

## ABSTRACT

Title of Document: EFFECTIVENESS OF SCHOOL-BASED  
CRISIS INTERVENTION: RESEARCH AND  
PRACTICE.

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Research comprehensively examining the efficacy of school crisis intervention procedures and strategies is limited and often restricted to either author-based recommendations or descriptive accounts of crisis responses. The purpose of this study was to identify research-supported practices in school crisis intervention and complete a program evaluation of a local school system's crisis intervention procedures. Three procedures were incorporated. A set of decision rules were developed based on research in evidence-based practices to discern crisis intervention strategies that are strongly recommended, recommended, not recommended, or bearing insufficient data based upon the quality and degree of support available for the practice in the literature over the last 20 years. Upon completion of the literature coding, the crisis intervention procedures employed by a school system were evaluated by assessing the degree of match between the documented procedures and the established research-supported practices in crisis intervention. The third procedure evaluated the perceived level of effectiveness of crisis responses in the school system

through structured debriefings completed with school-based crisis teams after a crisis response.

Results of the literature coding revealed patterns of scholarship detailing 98 separate crisis intervention strategies with 7 meeting the criteria for strongly recommended, 23 for recommended, 4 for not recommended, and 64 showing insufficient data. A pattern analysis showed the majority of strategies reflecting insufficient data to code due to a lack of operational evidence or inconsistent operational definitions or implementation across studies. Results of the program evaluation indicated that the school system procedures disaggregated more broadly than the literature with fewer discrete strategies identified. A comparison of strategies showed 6 school system procedures matching with strongly recommended practices, 17 with recommended, 19 with insufficient data, and 0 with not recommended. Transcriptions from the structured debriefings were analyzed using the constant comparison method. Results revealed six categories of feedback (crisis preparedness, pre-response planning after a crisis, information flow, student support, staff support, and follow-up) with multiple themes nested within categories. Practices perceived by crisis responders to be effective or ineffective in each category were discussed. Implications on current crisis intervention practices and future research were discussed.

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SCHOOL-BASED CRISIS INTERVENTION:  
RESEARCH AND PRACTICE.

By

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Dissertation submitted to the Faculty of the Graduate School of the  
University of Maryland, College Park, in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy  
2005

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2005

## ACKNOWLEDGEMENTS

I would like to thank William Strein who offered his experience and time to this thesis as advisor, committee member, and research mentor. I would like to further acknowledge my appreciation for his support of this topic and his willingness to extend his professional experience into the realm of school crisis intervention. I would also like to thank Hedy Teglas, Natasha Mitchell, Cynthia Schulmeyer, and Steven Selden who offered their time and support to this dissertation as committee members and objective reviewers for the research ideas, methods, and procedures used in this study.

Numerous colleagues and others committed significant time and energy to help implement the methodology of this study and assist in the organization and compiling of the data. My appreciations go first and foremost to Beth Boyer who spent countless hours scheduling, facilitating, and audio-taping seven post-crisis debriefing groups in order to collect the majority of the data for this study. Additional appreciations for implementing portions of the methodology go to Janet Tlanda, JT Ridgely, and Jonathan Solomon. Appreciations for support in compiling and organizing data are extended to Heather Hill and Katelyn Mauriello.

As a final acknowledgement, I would like to extend my deepest thanks and appreciations to my wife, children, and family for their roles in supporting me through the stages of this dissertation. It was with their love and encouragement that this process came to completion. Thank you Cindi, Lexi, Connor, Chuck, Verna, Barry, Jane, Vernon, Maria, and Cory for your consistent interest in and support of my research and training.

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## CHAPTER I

### Introduction

School age children in America are increasingly likely to be impacted by a trauma or crisis within their school communities such as natural disasters, war, terrorism, school violence, or the death of a student or staff member due to accidents, illness, suicide, or homicide. Every day approximately ten children in the United States die as a result of violence (Poland & Gorin, 2002). Homicide is the second leading cause of death among 15 to 19 year olds (Thornton, Craft, Dahlberg, Lynch, & Baer, 2000). In America, a young person commits suicide, on average, every four hours (Children's Defense Fund, 1999). Suicide is the 3<sup>rd</sup> leading cause of death for 10 to 14 year olds, the 3<sup>rd</sup> leading cause of death for 15 to 24 year olds, and in 1998 more teenagers and young adults died from suicide than from heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined (Centers for Disease Control, 2002).

The high numbers of traumatic events, and the fact that student deaths by accident, homicide, and suicide are preventable have led educators, schools, and politicians to take actions. Legislation has been passed which guides programs to promote child safety, lay the foundation for safe schools initiatives, and provide for school crisis and emergency responses. The Improving America's Schools Act (IASA) amended the Elementary and Secondary Education Act of 1965 by providing federal assistance to states for the development and coordination of programs that address violence prevention, substance abuse prevention, and stricter consequences for weapon possession in school (Jacob & Feinberg, 2002). School-based efforts to address these

issues include safe schools plans, improved communication regarding violent acts, changes in school district policies, programs to identify youth at-risk for violent or illegal behaviors, and the development of school-system based crisis response teams (Jacob & Feinberg, 2002).

Crises impacting school environments are not new to educators. However, years ago it wasn't uncommon for a school's typical reaction to a crisis to be to ignore it or react impulsively to the school's needs rather than to provide a prepared, planful response (Lazarus & Jimerson, 2002; Pitcher & Poland, 1992). Researchers have advocated a different, structured approach to crisis and trauma intervention which focuses on primary, secondary, and tertiary prevention efforts along with the development of school-based and district-level crisis response teams to help restore equilibrium within the instructional environment when a school is faced with a traumatic event (Brock, 2002; Brock, Sandoval, & Lewis, 2001; Caplan, 1964; Poland, Pitcher, & Lazarus, 1996; Poland, Pitcher, & Lazarus, 2001). In addition, researchers such as Kline, Schonfeld, and Lichtenstein (1995) and Lazarus and Jimerson (2002) have taken a step beyond supporting the development of school-based crisis intervention models to acknowledge that crises present not only dangers to mental health, but also present opportunities for psychological growth which can be facilitated through effective interventions that help the student successfully adapt to the stimuli and circumstances surrounding the crisis situation.

### *Statement of Problem*

The literature in school crisis intervention provides various descriptions of and recommendations for response procedures, crisis response team training sequences, crisis team memberships, and individual and group strategies for mitigating the effects of specific crisis events such as suicide, homicide, and accidental death within the school community (Brock, Sandoval, & Lewis, 2001; Klicker, 2000; Johnson, 2000; Pitcher & Poland, 1992; Poland, 1989; Poland, Pitcher, & Lazarus, 1996; Trump, 2000). However, while crisis response in the schools and the development of school-based response strategies have a recent history, research comprehensively examining the efficacy of these strategies and crisis intervention programs in schools has been lacking (Pagliocca, Nickerson, & Williams, 2002). Specific research concerns include the lack of systematic evaluations of school-based interventions which, instead, rely solely on descriptive accounts of incidents (Poland et. al, 1996), the proliferation of ‘how to provide a crisis response’ manuals (Slaikue, 1990), and the increasing, yet unmet, need for every school district’s crisis response policy to include an evaluative component which monitors and maintains the integrity of the process. Pagliocca et. al (2002) reflected on the importance of this issue and noted that “despite the proliferation of crisis management teams and programs, few school districts have undertaken the task of evaluating their efforts” (p. 772).

### *Purpose of Current Research*

The present study seeks to identify research-supported practices in school crisis intervention and evaluate the degree of congruence between a local school system’s crisis intervention procedures and research-supported practices. The literature review provides

definitions of important terms prior to examining the extant literature focusing on crisis response procedures. Initially the review will detail the nature of crisis response in related disciplines by addressing the history of crisis response as well as current goals and principles in crisis intervention. The focus will then narrow to school-based crisis response. Current practices in school crisis intervention will be differentiated based on their basis of support in the literature. Experientially-based practices will be reviewed and followed by research-based practices. The primary focus of the literature review will be completed by documenting the current work in the field related to the development of school-based and district-level crisis teams for school systems. This will incorporate models for system-level crisis teams, roles and responsibilities for school-based and district-level crisis team members, preplanning and preparedness activities, and detailed procedures for providing a school-level crisis response. Critical findings of the literature review and needs for future research will be discussed with respect to defining and evaluating the effectiveness of school-based crisis intervention programs.

Two research goals are associated with the identified purpose of this study. The first goal is to identify practices in school crisis intervention that are supported by the experientially-based and research-based literature. In order to achieve this goal a set of decision rules will be developed to discern a supported practice from a non-supported practice based on the quality and degree of support available for the specific practice in the literature. Therefore, three research questions are associated with this goal:

1. What crisis intervention procedures are recommended by current research as effective in facilitating adaptation and coping in school populations?

2. What crisis intervention procedures specifically are not recommended by current research due to patterns of ineffectiveness in facilitating adaptation and coping in school populations?
3. What crisis intervention procedures require further research because they currently lack the depth and breadth of a research base with which to determine their level of effectiveness or ineffectiveness?

The second goal associated with this study focuses on the procedures documented in the Student Services Crisis Intervention Resource Manual developed by a local suburban public school system. This study will complete an evaluation of the crisis intervention procedures employed by the school system with a focus on assessing the degree of match between the documented procedures and newly established research-supported practices in crisis intervention. A second part to this goal will examine, through structured debriefings, the perceived level of effectiveness of the documented procedures based on the responses of school-based crisis teams after a crisis response. Two research questions are associated with this goal:

4. To what degree are the Howard County Public School System's crisis response procedures informed by and consistent with research supported crisis intervention practices?
5. What specific practices are perceived by school-based crisis response teams as effective or ineffective in facilitating adaptation and coping within their school communities?

## CHAPTER II

### Literature Review

School crisis intervention has received an increasing amount of attention in mental health and educational fields in the last decade due to a recognition by professionals, based on lessons learned in schools nationwide, that efforts must be taken to study, develop, and provide training in strategies and procedures for crisis planning and management (Brock, Sandoval, & Lewis, 2001; Poland, Pitcher, & Lazarus, 2001). The result of this recognition and focus has been a proliferation of professional literature addressing crisis intervention topics definitions of terms, school safety, suicide and violence prevention, strategies for intervening in emergency or crisis situations, structures for individual and group crisis counseling, and recommendations for designing, implementing, and structuring school-based crisis response teams (Brock et. al, 2001; Brock, 2002; Brock & Poland, 2002; Klicker, 2000; Johnson, 2000; Sandoval, 2001; Stevenson, 2002; Trump, 2000). The current literature review draws from a variety of sources and professions in order to identify and organize documented practices in developing school-based crisis teams and providing crisis intervention support in schools. Definitions of important terms are provided prior to investigating the research-based and experientially-based crisis response literature in related disciplines and in school psychology. Models and role definitions for school and district level crisis teams will be reviewed as well as critical findings of the literature review and needs for future research.

### *Definition of Terms*

Within the professional literature in community and school crisis prevention, intervention, and postvention, the terms crisis and crisis intervention are used liberally to describe specific events, emotional reactions to situations, strategies for providing emotional support, and procedures for managing unexpected scenarios. An equally broad range of events and ideas are described by related terms such as school emergencies, school-based emergency response, trauma, grief, bereavement, and grief/bereavement counseling. Due to this variability across authors and practitioners, the following definitions of terms are included in the literature review as a step toward defining the conceptual and practical parameters of the field of school-based crisis intervention that will be further explored in the purpose and methodology of the current study.

Pitcher and Poland (1992) noted that crisis is a popular concept, however, a core meaning or theoretical basis has not been firmly established around it. Researchers have attempted to clarify and differentiate between a variety of related terms including crisis, crisis situation, crisis response, crisis intervention, and crisis management. For the purposes of this study, the three terms of *crisis event*, *crisis state*, and *crisis intervention* are applied and defined to include key characteristics and components identified by the extant literature.

Chronologically, it is assumed that a crisis event, or situation, precedes a crisis state, which precedes crisis intervention or management strategies. While the terms used vary, this progression is supported by current conceptualizations of crisis response (Brock, Sandoval, & Lewis, 2001; Pitcher & Poland, 1992; Sandoval, 2002; Schonfeld,



Lichtenstein, Pruett, & Speese-Linehan, 2002). In defining these terms it is important to note that while formal attempts at defining crises often acknowledge precipitating events, most definitions focus on the emotional state and perceptions of the individual rather than the events related to the crisis response (Pitcher & Poland, 1992).

### *Crisis Events*

The role of situational factors in crisis functioning can be examined by reviewing event precipitants and taxonomies for crisis response that allow practitioners to predict and contextualize crisis events in order to inform treatment planning. The most comprehensive definition for a crisis event, and the most applicable for a range of crises, is offered by Klein and Lindemann (1961). These authors used the term *emotional hazard* to describe a crisis event and stated that:

“An emotional hazard refers to any sudden alteration in the field of social forces within which the individual exists, such that the individual’s expectations of himself and his relationships with others undergo change. Major categories of hazards include: (1) a loss or threatened loss of significant relationships; (2) the introduction of one or more new individuals into social orbit; (3) transitions in social status and role relationships as a consequence of such factors as (a) maturation, (e.g., entry into adolescence), (b) achievement of a new social role (e.g., marriage), or (c) horizontal or vertical social mobility (e.g., job promotion)” (p. 284)

Stevenson (2002) and Pitcher and Poland (1992) offer definitions for crises, which provide a similar focus on situational characteristics and further the notion of developmental transitions as potential crises. Both definitions account for a serious or

hazardous precipitating event and a turning point, or state of vulnerability, which results in an active state of crisis. Within the notion of ‘turning point’s’ Stevenson (2002) noted the critical role of crisis events in childhood, adolescence, and adulthood and the fact that crises present not only as emotional hurdles, but also as critical incidents where either recovery or dysfunction may follow. In addition to these qualities, Brock (2001) added that potentially traumatic crisis events are extremely negative, depersonalizing, and have a potential for a large-scale impact.

A key component in these definitions is the acknowledgement that crisis events may reflect planned transitions in a person’s life as well as sudden, unexpected tragedies. Subsequent works in crisis intervention have applied these concepts to derive the crisis taxonomies described by Sandoval (2002), Brock et. al, (2001), Slaikeu (1990), and Poland, Pitcher, and Lazarus (2001). Crisis theorists generally categorize crisis events into two types, *developmental* or *situational*. Developmental crises include events that are related to individual transitions from one stage of development to another, such as entering school, entering adolescence, or graduation. Situational crises are unexpected events with a sudden onset which have the potential to impact full communities. Due to their unpredictable nature, situational crises such as death, accidents, natural disasters, and acts of violence can have a significant and immediate impact on a person’s emotional equilibrium (Brock, 2001).

A more comprehensive and functional taxonomy of crisis events is offered by Baldwin (1978) who categorizes crisis events into six classes. This taxonomy also bridges the gap between crisis events and an active crisis state by focusing both on the individual response and the nature of the trauma. The six classes include:

- a) dispositional crises,
- b) anticipated life transitions,
- c) psychiatric emergencies,
- d) maturational-developmental crises,
- e) crises reflecting psychopathology, and
- f) traumatic stress.

Dispositional crises reflect distress resulting from problematic situations in which the person lacks the information, motivation, and adaptive skills to deal with in a constructive way (e.g., weight problems). Anticipated life transitions reflect stressful, yet expected life changes such as moving, childbirth, and marriage. Psychiatric emergencies reflect personal crisis situations where an individual's cognitive and emotional functioning are impacted to the point of severe impairment. Maturational-developmental crises include an individual's internal attempts to deal with deeply personal issues such as value conflicts, sexual identity, and emotional intimacy. Crises reflecting psychopathology include scenarios where a preexisting condition manifests itself in symptoms that may reach crisis proportions (e.g., a child with anorexia nervosa whose symptoms become life threatening). The final class of crises, traumatic stress, is synonymous with situational crises as described previously. These events trigger significant emotional responses and are precipitated by externally imposed stressors which are generally outside of a person's expectation or control.

Crisis events, therefore, can be assumed to have a situational component, to be expected or unexpected, and to relate to a variety of inter- or intrapersonal stressors including maturational, dispositional, or psychiatric issues. The impact of the crisis event

will differ among individuals and whether a similar event creates a similarly active and manifested state of crisis in different people is highly variable. It is important to note that simple exposure to a potentially traumatic crisis event does not directly cause a person to experience a state of crisis. Perhaps Stevenson (2002) is most accurate by stating that “an event, situation, or circumstance is a crisis if we believe it is”. For the purposes of the current study, the term *crisis event* will refer to situational crises because circumstances falling within this class of events (e.g., death of student or staff member) are the most likely circumstances to have the broad impact in a school building that would require the support of a crisis response team.

### *Crisis State*

As with crisis events, the notion of *crisis state* is open to varying definitions and interpretations, as researchers acknowledge the subjective nature of an individual’s response to crisis events. Structured criteria for operationalizing the concept of *crisis state* are available. While the terms used again vary, agreement can be found among researchers for the determinants of entry into crisis functioning. Klein and Lindemann (1961) extrapolated from their definition of emotional hazard to describe crises as the acute and frequently ongoing “disturbance that may occur in an individual or social orbit as result of an emotional hazard” (p. 284). In addition to acknowledging stress and disturbance due to crisis events, Brock (2001), Pitcher and Poland (1992) and Greenstone and Leviton (2002) add a focus on the role of an individual’s coping strategies in defining an individual’s state of crisis. Greenstone and Leviton (2002) suggest that when stress and tension are experienced in a person’s life then stress escalates to unusual proportions while simultaneously the individual’s coping strategies become increasingly ineffective

which creates the potential for a crisis to occur. Brock (2001) and Pitcher and Poland (1992) describe crises as characterized by a significantly discomforting or threatening experience related to a seemingly unsolvable problem with which the individual is, at least temporarily, unable to manage in terms of exercising personal power over their environment.

Further validation for the importance of looking at not only stressors, but also at an individual's coping mechanisms in determining crisis functioning is provided by Aguilera (1998), Brock (2001) and Young (1998). Within her comprehensive manual for developing and implementing community Crisis Response Teams (CRTs), Young emphasized the importance of viewing crisis functioning as an imbalance between a person's stressors and adaptive capacities. She described a co-dependant relationship between the two such that when a person's adaptive capacities exceed their stressors, they are functioning in a non-crisis mode. However, when a crisis event occurs and the person's stressors exceed their adaptive capacities, then they begin functioning in an impacted, crisis mode. Aguilera (1998) and Brock (2001) added that an important characteristic of functioning in a crisis state is the opportunity for either danger or growth. Both authors examined the inherent vulnerability, weakened adaptive skills, and availability to therapeutic influence reflective of crisis states and noted that opportunities for growth are present as the individual is forced to either cope maladaptively with the trauma or develop new problem-solving strategies to return to a level of emotional equilibrium. These conceptualizations offered by Brock (2001) and Young (1998) not only illustrate a notion shared by other researchers, but also provide the framework for

constructively assessing and meeting the needs of any person in crisis through crisis intervention and management techniques.

### *Crisis Intervention*

In its broadest sense, crisis intervention refers to actions taken in the aftermath of a perceived crisis event. Considering the range of crisis events that may require intervention, there are inherent difficulties in such a nonspecific application of the term (Pitcher & Poland, 1992). Reconsidering Bradley's (1978) taxonomy of crises from an intervention standpoint, it is clear that a crisis reflecting psychopathological or psychiatric needs may demand the need for immediate physical restraint and medical support as well as intensive, long-term therapeutic care. A dissimilar crisis event, such as a maturation-developmental crisis, may require no formalized intervention at all, or may necessitate more reflective, goal-oriented counseling supports. On the other hand, both scenarios require an organized set of preplanned procedures that guide the practitioner through the steps in providing the crisis response. Currently available definitions have shown variable success in finding the balance between specificity and generality such that the term is not overly inclusive of a broad variety of strategies, or under inclusive such that crisis intervention ends up referring to only one subset of activities (e.g., crisis counseling). To effectively understand crisis intervention as a discipline and practice it must be understood to encompass a range of procedures (e.g., policies, role definitions), strategies (e.g., counseling, staff communication), and steps (e.g., assessing the degree of impact, operational debriefings) which are aligned by common outcomes and goals.

In addition, school crisis intervention should be differentiated from school emergency management. Johnson (2000) described both processes and separated the procedures by goals and functions. He noted that emergency management serves five primary functions which provide building-level and systemic support for managing the immediate instability, suddenness, and threat of the crisis and stabilizing the environment: (a) management, (b) planning/intelligence, (c) operations, (d) logistics, and (e) finance/administration. With a focus on managing the event, emergency management might be referred to as the set of ‘first responses’ (law enforcement, fire and rescue, etc.) that, if an incident directly involves students or staff (e.g., victims, witnesses, etc.), must be completed prior to addressing the more supportive, goal-oriented, and ongoing ‘secondary responses’ of crisis intervention.

Specific structures, which define the goals and principles of crisis intervention, have been conceived. Greenstone and Leviton (2002) view crisis intervention as a set of techniques used to interrupt the downward spiral of maladaptive behaviors that are manifested during an active crisis state. They add that interveners should accomplish this goal as quickly and skillfully as possible in order to return the individual to a precrisis level of functioning. These researchers do not view crisis intervention as an ongoing support, rather they view it as a structured method for dealing quickly with an immediate problem, analogous to the use of an emergency room for medical needs.

Brock (2001) and Poland et. al (2001) offer an alternate framework. These authors define crisis intervention in terms of three phases of prevention originally conceptualized by Caplan (1964). Caplan described primary prevention activities as including steps to prevent crises from occurring at all, secondary prevention to include

immediate responses to a crisis event, and tertiary prevention to reflect longer-term supports.

While Brock (2001) and Poland (2001) do not offer a formal definition for crisis intervention at each stage, the authors provide defined activities to be completed within each stage. Primary prevention activities, such as pregnancy and suicide prevention, seek to prevent crises from occurring by minimizing the exposure of individuals to traumatic situations and by increasing resilience to future traumas through the development of individual coping strategies. Secondary prevention activities provide early and direct intervention to individuals in a crisis state in order to “(a) shield the crisis victim from any additional stress, (b) assist the victim in organizing and mobilizing his resources (family and community), and (c) return the victim, as much as possible, to a pre-crisis level of functioning” (Mitchell & Resnick, 1981; p. 11). Tertiary prevention refers to psychotherapeutic activities designed to repair the disturbances created by crisis events that have had an ongoing impact. Within the field of school crisis response, secondary prevention efforts may include the provision of support to at-risk groups of individuals (e.g., close friends of a victim) while tertiary efforts may include focused, longer term supports provided on an indicated basis for students experiencing ongoing and involved grief reactions.

The activities described through Caplan’s prevention model represent the platform for crisis response across professions, disciplines, and chronology of response. Broadly defined, these activities can be completed for a range of events and issues, however applied to specific scenarios (e.g., bank robbery witnesses versus school-based response to the suicide of a student) the program for direct intervention will take a



different form. Within the field of school crisis response, the focus of crisis intervention procedures has been, and will be for this study, on secondary prevention efforts which are completed with the goal of minimizing any further impact of the event on the individual or school community. Specific models and strategies have been developed for school-based responses to crises and will be detailed following a discussion of the broad crisis response field from which it draws its experience.

### *Crisis Response In Related Disciplines*

School-based crisis intervention teams are experiencing increased acceptance in recent years by educational institutions as a viable, potentially effective set of responders to facilitate coping in the wake of traumatic events (Poland, Pitcher, & Lazarus, 2001). Crisis response strategies are not, however, new to researchers and practitioners in counseling psychology, psychiatry, and related mental health fields. For decades, researchers have applied and described the use of post-crisis support strategies such as providing grief/bereavement support, identifying and mapping the psychological needs of survivors, and facilitating the application of coping strategies (Aguilera, 1998; Brock et. al, 2001).

### *A History of Crisis Response Practices*

The foundations of crisis intervention are widely attributed to Lindemann and Caplan who each pioneered specific pieces of crisis intervention between the 1940's and 1960's, which supported the development of modern methods for conceptualizing and supporting psychological needs stemming from traumatic events (Aguilera, 1998; Brock et. al, 2001; Caplan, 1964; Lindemann, 1944; Pitcher & Poland, 1992; Sandoval, 2002). In the early 1940's Lindemann and his colleagues provided community mental health

support, specifically efforts to support survivors during the aftermath of a fire in a Boston nightclub called The Coconut Grove, which cost 493 lives. Along with colleagues from the Massachusetts General Hospital, Lindemann provided the first systematic observations of victims, families, and loved ones reacting in the aftermath of a natural disaster. Specifically, Lindemann recorded the psychological symptoms of the survivors of the fire and set the groundwork for subsequent stage-based theories of grieving (Aguilera, 1998).

