation of the strategies to bring risk down to acceptable levels as appropriate for the school.

Acceptable levels of risk occur when the likelihood of an adverse outcome is either so small that it is deemed to no longer be of concern or the mitigation of the risk is in place to offset adverse outcomes. Acceptable risk must be evaluated within the context of the school mission, philosophy, goals, and policies. What makes risk acceptable is strongly influenced by and may have

to stand the legal test of the concept of a comparable current industry standard or principles of best practices.

Standard of care is an important legal concept. Standards of care are defined first through laws and regulations, then by professional organization's "principles of best practice" and then by the literature found in professional journals. "Regardless of the profession, a standard of care is the degree of skill and knowledge that can be reasonably expected of a normal, prudent practitioner of the same experience and standing" (Shoop, 2002, p. 2).

Integrated risk management is the inclusion of risk management functions into school programs by implementing data driven evaluative processes designed to assess, manage and mitigate risk in all aspects of the school's operations.

It is important to understand the concept of negligence and how it often influences the responsibilities of the school head, program directors, clinical directors, and other professionals. Permut (1998) identifies four primary components related to the management of risk associated with negligence. He suggests that principle staff and administrators examine and pay attention to the following:

Proper duty to care through adequate supervision must be present to avoid negligence, which includes the following duties:

- To use competent and efficient personnel,
- To adequately instruct staff and students,
- To furnish and maintain safe equipment and safe premises,
- To make and enforce adequate rules.

Breach of duty has to be present to prove negligence. This occurs when the school administrators fail in their responsibility to protect the student. This is evaluated in the context of the "reasonable man" doctrine. Did the administrator act in a reasonable and prudent fashion to protect the student from harm?

Proximate cause has to be present to prove negligence. This means that the primary cause of the injury to the student is

failure to perform in a reasonable and prudent manner through omission or commission.

Injury has occurred has to be present to prove negligence. This means that an actual injury or damage of some kind has to have occurred to the student.

Permuth further states prevention is the best course of action to manage negligence and suggests schools establish goals for risk management, positive interventions, and curricular focus. The best approach to achieving those goals can come through an integrated risk management approach.

### ***Integrated Risk Management***

Integrated risk management means the process of risk assessment and institutional research is imbedded in all aspects of the program (see Figure 2). The basic components of a integrated risk management system include the following:

- There is an ongoing risk assessment and analysis of all aspects of the school including the physical plant and programs.
- Integrated risk management plans are developed for any potential crisis scenarios and all major risks as identified in the assessment. Integrated means that they are inclusive and unite programmatic and administrative efforts.
- There is an incident reporting and documentation system for the collection and analysis of data about both accidents and near misses.
- A safety committee, risk management committee, or an equivalent meets regularly to review the incident/accident reports, analyze the data, determine patterns and trends, develop key indicators of impending risk, review risk management plans, safety polices and procedures, and make appropriate recommendations or changes as needed.
- There is participation by all of the constituencies and stakeholders in the process and active support, if not involvement by, the school administration.
- Acceptable and unacceptable risks need to interface with the student profile. Both acceptable and unacceptable risk



must be identified and a student profile constructed that screens the student out or in based on qualities, strengths, weaknesses, and characteristics that are within the context of the risk management plan. In addition, there must be a continuous feedback loop with consistent evaluation of risk management policies and activities and the environment to ensure that outcomes are kept within acceptable parameters (Cheney, 1998, Stowitschek, 1998).