Following his observations of and work with the survivors of the fire, Lindemann (1944) fostered the belief that community care providers could facilitate the movement of bereaved people through the grief process and consequently minimize future psychological difficulties (Aguilera, 1998). To support this endeavor, Lindemann helped open the Wellesley Human Relations Service in Boston in 1948 and by so doing, established one of the first community mental health agencies focusing on the provision of short-term therapy. His initial efforts focused on pioneering therapeutic approaches that attempted to support positive mental health and prevent emotional instability across the population. Based on his previous work with the Coconut Grove fire, Lindemann focused on bereavement activities because, as an event, bereavement would predictably lead to emotional instability, at least temporarily, in a large majority of society.

Lindemann's subsequent insights into bereavement led to the development of modern conceptualizations of crisis functioning (Aguilera, 1998; Pitcher & Poland, 1992; Sandoval, 2002). With the survivors of the fire, Lindemann differentiated between brief and abnormally extended emotional reactions to the event and began to draw a relationship between adaptive capacities and stressors for those experiencing a crisis. He

created a framework to understand emotional crises in which certain expected events (e.g., childbirth) could be viewed as traumatic situations that required the application of adaptive strategies to cope with the emotional strain generated by the event. He theorized that the use of adaptive strategies could lead either to successful coping with the event or to failure manifested in prolonged reactions to the event and that although the same situations generally create stress for all people, they become crisis states only for those individuals who are particularly vulnerable to the event or whose adaptive capacities are outweighed by the emotional strain.

At the Wellesley center, Lindemann and Caplan collaborated to establish a community mental health program in which Caplan became another key figure in crisis intervention by crafting the concept of developmental crisis periods in individuals and groups (Aguilera, 1998; Pitcher & Poland, 1992). In addition to his conceptualization of primary, secondary, and tertiary prevention, Caplan defined crises in terms of an emotional equilibrium that could be disrupted through four predictable phases. He noted an initial increase in anxiety/tension due to a crisis event followed by unsuccessful problem-solving due to the continued impact of the stressful event. The third phase comprised of an increase in anxiety due to the lack of further adaptive strategies which led to the 'breaking point', at which time the individual could receive emotional support in applying strategies that would eventually lead to either non-solution or the creation of a new, healthy state of equilibrium. By applying Erikson's theories of developmental crises, Caplan viewed these crisis phases as predictable and preventable. His premise that the outcome could be anticipated and positively impacted by the support received in applying creative problem-solving strategies supported the development of crisis

counseling techniques as well as the field of preventive mental health (Aguilera, 1998; Caplan, 1964; Sandoval, 2001).

Additional strategies and practices were built on these ideas in the 1960s and 1970s to address a variety of crisis intervention needs in community mental health centers and hospitals (Pitcher & Poland, 1992). Pitcher and Poland (1992) provided a clear chronology of the growth of crisis support resources available to communities that began with the passing of the Community Mental Health Centers Act in 1963. The act supported the provision of mental health services outside of hospitals and mandated that the centers provide 24-hour crisis care support. The authors noted that in the next decade, multiple practices reflective of current crisis care developed including 24-hour hotlines, brief therapy research, grief therapy and grief counseling strategies, the use of paraprofessionals, and a focus on evaluating services. The use of preventive community services continued, yet did not slow the need for increased crisis support services over subsequent decades. Pitcher and Poland (1992) added that crises which originally presented in community health centers mirrored those now seen in schools where mental health workers (psychologists, counselors, etc.) have increasingly been used for preventive and consultative supports as well as crisis intervention.

#### *Current Principles in Crisis Intervention*

Currently supported crisis intervention techniques vary in theoretical premise, settings, structures, and sequences of procedures. Researchers and practitioners have used various frameworks to articulate the goals, methods, and outcomes deemed most appropriate when a crisis response is warranted. Many frameworks advocate a uniquely crafted response model that relies on specific theoretical underpinnings and assumptions

about the nature of crises, human responses to crises, and specific methods for effectively assessing and intervening with individuals experiencing a state of crisis (Brock et. al, 2001; Liese, 1995; Mitchell & Everly, 2003; Poland et. al, 2001; Sandoval, 2002; Young, 1995; Young, 1998). With such a range of intervention strategies it is important to identify and understand underlying similarities, which, despite differences in application, provide the common thread binding these practices together as a discipline.

The starting point for any discussion of direct intervention strategies or implementation of procedures lies in the establishment of goals and guidelines. Roberts and Dziegielewski (1995) identified multiple purposes for goals within crisis intervention. Goal statements are considered to direct the structure of professional practice in crisis intervention, permit practitioners to reflect on their skill levels in working within specific circumstances, drive the implementation of necessary interventions, and provide the framework for measuring the effectiveness of the treatments. While specific crisis intervention goals may be identified for individuals within a comprehensive response, general goals have been established by researchers to define and guide the field of crisis intervention as a whole (Sandoval, 2002; Young, 1995; Young, 1998).

Young (1995, 1998) described five broad goals for crisis intervention utilized by the National Organization for Victim's Assistance (NOVA) in its implementation of a nationwide community Crisis Response Team (CRT) model. These goals vary in terminology from other established guidelines (Sandoval, 2002; Roberts & Dziegielewski, 1995), yet encompass generally agreed upon statements of need and direction for crisis intervention. The five goals established by NOVA include three

focused on intervening at the point of immediate crisis reactions and two directed at long-term crisis reactions:

- a) safety and security (*immediate*),
- b) ventilation and validation (*immediate*),
- c) prediction and preparation (*immediate*),
- d) rehearsal and reassurance (*long-term*), and
- e) education and expertise (*long-term*).

The goals focused on immediate reactions direct intervention efforts within hours to days of a crisis event, while the goals focused on longer-term reactions (weeks to months) may guide ongoing interventions and follow-up activities as postvention measures.

The first goal is to support the victim in reestablishing a sense of *safety* and *security* (Young, 1995). When functioning in a crisis state, a person may perceive that they are physically in danger, exposed to unsafe environmental or psychological stimuli (sights, sounds, smells, etc.), unable to meet basic functional needs (shelter, clothing, etc.), or not in control of information (e.g., location of loved ones, privacy and confidentiality regarding the loss of a loved one). While safety needs may relate more directly to the immediate victims of a disaster than security needs, both are critical to address with anyone in a crisis state whose perception is that they continue to be in physical or emotional danger.

Once the individual in crisis has reestablished a personal sense of safety and security, the second goal of intervention is to allow them to *ventilate* and *validate* their experience by sharing their personal story, retelling their chronology of events, and having their perceptions heard and validated as important, relevant, and uniquely

personal. Based on the premise that individuals in crisis feel overwhelming emotional turmoil which needs to be identified, labeled, and problem-solved, these goals drive interventions which help the individual to apply concrete names, descriptions, and memories to reactions, understand anticipated patterns of crisis response, and feel normalized by hearing and reflecting on the legitimacy and normalcy of their reactions when compared to others in crisis.

The final goals in immediate crisis intervention are *prediction* and *preparation*. Intervention techniques applied at this phase involve helping the individuals in crisis to anticipate upcoming concerns, problems, issues, and conflicts which may result from the crisis event and develop basic plans of action for dealing with them. Prediction may address a range of practical and emotional issues including relocation, reentry into school or job sites, financial issues, legal issues (e.g., criminal or civil justice proceedings), medical concerns, body identification, funeral planning or attendance, media involvement, survivor issues, memorializations, and religious problems (e.g., conflicting beliefs regarding suicide). By forward planning with the individual in crisis and diagramming the upcoming days, weeks, and months, the interventionist empowers the client to explore, understand and address issues as they arise. Preparation tasks for the intervention provider include validating and highlighting currently available coping strategies and social supports, answering questions regarding accessing supports, and linking clients with appropriate and accessible resources for addressing identified issues and needs.

When delineating goals for ongoing, long-term intervention, Young (1995) noted the importance of *rehearsal* and *reassurance* as important practical steps in planning for difficult events that lie ahead. Rehearsal and reassurance refers to the idea that victims and survivors of crises may benefit from mentally and, at times physically, rehearsing the constructive coping strategies which enabled them to successfully negotiate the demands of the crisis situation. In an effort to solidify feelings of self-resilience and empowerment, these efforts reassure clients of their ability to manage similar circumstances.

The final goals articulated by Young (1995, 1998) are to provide *education* and *expertise* to victims and survivors. Any information shared or discussed is intended to help clients address practical issues resulting from the crisis event. Ongoing informational needs may pertain to criminal or civil court procedures, stages of crisis response, victimization, or managing stress. Awareness drawn from discussions or literature is but one step toward internalizing and applying new information. The provision of ongoing support should assist clients in developing and integrating new skills into their post-crisis daily functioning. These skills may focus on relaxation, communication, problem-solving, time management, nutrition, or other areas forced into disequilibrium by the crisis event.

Within these goals, or directions for practice, lie implicit and explicit expectations for crisis response procedures, strategies, and principles. Sandoval (2002; pp. 12-16) identified both goals and principles for crisis intervention, which bridge the gap between identifying directions for procedural design and implementation and delivery of applied strategies for directly supporting individuals in crisis. Starting from a broad perspective



to help define the specifics of crisis intervention, Sandoval's goals show variations in terminology from Young's (1995), yet reflect similar expectations for crisis intervention:

- a) establish the meaning and understand the personal significance of the situation,
- b) confront reality and respond to the requirements of the external situation,
- c) sustain relationships with family members and friends as well as other individuals who may be helpful in resolving the crisis and its aftermath,
- d) preserve a reasonable emotional balance by managing upsetting feelings aroused by the situation, and
- e) preserve a satisfactory self-image and achieve a sense of competence and mastery.

Based on similar beliefs as Young's (1995, 1998) goals, Sandoval identified the need for individuals in crisis to be supported in drawing personal meaning from the situation, identifying and accessing available resources to manage unchanged demands in their lives (e.g., school, work) as well as changed demands, maintaining supportive relationships, and integrating newly developed insights, perspectives, and competencies into a permanently changed sense of self. Roberts and Dziegielewski (1995) remind us that the word *crisis* was developed from two Greek root words indicating 'decision' and 'turning point' and is currently represented in Chinese by symbols representing 'danger' and 'opportunity'. Therefore, it is, perhaps, the defining characteristic of crisis intervention that practitioners acknowledge and seek to achieve this outcome for clients of developing permanently changed senses of selves as "breakthroughs" rather than "breakdowns" (Roberts & Dziegielewski, 1995; p. 8).

The supports provided to individuals in crisis through comprehensive crisis response plans and directive crisis counseling assist in mitigating the immediate and long-term impact of crisis events, yet demand unique planning skills and knowledge from providers due to the clear differences between the previously identified goals and those of school or community counseling situations of a non-crisis nature. Brock et. al (2001) supported this point by drawing a clear distinction between the provision of *psychological first-aid* which reflects therapeutic supports provided to immediately address the acute, crisis event and *psychotherapeutic techniques* which encompasses ongoing, follow-up mental health interventions. While the goals and principles discussed up to this point support effective practice in developing broad intervention and response plans as well as individual or group counseling situations, special attention should be paid to discussions in the literature focusing specifically on the provision of individual and group counseling support as one of the critical components of a comprehensive crisis intervention plan. Within this focus, researchers have identified guiding principles, intervention techniques, and counseling theories considered to be closely aligned in philosophical underpinnings, and methods of delivery with the goals for crisis intervention (Brock, 2002; Brock et. al, 2001; Fairchild, 1986; Liese, 1995; Nader & Muni, 2002; Roberts, 1995; Saigh, 2002; Sandoval, 2002).

#### *Current Principles in Crisis Counseling*

Aguilera (1998) and Jacobson, Strickler, and Morely (1980) provided the most basic distinction toward understanding crisis counseling techniques. These authors partitioned crisis counseling strategies into one of two categories, *generic* or *individualized* approaches. Generic approaches make assumptions about the process for

crisis resolution depending on the specific type of crisis experienced (e.g., loss of a loved one) and attempt to move the individual experiencing the crisis state through this resolution process as quickly and comfortably as possible. This approach focuses directly on the type of crisis experienced rather than the individual in crisis and often includes tasks or phases (e.g., phases of mourning) which any individual experiencing the same crisis state is assumed to have to negotiate successfully in order to return to a pre-crisis level of functioning. Individualized approaches emphasize a more comprehensive understanding of the individual's specific needs independent of the type of crisis. Practitioners applying this approach would be expected to rely less on stage-based theories of crisis response and more on applying individualized assessment and intervention strategies to understand and meet the psychological and emotional needs of the individual during the crisis state.

Current practices in crisis intervention appear, to some degree, to blend generic approaches (e.g., NOVA's (Young, 1998) use of *prediction/preparation* and *education/expertise* to educate about normal responses to grief) with individualized approaches (e.g., intervention goals focusing on reflective listening and validation of the individuals' crisis experience). With an appreciation for an individualized approach, Sandoval (2002, pp.15-16) provided a solid foundation for crisis counseling by identifying multiple principles and strategies from counseling psychology research as well as the crisis intervention literature which would be particularly well-suited to facilitating the achievement of the aforementioned goals: a) begin counseling immediately to avoid additional emotional impairments, b) show competence in modeling coping and problem-solving strategies, c) listen to the facts and stories of the

situation, d) explicitly reflect the individual's affective experiences and feelings, e) control the pace of understanding and exploring the crisis situation, f) do not encourage or support blaming, g) provide realistic and truthful reassurances, h) explicitly recognize the importance in taking actions to restore the client to an active versus passive, victim role in their life, i) facilitate the re-establishment of social networks, j) engage in focused problem-solving after initial explorations and understandings have been accomplished, and k) structure equality within the relationship to encourage self-reliance.

Roberts and Dziegielewski (1995), Liese (1995) and Brock et. al (2001) took the final steps in defining psychological first-aid by linking these goals and principles with specific structures and techniques. Roberts and Dziegielewski (1995) and Liese (1995) advocated the use of time-limited cognitive therapy strategies due to the short-term nature of crisis intervention and its documented effectiveness in providing therapeutic gains with minimal treatment provision. Characteristics of cognitive therapy that make it ideal for crisis intervention, according to Liese (1995) and Freeman and Dattilio (1994), include that it is directive, structured, short term, psychoeducational, social/interpersonal, collaborative, dynamic, and active. The authors concluded that by applying theories of cognitive schema to crisis intervention, practitioners became equipped with the necessary tools to understand the individual's subjective interpretation of the crisis event, assess the degree to which these perceptions are problematic in terms of errors in cognitive inferences, explore the individual's options, and develop and monitor a plan of action.

Liese (1995) and Brock et. al (2001) endorse similar intervention structures and describe therapeutic techniques which are easily communicated with Brock et. al's mnemonic of MEET-U: **M**ake psychological contact, **E**xplore dimensions of the

problem, Examine possible solutions, Assist in Taking concrete action, Follow-Up.

Within a time-limited cognitive therapy structure, specific techniques for making psychological contact include the use of empathy, respect, and warmth. The application of active listening skills, effective nonverbal communication, and respect provide validation to the individual of both the nature of their crisis experience as well as their ability to overcome crisis related issues. Exploring the dimensions of the problem requires directed dialogue that helps the therapist assess the immediate past (crisis precursors), present (crisis event), and immediate future (crisis problems) (Brock et. al, 2001). Techniques recommended to achieve this goal include collecting background information, examining the crisis experience through active listening and direct inquiry, assessing currently available social and personal resources, and differentiating between immediate and long-term issues to problem-solve.

The third step in providing immediate intervention involves identifying courses of action which address identified problems. At this stage, the interventionist can focus on identifying coping strategies already attempted, exploring, modeling, and practicing additional strategies, and offering other problem-solving options. The final two stages in providing psychological first-aid include translating the individual's currently available adaptive skills into a plan of action for managing current problems or issues created by the crisis event. It is critical that intervention providers support clients in structuring realistic, explicit plans of action that are monitored for implementation integrity and progress.

### *Current Practices in School-Based Crisis Intervention*

Effective school-based crisis response teams implement specific procedures and strategies from educational as well as other related disciplines which anticipate potential problems and create mechanisms for resolution (Kline, Schonfeld, & Lichtenstein, 1995). A range of interventions may be applied during a school crisis response, including consultation, debriefing, information sharing, staff training, and counseling. When implemented properly, these techniques help contain the impact of the crisis, return the learning environment to its pre-crisis functioning, and minimize long-term effects of the crisis on the school community (Johnson, 2000).

The field of school crisis response suffers from a lack of systematic evaluations of comprehensive response programs that integrate these techniques into comprehensive response models. Despite the limited research support for systematic crisis response procedures in the wake of a school crisis, there is a growing body of professional literature that largely supports a specific set of experientially based strategies and techniques as critical to an effective school crisis response (Brock et. al, 2002; Kline et. al, 1995; Johnson, 2000; Pitcher & Poland, 1992; Trump, 2000). Researchers and practitioners have integrated this experiential learning in schools with research-based methods in crisis intervention, conducted with children outside of school responses, to develop structures for school crisis response and address issues ranging from conceptual models for team development to roles and responsibilities to step-by-step methods for providing direct support in the aftermath of a crisis (Pitcher & Poland, 1992; Johnson, 2000; Brock et. al, 2001; Klicker, 2000; Trump, 2000). An overview of ‘assumptions’ in practice and research-based techniques will be followed by a comprehensive discussion

regarding the applied crisis response practices derived from the integration of these two sources of knowledge.

### *Experientially-Based Practices in School Crisis Response*

Pagliocca et. al (2002) drew a distinction in the literature between ‘assumptions’ in crisis response based on experiential learning as opposed to empirically-based practices in crisis response. Assumptions generally include broadly accepted practices in the field that are often based on ‘plausible conceptual assumptions’ but have not been rigorously examined in practice (Vernberg & Vogel, 1993). These guidelines are drawn from a variety of qualitative methods including extrapolating from counseling theories, developing practices based on assumptions about crises, applying effective communication strategies, and modifying practices due to ‘lessons learned’ from responses delivered.

Although they are not systematically evaluated through quantitative research designs, experiential practices do hold value in the field of crisis response. Due to inherent difficulties controlling the variables involved in crisis intervention, experientially-based practices are often debated, yet provide responders with available, flexible, and practiced strategies which have often been molded to their current state through multiple implementations and operational debriefings focused on self-reflection and improvement in the effectiveness of the response. Considering the strong influence of these practices, Pagliocca et. al (2002) encouraged practitioners not to consider them ineffective by virtue of their lack of research support, rather to consider them valuable as recommendations that require additional scrutiny in order to document their effectiveness within school practice.

Pagliocca et. al (2002) and Vernberg and Vogel (1993) identified examples of common assumptions in the school crisis response literature that suggest areas for future research. A first assumption is that for maximum effectiveness, crisis interventions must take place as quickly as possible after the traumatic event. Based on beliefs in practice that individuals functioning in a crisis state are suggestible, susceptible to developing problems, and motivated to improve, immediacy in response leads responders to thinking about crises in terms of hours and days rather than weeks or months. A related assumption is that the school represents the optimal location for treatment to occur, including times when the crisis occurs within the building. In this case the belief in proximity may be based on a variety of principles including early discussions about treating military casualties in the field, providing supports through familiar people in a familiar setting, and encouraging individuals to resume routine, familiar roles quickly following a traumatic event (Pagliocca et. al, 2002).

A second set of assumptions relates to the delivery of direct counseling services to students experiencing a crisis. While some of these assumptions are built on limited empirical evidence, others reflect practices that are strongly debated in the field. For example, advocates can be found in practitioners and researchers alike for the critical role of debriefing and other small group interventions (Mitchell & Everly, 2003; Nader & Pynoos, 1993; Poland, 1996; Young, 1995; Young, 1998) while others argue that debriefing may not be as effective as previously assumed and, at times, may be harmful (Avery, King, Bratherton, & Orner, 1999). The practice of debriefing individuals in crisis has a documented history in the field of crisis response (Aguilera, 1998; Fairchild, 1986; Slaikeu, 1990; Young, 1995) which suggests that it stems from practices intended



to help practitioners understand emotional reactions to trauma, provide a cathartic experience for individuals in crisis to release emotional pain, confront individuals in crisis with the reality of the situation in order to further their progress toward managing their emotional response, and strengthen the individual's support systems. Criticisms regarding debriefing practices have focused on the lack of documented effectiveness in mitigating grief and trauma responses as well as the lack of direction provided to guide therapists through the actual debriefing contact with clients (Pagliocca et. al, 2002).

Related to debriefings, many interventions are structured to guide children through a dialogue that often includes directly addressing the nature of the traumatic event as well as the individual's reactions and feelings. The premise that direct exploration of the traumatic event is necessary for effective coping guides multiple debriefing structures that seem to perpetuate the strategy based on anecdotal reports of effectiveness (Vernberg & Vogel, 1993). While many practitioners advocate the importance of allowing children an opportunity to explore their emotions and 'tell their story', not all advocate for the direct exploration of trauma (Brock et. al, 2001; Jimerson & Huff, 2001; Poland & McCormick, 1999; Sandoval, 2002).

Secondary practices in crisis response that are assumed to support effective coping include memorializing losses, information sharing (e.g., facts of the incident) with staff and students, and using written information, fact sheets, and informational literature to help facilitate adaptation. Memorials are common practices in a range of cultures and reflect personal and social, as well as religious, purposes. As with debriefings, the use of memorials has enjoyed little direct attention through systematic evaluation, yet has been documented, and debated, widely in the field (Brock et. al, 2001; Jimerson & Huff, 2001;

Pitcher & Poland, 1992; Schonfeld et. al, 2002; Pagliocca et. al, 2002). Jimerson and Huff (2001) documented the use of journaling and card-making during a response to a student death. They noted that while these strategies have not been proven effective to support crisis resolution, they at least provide a medium for adults to better understand the cognitive and emotional reactions of children following a traumatic event. As a general guideline, memorials are often considered helpful in supporting individuals in crisis. However, conflicted opinions that have not been resolved through research surround the appropriate use of memorials, especially in the case of suicide.

Communication with staff, students, parents, and members of the community is broadly agreed upon as a critical component of crisis response (Brock et. al, 2001; Johnson, 2000; Klicker, 2000; Poland & McCormick, 1999). Many practitioners assume that the strategy of fact-sharing is effective in controlling information flow, empowering staff and parents to support grieving children, and updating facts and dispelling rumors, however, methods for sharing these facts have been debated due to the lack of research evaluating the process. Current points of discussion include the use of public announcement systems versus reading information to classes separately, sharing information with staff in faculty meetings versus memos, and decision rules for when and how to communicate information to parents and community members.

The provision of articles, fact sheets, and tips for parents and teachers to support children in crisis has become a widely applied practice. Informational literature shared may address the stages of grieving, anticipated grief responses, developmental responses to loss, and helpful strategies to understanding and supporting children experiencing ongoing reactions to loss or trauma. Practitioners, educators, and media sources may

appreciate the availability and immediacy of the material and often provide the medium for quick and broad dissemination of the content. While some of the literature comes from recognizable, identifiable sources (e.g., National Association of School Psychologists handouts on 9/11, war, the loss of the space shuttle Columbia, etc.) the difficulty in establishing the proven effectiveness of this strategy is the inconsistency which may exist between publications and the range of information considered to be ‘facts’ by the authors.

A broad assumption in the literature on crisis preparedness is that crisis response drills are a necessary component of response preparedness. This practice has received strong support by practitioners in crisis response (Pitcher & Poland, 1992; Poland & McCormick, 1999) as well emergency response (Johnson, 2000). Advocates identify the potential benefits of practicing quick responses, increasing familiarity with escape plans and role responsibilities, and improving practice through ‘lessons learned’. Critics of crisis response drills cite a range of concerns including that crisis drills may decrease the sense of safety and increase the level of threat perceived by students, drills may lead to nonchalance in the event of a real crisis, and the potential exists for key security information to be accidentally released to possible attackers during a drill (Grech, 1999; Pagliocca et. al, 2002).

A final assumption related to crisis response revolves around operational debriefings of response procedures. Also called demobilizations, follow-up, or response monitoring, operational debriefings provide an opportunity for members of the crisis response team to “integrate the crisis intervention into their lives and allow them to return to their regular assignments” (Brock et. al 2001, p. 121) and address technical issues of

the response including consistency in service delivery, integrity of procedural implementation, and effectiveness of services delivered. Due to the lack of research-proven methods for crisis response program evaluation, operational debriefings continue to reflect experientially-based practices and may vary in process and content yet likely include descriptions of the event and response, specific strategies applied to support students and staff, and anecdotal descriptions of what went well, what didn't go well, and what suggestions are available for improving future responses (Brock et. al, 2001; Sandoval, 2002).

### *Research-Based Practices in Crisis Response with Children*

Research questions related to crisis functioning have been examined in the professional literature through a variety of structures, viewpoints, and directions. From a summative standpoint, information is widely available regarding the incidence of youth suicide, violence, pregnancy, drug abuse, and other high risk behaviors and their related risk factors and warning signs (Berman & Jobes, 1997; Brown, 2002; Capozzoli & McVey, 2000; Centers for Disease Control, 2003; Lieberman & Davis, 2002; National Center for Educational Statistics, 2001). Researchers attempting to apply theory and practice to issues of crisis prevention have documented a variety of character education, problem-solving, and social skill building protocols as well as systemic initiatives promoting school safety, developmental assets, and the development of student resilience (Aberson & Shure, 2002; Berman & Jobes, 1991; Brooks, 2002; Capozzoli & McVey, 2000; Capuzzi, 1994; Dwyer & Jimerson, 2002; Goldstein & Glick, 2002; Stephens, 2002) . Through focused observations and research, theorists have conceptualized stages and tasks of grief and mourning which guide developmentally appropriate intervention

goals and strategies (Aguilera, 1998; Goldman, 2000; Klicker, 2000; Pfohl, Jimerson, & Lazarus, 2002). Finally, recommendations for direct intervention and progress monitoring have been linked with a variety of therapeutic styles and theoretical underpinnings (Brock, 2002; Brock et. al, 2001; Liese, 1995; Nader & Muni, 2002; Young, 1998).

Despite the broad presence of crisis issues in the professional literature, insufficient empirical research has been completed to understand the individual response to trauma and examine the effectiveness of specific components of crisis intervention and response in successfully mitigating these individual responses to crises (Pagliocca et. al, 2002). Within the available research base, practitioners have systematically examined coping responses to trauma and disaster, some specific strategies for intervening with children after a crisis, and various therapeutic modalities for providing crisis intervention and postvention.

Lazarus, Jimerson, and Brock (2002) described two studies completed in the 1990's examining how children coped in the aftermath of Hurricane Andrew and the Northridge Earthquake. Spirito, Spark, & Williams (1988; cited by Lazarus et. al, 2002) utilized coping checklists and inventories to identify the most common of four coping styles implemented by children following the hurricane: (a) positive coping, (b) blame and anger, (c) wishful thinking, and (d) social withdrawal. Within the four different coping styles a high rate of children applying wishful thinking strategies was followed by positive coping, withdrawal, and blame and anger respectively. Asarnow, Glynn, Pynoos, Nahum, Gunthrie, Cantwell, and Franklin (1999; cited by Lazarus et. al, 2002) identified the use of three coping styles following a crisis: a) active cognitive coping, b)

active behavioral coping, and c) avoidance coping. Across the sample of affected children, the researchers noted that the subjects reflecting more symptoms of Post-Traumatic Stress Disorder (PTSD) relied more heavily on cognitive and avoidant strategies.

Research supporting efforts to intervene directly with children as well as the adults in their lives have been documented. The most common direct intervention technique of debriefing children has been debated in the research, yet has received support from controlled studies suggesting that it may mitigate PTSD related responses in children (Klingman, 2002). Specific intervention strategies which have been empirically examined and supported include facilitating classroom discussions dealing with death directly versus ignoring it (Keith & Ellis, 1978), providing free writing training to express emotional reactions (Klingman, 1985; Pennebaker, 1993), guiding children through the use of language, literary texts, and bibliotherapy techniques relevant to current crisis issues (Klingman, 2000), working with students through noninterpretive art projects (Schwarz, 1982); accessing available family support systems, reestablishing daily routines, and structuring opportunities to discuss fears (Galante & Foa, 1986), supporting the positive impact of parental coping and peer supports on a child's coping (Danto, 1978), and applying a structured model for addressing traumatic experiences, traumatic reminders, bereavement, post-disaster stresses, and developmental impact on long-term recovery (Pynoos, Goenjian, & Steinberg, 1998).

While empirical support is available for this range of individual techniques, minimal support has been documented and replicated for the effectiveness of any one broad therapeutic modality in addressing crisis and trauma issues with the exceptions of play therapy and cognitive-behavioral interventions. In a discussion of innovative treatment methods for crisis intervention, Nader and Muni (2002) reported a selection of studies examining, and providing support for, the effectiveness of other methods including eye-movement desensitization reprocessing (EMDR), psychoeducational groups, and multimodal treatments. The clinical support for these treatments appears isolated and, in some cases (e.g., EMDR) fragmented, yet suggestive of possible therapeutic benefits when directed toward reducing symptoms of psychological trauma. Due to EMDR's primarily clinical application it will not be reviewed in detail here. However, the other treatments show stronger alignments between their methods of delivery and the goals of school crisis intervention.

Multimodal treatments generally apply a variety of methods across phases of treatment. One example of a multimodal treatment, which awaits empirical support, is the Post-Trauma Child Therapy (P-TCT) model that targets youths exposed to violence-based trauma. Across four phases of treatment the therapist would apply psychoeducational, cognitive-behavioral, relaxation or EMDR, and individual or play therapy techniques to process and successfully reintegrate distorted trauma memories. While the exact structures may vary, the treatment protocol calls for specific self-instruction, role-playing, behavioral rehearsal, and cognitive restructuring of personal assumptions to explore negative thoughts and patterns of maladaptive thinking related to the crisis event.

Liese (1995) and Saigh (2002) reported effective applications of cognitive-behavioral strategies in single-case, quasi-experimental, and experimental designs to address and diminish symptoms of traumatic responses and Post-Traumatic Stress Disorder in children. Across designs, experimenters employed techniques including structured flooding of anxiety-provoking scenes, imagery, modeling of coping skills, abuse education, exposure to trauma-related artifacts, goal setting, emotional management training, and self-talk. Several of the studies were multifaceted suggesting that positive interaction effects may exist for coupling or grouping techniques together planfully. Results varied in degrees of impact and evaluation measures, yet consistently demonstrated effectiveness in reducing PTSD symptoms following traumatic events.

While not currently experimentally supported, Roberts and Dziegielewski (1995) offered a framework for applying time-limited cognitive therapy to crisis intervention issues which is generally consistent in philosophy, goals, and techniques to the controlled structures applied in the experimental studies. Robert's model includes seven stages:

- a) assess lethality/degree of impact,
- b) establish rapport and communication,
- c) identify the major problems
- d) deal with feelings and providing support,
- e) explore possible alternatives,
- f) formulate an action plan, and
- g) complete follow-up steps.



Problem-solving steps are clearly indicated as well as opportunities for modeling decision-making, self-evaluation of decisions, processing and reintegrating crisis experiences, confronting distorted ideas and perceptions, and therapeutic dialogue.

To date, research-based practices in crisis intervention have generally been documented within clinical versus school settings, however they have strong implications for the development of school-based crisis team structures and procedures by defining key components of the response plan and helping to ensure effectiveness in service delivery. A comprehensive examination of crisis response models and strategies follows which depends heavily on experientially-based practices documented in the literature. Process issues related to the development and preparation of crisis response teams will be followed by strategies and techniques recommended for providing a response.

### *Crisis Team Models*

Organizational models for crisis response teams vary, however most researchers propose hierarchical models involving between one and three levels of support (Brock, Sandoval, & Lewis, 2001; Johnson, 2000; Klicker, 2000; Sandoval, 2002). In its simplest form, a school district might employ a centralized Crisis Response Team (CRT) model, as described by Johnson (2000), which serves all sites in the school district. Members of this team would share the responsibilities for the full crisis response and would be deployed should a crisis occur anywhere within the district. By virtue of the centralized structure, this team would likely be well trained, highly efficient, and consistent in its ability to exercise control over a response and provide a consistent level of support across responses. However, since this model relies exclusively on personnel who are not based in the school building, inherent disadvantages can be expected. In the

case of a district-wide disaster, the CRT may become easily overwhelmed. With less familiarity with the school community, outside resources may be underutilized and staff and students in need of support may feel less comfortable with service providers. Due to the ‘expert role’ of the crisis responders the school-based staff may feel, and may be perceived as, disempowered to handle future responses, and over-dependency on the district team may be developed.

An alternative, or decentralized, model is recommended by multiple authors due to its greater flexibility to respond to a variety of crises and its responsiveness to individual school and community needs (Brock et. al, 2001; Klicker, 2000; Pitcher & Poland, 1992; Johnson, 2000; Sandoval, 2002). Brock et. al (2001) and Sandoval (2002) provide clear descriptions of a decentralized, hierarchical model with three levels. At the top of the hierarchy is the regional or school system level CRT whose purpose is to provide training, consultation, and support to all districts and schools within the school system. The region is then broken down into several cluster-level CRTs that provide the same types of support to individual schools. The school-level CRTs then fall within clusters and serve as primary crisis responders in the event that a crisis occurs within the school community.

Within this conceptualization, Sandoval (2002) argues that although the school-level team is the most basic, it is also the most important. School-based teams are intimately aware of the school’s resources and needs and can dedicate internal staff to meet each of the roles and responsibilities necessary during a crisis response. School staff would also be a familiar presence to staff and students in the midst of an unfamiliar, unexpected crisis situation. Without this familiarity, there is always the chance that the

school community will perceive the crisis as more significant due to the noticeable presence of unfamiliar professionals not associated with the school.

A decentralized, hierarchical crisis response model offers additional benefits including increasing the availability of resources, empowering school-based staff, and allowing for more effective utilization of cluster and regional level resources. In the event that a school's needs during a crisis situation exceeded the school-based CRTs resources, additional crisis responders can be made available from the cluster and regional level teams on short notice for either consultation or direct support. An additional advantage is the inherent training structure of the hierarchical model. Cluster and regional level teams are able to carry training responsibilities and help ensure a platform of skills for school-based team members. This model is not without disadvantages. Limitations to a hierarchical structure include broader training needs and costs, increased difficulties controlling the quality of services delivered, and the loss of some administrative control.

In an effort to facilitate the development of system-wide structures for crisis responses, Kline et. al (1995) offered a chronology of crisis preparation stages that suggest minimum standards for school districts at various levels of implementation of crisis team models. Kline et. al's (1995) chronology (p.248) advocated the development of regional and district support teams first, followed by school teams, information dissemination, and advanced preparedness activities by applying the steps outlined in Table 1.

Table 1

*Kline et. al's (1995) Chronology of Crisis Preparation*

Focus Area	Activity
Regional/District Teams	Establish regional team to serve as a coordinating body, Establish district teams to oversee policies and procedures, Train district members in crisis response, and Propose and adopt a community specific response model.
School Teams	Identify crisis team members in individual schools, Train school crisis team members in crisis response, Convene school teams to review roles and procedures, Develop written school crisis plan(s), and Compile crisis information packets and assemble supplies.
Information Dissemination	Brief entire school staff on crisis response procedures, Inform community about team functions and members, and Offer crisis response training for school staff.
Advanced Preparedness	Conduct crisis drills at schools and Arrange advanced training for school crisis team members.

*Crisis Team Roles and Responsibilities*

The professionals involved in providing a crisis response may vary depending on the nature of the response and the level of impact (e.g., law enforcement may provide support in the event of a homicide; district-level teams may respond to a widespread crisis). However, experientially-based support exists for key roles and responsibilities that should be accounted for in any crisis response (Sandoval, 2002; Klicker, 2000; Brock et. al, 2001). As in the case of defining crisis events and situations, researchers have used different terms/titles and levels of detail to identify key players in a crisis response. Descriptions range from broadly defined ‘critical’ roles (Sandoval, 2002; Brock et. al, 2000) to detailed lists of profession-specific roles and responsibilities (Pitcher & Poland, 1992; Klicker, 2000).

A broad perspective offered by Sandoval (2002; p. 33) could be used to structure roles for regional, district, or school level teams. In a clear conceptualization of a crisis response, Sandoval identified six separate roles and associated responsibilities. The author suggested that a crisis response coordinator be first identified who would then manage and supervise five other key roles in providing a crisis response. Johnson (2000) adds that the coordinator should not be involved in direct caregiving and is responsible for being a liaison with site administration, monitoring team operations and personnel functioning, providing redirection as needed, and consulting with the school team. Tables 2 and 3 delineate Sandoval's crisis planning and response responsibilities.

Table 2

*School Crisis Team Roles and Planning Responsibilities (Sandoval, 2002; p. 33)*

Role	Crisis Planning Responsibilities
Crisis Response Coordinator	Initiate and supervise all planning activities and Review crisis response plans annually.
Crisis Intervention Coordinator	Ensure availability of psychological first-aid, Develop psychological triage/referral procedures, Identify mental health resources.
Emergency Medical and Health Coordinator	Ensure availability of first-aid resources and Communicate with emergency responders.
Security and Safety Coordinator	Develop school safety/security plans and Communicate with law enforcement.
Media Management Coordinator	Develop press release templates, Establish media communication procedures, and Establish communication links with media.
Debriefing and Evaluation Facilitator	Ensure debriefing resources are available to team.

Table 3

*School Crisis Team Roles and Response Responsibilities (Sandoval, 2002; p. 33)*

Role	Crisis Response Responsibilities
Crisis Response Coordinator	Declare that a crisis situation exists, Supervise all crisis response activities, and Request district-level support (as needed).
Crisis Intervention Coordinator	Identify psychological trauma victims, Supervise provision of psychological first-aid, Identify those needing professional mental health support.
Emergency Medical and Health Coordinator	Supervise provision of medical first-aid (as needed), Act as liaison between school and emergency staff, Monitor status of seriously injured crisis victims.
Security and Safety Coordinator	Implement safety/security procedures and Act as liaison between school and law enforcement.
Media Management Coordinator	Determine what information will be shared, Prepare press announcements and releases, and Act as liaison between school and media.
Debriefing and Evaluation Facilitator	Provide debriefing to involved personnel Evaluate effectiveness of crisis response

At the school system or cluster level, these roles would focus more heavily on supervisory and managerial responsibilities than at the school level. Within each role, the identified professional would oversee a facet of the team's functioning, make decisions relevant to their area of expertise and training, and direct the response accordingly. At the school level, and cluster level to a degree, direct support responsibilities are added. Other crisis interveners would function under each coordinator and provide psychological first-aid, medical first-aid, and liaison supports as appropriate.

Pitcher and Poland (1992) suggested a very similar set of roles and added three to Sandoval's list. Pitcher and Poland support the identification of a counseling/student liaison, parent liaison, and teacher liaison in addition to the previously mentioned roles. While the specific scope of their roles differ, the liaisons serve critical functions as service providers, consultants, sources of information, and decision makers. When a crisis occurs, the disequilibrium that follows creates a climate of confusion, discomfort, and unfamiliarity. The liaison provides support to classroom teachers and parents, counseling to students and staff, informational updates to the school community, and structure to assist the community in regaining its sense of normalcy and pre-crisis equilibrium.

Brock et. al (2001), Klicker (2000), Pitcher and Poland (1992), and Sandoval (2002) draw links between role functions and professional titles to ensure matches between training experiences and services delivered during a response. In addition, Klicker (2000) and Trump (2000) delineate responsibilities for teachers, school counselors, transportation personnel, custodians, and other professionals who operate under the coordinator positions. While some role functions reflect professional training (e.g. counselors share grief information), other role responsibilities are common to all staff in a crisis and include sharing information, clarifying misinformation, modeling grief reactions, making referrals to school mental health staff, remaining nonjudgmental of grief reactions, and supporting students. For roles suited to specific professional assignments, possible matches are offered in Table 4.

Table 4

*Possible Professional Assignments Based on Role Functions*

Role Function	Possible Responders Assigned
Crisis Response Coordinator	Administrator Administrator Designee Crisis Intervention Specialist
Crisis Intervention Coordinator	School Mental Health Professional
Emergency Medical and Health Coordinator	School Nurse
Security and Safety Coordinator	Administrator School Security Specialist
Media Management Coordinator	Administrator Public Information Officer
Debriefing and Evaluation Facilitator	Administrator Crisis Intervention Specialist
Counseling/Student Liaison	School Mental Health Professional
Parent Liaison	Administrator School Mental Health Professional
Teacher Liaison	Administrator School Mental Health Professional

*Note.* Table based on proposed role assignments from Brock et. al (2001), Johnson (2000), Klicker (2000), Pitcher and Poland (1992), Sandoval (2002).

The roles and responsibilities of any mental health provider in a crisis response understandably require a unique set of skills in addition to delineated crisis response procedures. Responsibilities include completing rapid assessments of student and staff needs, planning and providing appropriate interventions, using individual and group strategies, and managing problems as they arise (Johnson, 2000; Pitcher & Poland, 1992).



While these role functions are generally aligned with professional training requirements in counseling, psychology, and social work, variability in service delivery, theoretical orientation, and communication skills due to professional training may be assumed which suggest that the Crisis Response Coordinator should take care in identifying candidates for providing direct crisis intervention within the role of student/staff care provider

#### *Crisis Preparedness/Planning Activities*

According to Pitcher and Poland (1992), when a crisis occurs there are three ways a school can manage the situation: a) ignore it, b) respond spontaneously, or c) respond based on preplanning. Trump (2000, p. 81) discussed preparedness and stated that:

“No person can script every possible crisis, but having no guidelines at all in today’s education world could legitimately be considered as negligence. The key rests somewhere between doing nothing and ‘paralysis by analysis.’”

The quality of a crisis response depends heavily on preplanning activities which seek to minimize the logistical and managerial decisions which have to be made in the midst of a crisis situation and maximize the effectiveness of the response through applying ‘lessons learned’, research, and established problem-solving steps regarding crisis response.

Aside from role definitions and role functions, preparedness activities include procedural planning, establishing communication lines, identifying psychological first-aid resources, and training staff to provide an integrated crisis response. In addition to the activities described by Sandoval (2002) (see Table 1), Klicker (2000), Pitcher and Poland (1992), Sandoval (2002), and Trump (2000) identified additional activities which school and district level teams should complete prior to the disequilibrium of a crisis state: a) formulate step-by-step procedures/policies for crisis response, b) establish emergency

phone trees, c) designate media/family liaisons, d) develop and review a media policy, e) develop staff-sharing or support policies across schools, f) identify crisis counseling and planning locations, g) determine information flow patterns, h) formulate policies on school remembrance and funeral attendance, i) test and revise the crisis response guidelines and provide procedural training for all staff involved in crisis response, and j) create a crisis intervention ‘toolbox’ (outside referral sources, school map, bell schedule, lunch shifts, teacher locations for each period, etc.).

### *Crisis Response Plan Procedures*

Team preparedness and role definition activities provide the groundwork for effective crisis response plans. However, pre-crisis preparation cannot stop there. Brock et. al (2001) noted that “during crises the ability of an organization to work as a team crumbles; individuals tend to become less socially cognizant and more focused on themselves than on the team” (p. 94). Therefore, identifying and providing training on the components of an integrated crisis response plan, before a crisis occurs, represents a critical step toward ensuring effective crisis responses.

The components of crisis response plans are widely discussed in the literature. Experientially-based ‘lessons learned’ regarding crisis response procedures are documented by a variety of practitioners and draw from crises as wide-ranging as school shootings, hostage situations, kidnappings, natural disasters, completed suicides, war, terrorist attacks, and other traumatic events impacting school students, staff, and communities (Brock et. al, 2001; Pitcher & Poland, 1992; Sandoval, 2002; Stevenson, 2002; Johnson, 2000; Klicker, 2000). Procedural checklists and recommendations generated from these events generally suggest similar activities and strategies for

completing informational verifications and debriefings, school consultations, intervention planning, and follow-up activities. When significant variability exists, it generally reflects particular county or district level procedures for information flow (e.g., notifying the superintendent of schools) rather than information content or planning.

The key components of crisis response plans are presented chronologically in Table 5 in order of completion and reflect consistent steps which school and district level teams should receive experiential training on prior to implementation (Brock et, al, 2001; Klicker, 2000). While it is recognized that individuals respond to crises differently based on training, experience, personal comfort level, and other factors, these procedures reflect attempts at ensuring the treatment integrity of crisis responses by minimizing variability in services across responses and maximizing the application of ‘best practices’. A discussion follows which addresses the components of crisis response in more detail.

Table 5

*Crisis Response Procedures*

Time of Completion	Activity
Prior to School Day	Determine crisis facts Contact crisis team Notify school and district level staff Schedule/Hold crisis team meeting Assess the degree of impact on the school/community Determine what information is to be shared
During School Day	Inform staff of procedures at a staff meeting Implement psychological support process Activate crisis intervention Debrief /Evaluate process at end of day
After School Day	Plan/Conduct follow-up staff meetings

The first and most important step in responding to a crisis is confirming the facts of the incident (Brock et. al, 2001). Accurate information regarding the incident is critical and must be continually validated to ensure that any school communications are verifiable, dispel rumors, and communicate clearly the impact of the situation. Klicker (2000) recommends that an administrator confirm crisis facts through communications with police, fire and rescue, or the family. Information gathering should include details of the incident (who was involved, when it occurred, what happened, how it happened, where it occurred), the status of the individuals involved (fatalities, prognoses if there are survivors), and decision rules for the amount and type of information which can be shared (e.g., what can be shared following a suspected suicide or homicide under investigation).

Once the incident has been confirmed and the details firmly established, the school should mobilize crisis response resources through crisis team and staff notifications. Information sharing at this stage includes statements of confirmed facts and a time and location for a crisis team planning meeting (Klicker, 2000). The school-level team is involved immediately and represents the key players involved in preparing for and completing subsequent intervention steps. Additionally, district level staff are notified for informational purposes as well as to ensure support from district level administrators. Brock et. al (2001) noted the essential nature of central office notifications to access district-level crisis team support, if necessary, as well as to inform appropriate personnel in case members of the school community or media initiate contacts regarding the crisis scenario and supports available for students. Johnson (2000) highlighted the added importance of district level notifications to solidify support so that

policy issues, district needs, legal questions, and resource mobilizations can be handled by someone not immediately involved with the on-site response.

Subsequent to notifying appropriate crisis response staff, a planning meeting is held to develop and begin the implementation of response procedures. Appropriate activities for planning meetings include designating locations for crisis intervention, assessing the degree of impact of the event, determining needs for additional support (from the cluster or school system level teams), notifying school staff through the crisis phone tree, preparing a statement to be read to students, organizing materials for distribution to staff, planning a before-school faculty meeting, and assigning roles and responsibilities (Brock et. al, 2001; Klicker, 2000; Poland et. al, 2001). Perhaps the most critical activity, and the one which sets the stage for the majority of decisions made in developing the response, is assessing the impact that the event will likely have on the school community.

Assessing the degree of impact of a crisis event involves examining the details and context of the situation with the goal of making decisions about how to respond, and to what degree, when providing psychological support to the school community (Brock et. al, 2001). Acknowledging that more severe crisis events often relate to an increased likelihood for traumatization, some researchers argue that over-responding to a crisis is not an issue (Pitcher & Poland, 1992), while others debate that accurately anticipating response needs is important because of inherent dangers in either under or over-responding to a crisis (Brock et. al, 2001). Clear risks in underestimating response needs include delays in service provision, increasing levels of stress and anxiety within the school community due to unmet needs, and placing increasing demands on an over

extended crisis response team. Hazards in over-responding may include committing expensive and limited resources to the crisis response that are not required and adding additional, unnecessary, and unfamiliar people to the school environment at a time when familiarity is critical to easing stress and anxiety within the building.