### ***Risk Assessment and Analysis***

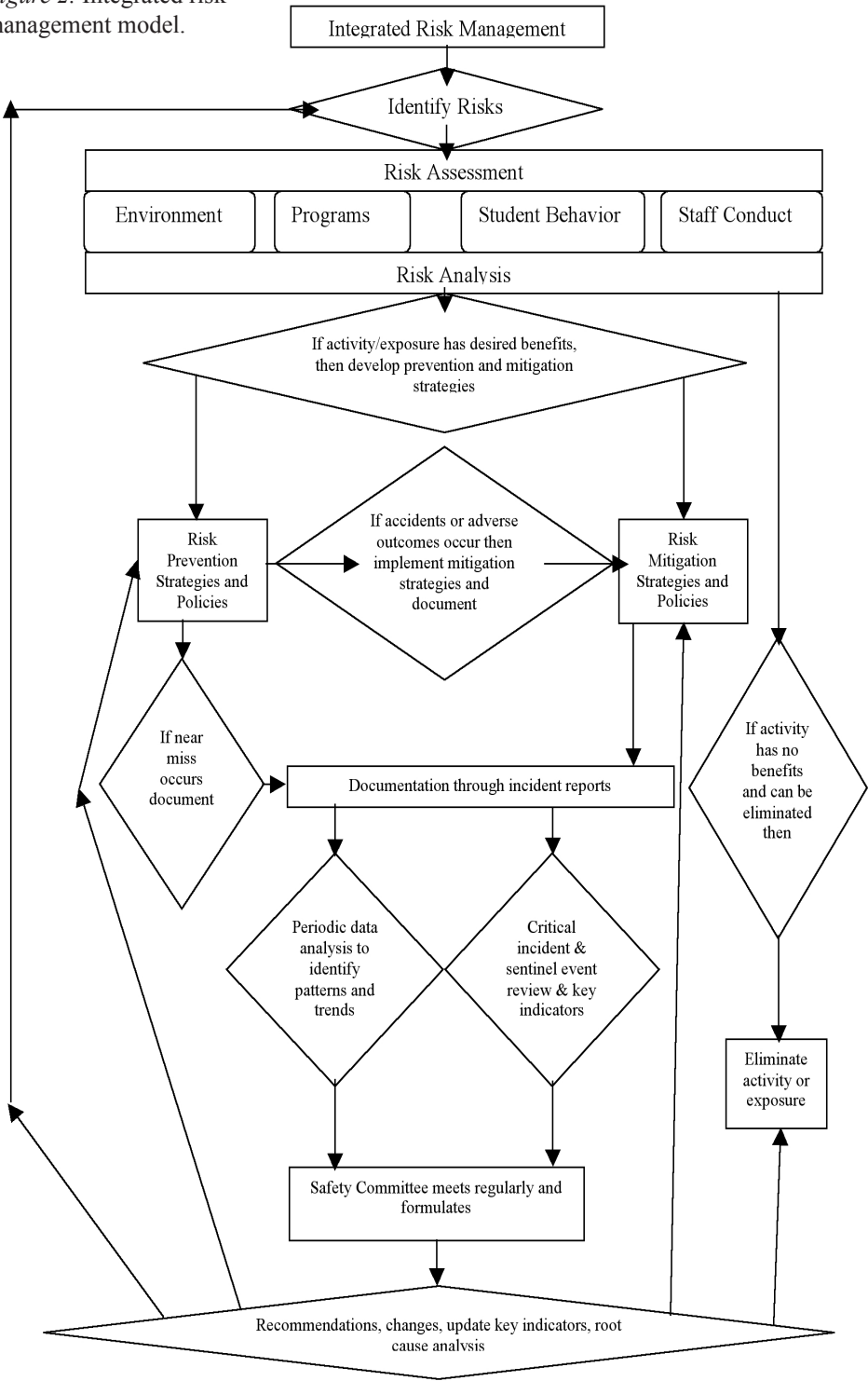
Risk assessment and analysis is the first step in the integrated risk management process. This is where programs systematically examine all aspects of their operations to determine risks and exposures. In the following example from the Mission Mountain School, this part of the process is coordinated by examining risks related to the: (1) environment, (2) programs, (3) student behavior, and (4) staff conduct.

### ***Risks Related to the Environment***

Risk related to environment entails looking at all aspects of the site, setting, and geographic area. Examples of environmental hazards schools may have to prepare for include storms, floods, earthquakes, and fires, etc. Schools in rural settings may have to deal with frequent power outages. Wildfire in the west is often a significant issue of concern. Schools may need to work with the state agencies to ensure the school and the surrounding lands are as wildfire safe as they can possibly make them. Schools may also want to invest in their own fire suppression and fire fighting equipment. Schools in the rural northwest may have risks/hazards with wildlife. For instance, the Mission Mountain School has both a wildfire and wildlife risk management plan.

Other risks related to the site are more specific to facility issues. This includes looking at common concerns in school management such as building and facility safety, fire safety, health inspection issues, food service inspection issues, water quality issues, and hazardous materials (including asbestos). Properly prepared schools possess detailed and explicit disaster management plans addressing both environmental and site related risks in the event of a problem or

Figure 2. Integrated risk management model.



crisis (Chordas, 2001).

### ***Risk Related to Program***

When examining risks related to programs at the Mission Mountain School, one key factor that emerged was the high degree of experiential and outdoor activities provided to students. Many of these activities often require transportation to access program sites. Our risk analysis and the experience of other outdoor programs suggest that the one of the greatest potential risks in experiential activities is transporting students. This is likely to hold true for many therapeutic schools. In response to this risk, prudent schools will have a vehicle maintenance plan, regular safety checks, and a driver qualification process.