Every crisis situation, and ensuing response, is unique, which can make decisions about the degree of impact of a crisis event, resource provision, and intervention planning difficult. However, some patterns in responses have been identified in the literature, which can guide teams in drawing conclusions about anticipated levels of need and support (Brock et. al, 2001; Pitcher & Poland, 1992). Some events are generally perceived as more traumatic than others. Factors that influence this perception include the level of predictability (e.g., terminal illness versus suicide), source of injury or threat (e.g., violent assaults and war versus disease), type of event (e.g., man-made crises are perceived as more traumatic than natural disasters), event outcome (e.g., fatalities as opposed to injuries), event duration (e.g., extended versus brief), intensity (e.g., amount of property destruction, fatalities, physical or emotional damage), and scope of impact (e.g., number of people involved).

In addition to examining the crisis event, teams must consider variables specific to the individuals and communities involved (Brock et. al, 2001). In addition to identifying specific surviving individuals as at-risk, this includes reflecting on the popularity of victims involved, the involvement of victims in school and community activities, groups, or teams, and any recent crises involving staff or students. School communities may also show elevated trauma responses depending on the recent loss history for the community or a cumulative history of intense or similar crises.

The estimated degree of impact provides a structure for framing the crisis response and the services delivered. Within this framework, the CRT plays a key role in determining how and when to inform the community about the incident, anticipated grief responses, and supports available. Specific staff that should be included in the dissemination of information include the school administrator, media liaison, crisis site coordinator, crisis response teams, and, when possible, the family of the affected individuals. Brock et. al (2001) noted that while families may choose to keep some information confidential (e.g., specific details regarding a suicide), it is important to discuss with the affected families any information that may be shared. In addition to sharing sympathies and offering school support, this empowers the family to be informed about the school response and the steps that are being taken to support grieving students and staff.

Poland and McCormick (1999) underscore the importance of providing as much information as possible to students and parents in a clear, honest, and direct manner. Both students and parents can receive confirmed facts regarding the incident, information about expected grief reactions, statements validating grief reactions, and information about how to access emotional supports within the school building. The accuracy and appropriateness of the information sharing can provide a level of comfort to students as well as trust on behalf of the student body toward the school staff and the crisis response providers. This relationship is critical in dispelling rumors, engaging students in classroom discussions, sharing information about anticipated grief responses, and being perceived as accessible for receiving referrals due to emotional reactions.

Suggested methods for communicating information during a crisis response have included writing bulletins or letters, phone calls, classroom presentations and discussions, assemblies, and parent/community meetings (Klicker, 2000; Brock et. al, 2001; Pitcher & Poland, 1992). Brock et. al (2001) and Poland et. al (1996) argued that notifying students in small groups is important, rather than sharing information over the public announcement, because staff can be physically available and responsive to student's verbal and nonverbal reactions. Regardless of method, the information should be shared simultaneously to all students and as soon as possible because if there is a long delay, the likelihood of rumors increases.

Communication, in a broad sense, is the purpose of a staff meeting held before the school day of the response. At a meeting with all non-instructional (e.g., custodial, food services) and instructional (e.g., teachers, student services) staff, the administrator and CRT should share confirmed facts, details of the intervention plan, suggestions for discussing the crisis in classes, and possible grief reactions to expect from students (Brock et. al, 2001; Klicker, 2000). If appropriate, the cluster level CRT should provide introductions, details about their expected involvement over the course of the school day and specific information about grief and bereavement which may be useful to staff.

Aside from this content, the process of the meeting is critical to ensuring an effective and integrated response. Klicker (2000) noted that this meeting sets the tone for the full school response. Process issues, which should be addressed, include checking-in with faculty regarding their personal reactions, empowering faculty to communicate directly with children regarding loss, and supporting the school staff collectively in a time of instability. When needed, CRTs are encouraged to provide instructional as well as



emotional support to staff by providing coverage for classes or support to read statements and lead class discussions as needed.

Chronologically, the closure of the staff meeting often precedes the beginning of the instructional day by only minutes. This transition between activities is likely an unstructured time for both staff and students. However, this marks the point at which formal psychological supports are implemented and crisis intervention strategies are activated. Formally, these activities reflect steps which provide direct and indirect support to students, such as identifying and ensuring interventions are available for at-risk students, making referral procedures available to staff, implementing procedures for self-referral, designating where interventions will occur, maintaining lists of students referred, and providing direct intervention.

In a general sense, implementing psychological support processes means providing intervention for students who are emotionally at-risk given the current dynamics of their crisis state. The start of the school day reflects the points at which direct services become available in terms of providing and reassuring students of school structures/routines, providing supportive curriculum changes (e.g., flexibility with testing schedules), facilitating classroom debriefing discussions, and making available individual and group crisis intervention. However, in a larger sense, these activities began when the CRT began assessing the degree of impact of the crisis event.

At-risk students would be identified based on decision rules such as who was involved in the event, had a relationship with the involved people, has a significant personal loss history, perceives that they may have caused the event (e.g., suicide) or failed to recognize it, or shows a history of prior at-risk behaviors (suicidal, etc.),

psychopathological or behavioral problems, significant life stressors, or symptoms of helplessness and hopelessness (Brock et. al, 2001; Poland et. al, 1996; Klicker, 2000). The provision of support to these students may vary widely depending on the nature of the crisis event, type of connection these students have to the event, and emotional needs. Johnson (2000) and Young (1995, 1998) provide examples of structured debriefings which can be completed with trauma victims to process the immediate experience while Sandoval (2002) and Brock et. al (2001) discussed principles and procedures for individual and group crisis intervention focusing on exploring the dimensions of the problem, examining possible solutions, and developing a plan for monitoring actions.

Within the comprehensive crisis response, psychological support processes are the primary activities implemented the day of a response. Additional support activities include activating other crisis intervention procedures such as mobilizing support staff (e.g., secretaries, teachers on planning) to provide assistance to the CRT if needed, monitoring intervention needs and resources, contacting the families of affected individuals to share/reinforce school sympathies and discuss information which may be made public, removing the student(s) from registration, dealing with student belongings, and problem-solving memorial and intervention issues as they arise (Brock et. al, 2001).

Following a day of intervention activities, staff and intervention providers complete critical debriefing and evaluation tasks that help integrate the experiences of the day into their lives as well as reflect on future crisis response procedures and 'lessons learned' (Klicker, 2000; Pitcher & Poland, 1992). It is critical to conduct a staff meeting after school that reviews the intervention process, updates staff with new information, allows staff to share their experiences, and identifies and provides direction for any

necessary follow-up activities or schedule changes. From information shared at this meeting, decisions can then be made regarding specific students or student groups who need continuing intervention, staff which need physical or emotional support, next steps which the CRT and school administration should prioritize and complete in an effort to provide ongoing care for the school community, and when the CRT should be demobilized. In an effort to reflect immediately and accurately about crisis response activities, Brock et. al (2001) recommended that evaluative debriefings intended to inform decision-making occur daily throughout the crisis response.

Ongoing interventions, which address the outcomes of debriefing procedures, may include information sharing, schedule changes, and follow-up meetings for students, staff, and parents. Decisions regarding the continuing provision of crisis response resources should be made by the administrator and CRT site coordinator and should consider the importance of finding a balance between providing ongoing resources and returning the instructional environment to normalcy as soon as possible. Klicker (2000) noted that CRTs should provide, as needed, informational updates, staffed crisis response rooms, notification to media of steps taken, direct intervention and referrals, and continued instructional flexibility.

Although professional articles on crisis intervention thoroughly document response procedures and intervention steps, researchers have identified areas where the empirical basis for understanding and practicing crisis intervention is lacking. Pagliocca et. al (2002) noted that while research in crisis intervention is challenging, it is the responsibility of practitioners in the field to demonstrate and disseminate objective support for intervention strategies and procedures. The following review of literature in

empirically-supported and evidence-based interventions provides a basis for developing an objective framework for reviewing and understanding crisis intervention practices.

### *Evidence-Based Interventions*

A primary goal of this study is to identify practices in school crisis intervention that are supported by the experientially-based and research-based literature. Efforts are underway in school psychology and related disciplines to identify and support objective criteria for identifying evidence-based and empirically-supported interventions however the unique methodological issues associated with crisis intervention (e.g., lack of design control) generally preclude it's ability to meet established criteria (Chambless, 2001; Kratochwill & Stoiber, 2002; Lewis-Synder, Stoiber, & Kratochwill, 2002; Woody & Sanderson, 1998). Therefore, the establishment of criteria relevant to the field of crisis response will occur in the current study and be based on the fundamental premises, conceptual foundations, and methodology of established coding systems for evidence-based or empirically supported interventions.

Chambless (2001) provided a history of the movement in psychology and related scientific fields to establish objective criteria for designating interventions as supported by research. The initial steps toward evidence-based practice occurred in the United Kingdom within the medical establishment and were based on the following premises:

- a) patient care can be enhanced by acquisition and use of up-to-date empirical knowledge,
- b) while it is difficult for clinicians to keep up with new information in the field, failure to do so results in a decline in performance over the years after their training, and

- c) clinicians need summaries of evidence provided by expert reviews and instructions on how to access this information during their routine practice (Chambless, 2001; p. 686).

Subsequent steps were taken by the American Psychological Association in the early 1990s to promote the use of empirically supported interventions and included the development of a task force on psychological intervention guidelines and the eventual development of division-specific task forces and work groups to establish guidelines for use within clinical psychology (Division 12), school psychology (Division 16), child clinical psychology (Division 53), and counseling psychology (Division 17) (Kratochwill, Stobier, & Gutkin, 2000). Efforts have not been limited to a single, focused manual for categorizing research, but have included the development of guidelines for specific professions and populations including adults, children, psychotherapy, psychopharmacology, and marital and family therapy (Chambless, 2001).

The common outcome of these various task forces has been to develop coding systems that would permit “reason-based judgments regarding the amount or quality of support found for a prevention or intervention program and/or approach” (Kratochwill & Stoiber, 2002; p. 3). Based on their conceptual foundations and close alignment with crisis intervention, two structures which are relevant to the current study are those developed by the Division 12 task force for counseling and the Division 16 task force for school psychology. The counseling psychology framework, in particular is relevant because it was the first framework developed under APA , has been developed into a procedural and coding manual (Weisz & Hawley, 2002; cited in Kratochwill & Stoiber,

2002), and has been the model for developing similar guidelines in a number of closely related disciplines including pediatric and clinical child psychology (Chambless, 2001).

The Division 12 framework allows studies to be coded into one of two primary categories: (a) well-established treatment or (b) probably efficacious treatment (Chambless, 2001). With these two categories decision-rules are in place to evaluate the treatment on the basis of its' superiority over alternative designs/interventions (e.g., pill or placebo treatments, waiting list control groups), its' equivalence to already established treatments, the integrity of the experimental design used, the characteristics of the sample, and the proven replicability of the treatment (see Table 6). If the study does not meet the criteria for well-established or probably efficacious, then it may be considered to be an experimental treatment or a treatment not yet tested in trials meeting task force criteria for methodology.

Table 6

*Division 12 Task Force Criteria for Empirically-Supported Interventions* (Chambless, 2001)

Classification and Coding Criteria	
Well-Established Treatments	Probably Efficacious Treatments
<p>I. At least two good between-group design experiments must demonstrate efficacy in one or more of the following ways:</p> <p>A. Superiority to pill or psychotherapy placebo, or to other treatment</p> <p>B. Equivalence to already established treatment with adequate sample sizes</p> <p>OR</p> <p>II. A large series of single-case design experiments must demonstrate efficacy with:</p> <p>A. Use of good experimental design and</p> <p>B. Comparison of intervention to another treatment</p> <p>III. Experiments must be conducted with treatment manuals or equivalent clear description of treatment</p> <p>IV. Characteristics of samples must be specified</p> <p>V. Effects must be demonstrated by at least two investigators or teams</p>	<p>I. Two experiments must show that the treatment is superior to waiting-list control group</p> <p>OR</p> <p>II. One or more experiments must meet well-established criteria IA or IB, III and IV above but V is not met</p> <p>OR</p> <p>III. A small series of single-case design experiments must meet well-established treatment criteria</p>

School psychology has built upon these criteria and, through the work of the Task Force on Evidence-Based Interventions in School Psychology, developed a comprehensive procedural and coding manual to disseminate a structure for identifying outcome studies which show effectiveness in education and psychology and to provide a framework for improving research in the field (Kratonchwill & Stoiber, unpublished). The manual provides a detailed and highly involved framework for examining research across nine key features of an intervention study: (a) measurement reliability and validity, (b)

quality of baseline, (c) measures supporting primary and secondary outcomes, (d) educational/clinical significance, (e) durability of effects, (f) identifiable components, (g) implementation fidelity, (h) replication, and (i) site of implementation. Within each feature, a set of specific decision rules are applied which yield a numerical rating between zero (no evidence) and three (strong evidence). The ratings are then considered together to yield an organized analysis of the level of support available within each area for a particular study.

The movement toward promoting objective criteria for supporting the efficacy of interventions has been called “one of the most important developments to occur in the last century” in school psychology (Kratochwill et. al, 2000). With the intention of supporting effectiveness in treatment delivery and closing the gap between research and practice, the potential benefits are clearly visible and salient for any discipline founded upon the delivery of services in the forms of prevention and intervention supports. Crisis intervention can benefit from the work completed and lessons learned in the brief history of evidence-based interventions by developing and applying a similar structure that ensures objectivity and data-based decision-making in the crisis response process.

#### *Needs For Future Research*

The literature in crisis intervention provided detailed and organized structures for implementing school-based crisis response procedures as well as documented the need for establishing an objective, empirical basis on which procedures should be developed and evaluated. Identified needs for future research include gender differences in violence prevention and children’s responses to trauma (Bates, Furlong, Saxton & Pavelski, 2002; Lazarus et. al, 2002), effectiveness of violence prevention programs (Bates et. al, 2002),



cultural and ethnic differences in response to trauma (Lazarus et. al, 2002; Sandoval & Lewis, 2002), family and parental support as factors in mitigating children's crisis response reactions (Lazarus, Jimerson, & Brock, 2002), patient, therapist, treatment, and family factors associated with treatment efficacy and successful treatment outcomes (Saigh, 2002), long-term effects of trauma on personality and temperament (Nader, 2002), and long-term changes in behavioral patterns due to traumatic experiences (Nader, 2002). The need for evaluation in crisis response has also been documented in the literature (Auerbach & Kilmann, 1977; Slaikeu, 1990; Pagliocca et. al 2002; Vernberg & Vogel 1993). Pagliocca et. al (2002) stated that "the existing literature on responding to school crises suggests that we have not yet taken the opportunity to examine and assess our work" (p.771). Obstacles to the evaluation of crisis-related factors, trauma effects, and school-based crisis teams have included methodological, procedural, and systematic issues leaving practitioners with many unanswered questions regarding the effectiveness of our practices.

Pagliocca et. al (2002), Nader (2002), and Bates et. al (2002) noted the importance of research and evaluation while acknowledging multiple methodological and ethical challenges to the examination of crisis intervention. As a first step to exploring crisis related issues, practitioners define their topic and target of focus, yet the terms crisis, crisis event, school violence, trauma, cognitive-behavioral, and treatment often carry very different meanings which makes comparing studies and treatment protocols invalid (Bates et. al, 2002; Sandoval & Lewis, 2002). Another primary challenge is the inherent unpredictability of crises that makes controlling the situation virtually impossible. This lack of ability to control research designs has led to the use of case

study, quasi-experimental, and evaluation research instead of experimental research. A third challenge is the amount of variability evidenced in post-trauma behavioral and emotional responses that makes reliable and valid measurements difficult. Additional measurement issues include clarity in intervention design and survey wordings, selection biases which often exclude the most severely traumatized subjects from studies, possible desirability biases on survey and inventory reports of progress, a lack of outcome measures with documented reliability and validity, over-reliance on short-term measures of progress and under-reliance on long-term progress monitoring, and the confounding of long-term measure of progress due to non-controlled variables (family support, peer relationships, etc.) (Bates et. al, 2002; Nader, 2002; Pagliocca et. al, 2002). A final methodological challenge is to identify criteria for measuring effectiveness in light of two conflicting philosophies regarding crisis resolution: a) independent of intervention supports, crises will eventually resolve themselves and b) without treatment, post-trauma symptoms will continue and worsen over time (Pagliocca et. al, 2002; p. 781). Ethically, researchers also highlight the lack of knowledge about the potential risks of participation in crisis intervention research, especially considering that minimal data exists documenting psychological benefits to participation in crisis intervention research.

Future directions for research primarily fall within three areas of focus: a) neglected issues in understanding crisis prevention, intervention, and postvention, b) problem-solving and improving methodological problems in measuring crisis functioning, response to trauma, and response to crisis intervention, and c) evaluating comprehensive models for crisis intervention and postvention. This will require identifying areas reflecting paucity in the research, pursuing further knowledge in these

areas, and subjecting research methodologies to continued efforts to improve clarity of purpose, reliability, and validity. In addition, researchers have offered guidelines for improving the evaluation and monitoring of comprehensive school-based crisis response teams. Pagliocca et. al (2002; pp. 782-783) offered five guiding questions which practitioners should apply as first steps to the development and monitoring of crisis response programs in order to ensure that they are based on experientially or experimentally supported rationale, consistent with the team's identified purposes, and implemented and monitored with integrity:

- a) what are the assumptions (e.g., theoretical or empirical foundation) upon which the plan is based?,
- b) what is the intended purpose or outcome?,
- c) are the components in place?,
- d) how will we know that the intervention has been implemented as planned?, and
- e) how will we know if we have accomplished the purpose?

Methods for evaluating crisis intervention teams and finding answers to these guiding questions have been described by (Pagliocca et. al, 2002) as “ways of knowing”. These strategies include experimentation, program evaluation, qualitative methods, and data guidance. Experimentation includes controlled evaluations of components of crisis intervention, but does not address the program as a whole. Program evaluation compares the effects of a program with effects unrelated to the program. Qualitative methods include interviewing, debriefing, and curriculum-related assessments while data guidance

includes formative evaluation measures including consistent monitoring of objectives and the application of feedback to modify intervention strategies.

## CHAPTER III

### Methodology

The methodological obstacles involved in systematically examining school crisis intervention and the paucity of available research that successfully applies experimental controls to the study of school crisis intervention have been well established (Pagliocca et. al, 2002). The current study capitalized on available experientially-based knowledge and employed two separate procedures associated with distinct research goals. In order to achieve the goals of identifying supported crisis intervention practices and evaluating a local school system's response procedures, this study: (a) developed a coding system for categorizing research, (b) applied this coding system to the literature base in school crisis intervention, and (c) facilitated structured focus group debriefings with crisis responders. A review of the research questions follows with procedures for each research goal.

#### *Identification of Effective Interventions*

##### *Research Questions Addressed*

The first goal for this research was to identify experientially-based and research-based practices in school crisis intervention. The research questions associated with this purpose focused on identifying school crisis intervention procedures in the literature that are either strongly recommended or recommended as effective in facilitating adaptation and coping in school populations, not recommended due to patterns of ineffectiveness, or require further research because they currently lack the depth and breadth of a research base with which to determine their level of effectiveness or ineffectiveness.

### *Overview of Procedures*

Practitioners and researchers in school psychology and related disciplines have identified and begun to apply objective criteria for identifying the degree of empirical support for mental health interventions. However these endeavors have not included frameworks suited to classifying work in school crisis intervention (Chambless, 2001; Kratochwill & Stoiber, 2002; Lewis-Syder, Stoiber, & Kratochwill, 2002; Weisz & Hawley, 2000). A set of decision rules was developed for this study and aligned with established coding systems in school and clinical psychology to differentiate supported from non-supported school crisis intervention practices based on the quality and degree of support available for the specific practice in the literature.

### *Development of Coding System*

The coding system was developed in the following manner. A literature review was completed in: a) school crisis intervention and b) methodologies for identifying evidence-based interventions in school psychology, and empirically supported interventions in clinical psychology. The review of literature showed patterns of scholarship in crisis intervention relying heavily on experientially-based knowledge gained through the implementation of procedures in a crisis response and subsequent debriefings with responders, school staff, and/or school community members. Formal research structures and methodologies were uncommon in published articles due to the inherent difficulties in controlling crisis related variables. In addition, the review documented established structures for coding mental health interventions as supported or not supported by empirical study and research evidence.

Two coding structures in the literature emerged as relevant and applicable to the current study. The first system was developed by the American Psychological Association's (APAs) Division for School Psychology (Division 16) Task Force on Evidence-Based Interventions. The second was developed by the APAs Division for Clinical Psychology (Division 12) Task Force on Empirically Supported Interventions. While both frameworks provided clear and explicit decision rules for identifying the degree of research support available for certain interventions, the two structures varied in complexity and degree of specificity. The Division 16 criteria are extremely thorough and apply operationally defined ratings of 0 to 3 (0 - *no evidence*; 1 - *weak evidence*; 2 - *promising evidence*; 3 - *strong evidence*) across nine categories (see pages 58-59 in literature review) toward the outcome of identifying the degree of evidence base available for each intervention in each category. A classification of the intervention as evidence-based versus not evidence-based is not provided as a result of the application of the criteria, rather the resulting scores in each category provide a measure of the quality of research and level of research support within that specific area (e.g., measurement). The Division 12 criteria (see page 58 in literature review) are specific and provide the opportunity to classify an intervention as a "well-established" or "probably-efficacious" intervention based on the level of available research support according to a set of three operationally defined criteria.

The purpose of the coding system for the current research was to discriminate between crisis intervention practices with minimal experiential or research support and practices with documented effectiveness. The development of the coding system for the current study began by identifying critical indicators of quality and integrity in school

crisis intervention research and quantifying decision rules based on available structures provided by the school and clinical psychology task forces. In order to provide clear and distinct levels of research support and ensure that the knowledge was based on experience, practice, reflective evaluation, and critical analysis of interventions, multiple factors were considered and included as decision rules. The factors of author experience, peer review, conceptual foundation, intervention integrity, implementation integrity, experiential support, and evaluation were included and operationalized to maximize inter-rater agreement (See Appendices A, B, C, D). In addition, the coding system provided decision rules for four separate levels of support in the literature to assist in making informed decisions about the incorporation of strategies into school crisis response plans:

- a) *strongly recommended* practices in school crisis intervention,
- b) *recommended* practices in school crisis intervention,
- c) practices *not recommended* in school crisis intervention, and
- d) *insufficient data* is available to make a determination based on an explicitly structured set of decision rules.

The coding system was developed to include mutually exclusive categories so that every crisis intervention strategy would fall uniquely into one of the four classifications. The coding criteria were developed and applied such that each intervention met the criteria for a classification only if it satisfied all appropriate and required criteria for that level of classification. In some cases specific implementation details were not applicable (e.g., identifying individual versus group support for the development of the school-based crisis team). In these cases an 'n/a' was recorded on the coding sheet.



### *Classification of Crisis Intervention Techniques*

The identified decision rules and coding system were utilized to address the first research question identified for this study. This research question focused on identifying school crisis intervention procedures that showed documented effectiveness, documented ineffectiveness, or insufficient data in facilitating adaptation and coping in school populations after a crisis. A detailed and comprehensive review of the literature in school crisis intervention published over the last 20 years (1984-2004) was completed by the researcher who applied the established criteria to specific crisis intervention procedures/strategies in order to determine the degree of match with the criteria and level of support in the available literature. The researcher accessed the literature base through PsycLit, ERIC, online database searches (PsycArticles, Social Sciences Abstracts, Social Sciences Citation Index, and Psychology and Behavioral Sciences Collection) and library catalog searches and included articles, books, and book chapters focusing on the use of crisis intervention strategies within school settings. The researcher applied the coding criteria by reviewing each document carefully and identified on coding forms the criteria for which the strategy and article met at least minimal requirements. Every crisis intervention strategy identified in each article resulted in one data code. Data codes were then compiled per strategy to determine the existing level of research support for that particular strategy. Sample coding forms are available in Appendices D and E for interventions and individual studies respectively.

In order to ensure clarity in the coding procedures, an inter-rater reliability procedure was implemented to refine the coding criteria for individual crisis intervention strategies. An independent rater who was otherwise uninvolved in this study coded a

random sampling of 10 articles and the results were compared with the author's coding of the same 10 articles. The independent rater was an experienced school counselor familiar with school crisis intervention due to her role as a crisis team co-leader within the local school system. Prior to completing the ratings the author met with the rater for a two hour period to provide the articles, review the coding process, and answer questions about the coding forms. The rater completed the coding of the 10 articles over a two week period. Due to the level of objectivity available for the first two indicators coded per strategy (article source and author productivity; see Appendix E), these indicators were neither coded nor compared in the inter-rater reliability analysis.

The results of the inter-rater reliability procedures are reported below in Tables 7 and 8. Table 7 presents the inter-rater agreement for the identification of specific crisis intervention strategies within each article. The agreement rate was calculated by dividing the total number of strategies agreed on between raters (e.g., 14 strategies identified by both raters) by the total number of unique strategies identified by both raters together (e.g., 15 unique strategies identified by both raters together).

The inter-rater agreement for crisis intervention strategies within each article indicated that a total of 111 data codes were identified across raters with agreement found on 103 of the codes. It should be noted that on two articles (Table 7; articles 6 and 9) the inter-rater agreement based on the coded strategies appears to be higher than the calculated score reflects. This is due to the fact that on these two articles the raters each coded unique strategies within their total number of strategies coded. For example, on article 9, the author coded 18 strategies, 1 of which was unique. The independent rater coded 20 strategies, 3 of which were unique. Therefore the inter-rater agreement was

calculated as 17 agreed upon strategies divided by 21 total strategies for an agreement rate of 81%.

Table 7

*Inter-Rater Agreement for the Identification of Specific Crisis Intervention Strategies*

*Within Each Article*

Article Number	Number of Strategies Identified		Inter-Rater Agreement
	Author	Independent Rater	
1	11	11	100%
2	10	10	100%
3	11	12	92%
4	3	3	100%
5	8	8	100%
6	17	16	89%
7	9	10	90%
8	11	12	92%
9	18	20	81%
10	7	7	100%
<b>Overall Agreement</b>			<b>93%</b>

Reflective review of the coding differences indicated that differences most commonly occurred when the article did not discretely identify strategies through the use of subject headings, bulleted lists, tables, or structured frameworks. In addition, more differences were seen when coding broader, widely discussed strategies in the literature that were included in text discussions of crisis response within the article (e.g., the presence/existence of a district-wide crisis intervention team). Overall, inter-rater agreement was high across articles due to the common use of explicit identifiers or

frameworks for each intervention strategy with the articles. Table 8 presents the inter-rater agreement for the coding indicators across specific crisis intervention strategies that were coded by both raters.

Table 8

*Inter-Rater Agreement for the Coding Indicators Across Mutually Identified Strategies*

*Across Articles*

Coding Indicator	Inter-Rater Agreement
<b>Theoretical/Procedural Framework</b>	
Alignment with Framework	86%
Degree of Match	82%
Established Support	84%
Anticipated Benefits	86%
References	92%
<b>Operational Implementation</b>	
Setting	98%
Population	99%
Group vs. Individual	99%
Steps	96%
Time of Implementation	100%
Implementation in Crisis	100%
<b>Evaluation</b>	
Operational Debriefings	98%
Structured Feedback	100%
<b>Overall Agreement</b>	<b>93.8%</b>

The inter-rater agreement for coding indicators revealed an extremely high degree of agreement across indicators for operational implementation and evaluation. Variability in coding was evidenced across indicators for theoretical/procedural framework. Reflective discussions with the independent rater revealed two primary reasons for this variability: a) the determination of the presence of a supporting theoretical framework/procedure was more subjective than other indicators on the coding sheet and b) the codings for the subsequent indicators were largely dependant on the presence/absence of a theoretical framework/procedure and will therefore reflect inter-rater differences from the first indicator (e.g., if the rater codes 'No' for a framework then the subsequent codes within this section would all reflect 'No' thereby causing inter-rater agreements from subsequent codes to closely mirror agreements from the first indicator). In order to address the subjective nature of the indicator, the author developed a guiding question for the first indicator based on feedback from the independent rater. The guiding question was "Does the author identify a specific rationale for the current procedure(s) that is aligned with a previously documented set of crisis intervention procedures or framework for delivering crisis intervention support?"

### *Assessing the Congruence between Research and Practice*

#### *Research Question Addressed*

The second goal for this study was to evaluate the crisis intervention procedures employed by a local school system. The research question for this goal addressed the degree to which the local school system's crisis response procedures were informed by and consistent with research supported crisis intervention practices.

### *Overview of Procedures*

Within the field of psychology a gap between research and practice has been identified suggesting that effective and research supported interventions may not find themselves utilized in applied settings until long after they are professionally documented (Kratochwill & Stoiber, 2000; Kratochwill and Stoiber, unpublished). The result of this research to practice gap is that interventions implemented within school settings may not reflect the most current and ‘best’ practices as supported by the professional research base. The procedures for the second research question addressed this potential gap by assessing the degree of congruence between the implemented crisis intervention procedures documented and used by a local school system and the procedures coded as *strongly recommended*, *recommended*, *not recommended*, or bearing *insufficient data* by established authors in school crisis intervention in the first part of the study.

### *Description of School System Crisis Teams*

The program evaluated in this study included the cluster and school-based crisis intervention teams for a suburban school district of approximately 48,000 students located southwest of Baltimore, Maryland. Crisis intervention teams within the county are organized into two levels of functioning: a) school-based teams which are comprised of student services staff (counselors, psychologist, nurses, pupil personnel workers), administrators, and teachers at 37 elementary schools, 18 middle schools, and 11 high schools and b) cluster crisis teams which serve as the district level support team. The cluster teams are composed of approximately 60 staff that are divided into four regions (northern, western, central, and eastern) with one cluster team per region. Each school is assigned to one of the four regions based on its location within the county. In the event

of a crisis, the school-based response team is the primary direct responder while cluster team members and the cluster team chairperson provide secondary support as needed. Members of both school-based and cluster crisis teams receive yearly trainings on the crisis intervention procedures documented in the Student Services Crisis Intervention Resource Manual developed by the local school system as well as related topics (e.g., grief and bereavement, providing individual and group crisis intervention, completing follow-up activities) in order to increase the level of consistency and integrity of crisis responses across schools and responders.

#### *Establishing Levels of Research Support*

The second research question associated with this study related directly to the establishment of a group of recommended practices in school crisis intervention. This question focused on identifying the level of congruence between school crisis intervention procedures identified in this study as either *strongly recommended*, *recommended*, *not recommended*, or *insufficient data available* and the procedures used in the county as documented in the crisis response manual applied by the school system local to Baltimore, Maryland. In order to assess the degree of match, the collective school system procedures were disaggregated into individual strategies and interventions. The procedures were disaggregated from the Howard County Public School System *Student Services Crisis Resource Manual* (2004; pp. 10-15) which delineated specific preparedness, pre-response planning, intervention, and follow-up steps for school crises. The individual strategies and interventions were reviewed and labeled according to one of the four classifications on the basis of the literature review and analysis completed as the first part of the study. The findings were summarized to communicate the number of

steps/strategies employed by the local school system which met the criteria for each of the four classifications of research support.

Within this process a possible bias existed as the author of this study is the chairperson for this school system's crisis response teams and is actively involved in monitoring and improving upon the procedures to be evaluated. In order to account for, and reduce, this bias a reliability check was implemented. A school psychologist that was otherwise uninvolved in this research was asked to replicate the procedure of disaggregating the school system's crisis intervention procedures into isolated strategies and matching them with the classifications identified in the first part of the study. A comparison between the author's results and those of the second rater indicated a generally high degree of agreement across the stages of crisis intervention in terms of identifying specific intervention strategies. The results for both analyses are presented in Table 9.

Inter-rater agreement per stage of crisis intervention was calculated based on the difference between the highest number of procedures identified by a rater in each stage and the number of unique procedures identified across raters in each stage of crisis intervention. The agreement score (e.g., 16 total procedures identified minus 1 unique procedure identified by only 1 rater equaled 15 agreed upon procedures) was divided by the highest number of rated procedures (e.g., 16 total procedures) to yield an inter-rater agreement. The inter rater agreement across stages are presented in Table 10. Crisis intervention strategies listed by only one rater are listed in italics.



Table 9

*Disaggregation of School System's Crisis Intervention Procedures (HCPSS, 2004)*

Stage of Crisis Intervention	Disaggregation ( <i>Author</i> )	Disaggregation ( <i>Second Rater</i> )
Pre-Crisis Planning	Identify crisis team members School team attends county crisis team trainings Establish school-based crisis phone tree Assemble crisis response materials Determine locations for crisis counseling	Identify crisis team members Crisis team attends county trainings Prepare phone tree Gather and store crisis materials Determine locations for crisis intervention activities
Managing Crisis Information	Verify facts of the incident Notify central office staff Notify administrators, school-based, and cluster crisis teams <i>Identify possible at-risk staff members</i> Notify staff via phone tree or personalized calls (e.g., for at-risk staff) Establish preplanning time and location Develop a statement for distribution to all staff	Verify facts of the crisis event Notify Pam Blackwell or Ivan Croft Notify school-based administrators and support staff Notify school-based and/or county crisis intervention team(s) Notify teachers using telephone tree or written statement Identify preplanning time
Crisis Team Planning	Assess the degree of impact of the crisis <i>Identify at-risk members of school community</i> Determine extent of support needed Develop intervention plan to support students Develop intervention plan to support staff Identify and notify other possibly affected schools Develop a statement for students	Crisis team(s) meet to plan response <i>Contact PTSA to share information and request support</i> Prepare staff statement Develop student statement Prepare statement for secretaries Prepare parent letter Develop student intervention plan

Table 9 (cont.)

*Disaggregation of School System's Crisis Intervention Procedures (HCPSS, 2004)*

Stage of Crisis Intervention	Disaggregation ( <i>Author</i> )	Disaggregation ( <i>Second Rater</i> )
Crisis Team Planning (cont.)	Identify family liaison Identify media liaison	Assess degree of impact and plan response accordingly Identify and notify other affected schools Identify a family liaison Identify a media liaison <i>Organize staff readings/resources</i> Re-schedule activities as needed
Crisis Intervention	Complete a faculty briefing regarding Informational updates, available supports, instructional changes, and methods for responding to students Introduce Crisis Teams to staff Inform staff of after school meeting Provide information to staff individually Provide phone statement and phone log to secretaries Reschedule school activities (as needed) Facilitate sharing of information to students Share information with students individually (or small groups) as needed Provide individual and group crisis counseling Provide written school community notification	Implement plan to address needs of identified students Facilitate a before-school meeting to share details of response Inform staff regarding available supports Inform staff how to respond to student questions/rumors Inform staff regarding daily routine changes Inform staff of designated family and media liaisons Inform staff of after school meeting Introduce members of cluster crisis team to school staff Provide support to staff as needed Distribute student statement to staff Read student statement in classrooms

Table 9 (cont.)

*Disaggregation of School System's Crisis Intervention Procedures (HCPSS, 2004)*

Stage of Crisis Intervention	Disaggregation ( <i>Author</i> )	Disaggregation ( <i>Second Rater</i> )
Crisis Intervention (cont.)		Provide secretaries with statement/call log Share statements with affected schools Distribute parent statement <i>Family liaison contacts family</i> Provide student supports
Crisis Follow-Up	Facilitate a faculty debriefing Provide informational updates, review and reflect on crisis response, inform staff of further instructional changes, identify at-risk students, and identify available staff and student supports Complete crisis team operational debriefing to review response steps, identify areas for improvement, and plan follow-up steps Complete and submit debriefing forms Establish follow-up timelines and intervention plans for students, staff, and the school community Complete a crisis intervention plan review as a team 1-2 months after the event	Facilitate a staff meeting at the end of the school day (provide updated information, determine what did and didn't go well, make changes based on feedback, describe changes for next day, and (if needed) schedule before school meeting for next day Staff identify to school team students needing individual follow-up Share common staff grief response Debrief procedures with crisis teams Discuss students needing follow-up Assess crisis support needs for next day Develop school community follow-up plan Complete and distribute debriefing forms Establish timelines and plans of action for follow-up activities Conduct long-term follow-up (1-2 months)

Table 10

*Inter-rater Agreement in the Disaggregation of School System Crisis Response Procedures*

Stage of Crisis Intervention	Inter-Rater Agreement
Pre-Crisis Planning	100%
Managing Crisis Information	86%
Crisis Team Planning	79%
Crisis Intervention	94%
Crisis Follow-Up	100%
<b>Total Inter-Rater Agreement Across Stages</b>	<b>90.3%</b>

The inter rater agreement across the stages of crisis intervention was 90.3%, suggesting that the same specific strategies were generally identified by both raters; however, in some cases the language varied slightly or the same strategy was listed in different stages per rater. Lower ratings (e.g., crisis team planning – 79%) can be accounted for by the inclusion of strategies in this stage by one rater and not the other (e.g., “Develop a list of readings and resources to share with staff”). This inclusion of a unique strategy by one rater occurred on five occasions across stages. In order to maximize the utility of the disaggregated data, all strategies whether mutually agreed upon or not were used in further procedures comparing school system crisis intervention strategies to research supported crisis intervention strategies.

*Focus Group Debriefings*

*Research Question Addressed*

The final research goal associated with this study focused on the perceptions of crisis responders regarding the utility of specific school-based crisis intervention strategies for facilitating the adaptation and coping of school communities after a crisis.

The research question addressed in this goal focused on identifying the specific practices perceived by school-based crisis response teams to be effective or ineffective in facilitating adaptation and coping within their school communities.

### *Overview of Procedures*

In order to access these perceptions in as controlled and explicit a manner as possible, structured focus group debriefings were completed with school-based crisis intervention team members after a crisis to explore their perceptions of the effectiveness of the intervention team structure and procedures and to identify specific areas that were perceived as particularly effective or ineffective. A focus group methodology was particularly well-suited to this research question because of the flexibility it allowed to probe and explore the complexities of the crisis response and uncover participant's perceptions and reasoning for why certain interventions may or may not have been considered effective when applied in the unique and unpredictable atmosphere of a school crisis response. All focus group procedures were presented to and approved by the human subjects review committees for the University of Maryland, College Park and the local school system.

### *Focus Group Structure*

Focus groups vary widely, however research has suggested that non-random, homogenous groups between four and twelve members provide the appropriate depth, control, and compatibility desired for discussion (Morgan, 1997; Morgan, 1998; Ridgely, 1999; Salant & Dillman, 1994; Templeton, 1994). These researchers have indicated that smaller groups may provide greater depth in responses while larger groups generally instill more energy and diversity to the discussion. Smaller groups, in particular, tend to

be appropriate for certain research situations including discussions where participants are highly involved on an emotional or personal level, discussions where complex topics and issues are discussed, when the researcher asks for detailed experiences, and when a small number of potential participants is available (Morgan, 1998; Ridgely, 1999). The focus groups for this study were structured to generally meet these guidelines and provide the balance necessary for feasibility in procedures and depth/breadth of content. Focus groups utilized in this study ranged from 2 to 13 members based on team member availability with the vast majority falling within the anticipated range of four to twelve members. See Tables 11 and 12 for a listing of the focus groups and a summary of professional representation per focus group.

The participants that were debriefed in conjunction with this study were school system staff members linked to the school crisis as a responder. Participants were school system employees and held one of the following positions: (a) administrator, (b) school counselor, (c) school psychologist, (d) cluster nurse, (e) teacher, or (f) pupil personnel worker. Additionally, participants that were debriefed were members of their school-based crisis team and all received, at a minimum, a training regarding school system crisis response procedures. Countywide, memberships on school-based crisis teams generally reflected diversity in gender, race, years of experience, and role. The focus groups lasted approximately one to one and a half hours. Incentives in the form of food were offered to participants.

Table 11

*School-Based Crisis Team Focus Groups*

School	Level	Nature of Crisis	Time Between Crisis and Focus Group
A	HS	Student death – Car accident	2 weeks
B	ES	Student death – Medical causes	4 weeks
C	ES	Student death – Illness	4 weeks
D	HS	Teacher death – Cardiac arrest	1 & 1/2 weeks
E	MS	Student death – Drowning	1 & 1/2 weeks
F	HS	Student death – Car accident	2 weeks
G	MS	Student death – Cancer	2 weeks

Table 12

*Professional Representation in Focus Groups by School*

Professional Role	School						
	A	B	C	D	E	F	G
Administrator(s)	--	1	--	2	2	4	3
Psychologist(s)	1	1	1	--	1	1	1
Counselor(s)	1	1	1	2	2	4	1
Nurse	--	--	1	--	--	--	1
Pupil Personnel Worker	--	--	1	--	--	--	1
Teacher (s)	--	--	--	--	--	4	3

### *Focus Group Procedures*

Within one week after a school crisis requiring a coordinated response occurred in the local school system, the researcher made contact with the school's principal to discuss the possibility of conducting a focus group debriefing for the purposes of the current study. This contact included a brief overview of the purpose of the research, the research questions, time commitment required for the project, and a discussion of the respondent's match with the defined criteria for the study. Additionally, informed consent, confidentiality, and anonymity were discussed. Once the principal gave approval, the administrator was placed in contact with a separate focus group facilitator to schedule the time and location of the focus group debriefing. Simultaneously, the principal or a designee made contact with school-based crisis team members to discuss scheduling and participation. Further contacts with the school were made only by the focus group facilitator. Due to the researcher's professional assignment as the chairperson of the county crisis intervention team it was determined to be in the best interest of the study to ensure that no unintended pressures were felt by school staff to participate unwillingly. Therefore, an independent focus group debriefing facilitator was identified by the researcher, made familiar with the crisis response and focus group procedures, and scheduled to conduct the dialogue sessions. The focus group facilitator was a fourth year school psychologist employed by the local school system. In addition to being a member of her school's school-based crisis team, she is a member of the school system's cluster crisis intervention teams and is very familiar with county procedures.

At the structured debriefings, participants were given informed consent forms to complete and were reminded of confidentiality. A statement was included in the



informed consent advising participants of their right to withdraw from participation in the study at any time (See Appendix G). The debriefings were structured through the use of a topic guide utilized to facilitate a 'funneled' approach to discussion (Morgan, 1997; See Appendix H). This approach began by introducing the process, establishing ground rules, addressing broad topics (crisis team experience) and progressively moving toward more specific and focused questions. This approach was integrated with suggestions offered by current researchers in school crisis intervention for questions that should be included in a structured debriefing of a crisis response (Brock et. al, 2001; Poland, 1996). These questions addressed the level of and type of support provided, perceived levels of effectiveness of interventions provided, types of follow-up services, and open-ended feedback regarding steps to improve the team's functioning.

Following the structured dialogue, participants were given the opportunity to provide open-ended feedback about the topic and their experiences. The debriefings were audio taped to ensure accuracy in documentation and to minimize distractions, such as lengthy note taking, during the facilitation of the debriefing. These audiotapes were transcribed for data coding and analysis.

### *Data Analysis*

Following each focus group debriefing, audiotapes were transcribed to produce a written account of the dialogue. The constant comparison process for data analysis was applied to identify themes and patterns in the transcripts (Dye, Schatz, Rosenberg, & Coleman 2000). Based on the premise that theory and knowledge can be produced and discovered from research data, this method involved simultaneously collecting data and analyzing it through coding and identifying categories until *category saturation* occurred

(Dye et. al, 2000). Category saturation refers to the point at which the coding process yielded no new themes, patterns or categories due to the fact that the themes identified were already present in the dialogue of prior focus groups. Throughout this process of continual and reciprocal data collection and category identification, theories grounded in the data patterns were allowed to emerge without making any prior assumptions about what might be uncovered.

The current study applied the constant comparison process to examine the transcriptions. The analysis involved identifying and color-coding specific themes, general themes, and categories of feedback (e.g., crisis preparedness) for easy identification. Data units (i.e., specific comments/language used by a participant) contributing to each theme or category were individually recorded on color coded note cards in order to allow for easy and organized comparisons with new data. Throughout the color-coding process, the researcher examined themes in responses in order to evaluate specific components of the applied crisis response procedures. This process was repeated with each debriefing group to ensure that all relevant responses were recorded.

An identified drawback to the constant comparison method and qualitative research in general was the subjectivity in data coding and analysis (Patton, 2002). The current study applied an inter-rater reliability measure to address this concern. Using a process described by Dannels (2003) a subset of data units was categorized and the categories and themes identified by names. An independent coder was given 10% of the units and the category and theme names and asked to associate the data units with the identified categories and themes. Inter-rater reliability was measured by calculating the number of agreements divided by the total number of data units provided.

A school psychologist that was otherwise uninvolved in this research replicated the procedure of coding 75 data units which equaled slightly more than 10% of the total number of data units (717 units) from the school debriefings. The school psychologist received the 75 data units, a copy of the categorical and thematic coding structure yielded by the researcher, and a one hour training on the process of coding data units into categories, general themes, and specific themes. The codings were then completed independently and provided back to the author in order to be compared with the author's original codings. Results from the inter-rater reliability check showed 88% agreement with 66 of the 75 data units coded consistently across raters and 9 data units showing variability. Although the inter-rater reliability met the threshold suggested by Dannels (2003), the author reviewed variability patterns and found that differences in coding were largely due to two issues: a) the tendency of the secondary coder to 'double-code' broader issues (e.g., information-sharing) into two themes rather than one theme and b) a variability in coding between raters for broad statements relating to student initiated memorials. In order to address these two patterns of variability, the author identified these, and similar data units, and interpreted them in the results section in both areas of codings.

## CHAPTER IV

### Results

The current study employed three different data collection procedures to address the lack of systematic research examining school crisis intervention. By capitalizing on experientially-based knowledge available through the extant literature and focus group debriefings within a local school system, this study yielded reliable codings and categorizations of school crisis intervention procedures, a measure of alignment between research-supported crisis intervention strategies and those employed by the local school system, and patterns in qualitative data across focus groups regarding the utility of specific intervention strategies for facilitating the adaptation and coping of school communities after a crisis. The results relating to the literature coding will be presented first and followed by the results relating to the alignment between the coded literature and current crisis intervention procedures within the local school system. The final section of the results will address patterns in focus group data drawn from school-based crisis teams following a school-based crisis response.

#### *Research-Supported Practices in School Crisis Intervention*

The coding system developed and applied in this study provided decision rules for four separate levels of intervention support in the literature to assist in making informed decisions about the incorporation of specific strategies into school crisis response plans:

- a) *strongly recommended* practices in school crisis intervention,
- b) *recommended* practices in school crisis intervention,
- c) practices *not recommended* in school crisis intervention, and

- d) *insufficient data* is available to make a determination based on an explicitly structured set of decision rules.

A review and coding of the literature yielded both specific and broad interventions that could be coded into each of the four categories. A total of 202 reviewed book chapters and journal articles included crisis intervention strategies that were coded for the current study (See Appendix I). A total of 98 separate intervention strategies were identified in the literature which yielded a total of 1,867 codings across strategies with 7 intervention strategies meeting the minimum criteria for a *strongly recommended practice*, 23 meeting the criteria for a *recommended practice*, 4 meeting the criteria for a *practice that is not recommended*, and 64 showing *insufficient data* within the literature base for a coding to occur. Of the chapters and articles that described crisis responses related to a specific event, a pattern was evident in the types of crisis events that were reported and evaluated. Examples of crisis responses to anticipated deaths (e.g., long-term illness) were not found in the literature, however responses to numerous unexpected and violent events (suicide, homicide, terrorism) and one large-scale natural disaster were reported in the available literature and included in the coded studies.

As crisis intervention strategies fell into specific levels of support, three important patterns were noted. The first pattern related to the tendency of broad statements related to intervention activities (e.g., provide crisis support to students) to receive more support from the literature due to their inherent lack of specificity in operational definitions and therefore reduced opportunities for differences between implementations across crises. The final two patterns are reflected in the majority of strategies falling into the *insufficient data* category: 1) when implementing specific

intervention strategies (e.g., psychological first aid) studies often varied in the operational definition or implementation of the strategy, and 2) the majority of the literature base does not provide operational evidence (e.g., direct evidence from the implementation of the strategy during an actual school crisis) for the effectiveness of intervention strategies. Studies that took specific steps to measure intervention outcomes and provide operational evidence utilized one of two methods. The first method was the use of structured crisis team debriefings held after the initial crisis response to draw feedback from responders regarding strategies that were perceived to be effective or ineffective, important or missing components of the crisis response, and appropriate follow-up recommendations. Some researchers did not collect structured team debriefing data, however reported satisfaction and effectiveness feedback from school staff members (e.g., classroom teachers, instructional assistants, etc.) following a crisis response. A delineation of the crisis intervention strategies falling into each of the four levels of research support follows in Tables 13 through 16.