Some programs may have risks particularly unique to their setting or their program. In these situations, there may not be an industry standard available. When this occurs, good risk management assessment and analysis may have additional benefits as these policies may serve to establish the industry standard. It is useful to examine different program areas to determine the potential risks associated with the individual components of a typical therapeutic boarding school. The Mission Mountain School approaches this issue by examining the functional model of program service delivery (i.e., residential, outdoor recreation, therapy, and educational programming).

*Residential.* An examination of the residential component of the therapeutic school reveals the same potential risks of chemical burns and exposures related to the use of household and industrial chemicals and cleansers one would find in any home. Many residential programs also include student chores and work components and there are potential risks arising from work or chore practices.

Health care and medical management often falls under the purview of the school nurse. There are risks associated with medication management along with risks associated with contagious illness and blood borne pathogens. Food borne illness can also be a significant risk that must be addressed by food service risk management. Again, risks associated with travel and vehicle use in the residential part of the program is perhaps all programs' greatest concern. Hotchkiss and Kowalchick (2002) provide good direction and suggestions for the

residential component of schools.

The following example is the list of potential risks identified as part of the assessment process. These risks are likely to be found in the residential component of any boarding school. Each of the potential risks that are identified should be addressed in the school's risk management plan to prevent their occurrence or reduce and mitigate the risk.

- Chemical and cleanser burns, exposures, etc.
- Burns.
- Falls.
- Unsafe work or chore practices, using tools inappropriately etc.
- Food borne illness.
- Contagious illness.
- Blood borne pathogens.
- Health care needs.
- Medication management:
  - Storage.
  - Administration.
  - Contraindications/side effects/allergies, etc.
  - Documentation.
  - Health care issues.
- Travel and vehicle related accidents.
- Fire.

*Recreation/Activities.* The Mission Mountain School operates an extensive outdoor and experiential education component in their programming. The Mission Mountain School accesses valuable information about risk management processes for outdoor recreation through the annual Wilderness Risk Management Conference, the annual Association for Experiential Education (AEE) Conference, and AEE's resources available to outdoor and experiential programs (Gass, 1998). Russell and Harper (2006) also provide useful information on the frequency of illness and injuries for participants in wilderness outdoor programs.

It is helpful to itemize the list of outdoor and experiential activities and then brainstorm the potential risks that could conceivably come

out of those activities. The following is an example of the potential risks that might be found in a typical outdoor education program. Again, each of the potential risks should be addressed in the school's risk management plan.

- Horses – injuries to humans: collisions, kicks, bites, getting stepped on, head and spine injuries, fractures, strains, & sprains, allergies; injuries to horses: kicks, bites, cuts, colic, and founder.
- Winter mountaineering -- avalanche, cold related injuries, falls, fractures, strains, & sprains, getting lost.
- Mountain biking -- crashes, head and spine injuries, fractures, strains, & sprains, heat and hydration related illness, road rash, abrasions, and contusions.
- Cross-country & telemark skiing -- falls, cold related injuries, fractures, strains, sprains, ACL injuries & avalanche.
- Wild land backcountry mountaineering, /hiking/camping --falls, fractures, strains, & sprains, heat and hydration related illness, cold related injuries, bugs, animals, hygiene, gastro-intestinal problems, and allergies.
- Rock climbing -- falls, head and spine injuries, fractures, strains, & sprains, abrasions, and contusions.
- Team sports injuries -- collisions, fractures, strains, sprains, heat related and hydration related illness, contusions:
  - Soccer -- ankles and knees.
  - Volleyball -- shoulders and wrists.
  - Baseball -- ankles, knees, shoulders, elbow and wrists.
  - Basketball -- ankles and knees.
- Triathlons -- crashes, head and spine injuries, fractures, strains, & sprains, heat, cold and hydration related illness, road rash, abrasions, and contusions, over training, ankles, knees, drowning, and cramps.
- Transportation – risks of auto accidents while driving to and from activities.

*Education/Academics.* The risks associated with academics possess many of the same potential risk management concerns one might find in any school facility. They include potential risk associated with fire, stairs, mechanical rooms, and facility maintenance. There are specific

risks associated with lab sciences, especially chemistry, physics, and biology because of the potentially reactive chemicals, glassware, and the use of an open flame powered by gas to heat chemicals. The list below is an example of potential risks that might be found in an academic program. Once again, vehicle use and risk of auto accidents emerge as primary concerns. Each risk needs a corresponding risk management plan (Chordas, 2001).

- Lab sciences including chemistry, physics, and biology may include risks related to:
  - Dangerous, toxic, reactive chemicals.
  - Burns.
  - Explosions.
  - Gas.
  - Electricity.
- Field trips and experiential education opportunities include earth and physical science, ecology and environmental science among others.
- Some wildlife observation excursions involve potential encounters with dangerous wildlife.
- If vehicle transportation is involved, that is generally greatest risk.