Table 13

*Strongly Recommended Practices by Stage of Crisis Intervention*

Stage of Crisis Intervention	School Crisis Intervention Practice	Number of Literature Codings
Pre-Crisis Planning	Create school crisis intervention team	55
	Train crisis team and staff prior to crisis	44
Managing Crisis Information	No specific practices strongly recommended	
Crisis Team Planning	Identify at-risk students for intervention planning	44
Crisis Intervention	Provide crisis support to school (broad statements)	51
	Facilitate classroom discussions regarding crisis event	40
	Make informational resources (handouts, pamphlets, etc.) available to parents, staff, students	36
Crisis Follow-Up	Complete follow-up monitoring with affected students	46

Table 14

*Recommended Practices by Stage of Crisis Intervention*

Stage of Crisis Intervention	School Crisis Intervention Practice	Number of Literature Codings
Pre-Crisis Planning	Develop county crisis response policy/procedures	45
	Select crisis team members by role and personal qualities	39
	Identify crisis team roles and responsibilities	25
	Implement prevention programs (violence, bullying, etc.)	26
Managing Crisis Information	Verify facts of the crisis event	23
	Implement a school crisis phone tree	30
	Identify media liaison	39
	Provide information to community directly and honestly	33
	Notify parents through written letter or phone calls	35
	Notify students of crisis event and answer questions	21
Crisis Team Planning	Respond to the crisis rather than ignore it	13
	Facilitate a crisis team planning meeting	38
	Assess the degree of impact of the crisis event	35
	Identify at-risk staff for intervention planning	25
	Train outside responders and school staff regarding crisis response and implementation procedures	22
Crisis Intervention	Provide individual crisis support to students (broad statements)	39
	Provide group crisis support to students (broad statements)	35
	Provide crisis support to staff members (broad statements)	28
	Provide crisis related activities (art, writing, etc.) for students	23
	Encourage affective expression during direct crisis intervention	43



Table 14

*Recommended Practices by Stage of Crisis Intervention (continued)*

Stage of Crisis Intervention	School Crisis Intervention Practice	Number of Literature Codings
Crisis Follow-Up	Evaluate the effectiveness of the school crisis response	35
	Refer to/Follow-up with community care providers	36
	Implement prevention programs related to the crisis event (e.g., suicide prevention)	24

Table 15

*Practices Not Recommended by Stage of Crisis Intervention*

Stage of Crisis Intervention	School Crisis Intervention Practice	Number of Literature Codings
Pre-Crisis Planning	No specific practices not recommended	
Managing Crisis Information	Use the public announcement system to share crisis information	13
	Use large school assemblies to share crisis information	11
	Failing to implement structures for media control	17
Crisis Team Planning	No specific practices not recommended	
Crisis Intervention	No specific practices not recommended	
Crisis Follow-Up	Create memorials for victims of suicide	7

Table 16

*Practices with Insufficient Data by Stage of Crisis Intervention*

Stage of Crisis Intervention	School Crisis Intervention Practice	Number of Literature Codings
Pre-Crisis Planning	Complete a school/county needs assessment to inform development of crisis intervention team(s)	9
	Research and model other effective programs when developing crisis intervention team(s)	4
	Utilize a decentralized model for crisis intervention	24
	Utilize a centralized model for crisis intervention	10
	Complete practice crisis/emergency drills	13
	Pre-plan necessary physical resources (e.g., support rooms)	4
	Create a 'crisis' box with necessary intervention materials	4
Managing Crisis Information	Control information flow through administrator/crisis team	29
	Identify liaison for family of the deceased	6
	Identify parent/community liaison	5
	Complete central office/administrative notifications	23
	Notify other affected schools	7
	Contact the family of the deceased and support family's bereavement rituals	6
	Develop written statements for information-sharing	18
	Facilitate a staff meeting/briefing regarding the crisis	43
	Facilitate a parent meeting regarding the crisis event	15
	Notify at-risk students separately	3
	Dispel rumors	19
	Implement a 24-hour information hotline	6
	Track crisis related phone calls to the school	3

Table 16

*Practices with Insufficient Data by Stage of Crisis Intervention (continued)*

Stage of Crisis Intervention	School Crisis Intervention Practice	Number of Literature Codings
Crisis Team Planning	Develop a base of operations for response planning	12
	Involve the county/district level crisis team	13
	Involve community mental health services	35
	Involve staff members	6
	Consider previous loss issues when planning interventions	5
	Consider any necessary instructional/routine changes	23
Crisis Intervention	Close the school on a school day	3
	Open the school for intervention on a non-school day	3
	Address school safety needs first	18
	Schedule a school open house to communicate with community	2
	Maintain a consistent and predictable school routine	24
	Monitor the school environment (e.g., hallways, etc.)	3
	Complete home visits to families of affected students	2
	Educate teachers/parents about how to talk with children	17
	Model appropriate grief responses	9
	Provide coverage for staff in need of grief support	7
	Team member follows the deceased person's schedule	6
	Limit availability of staff support	2
	Provide classroom support (broad statements)	13
	Provide combined parent/child support groups	3
	Separate at-risk groups for interventions	3
	Provide a 'normal' and natural environment for interventions	10
	Provide psychological first aid (debriefing) to staff	23

Table 16

*Practices with Insufficient Data by Stage of Crisis Intervention (continued)*

Stage of Crisis Intervention	School Crisis Intervention Practice	Number of Codings Across Literature
Crisis Intervention (continued)	Provide psychological first aid (debriefing) to students	41
	Use a structured intervention/debriefing model (e.g., CISM)	35
	Co-facilitate intervention groups	5
	Allow children to talk openly in class	10
	Teach problem-solving skills	16
	Provide flexible access to intervention supports	12
	Activate student coping strategies in interventions	25
	Validate feelings and normalize responses during interventions	26
	Help students/staff identify grief reactions	24
	Use a cognitive-behavioral approach to intervention	20
	Attempt cognitive restructuring during interventions	7
	Develop class memorials	7
Crisis Follow-Up	Facilitate a post-response staff meeting to debrief the response	5
	Document crisis response planning and activities	17
	Provide follow-up contacts to parents of affected students	10
	Provide follow-up contacts to the family of the deceased	2
	Provide related education to students and staff after the crisis (e.g., driver safety assembly)	4
	Provide direction to parents about children attending funerals	4
	Use the school problem-solving team for follow-up supports	4
	Plan long-term memorializations	22
	Plan supports for anniversaries/key events	2

### *Alignment of School System Procedures with Research Supported Practices*

The degree of congruence between the implemented crisis intervention procedures documented and used by a local school system and the procedures coded as strongly *recommended*, *recommended*, *not recommended*, or, bearing *insufficient data* by established authors in school crisis intervention in the first part of the study are reported in the following section. The disaggregated procedures and reliability analysis were provided in Table 9 in Ch. 3. These disaggregated procedures were compared with the results from the literature coding to yield categorizations of the school system's procedures based on the levels of research support for each individual crisis intervention strategy. The categorizations are reported in Tables 17, 18, and 19.

Table 17

#### *Strongly Recommended Practices Reflected in the Disaggregated School System Crisis Intervention Procedures*

Stage of Crisis Intervention	School System Procedure
Pre-Crisis Planning	School team attends county crisis team trainings
Managing Crisis Information	None
Crisis Team Planning	Identify at-risk students Develop plan to support students and staff
Crisis Intervention	Provide crisis support to school Organize staff readings/resources
Crisis Follow-Up	Establish follow-up timelines and intervention plans for students

Table 18

*Recommended Practices Reflected in the Disaggregated School System Crisis Intervention Procedures*

Stage of Crisis Intervention	School System Procedure
Pre-Crisis Planning	Identify crisis team members Establish school crisis phone tree
Managing Crisis Information	Verify facts of the crisis event Notify staff via phone tree Facilitate sharing of information with students Provide written school community notification
Crisis Team Planning	Crisis team meets to plan response Assess the degree of impact of the crisis Facilitate a before school meeting to train staff on the details of the response Identify at-risk staff Identify a media liaison
Crisis Intervention	Inform staff regarding daily routine changes Provide individual support to students Provide group support to students Provide staff support as needed Provide written school community notification
Crisis Follow-Up	Complete crisis team operational debriefing

Table 19

*Practices with Insufficient Research Data Reflected in the Disaggregated School System Crisis Intervention Procedures*

Stage of Crisis Intervention	School System Procedure
Pre-Crisis Planning	Assemble and store crisis response materials Determine locations for crisis counseling
Managing Crisis Information	Notify administrators, central office, county team Develop a statement for distribution to staff, students, and parents

Table 19

*Practices with Insufficient Research Data Reflected in the Disaggregated School System Crisis Intervention Procedures (continued)*

Stage of Crisis Intervention	School System Procedure
Crisis Team Planning	Identify and notify other affected schools Share statements with other affected schools Identify family liaison Contact PTSA to share information and request support Re-schedule activities as needed
Crisis Intervention	Complete faculty briefing regarding informational updates, available supports Inform staff how to respond to student questions/rumors Provide phone statement and log to secretaries Share information with students individually (or small groups) as needed Utilize central office crisis team Family liaison contacts family
Crisis Follow-Up	Facilitate after-school faculty meeting to debrief the response Share common staff grief reactions Complete and submit debriefing forms Conduct long-term follow-up (1-2 months)

The comparison of the school system procedures with the results of the literature coding showed a high degree of match such that all of the school systems procedures were able to be reflected within one of three groupings (*strongly recommended, recommended, insufficient data*). In some cases the school system procedure was either very specific and could be subcategorized into a procedure coded from the literature or very broad and could be broken down into a procedure coded from the literature. For example, many of the specific activities identified by the school system for the post-crisis staff meeting were not coded in the literature, however could be included as facilitating

an after school meeting. It was revealed that no school system procedures fell into the *not recommended* category of crisis intervention strategies.

As a result of comparing the school system's procedures with the coded literature, nine strategies were identified that fell into either the *strongly recommended* or *recommended* categories that were not explicitly listed within the school system's disaggregated procedures. In some cases this may be because the procedure is nested within a broader system procedure (e.g., encouraging affective expression may be a component of providing individual and group support). The nine procedures follow: a) facilitate classroom discussions regarding crisis event, b) develop county crisis response policy/procedures, c) select crisis team members by role and personal qualities, d) identify crisis team roles and responsibilities, e) implement prevention programs, f) provide activities for students to manage their crisis related reactions, g) encourage affective expression during crisis intervention, h) collaborate with community care providers through referrals and case consultation, and i) implement long-term prevention programs related to the crisis event.

### *Perceptions of Crisis Responders*

The constant comparison method of data analysis was applied to the focus group data to allow for a natural revealing of categories of crisis response strategies as well as the perceptions of crisis responders regarding the utility of specific intervention strategies in facilitating the adaptation and coping of school communities after a crisis. This method allowed for the emergence of data *categories* (broad classifications), *general themes* (focused classifications), and *specific themes* (most specific classifications). The category and thematic classifications included school crisis intervention stages, activities,



and strategies and were driven by patterns in the data units, or specific statements transcribed and recorded from focus group participants. Six broad chronological *categories* emerged from the transcribed debriefings which were then broken down into *general themes* reflecting groupings of crisis intervention strategies and *specific themes* reflecting specific crisis response activities or strategies. In some areas, multiple *specific themes* are nested under a *general theme*, while multiple *general themes* are nested under a *category*. However, in other cases, the crisis intervention strategy discussed by debriefing groups was specific and unique enough to warrant its classification as a *specific theme* without being nested under a *general theme* (e.g., putting crisis phone trees in place before a school crisis occurs). Table 20 presents the classification system which emerged from the focus group data.

Table 20

*Focus Group Response Classifications*

Category (Broad Classification)	General Theme (Focused Classification)	Specific Theme (Most Specific Classification)
Crisis Preparedness Prior to a Response	-----	Understanding the nature of school crises
	Professional Development	Trainings/Procedural knowledge Team pre-planning meetings
	-----	Phone tree
Pre-Response Planning After a Crisis	District Support	Administrative Cluster crisis intervention teams
	-----	Procedural manuals
	Crisis Team Planning	Roles and responsibilities Assess degree of impact School and community resource allocation
Information Flow	Information Control	Verification Dissemination
	Briefings	Crisis responders School faculty

Table 20

*Focus Group Response Classifications (continued)*

Category (Broad Classification)	General Theme (Focused Classification)	Specific Theme (Most Specific Classification)
Information Flow (continued)	Statements	Students Parents Phone response
	-----	Family liaison
Student Support Strategies	Counseling	Individual counseling Group counseling
	-----	Classroom interventions
	-----	Memorials
	-----	Education and information-sharing
Staff Support Strategies	-----	Staff personal needs
	-----	Classroom coverage
	-----	Faculty briefings
	-----	Education and information-sharing

Table 20

*Focus Group Response Classifications (continued)*

Category (Broad Classification)	General Theme (Focused Classification)	Specific Theme (Most Specific Classification)
Follow-Up	-----	Operational debriefings
	Follow-Up Support	Student support Staff support Family support
	-----	Memorializations

Within the aforementioned categories and themes, focus group participants provided both descriptive and evaluative responses regarding crisis intervention strategies. Descriptive responses reflected generally nonjudgmental descriptions, definitions, or statements of action whereas evaluative responses gave insight into the responders perceptions regarding the effectiveness, or lack thereof, of implemented response strategies. In some cases evaluative responses also provided insight into strategies which would have been effective if used (e.g., practicing the phone tree prior to a crisis) as well as previously unrecorded strategies which were perceived to be effective and may benefit the local school system by inclusion in future crisis response procedural manual revisions (e.g., increasing central office administrative involvement to support principals). An analysis of key patterns and findings is provided and followed by an examination of patterns in both descriptive and evaluative responses within each *category, general theme, and specific theme* with greater emphasis on issues receiving the most attention from focus group participants (e.g., the nature of school crises, crisis team planning, memorials, etc.).

#### *Key Findings Across Categories*

A thorough analysis of data patterns was completed and follows this overview, however key findings were also revealed in each category of interventions and will be discussed briefly. Across the six categories described in Table 20, the current study yielded 717 discrete statements from crisis team responders that were coded and analyzed. Within each category these statements told the stories of the crisis responses with key themes receiving the greatest attention from responders in each category.

Within the first category of crisis preparedness prior to a response, three areas of focus quickly developed with understanding the nature of crises receiving the most discussion within debriefings. Understanding the nature of crises was included as a preparedness issue due to the strong relationship between understanding the nature of crisis events prior to crises occurring and the ability to prepare for and manage the immediate chaos and disequilibrium involved in the aftermath of a crisis event. Teams provided primarily descriptive statements about the nature of crises in their school communities that reflected the instability and vulnerability of the school and its population to unexpected events. Team members noted the differences in reactions based on the type of loss (e.g., terminal illness versus car accident), the intense impact of the loss on members of the school community, the impact of the loss of staff and crisis responders, and the challenges in managing a variable community impact. Specifically, teams noted the difficulty in working with ‘pockets’ of the community heavily impacted by the loss whereas the majority of the school population may be ready to return to normalcy. Additional areas of focus within the preparedness category included the importance of pre-training crisis team members in crisis response procedures and resources and understanding the value of establishing effective school-based emergency phone trees prior to a crisis event.

Teams addressed planning activities occurring immediately after the crisis event in the category of pre-response planning after a crisis. Three areas of focus that received a majority of the attention from responders included the use of county procedure manuals, the efficient use of crisis team planning time, and the collaborative relationship with the county level cluster crisis teams. Specific feedback patterns indicated that teams

appreciated the availability of school system procedures and depended on the step-by-step guidelines and informational resources in order to ensure that key response steps were not overlooked. The procedural guidelines were generally first applied in crisis team planning meetings where school-based and cluster crisis intervention team members developed a comprehensive response plan by assessing the degree of impact of the crisis on the school community, determining the resource needs of the school, allocating resources accordingly, and defining roles and responsibilities for the crisis response. Within these planning meetings, school-based team members valued the experience and composure of cluster crisis team members in helping to manage the translation of the symptoms of the crisis impact on the community into an effective and functional intervention plan for the school.

The third category of information flow revealed the shift in discussions from understanding the nature of crises and pre-planning a response to implementing intervention procedures within the school and community. The topic of information flow generated a variety of feedback patterns with information dissemination and sharing information with parents representing the two key areas of focus. Teams discussed the dissemination of information in a chronological manner and highlighted the sharing of crisis information with central office staff, cluster crisis team members, school staff, and the school community (students and parents). In addition to descriptive statements, several schools reflected on the challenges inherent in making decisions about how to control information, how much information to share, and what information to share with whom. Specifically, schools discussed their steps in managing crises where information was shared to portions of the school community rather than the whole population due to

the high degree of impact of the crisis within specific classes, yet overall low degree of impact within the full school community. Information-sharing with parents was discussed due to the fact that parents are key stakeholders in the community and uniquely prepared to provide key support to affected students. Without exception, schools experiencing crises provided notification to parents and involved parents in follow-up supports for affected students.

As teams shifted their focus to direct intervention activities, two themes came up repeatedly within the area of student support strategies: a) immediate classroom or school memorials and b) counseling (general theme). Immediate memorials were used by schools to provide opportunities for direct, concrete actions that students could take to memorialize the lost person and provide condolences to the family. Common memorials discussed included the making of cards and banners to be shared with the family of the deceased. Additional memorials utilized by staff included moments of silence, a student written memorial song played on the morning announcements and a school produced memory book. These strategies were seen as effective means for validating student reactions and allowing appropriate expression within the school environment. Teams also reflected on several student initiated memorials which were seen as less constructive and more intrusive to the instructional process and the school's return to normalcy. Specific memorials that teams discussed included teens attempting to fly flags at half mast without permission, students changing school marquee signs, posting 'R.I.P.' flyers within a school building, and painting graffiti on the school parking lot to memorialize a student's parking space. School-based responders reflected on the chronology of these events and reflected as groups about the difficulties in managing these memorials and



working with students to reframe their energy toward constructive memorializations that did not destroy/impact school property, or encourage escape from the instructional environment (e.g., parking lot memorial).

A second area of focus within student support was in the area of counseling. Participants in the focus groups discussed the importance of providing counseling yet weighed the importance with the challenges in managing students through their grief. Specifically, teams noted the difficulties in setting limits and boundaries for supports in the days and weeks after the event. Some teams noted that students used the services as an escape from class or to gain social benefits derived from being a member of an ‘affected group’. Teams discussed the various procedures they developed for balancing these needs and supporting students effectively with direct supports, which included setting limits for counseling services as days passed by after the event, moving from providing group interventions to individual interventions in order to remove reinforcing social attention, and increasing the use of community-based referrals in order to increase the level of care related to the crisis event for specific students.

The fifth category revealed in the analysis of participant feedback related to the provision of staff supports during the crisis response. Two specific themes arose as key areas of focus. The first theme related to the provision of staff coverage in classrooms. This coverage was provided by a crisis team member, staff member, ‘floater’ sub, or other staff as needed. While the person providing coverage varied across responses, teams felt that this was an effective and valuable strategy for allowing instructional staff members to ensure that their personal needs to take breaks, grieve with colleagues, and experience the loss on a personal level were met. This focus on meeting the personal

needs of the staff carried into the second area of focus which addressed strategies for supporting staff personal needs. These strategies included staff check-ins and ongoing monitoring, personal check-ins, increasing administrator visibility in hallways and staff lounges, the provision of 'comfort food' in the staff lounge, and the use of flexible scheduling. Flexible scheduling, in particular, varied in implementation across schools, however included steps taken by administrators to allow staff to either leave the building or take school time to call family, make home visits to the family of the deceased, or attend funerals and viewings. Debriefing patterns indicated that teams valued these supports and believed in the importance of meeting the personal needs of the staff during a crisis in order to establish a foundation of comfort, composure, and compassion which would translate to similar direct support provision to students.

The final category of crisis response follow-up included activities subsequent to the provision of immediate support following a crisis event. Two key findings that emerged from this category included the attention paid to long-term and ongoing memorializations and the provision of support to the family of the deceased. Specific issues raised around the ongoing memorialization of students and staff included supporting students through the experiences of attending viewings and funerals, reflecting on existing schoolwide memorial decisions, and discussing future plans for implementing memorial committees in order to constructively involve students, parents, and staff members in making long-term memorial decisions. Multiple schools noted the importance of including the parent(s) or spouse of the deceased in ongoing memorial decisions. Teams valued their involvement and focused heavily on the second key issue of ongoing support to the family of the deceased. Specifically, teams revisited the

logistical and emotional issues involved in dealing with the death of a student or staff member including the return of personal items, delivering condolence cards, gathering information about memorial services, and inviting participation onto the school's memorial committee. Team members described the intense emotions and dynamics around communicating with family members of recently deceased students and staff and reflected on the challenges inherent in attempting to serve as composed and reflective crisis responders while providing direct support to heavily impacted families simultaneously.

#### *Crisis Preparedness Prior to a Response*

School-based crisis team members provided significant insight into the experience of living through a school crisis and the relationship between pre-planning activities and the effectiveness of the response. The majority of data units coded in this category related to the nature of school crises and included descriptive statements regarding the chaos, vulnerability, and lack of control inherent in school crises. Crisis team members reflected on the inability to predict crisis situations and the immediate impact on responders and school communities. Table 21 provides a summary of the number of data units coded into each preparedness theme. Each number reflects the codings specific only to the category, general theme, or specific theme identified.

Table 21

*Number of Data Units Coded Per Each Preparedness Themes*

Theme	Number of Data Units Coded
Crisis Preparedness Prior to a Response (Category)	3
Understanding the Nature of School Crises (Specific Theme)	53
Professional Development (General Theme)	1
Trainings/Procedural Knowledge (Specific Theme)	13
Team Pre-Planning Meetings (Specific Theme)	9
Phone Tree (Specific Theme)	13
<b>Total</b>	<b>92</b>

At the most broad level of classification, three responders highlighted an intangible in crisis preparedness. They found the experience and connectedness of the school based crisis team and school faculty to relate to the level of comfort within the building the day of the crisis response. For these responders, a sense of fluidity in the response was important and tied to previous crisis experiences and unity within the staff.

A large number of responders discussed the nature of school crises and the importance of understanding the nature of school crises as it pertained to being prepared to be a crisis responder. The vast majority of these data units were descriptive versus evaluative and spoke to the immediacy of the crisis within a school community. While the immediate impact occurred after the crisis event, these statements will be discussed within the preparedness category due to the relationship between understanding the nature of crisis events prior to crises occurring and the ability to manage the immediate chaos and disequilibrium involved in the aftermath of a crisis event.

Across the 53 distinct statements, 4 patterns in responses became visible. The first dealt with differences in crisis responses and the degree of impact based on the nature of the loss. A middle and elementary school each experienced the loss of a child due to terminal illness and spoke to the unique nature of anticipated loss. Both schools stated that the response was very different and less visible because the deaths were expected. They noted the importance of some community and family members having several days to several weeks to manage the loss and grief prior to the death of the student and contrasted this to the potential impact of an unexpected death.

A second pattern emerged related to the immediate, and sometimes unexpected, impact of the crisis on parents and students in the school community. The comments varied widely across schools, however centralized around the idea that loss impacts a much broader range of people than you would expect and that the impact of loss is extremely hard to anticipate. Several schools noted that the crisis event impacted other schools within the feeder system and required collaboration, information-sharing, and support provision across schools. Additional specific events that were described surrounding the idea of a broad impact included the unexpected circumstance of a high school student being a volunteer fire fighter and responding to the accident scene where a peer was killed, the powerful social reinforcers that middle school students derived from participating in group counseling, the breadth of student responses viewed at funerals and the immobilization that staff felt to provide support at these funerals, the loss history of a particular school community that is now experiencing cumulative and repeated trauma, and the difficulties sorting and managing the complex emotional reactions of students to

traumatic loss that may include anger, fear, sadness, and guilt. An elementary school counselor eloquently described this broad impact as it related to crisis intervention:

“You know, you have the steps for crisis response and you know what to do, but you take the humanity of it and the life and what’s happening in real life and it’s different.”

The third pattern reflected in the debriefings focused on the immediate impact of the crisis on school staff and the crisis responders within the building that were expected to provide school and community supports in the midst of the crisis event. School-based crisis team members were aware of the responsibilities associated with crisis response and discussed the difficulties inherent in managing the sometimes competing priorities of being a grieving colleague/friend, witness to a tragic death, or person managing personal loss issues and needing to become a key player in providing direction and support to the school community during and after a crisis event. Specific details shared by responders included the need to take breaks, the importance of anticipating complex emotional reactions, the ongoing strain and stress associated with managing competing roles, and the difficulties in trying to set limits when managing competing roles and priorities.

In addition to discussing the impact on crisis responders, the broader impact on school staff in general was raised. Responders specifically noted the intense impact of an unexpected event on teachers and teacher planning areas and the need to provide as much control, stability, and support to the collective staff as possible. A high school principal captured these challenges for crisis responders and school staff following the loss of a student in a car accident:

“...what I had learned...was that when people come in and you’re in an emotional situation and you’re dealing with kids the adults are the ones that set the tone and even if they’re not they must appear in total control of the situation and have it planned out...but at the same time a lot of the adults have significant emotions tied to this child and they need to have some idea of how much control they have to be in and for how long.”

Within these reflections, crisis responders noted the inability of school staff to anticipate their response to future crises, however shared the importance of trying to provide as much composure and calm to the situation as possible in order to minimize the vulnerability inherent in a school crisis.

The fourth pattern relating to the nature of school crises dealt with the unique situation of portions of a school community being intensely involved in a crisis situation and other portions of the school community either being unaffected or going on with their lives. As crisis responders, the focus group participants noted the challenge in managing the crisis in isolation and retaining their perspectives and sight of the ‘big picture’ for the benefit of other students and the community. At the same time, significant frustrations were shared across two schools about the lack of sensitivity and awareness of unaffected members of the community regarding the impact the crisis was having within the school. A high school assistant principal shared an example of parent and student responses to homecoming tickets when a student was killed in a car accident the day of homecoming:

“[the school superintendent] called me because a parent called him complaining about tickets. We actually had two students that came up to us and said that they

should be allowed into the dance without tickets because they knew that at least two student were involved in the car accident and wouldn't be coming."

As they worked to find the balance between giving due attention to non-crisis matters and prioritizing the emotional and procedural support of the school community due to the crisis, team members shared specific challenges including making decisions about holding homecoming events following a student death, managing non-crisis parental requests during a crisis response, responding to insensitive comments professionally, and feeling pressured to meet the demands of the response and simultaneous important events in the building at the same time. A high school principal captured the sense of losing perspective as a responder and need to focus on the 'big picture' in the wake of the death of a student in a car accident:

"I found myself getting angry and I figured that since she [a parent] was a member of the community and the president of the PTA that she would have been more sensitive to what we were dealing with...but we were in our own little cocoon here taking care of ourselves...life still goes on and the business of school still goes on no matter what's going on and I think that there has to be a way to prepare people for that as well. I mean teachers still had to go on doing the best they could teaching...the UPS man still comes in and the buses come in at the same time and someone has to make sure things still run normally."

Aligned with the descriptions regarding the impact and immediacy of loss were multiple statements regarding preparedness for crisis responses. Crisis team members recognized the importance of preparing themselves personally and professionally for stepping out of



their comfort zone into the crisis environment and meeting the challenges of competing priorities in an informed way through professional development opportunities.

Within the general theme of professional development, respondents delineated the importance of trainings, access to procedural manuals, and having crisis response materials prepared prior to a crisis event. Seven responders noted the value of having established, step-by-step procedures in the county and having access to response manuals prior to crises. These responders directly related the procedures and established process to the effectiveness of the response. A middle school principal commented:

“having the checklist there with 6 people we were able to break the items down and say ‘you do this and you do this’ and then bring it all back together. So I thought the manual was extremely important and the...generic letters were very helpful.”

The access to countywide trainings was discussed as multiple team members valued the access to training opportunities where procedures could be learned and skills could be practiced within scenarios.

Within the specific theme of pre-planning meetings, teams generally focused on the material outcomes of pre-planning activities. Three team members identified pre-planning meetings as a strategy for being prepared prior to a crisis, however an additional six responders highlighted the value of having crisis preparedness materials organized and accessible prior to a crisis event. A high school principal illustrated this preparedness activity and the tie-in with pre-planning meetings:

“Our school has folders for the crisis team and we had met as a guidance and administrative staff before this occurred and reviewed all the steps in the

countywide plan and prepared the orange folders for a team of people who would come in. There's a set plan of action...The crisis manuals and folders ahead of time. We didn't even have to think about it because they were done ahead of time. That was huge."

Other schools specified specific materials that were organized into pre-response folders and included art supplies for making cards, tissues, pens, baskets for condolence cards, and response materials (e.g., forms) for the crisis response teams.

The final specific theme that emerged from pre-planning activities related to the development and utilization of phone trees. Feedback from crisis responders indicated that while phone trees were generally considered a critical piece of the response, their implementation varied widely and several schools found their phone trees to be ineffective and in need of significant revisions prior to future crisis responses. One school reported that their phone tree branches had been developed without phone numbers included at the beginning of the year, so when the crisis occurred they were without a usable phone tree. Additional schools noted that their phone tree went well due to their preparation by ensuring accuracy in phone numbers and covering all staff.

The most significant phone tree pattern raised across schools related to notification procedures for potentially at-risk staff. Across schools, seven respondents noted that their teams did not have established procedures for managing potentially at-risk staff and that it impacted their responses. Specifically, teams noted one of three problematic situations arose: a) staff considered to be at-risk due to relationships with the deceased, recent personal losses, or a relevant loss history were pulled off the phone tree and potentially missed, b) at-risk staff should have received follow-up phone calls but

were missed or c) staff operating the phone tree did not know how to communicate with at-risk staff and either exempted them from the tree or provided the statement verbatim as for other staff members. After the death of a student, a middle school principal discussed the impact of the phone tree on their staff communication:

“The phone tree didn’t work. I think one of the things that happened with the phone tree was that we were trying to be so careful at it to see who was at-risk and we decided that evening that there were some people who didn’t want it to be shared just through the phone tree and so that sort of got us off the list and then it became a puzzle of who was calling who.”

This school reflected on the experience and was one of three schools indicating a need to improve phone trees at pre-planning meetings each year prior to future crises. A summary of the preparedness practices perceived to be effective follows in Table 22.

Table 22

*Patterns in the Perceived Effectiveness of Crisis Preparedness Strategies by School-Based Crisis Responders*

Crisis Intervention Strategy	Pattern in Responses
Team pre-planning meetings before a crisis occurs	Effective
Preparing, disseminating and practicing phone tree	Effective
Preparing response materials before a crisis occurs	Effective
Utilizing experienced school and county crisis responders	Effective
Ensuring accessibility of county crisis response manuals	Effective
Attending county crisis response trainings	Effective

### *Pre-Response Planning After a Crisis Event*

School-based crisis team members identified a variety of immediate pre-planning activities that were taken following a crisis event in order to deliver crisis support to the community either during the school day or at school functions. The activities and descriptions within this category generally related to procedural and logistical steps necessary to create the foundation and basis for the school crisis response. A total of 154 data units were coded in this category where responders tended to focus most heavily on issues relating to district level crisis team support and procedural preparation and planning issues including role identification and resource allocation (See Table 23).

Table 23

#### *Number of Data Units Coded Per Each Pre-Planning After a Crisis Event Theme*

Theme	Number of Data Units Coded
District Support (General Theme)	0
Administrative (Specific Theme)	14
Cluster Crisis Intervention Team (Specific Theme)	28
Procedural Manuals (Specific Theme)	38
Crisis Team Planning (General Theme)	30
Roles and Responsibilities (Specific Theme)	22
Assess Degree of Impact	11
School and Community Resource Allocation	21
<b>Total</b>	<b>154</b>

The provision of district level support was discussed heavily by focus group participants. Two forms of support were delineated with central office supervisor check-ins and direct support being considered administrative support and cluster crisis team support encompassing cluster team availability and all forms of cluster team intervention including consultation, direct intervention, education and information sharing, and follow-up. The comments relating to district level administrative support were evenly split between descriptive statements that central office staff came to support administrators and show support for schools and statements of concern that central office staff were too uninvolved in addressing staff support needs. Following the death of a teacher, one high school administrator felt supported by the presence of central office staff because of the message of solidarity that it sent to students and community members during the unstable time of crisis. On the other hand, an elementary school principal spoke strongly about the need for principals across the county to receive more direct administrative support during a crisis due to the pressure that they are under in responding to school crises. Specifically, the principal's reflections suggested that more interaction and improved communication between central office staff and school administrators would ease the burden at the school level of responding to traumatic events in isolation.

In addition to administrative support, teams reflected on the supports provided by the cluster crisis intervention team and chairperson. In addition to a number of descriptive statements noting the presence and availability of crisis team members, comments fell into two primary groups. The first reflected the fact that school-based teams may have a difficult time judging their crisis response needs and that the schools

found it helpful to know that the cluster team chairperson or team members were available if needed. On two occasions, schools found themselves with more support than was needed. Staff still appreciated the level of comfort provided by having experienced crisis responders in the building. The second grouping of comments related to the availability and expertise of the cluster crisis team chairperson and cluster team members. Responders felt that certain qualities of the chairperson and team members, such as being calm, immediately available, responsive, and experienced in crisis response improved the effectiveness of the response. School-based responders highlighted the value of utilizing district supports to ‘ground’ the team when the disequilibrium of the crisis event was having an immediate and pervasive impact on the school community. A high school alternative educator shared this perception by noting that at the pre-planning meeting for the school team “it was comforting to know that we had people who could help walk us through this; they had the experience to do this”. Following a student death by drowning, a middle school counselor reflected on the school-based team’s pre-planning meeting and the involvement of cluster team members:

“When I first came in I was in shock and having [the cluster team chairperson] there and other people from the team to...start the ball rolling and get you moving was great...when you are in that shock mode you need that support. [The planning meeting] went really well. [The cluster team chairperson] kind of took the lead and is such a calm person that it didn’t feel as raw and emotional for all of us because we had someone leading...it was still just having that person saying ‘OK everybody, don’t worry, there are processes that we can help you go

through’ ...and that was really, really nice because obviously there were emotional people there from the school.”

In addition to human resources, a procedural support that teams valued was the crisis intervention resource manual. Of the 38 statements regarding the procedural manual across focus groups, 31 related to the fact that the manual was available, provided a step-by-step set of procedures to follow, provided informational resources and copies of generic letters, and was relied upon to ensure that critical pieces of the response were not overlooked. The following statements from a middle school psychologist are reflective of the comments that seven schools made about the use of the manual:

“We used [the manual] like a checklist and did each step. You know, let’s discuss this before the school meeting –check. Let’s write the statement – check. We thought about the before school meeting and planned it. We contacted feeder schools...I seriously think that the effectiveness was linked to the checklist. That day we literally walked through and checked things off when we completed them and it covered all of the steps that needed to be taken and discussed.”

In addition to the availability of the manual, individual responders appreciated the flexibility of the procedures and individual forms for recording student contacts. One strand of constructive feedback evident across four respondents suggested that additions to the manual be made in the area of questions and answers about death for preschool children and developmental responses to grief for preschool children.

The critical component of the pre-planning phase that teams discussed was the pre-planning meeting involving members of the school-based crisis team and, as needed, members of the cluster crisis intervention team. Across schools, 30 responses stated the

importance of the pre-planning meeting and gave varying descriptions of the proceedings of the meeting. With a high degree of consistency, teams noted that the pre-planning was procedure driven, collaborative across members of the school-based crisis team, and effective in providing a clear plan of action for the day of the crisis response. No concerns or perceptions of ineffectiveness were shared across responses. Statements from a high school principal and a high school counselor, respectively, illustrated the value of pre-planning:

“We had two administrators, school psychologist, and a counselor, so we didn’t even need the whole team, just select people. So if you have people that are willing to come out...then if it happened, that’s exactly what I’d do. It just made all the difference in the world to walk in that morning and have it all done.”

“In terms of what was helpful, I think all of the planning was very, very helpful. I think our staff response was tremendous here and...had an impact on our students and on our community. It was a calm, measured response.”

Aside from the generalities of holding a pre-planning meeting, teams also highlighted particular aspects of the pre-planning meeting which were critical in effectively managing the crisis event impacting the school. In particular an emphasis was placed on the benefits of identifying and assigning specific roles and responsibilities (e.g., ordering ‘comfort food’, developing statements, managing extra substitutes, copying and stuffing letters to the community, etc.) to crisis team members, secretaries, parent volunteers, and teachers on planning duties. Across teams, responses suggested that this form of delegation allowed response steps to occur efficiently as well as effectively. A smaller number of responders (n=6) reflected on their identifiable professional roles as members



of the team and linked their professional training (e.g., nursing, counseling) to the specific responsibilities they chose within the response.

Additional aspects of the pre-planning meeting that were identified as effective included identifying at-risk populations and assessing the degree of impact of the crisis. The teams described the process of identifying at-risk students and staff on the basis of class schedules, friendships, teacher-student relationships, extracurricular activities, and previous personal loss histories in order to anticipate possible support needs and make them available as part of an early intervention plan. A connected set of planning occurred as the teams assessed the full degree of impact of the crisis by looking at at-risk individuals as well as attempting to discern resource needs based on the breadth and intensity of the impact. Teams shared specific information that they reviewed in order to make determinations regarding resource needs. This information included the deceased person's involvement and popularity within the building, the person's class schedule, at-risk populations, the school's recent loss history, and the nature of the crisis event.

On the basis of the assessment of the degree of impact, teams shifted to discussions regarding resource allocation at the pre-planning meeting. Patterns in responses indicated that teams discussed and allocated various resources including personnel, intervention locations, community representatives, and student assistants. Specifically, teams utilized PTA for communication with the community and providing food for the staff. Counseling and intervention locations were established throughout buildings, additional staff were placed in high needs areas (e.g., lunch shifts), and school and office staff were matched with specific components of the crisis response in order to match their training and aptitude (e.g., a counselor followed the schedule of a student

that died to provide classroom supports). Crisis team members from within and outside the school were placed in support locations to aid instructional staff in reading statements, facilitating classroom discussions, and providing direct student and staff supports.

Across the themes within the category of pre-planning after a crisis response, data patterns emphasized the importance of having the school's post-crisis support needs identified and resources allocated to match the school's needs. Teams identified a variety of strategies that were considered effective in developing concise and thorough crisis response plans (See Table 24).

Table 24

*Patterns in the Perceived Effectiveness of Pre-Response Planning Strategies by School-Based Crisis Responders*

Crisis Intervention Strategy	Pattern in Perceived Effectiveness
Administrative support (central office)	Inconsistent
Cluster/District level crisis team support	Effective
Facilitating crisis team planning meetings	Effective
Utilizing county procedures and resource manual	Effective
Identifying specific roles/responsibilities within team	Effective
Assessing the degree of impact of the crisis and allocating resources accordingly	Effective
Utilizing community supports	Effective

### *Information Flow*

Throughout the crisis response process, school-based teams utilized various strategies for controlling and communicating crisis related information to the school community and key stakeholders inside and outside of the school building. Information management began with verification once the crisis occurred, however teams focused heavily on their processes for disseminating information to the community in a controlled and appropriate manner. The activities and descriptions within this category generally related to managing the processes of accessing, verifying, communicating, and responding to available information relating to the crisis event and crisis response with members of the school community. A total of 163 data units were coded in this category. Responders tended to focus most heavily on issues relating to information dissemination and parent statements (See Table 25).

Table 25

#### *Number of Data Units Coded Per Each Information Flow Theme*

Theme	Number of Data Units Coded
Information Flow (Category)	3
Information Control (General Theme)	11
Verification (Specific Theme)	10
Dissemination (Specific Theme)	55
Briefings (General Theme)	0
Crisis Responders (Specific Theme)	3
School Faculty (Specific Theme)	8
Statements (General Theme)	17

Table 25

*Number of Data Units Coded Per Each Information Flow Theme(continued)*

Theme	Number of Data Units Coded
Students (Specific Theme)	16
Parents (Specific Theme)	22
Phone Response (Specific Theme)	4
Family Liaison (Specific Theme)	14
<b>Total</b>	<b>163</b>

Crisis team members noted the importance of information control and highlighted three key issues at a broad level: a) understanding the nature of crisis communications, b) rumor control, and c) controlled information sharing. Responders acknowledged the difficulties in getting clear, accurate information from police, first responders, and witnesses during a crisis event and reflected on the difficulties that teams experienced having to manage and control information sharing such that inaccurate or inflammatory information is not shared before support mechanisms are in place to assist those hearing the information. Additionally, teams discussed the impact of rumors on increasing the chaos and confusion of a crisis situation and noted the importance of rumor control techniques.

On a more specific level, crisis response teams engaged in a considerable amount of discussion related to information verification and dissemination at the point that the crisis occurred. Information verification was seen to be a critical step in beginning structured crisis response procedures. Minimal variability was evidenced among the 10

comments related to verification as teams all stated the importance of having information verified prior to dissemination in order to ensure the accuracy of the information and the alignment of resources with the crisis event. Teams valued the involvement of police officers and family liaisons in completing verifications.

When teams discussed the dissemination of crisis related information, a number of issues and reflections were raised. Focus group participants generally discussed information dissemination in a chronological manner and talked about the immediate dissemination of information to school-based crisis team members, collectively making decisions about what information to share with whom, how information was to be shared to the instructional staff, sharing information with other schools, and the use of face-to-face, phone, and e-mail communications to disseminate crisis related information. Crisis team responders indicated that at the onset of the crisis event the most important contact was made when someone notified the school of the event. In some cases this was the police, in others it was a member of the school community. After receiving notification, the first contact they often made was to district level staff members in order to notify the school system and access district level help. The contact person varied but often included the chairperson of the school system's crisis teams, the coordinator of student services, or an administrative director. Responders stated that this contact was important in that it provided additional resources to the school, allowed access to official information about the crisis event, and added objectivity and experience to a unique and impactful school-based situation. The next step noted in dissemination at the school level was to the school-based crisis team in order to begin response procedures and plan out methods for communicating with the larger school community.

Several responders shared that team discussions occurred about who to share information with and how much information to share. Specifically, three schools discussed the breadth of information dissemination in cases where the person that died, whether staff member or student, was not well connected throughout the school building and community. Based on the comments from focus group members, teams appeared to manage this challenge by assessing the degree of impact of the crisis and catering the amount of communication to the anticipated response to the loss. In some cases this required communicating information broadly to the full school community and feeder schools in order to ensure that appropriate information and supports were provided to the full school community. In one case, the school-based crisis team limited the sharing of information to one classroom in order to provide control and not create a chaotic situation where it may not have been warranted. An elementary school principal noted the following about information dissemination when reflecting on the death of a student:

“It wasn’t like the student lived in our community or had a sibling here. The brother was at [another school] and he was in our Regional Early Childhood Center, so the community was not close to this family outside of the parents of children in his class. I had called my boss and left a message and I think with [the crisis team chairperson’s] help we decided that we would not send a note out to everybody since [the child] was not well known in the building...I did let staff know, called each parent of a student in the class, called the PTA President, and the busdriver as well. There was some miscommunication with transportation services, but we called because we didn’t want them to stop there the next

morning...I know that some people wanted more information just to know, but I don't regret for a minute not telling everybody because it controlled the crisis."

Another team reflected on how information about school crises can, or should, be shared at a countywide level. They discussed the use of the countywide e-mail system and felt that it would be important for schools across the county to know when a significant loss occurs.

Schools chose different strategies for disseminating information to their respective staff and communities and reflected upon some of the difficulties inherent in broadcasting information widely. One school used e-mail as a method for sharing crisis information and found it valuable, however four schools stated that they considered e-mail but chose not to use it due to its impersonal nature and the inability to gauge and respond to the reaction of people as they received the information. One school psychologist noted that "you can't put that on CLC [e-mail] and have a teacher sitting in class, read an e-mail that says a child died, and if you have a child die, then here are the supports. If you do it feels like there are no supports." The large majority of teams chose face-to-face meetings with staff when notification occurred during school hours and phone conversations through a phone tree when notification occurred outside of school hours. Teams reflecting on the use of phone trees felt it was an important and effective tool, in part because they were able to respond to questions or reactions immediately. A pattern of responses across schools developed around the process for disseminating information. Crisis team members reported that it was important to establish a sense of control over the information and ensure that staff and community members (PTA President, etc.) were receiving continual updates and check-ins as appropriate in order to

ensure that the information being discussed within the community was accurate, up-to-date, and shared within a context where resources were available to provide support as needed. A school psychologist in an elementary school captured this issue in his feedback:

“...thinking about the dissemination of information, I think it’s very important to be very controlled about it all the way from the point person down to the last person that knows. The way we did that; I think it was really thought out and effective and created a community of support around us as we responded to the crisis. Also, making sure that supports were in place prior to letting people know.”

A final topic considered by teams within the area of information dissemination was providing information to community members in unique circumstances. One team discussed the importance of having informational items translated for their large Korean population. Four teams shared the experience of sharing information and then receiving contacts by staff or community members that did not know about the crisis. The teams discussed the value of having a phone statement and available staff to address these questions as they anticipated that in any crisis, someone may get missed or may not hear the information from their children at the school.

Most of the crisis teams completed briefings with crisis responders and school faculty in order to share information, discuss the impending crisis response, and answer questions. Components of these briefings that were considered effective included having crisis manuals and folders available for responders, giving staff a list of at-risk students to monitor, sharing updated information, offering substitute coverage, and following school



system procedures. Responders noted the benefits of offering support to staff members in the briefing. Methods of support provision included counseling, employee assistance programs, substitute coverage, and time off as needed.

Crisis team members discussed the development of statements to students, parents, and community members as a component of information management and flow. The most common statement across teams was an appreciation for established procedures and statement templates available in the county. Every team responding to a crisis used the templates as models and created student statements and parent letters that were either read or distributed to the school community. Two schools discussed the importance of the statements in helping to establish a sense of control and context of compassion around the crisis situation. A high school principal noted the value of controlling information in a statement:

“[The statement to kids and parents] at the football game was a point where, I hate to use such an educational word, but ‘craft’ it in such a way that it gives critical information, but you don’t hype it up and make it any more emotional than it needs to be. I know that from where I was standing and looking at kids, you could see this wave go across as people started to hear what I was saying and the statement helped control the response.”

A high school alternative educator valued the use of student and staff statements for the purpose of showing a sense of community and caring around the loss:

“...we should go back to the message that you said prior to the game because I think that was so important. That could have been handled in a multitude of ways, but it was handled in what I think was a very good way. One that was

soothing, but authoritative and got the message out. I think that was a crucial point where the community felt safe and cared for...I can see where someone could have easily handled it less carefully and made the situation worse.”

Crisis responders talked about the separate statements that were prepared for students, parents, and phone responses. Within each population of the school community, it was clear that statements were prepared across schools, with all schools preparing student and parent statements and four schools preparing phone responses to community questions. In addition to reflecting on the preparation of the statements, two patterns in responses came up across schools. First, schools noted the importance of pairing additional supports with the reading or delivery of statements. Examples of additional supports included giving staff time to prepare before reading a prepared statement, having a second person in the room to help answer student questions, providing a translator or translation to the ESOL community, sending a letter home with educational information about developmental responses to grief, and offering counseling and support services for students within the letter to parents. A second pattern related to the audience for the statements. Teams carefully considered the groups of people that would receive the information and planned out how the information would be shared. Specifically, if a student that died was in an isolated class, the school may have just shared the information with parents from that class versus the entire school population. Additionally, when a loss occurred, school-based crisis teams took care to identify at-risk students, staff, and community members and shared the information with them in pull-out groups, individually, or with counseling and mental health supports readily available to intervene as needed. Across schools, teams emphasized the effectiveness of providing

the information in a comfortable, personable, and supportive way to at-risk members of the community and felt that this was a critical component of the crisis response.