*Therapy.* In its manual *Standards for Behavioral Health Care* (2004), the Joint Commission on Accreditation of Health Care provides an excellent resource for risk assessment of the mental health care components of a therapeutic school. There are two kinds of risk related to therapy. One is primarily in the emotional and psychological realm and the other is in the physical realm. The risks in the emotional and psychological realm that might occur are related to misdiagnosis and ineffective treatment planning and service delivery (Cheney, 1998). However most risks related to the logistics of providing therapy (individual and group therapy, etc.) are quite low as long as the consideration of student behavior is deferred to its own program operations section. Some potential physical risks could arise from some experiential or metaphorical therapy assignments. The following is an example of the potential risks that might be found in any therapy program. Again, each should be addressed in the school's risk management plan to prevent or mitigate their occurrence.

- All therapies – incorrect diagnosis, ineffective treatment plans, lack of progress.
- Traditional individual & group therapy – physical risks are low.
- Experiential therapies:
  - Injuries related to impaired coordination due to emotion/mental stress.
  - Equine therapy -- collisions, falls, kicks, bites, stepped on, head and spine injuries, fractures, strains, sprains, and allergies.
  - Metaphoric work assignments -- overexertion, strains, sprains, heat, cold, and hydration related illness, working with tools, blisters, abrasions, and contusions.

One word of caution worth noting is that the above assessment is based on a therapeutic school model eschewing the use of therapeutic holds, or any form of physical restraint or force to manage students. Any program using therapeutic holds, restraints, seclusion, or other forms of physical behavior management must have an additional set of significant risks to evaluate and manage (NATSAP, 2004). This holds true for risks to students as well as staff.

### ***Risks Related to Student Behavior***

Student behavior is an area where there can be significant potential risks. Most therapeutic boarding schools invest a lot of time and energy in developing and implementing behavior management strategies to both engender positive pro-social change in behavior as well as to minimize and manage “risky” student behaviors. These potential risks may occur in any therapeutic school. Prudence requires each of these behaviors and potential risks have a corresponding risk management plan to prevent their occurrence or reduce the risk. Clearly there is direct relationship here between good admission screening and risk management. In addition, it is very useful to develop key indicators for each unacceptable risky behavior. These key indicators serve as an early warning system that helps predict if a student may be moving toward unacceptable behavior. A key indicator can trigger an immediate response through the integrated risk and behavior management system. The following is an example of unacceptable “risky” student behaviors:

Harm to others:

- Homicide.
- Physical or sexual abuse or assault.
- Hazing/teasing/abuse.
- Theft.
- Destruction of property.

Harm to self:

- Suicide.
- Self-mutilation.
- Risk taking or thrill seeking.

Other problem issues or student behaviors that may cause harm:

- Runaway.
- Impulsiveness.
- Preoccupation/stress.
- Clumsy/accident prone.
- Inattentive.
- Inflated sense of abilities or accomplishments.

Addictive Illness:

- Substances.
- Food/eating disorders.

### ***Risks Associated with Staff Conduct***

Most boarding schools invest a lot of energy into staff development and training to reduce the possibility of potential problems. However, prudence still requires schools examine and identify the potential risks that might arise through inappropriate staff conduct. The following is an inventory of potential risks associated with staff that might be found in a typical therapeutic boarding school. Each of these potential risks need a corresponding risk management plan to prevent their occurrence or reduce and mitigate the risk.

- Boundary issues.
- Assault/abuse/harassment – physical, sexual, or emotional.
- Inappropriate, exclusive, enmeshed, or enabling relationships.
- Substance abuse:
  - Under the influence at work.
  - Condoning substances.



- Providing substances.
- Incompetence – below standard skills, capability, and or performance.
- Negligence – neglect:
  - Not following company policies.
  - Not fulfilling responsibilities.

## **Conclusion**

Therapeutic schools enroll a population of students with a variety of mental health issues and developmental needs often associated with increased risk. Program directors, school administrators, and clinical directors may be reluctant to expose these children to any additional risk of any kind. Yet therapeutic schools tend to have a high degree of experiential learning activities to serve the needs of these students. The professional literature documents and describes the importance and need for appropriate levels of risk to facilitate and enhance learning through experiential and outdoor recreation and adventure therapy. The integrated risk management model presented in this paper provides a system wide process potentially assisting therapeutic schools and programs in addressing risks associated with serving these students.

Integrating this model with student behavior management processes provides an effective operational research tool for program directors and school managers by pinpointing areas for improvement, while at the same time identifying and enhancing beneficial risks promoting student development. The second article in this series discusses this integration and the operational implementation of risk and behavior management processes incorporating student behavior management with school improvement and provides opportunities for institutional learning and continued program development.

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