An important connection that schools made with the community after a crisis was with the family of the deceased student or staff member. Every school noted that a liaison was identified to share condolences from the school and receive informational updates to pass on. Aside from serving logistical functions, two schools talked about the importance the family liaison served in working with families as partners in supporting both the grieving family and school community as a whole. These schools discussed the role of the liaison to be the bearer of condolences as well as a link to the family to help organize offers of food, deliver memorial and condolence cards, gauge the needs of the family, and assist the school in developing an appropriate response or support strategy. In addition, in these two schools the family worked with the school to make decisions about information sharing, memorial ideas, and messages to send to other students and friends within the building. A specific example illustrated the challenges and benefits of utilizing a family liaison to provide family as well as school support in the wake of a crisis event. A high school principal discussed communications with the mother of a student killed in a car accident:

“...so, that was a frustration, but we can’t force a family to communicate or share information. I had hoped that she would contact us, but then she showed up at the building and students became very emotional, so I scheduled an appointment with her and asked [our guidance counselor] and [the chairperson of the county crisis teams] to join me...we finally talked to her on Monday afternoon and offered our condolences and I talked about the death of my son which I think helped them

relate to me and the school...we also mentioned the dangerous behaviors of kids at school and our concerns about bringing negative attention to the tragedy of their son's death. We explained to them that kids were starting to break school rules...and that we didn't want inappropriate behaviors attached to this situation and then when we presented it like that they understood that we were looking out not just for their child, but also the other children in the school...[the father] was very appreciative and offered to do anything that needed to be done to address the shrine in the parking lot and the dangerous driving and hanging out around the accident site. So, he offered to come in and talk to the kids and when he did, we just kind of sat back and he said it. He shared how much he and his wife appreciated the memorial and their showings of support but that they needed to be safe and when it came from the parent we were able to work together for a safe solution for everyone that kids were comfortable with."

Across the themes within this category of information flow during a crisis response, data patterns emphasized the importance of having clear procedures and responsibilities for identifying at-risk populations and disseminating information appropriately as well as for coupling support staff and strategies with information as it is carefully released to members of the school community. Teams identified a variety of strategies that were considered effective in effectively controlling and communicating crisis related information to the school community (See Table 26).

Table 26

*Patterns in the Perceived Effectiveness of Information Flow Strategies by School-Based Crisis Responders*

Crisis Intervention Strategy	Pattern in Perceived Effectiveness
Verifying information before sharing	Effective
Contact and utilize district level support	Effective
Engage in team discussions and decisions about what information to share with whom based on identified at-risk populations	Effective
Using prepared statements to share information, control rumors, and provide support to families	Effective
Sharing statements face-to-face or over the phone	Effective
Sharing initial information via e-mail	Inconsistent/Ineffective
Prepare and mobilize resources prior to providing information to the school community	Effective

*Student Support Strategies*

Many of the preparedness, pre-planning, and information flow activities lead to the provision of direct supports (counseling, classroom interventions, information-sharing, and memorialization) to students and staff members. Throughout the crisis response process, school-based teams utilized various strategies for supporting students and focused heavily on the alignment of the strategies to the needs of the school community for grieving, ventilating emotions, and achieving a sense of closure. A total of 90 data units were coded in this category. Responders tended to focus most heavily on issues relating to memorialization and crisis counseling supports (See Table 27).

Table 27

*Number of Data Units Coded Per Each Student Support Strategy Theme*

Theme	Number of Data Units Coded
Student Support Strategies (Category)	8
Counseling (General Theme)	14
Individual Counseling (Specific Theme)	8
Group Counseling (Specific Theme)	13
Classroom Interventions (Specific Theme)	13
Memorials (Specific Theme)	25
Education and Information-Sharing (Specific Theme)	9
<b>Total</b>	<b>90</b>

At the most broad level of classification, multiple comments were shared about the provision of student support after a crisis event. In addition to reflections on the importance of being available to kids and ensuring that children receive appropriate support, two schools discussed the importance of maintaining a visible sense of control following a crisis. Specifically, the schools valued the increased presence of staff members during a response and actively planned the response to increase the visibility of administrators and support providers so that students were both aware of available supports and disinclined to take advantage of the crisis situation. On a general level, teams began to raise issues related to counseling by stating the importance of crisis team

members being available and having physical locations accessible for students to meet, make condolence cards, and receive professional intervention supports as needed.

A large number of responders discussed crisis counseling in general as well as related to the specific interventions of individual and group supports following a school crisis. In addition to descriptive statements indicating that counseling personnel, district level crisis support, and counseling locations were provided, five responders discussed the importance of implementing strategies to control the counseling process in order to ensure that the support was delivered effectively and appropriately. A pattern of responses across three schools indicated that counseling supports (often in a group format) were provided flexibly the first day of the response and then students were required to ask for passes and were given opportunities to receive additional counseling (often individual) as needed on subsequent days. While it was provided reactively rather than proactively, this structure was reportedly put into place in order to ensure that students were utilizing support services appropriately and were not using the crisis as a method for escaping the instructional environment. One middle school assistant principal reflected on this issue within her team's debriefing:

“One piece that was a challenge that we talked about was how to manage kids returning to class and possible ‘escape’ issues. I think that in planning future responses it would be helpful to think about how to prevent issues like that from occurring and how counselors might try and almost screen kids and look to pull kids out that are tied in with the drama of the situation rather than the crisis part because at times the simple number of kids made it tough to manage and if we

could have gotten some of the kids back to class, it would have improved our ability to meet the needs of the remaining students.”

A middle school counselor discussed the related issue of the challenges involved in screening kids for counseling in order to minimize their social involvement in crisis related support services:

“It’s an interesting complication, especially when you have a crisis team that isn’t based with the school and it creates a whole different dynamic. If the counselor or psychologist knows the kids then maybe they can tell themselves...’OK look for a natural break in the schedule, look for a natural bell time and say it’s time to go back now, or ‘we have x number of minutes left and we are going to deal with the remaining kids individually’. It’s tough because you may not see where it’s going and it feels counterproductive, but then you don’t know if they are truly struggling with legitimate loss issues.”

A high school counselor reflected on the process their team saw as they determined the need to reduce group supports and implement individual supports in order to exercise control over the response:

“It started almost immediately when the first response was the mass support for each other and the mob kind of mentality of crying and having a lot of drama around it and then you start to see the kids that are really having a hard time processing and those that are escaping and you cut back on the group [counseling] and it cuts way down on the traffic...and you know this helps the kids that are really doing fine to separate from the crisis and function normally.”



This process of balancing student support needs and administrative control over the crisis response was challenging to teams as three different school shared declarative statements that they needed help from district level administrators or the chairperson of the cluster crisis intervention team in order to determine how and when to start restricting supports and how to apply decision rules for which students should or should not have immediate access to supports. One pattern that was evident across all schools was that the availability of student support was considered to be a critical component of the ongoing response.

The two most common methods for providing direct support were counseling (individual and group) and classroom interventions (class discussions and information-sharing). Crisis team members touched on three issues related to individual counseling in their respective debriefings. The most common discussion revolved around statements about the importance of having individual counseling available to students on an as-needed basis. The second issues was raised by only one responder, but appeared to reflect team consensus as the statement was followed by the affirmation of other team members. This issue related to the value of using individual counseling as a proactive and not only responsive strategy. Specifically, the responder valued their team's decision to actively pull-out students on their respective caseloads with recent loss issues in order to complete 'check-ins' and offer support as needed.

The final issue related to individual counseling was identified by four different responders and created an important link between individual counseling and group counseling within the context of a crisis. These comments related to the use of individual counseling as a strategy to control group dynamics that were preventing a group

counseling session from progressing. Specifically, three schools spoke extensively about their decisions to pull students out of groups into individual counseling settings in order to deescalate emotions, implement control over the group content, and begin returning students to the instructional environment.

As crisis team members shifted their focus to group counseling, they continued to emphasize process related issues. In addition to statements supporting the value of group interventions, team members spoke directly to two issues related to group counseling. Three responders across two schools discussed the value in allowing students experiencing a collective loss to join and grieve together in small, controlled groups in a flexible and nurturing environment. A middle school psychologist shared that:

“It was easy bringing the smaller groups together. The larger groups were more difficult to bring together and help them understand what exactly this means and what bereavement means. The smaller groups allowed them to share something about themselves. They could talk about what made them angry or share their personal story.”

A high school psychologist shared similar reflections and noted the value in allowing students “the freedom to talk, ask questions, and share what was important to them”.

Three schools utilized the group process as a means for providing services to specific pockets of students that were particularly affected by the loss in the school community. In particular, a middle school pulled students that witnessed the drowning of a peer, a high school pulled the best friends of a student killed in a car accident, and another high school pulled the advisory class taught by a teacher that died unexpectedly. While each discussion related to the unique circumstances surrounding the particular loss,

a pattern was evident in the value that teams placed on meeting with students that shared an intense and personal loss together. The middle school counselor who provided support to the witnesses of a peer drowning articulated the value in this intervention:

“The most important part was meeting with the three young men that were at the scene and there was a lot of speculation about the situation itself and they did not want to be part of the primary student population at the time...it’s one thing when you have an issue that we can get to the core of in class, but it’s another when they realize they’re with their friends in a safe setting and now we have a legitimate reason to be sad and mournful but can be together at the same time...and that was very effective for them to be able to cope with their grieving process. The parents were very appreciative of everything the school did to support them.”

In some cases, teams felt that grief responses could be more effectively and efficiently managed by providing direct support to full classrooms or large groups within classrooms. The teams shared several purposes to completing classroom interventions including being available in case students reacted intensely to the news of a loss, facilitating classroom discussions about loss or the details surrounding the crisis event, screening students for possible inclusion in more goal-directed services (individual or group counseling), guiding discussions and activities related to memorialization (e.g., creating condolence cards), and education and information-sharing. A pattern across three schools was the use of the strategy of following the schedule of a student or teacher that died in order to answer questions or provide direct support to students as needed. A second pattern developed around team discussions related to classroom discussions.

Specifically, crisis responders valued the ability to share information in a controlled manner in the classroom, however struggled at times with knowing how much information to share and how to respond to specific questions about the nature of the specific loss. A consistent caution within these discussions related to ensuring that control could be maintained in regards to the specific details of the loss in order to ensure that rumors did not develop and escalate as a result of classroom discussions.

Within the school communities experiencing a crisis event, discussions and activities intended to memorialize the student or teacher that died developed quickly among students. Memorialization activities were included in two *categories* of the focus group data. Activities that occurred during the immediate response as student support strategies are included as support strategies while school community discussions and planning meetings held to discuss future potential memorials were included in the follow-up *category*. Memorial activities that occurred during the response fell generally into two groups, activities that were facilitated and planned by the crisis team and spontaneous activities that were developed and instituted by students to express their grief, memories, and desire to support each other.

Across teams, four schools proactively provided materials and locations for memorialization of a lost teacher or student. Most commonly, these schools provided blank paper or art paper, markers, and baskets so that students could make cards or banners which would then be passed on to the surviving family. Across levels (elementary, middle, high) teams perceived this to be an effective support strategy as it allowed students an outlet for their emotional grief and a method for taking action to communicate with the family members. In addition to condolence cards and banners,

some unique forms of memorialization included during the crisis responses included moments of silence, airing a student written memorial song during morning announcements, and working with the art teacher to develop a memory book to share with a family that lost a child due to medical reasons.

In the immediacy of the crisis event, multiple schools noted that students attempted to implement impromptu memorials which, at times, had to be immediately controlled in order to effectively provide stability for the school in general. Examples that schools shared of student led memorializations that needed to be managed included attempts to fly the national flag at half mast, putting up flyers with a deceased student's picture on it around the school, changing the school marquee to read a rest in peace message, and memorializing a parking space and nearby tree with graffiti, candles, signs, and personal artifacts. A high school principal, challenged to manage the parking space memorial carefully reflected on the balance that crisis teams need to strike in allowing methods for expressing grief and supporting students while maintaining normalcy and a sense of stability within the school:

"I don't think anyone of us were prepared for what was going to happen in the parking lot. I don't think that was anything that we could foresee. Nor were we able to plan how emotional that memorial or shrine in the parking lot came to mean to those kids. I don't think I got a handle on it until Monday [two days after the student's death] and realized that this just wasn't the event for the day. They made it pretty clear that it was going to stay there forever...In terms of the grieving process [the chairperson of the school system's crisis teams] and I spoke at length about this because of the fact that as an administration we were in an

extremely difficult position because we are trying to honor the fact that the kids were grieving, they were trying to honor their friend that had died and this was a tragedy. But at the same time it is our responsibility to keep the school functioning, to keep students that were not impacted by the loss insulated from the pressures of the memorial and the pressures to leave the building to visit the parking space. We had to keep all of our students safe and involved in an instructional environment, not blatantly breaking the rules in front of everybody.”

In each case, school based team members shared similar reflections about striking the balance between supporting students and maintaining an appropriate school environment.

In many cases (e.g., the flag, flyers, marquee sign) the school was able to prevent the memorial from occurring or growing quickly in order to minimize any instability that may have resulted from the memorial occurring in such a public and emotional manner.

In the example of the parking space the school spoke extensively about the complex issues surrounding the management and removal of the memorial. Across responders 15 separate lengthy comments related directly to the issues surrounding the parking space memorial. Patterns within these comments reflected the following issues related to managing a significant and unexpected memorial: a) the importance of allowing students to become involved in a collective expression of grief, b) the importance of supervising students at the memorial in a non-confrontational manner, c) the challenge in balancing access to the memorial and keeping students in classes in the day and days following the student death, d) the challenge in working with grieving students around a process of dismantling the memorial and e) the value in involving the family of the deceased to manage the memorial in a caring and effective manner.

The team shared specific strategies that were considered to be effective upon reflection in managing this significant memorialization. The school allowed access to the memorial to students for the first day of the response, restricted access to first period and lunch during the second day of the response, and restricted access to before and after school during the third day. In addition the principal, student services team leader and chairperson of the cluster crisis intervention teams met with key students involved in the memorial each day to offer support, condolences, and negotiate methods for maintaining structure within the school. The school staff reported that they were able to effectively communicate with these key students to limit the growth of the memorial, ensure appropriate supervision, ensure limited access, and facilitate the dismantling with the family involvement. The team noted that the involvement of the deceased student's parents was critical in order to share the school's concerns about the memorial being dismantled against the will of the students and the value in working together toward a comfortable solution that involved the students dismantling the memorial themselves and providing it the family or funeral home as an appropriate showing of affection and grief that the family could maintain. The school reported that this solution was effectively facilitated and the memorial was shared with the family. An assistant principal noted the following lesson learned from experiencing the complexities in managing this memorial:

“Our response to students changed as it went along, sometimes by the minute as key staff, including myself, our principal, [the cluster crisis team chairperson], and others met at the memorial or saw the impact of the parking lot on kids visiting. I say that in tribute to the work of the team because the way it was handled was not the way it was scripted and because we're flexible and there was

good communication all around, it still worked out with effective alternatives that met the needs of the school, family, and students involved.”

A final student support intervention that teams discussed included sharing information with students and parents in order to help the children understand the nature of loss and anticipate steps in dealing with the unexpected loss of a loved one. Crisis responders from five schools discussed the use of this strategy. Each school reported that information was gathered to share with various audiences in order to help them provide support and answers to students about the nature of the crisis event. Specifically, two teams developed handouts for parents summarizing anticipated developmental responses to grief and methods for communicating with their child, two schools developed similar handouts for a staff audience, and one school provided direct information to children about leukemia after the death of a student. The final school accessed a child friendly video about leukemia and integrated its presentation with facilitated discussions led by the school psychologist and guidance counselor in order to educate students and allow time to ask and answer questions. Across schools, teams noted the value in having information prepared and disseminated to ensure the school community provided consistent supports and information to the kids and the children were able to develop a greater understanding of the loss by having their questions answered.

Across the themes within this category of student support during a crisis response, data patterns emphasized the importance of having clear procedures and intervention plans for providing direct counseling and classroom support as well as for employing flexibility in responding to unexpected group and school dynamics such as memorializations. Teams identified a variety of strategies that were considered effective



in providing support to students following a school crisis (See Table 28).

Table 28

*Patterns in the Perceived Effectiveness of Student Support Strategies by School-Based Crisis Responders*

Crisis Intervention Strategy	Pattern in Perceived Effectiveness
Access extra staff and increase visibility in school	Effective
Align student supports with the unique crisis event	Effective
Make counseling (individual and group) available to students	Effective
Providing student support in large or ongoing groups	Ineffective
Implement decision rules for shifting student from group to individual counseling and/or back to class	Effective
Follow the schedule of a deceased student or staff Member	Effective
Provide materials for condolence cards and/or banners	Effective
Provide restrictions to memorials	Effective
Involve families in complex memorialization issues	Effective
Prepare and provide information to students, parents, and teachers to support student's understanding of the loss	Effective

*Staff Support Strategies*

Crisis team members committed a variety of resources to supporting staff following a school crisis. Staff support strategies appeared to vary significantly from

student support strategies which depended heavily on counseling, information-sharing, and managing memorials. Crisis responders discussed the use of ‘comfort food’, flexible scheduling, classroom coverage, and briefings as critical strategies for providing support to staff, keeping them informed, and maintaining normalcy within the instructional day. A total of 55 data units were coded in this category. Responders tended to focus most heavily on issues relating to general support activities and classroom coverage for instructional staff (See Table 29).

Table 29

*Number of Data Units Coded Per Each Staff Support Strategy Theme*

Theme	Number of Data Units Coded
Staff Support Strategies (Category)	8
Staff Personal Needs (Specific Theme)	14
Classroom Coverage (Specific Theme)	21
Faculty Briefings (Specific Theme)	7
Education/Information-Sharing (Specific Theme)	5
<b>Total</b>	<b>55</b>

Crisis team members focused on staff support strategies as a means of providing support to potentially impacted members of the school faculty as well as to involve staff as participants in maintaining normalcy and structure across the school day. School-based responders discussed the dynamics of working with staff members during crises by reflecting on the dual roles that staff members must balance between personal connections with the crisis or loss and professional responsibilities to support the children

and reduce the vulnerability and instability within the school building. A high school principal discussed the importance of administrators and school-based crisis teams maintaining control over the impact of the crisis in order to support staff in effectively navigating the demands of their dual professional roles:

“One thing I got from Monday[’s staff briefing] was that sometimes when stuff goes on like this there ends up being a core group, which in my opinion ends up being a large chunk of the faculty that just wants to know that you have it under control and that you are being cool and calm and making objective decisions. If they believe that, then they’ll do whatever you want. They just want to have that feeling and if they feel like the administration doesn’t know what they’re doing then it all unravels very quickly because kids and staff recognize that immediately. And that was my paramount goal...that we were in charge of the situation and that staff felt secure and cared for and then we knew the kids would feel secure.”

Crisis team responders prioritized staff needs and took proactive steps to ensure that staff were emotionally supported. Team members from four schools discussed the implementation of staff monitoring and check-in strategies to identify at-risk staff and proactively offer supports and complete ‘personal check-ins’ throughout the day of the response. Schools discussed potentially at-risk staff prior to the beginning of the school day and monitored staff functioning throughout the day by checking-in at classrooms, being visible in the faculty lounge, maintaining a presence in hallways between classes, and offering in-school support as well as private counseling through the employee assistance program as needed.

School teams took specific steps to ensure that the personal needs of staff were met during the immediate days of the crisis response. Specifically, teams across schools discussed two forms of support which were put into place to help staff members balance their professional and personal needs in a supportive environment. Three schools set up a location within the building for ‘comfort food’ and purchased bagels, juice, and coffee and invited staff members to join at any time either individually or in groups if they felt that they needed a personal break from the instructional day. A high school principal that lost a staff member shared the feedback that she received from staff about the use of a faculty comfort station during the crisis response:

“One of the things that I heard over and over again from the teachers [during the staff debriefing] was that the food was in a central location and that it forced people to gather there. They could talk, they could laugh, and they could console one another there. And while I honestly can’t take credit for that, we didn’t plan that, it’s something I would highly recommend because it was something that was there for them all week and they were highly appreciative.”

In addition to the use of the faculty lounge, a second strategy that three schools utilized was flexible scheduling to allow staff members to meet their personal and team needs throughout the school day. While the exact support steps taken by each of the three schools varied depending on the crisis and individual needs, strategies including allowing a teacher to go home during the day to be with her family, canceling pre-scheduled instructional and school-wide meetings, and making explicit offers to teams to pull back from team-based meetings to talk as a team and process the event before returning to the business of teaching.

A related strategy that was employed by six schools was providing classroom coverage to allow teachers to take breaks from their classroom as needed. Crisis teams considered the needs of their instructional staff and shared their realizations that the classroom environment, interaction with kids, and reading the factual crisis statement all served as potential emotional triggers and created a challenging context for at-risk and impacted teachers to work within. Classroom coverage as a *specific theme* included four different strategies reported by teams: a) sending crisis response staff to the classrooms of potentially at-risk teachers to provide coverage as needed, b) sending a staff member to the classrooms of potentially at-risk staff members to provide coverage as needed, c) making ‘floater’ subs available in the building for teachers to use anytime throughout the day on an as needed basis, and d) actively pulling and encouraging teachers out of the classroom when they were struggling with their personal response to the crisis and providing classroom coverage as needed.

Schools employing the first two strategies generally provided short-term coverage while student statements were read or classroom discussions regarding the crisis event were facilitated. In cases where ongoing instructional support was needed, schools utilized floater substitutes and developed structures for managing the process. Two schools discussed similar processes where extra substitutes were centralized in the front office and sent throughout the building by one administrator as needed. This was perceived by team members to add efficiency to the process and ensure that teachers were relieved as soon as possible. As the immediacy of the crisis response waned, most schools did not mention the use of substitutes after the first day. The principal at one high school that implemented a six day response due to the intense community reaction

discussed the use of subs as days wore on and the staff began to feel a cumulative impact from the loss and the response:

“I think in terms of the teachers there were a lot of teachers that were probably in shock on Monday and Tuesday and it was probably more toward the end of the week that I thought they needed more attention and I found myself walking around the building at the end of the week and telling them you need to go downstairs or you need to take a sub. You could tell by the look on their faces and it’s almost like they wanted to stay strong, but needed permission to feel...to feel the impact of the crisis on a personal level.”

The provision of classroom coverage was perceived by several schools to be an effective strategy on the basis that teachers were allowed to manage their personal needs and were therefore more available to students within the classroom environment. Additional strategies which may have served a similar purpose were the use of faculty briefings and education and information-sharing to equip instructional staff with the information and tools necessary to feel informed, to effectively communicate with students about the crisis event, and to facilitate classroom discussions related to the loss.

An analysis of the data units from crisis team members revealed that faculty briefings appeared to serve two purposes for the school staff. The first purpose was informational to communicate the crisis event, disseminate information about the crisis, and discuss the response plan which would be implemented within the building. These features of the faculty briefing were reviewed in the information flow *category* in this chapter. The second purpose of the briefing was to provide direct support to staff members by allowing the full staff an opportunity to collectively reflect on the crisis

event and debrief their reactions. Responses from team members indicated that the opportunity for staff to sit together and debrief with each other present provided an opportunity to normalize each individual's personal response prior to beginning the day in a professional capacity supporting students.

A related strategy involved educating staff members about the nature of the crisis event by providing support for classroom discussions, anticipating student questions and offering suggested responses, and giving informational items (e.g., handouts on developmental responses to grief) as needed. An elementary school psychologist discussed his provision of staff support in the form of information-sharing following the death of a pre-school child:

“I had talks with several teachers about what to say...they were more concerned with how their kids would deal with death and this raised their [the teacher's] anxiety level about the crisis at the same time. So I did share some of the information with them...the developmental level of preschoolers, how they see death, what it means to them, and what they might expect in terms of questions and behaviors. I talked about how to handle it if they start to play dead because if you know these things then you don't get scared by it.”

Information-sharing activities implemented by other schools included a handout on developmental responses to grief, a video about leukemia, and the provision of prepared responses to anticipated questions in the wake of a car accident, teacher death, and student drowning.

The themes within this category of staff support reflected the importance of meeting the personal needs of the staff during a crisis in order to establish a foundation of comfort, composure, and compassion which would translate to similar direct support provision to students. Data patterns showed an emphasis on establishing a safe ‘break’ location for school faculty and the use of substitutes and extra personnel to provide classroom coverage so that teachers could withdraw from the instructional environment to meet their personal needs throughout the course of the response. Teams identified a variety of strategies that were considered effective in providing support to staff following a school crisis (See Table 30).

Table 30

*Patterns in the Perceived Effectiveness of Staff Support Strategies by School-Based Crisis Responders*

Crisis Intervention Strategy	Pattern in Perceived Effectiveness
Establish administrative control/composure during the crisis response	Effective
Monitor and check-in on at-risk staff	Effective
Provide a staff ‘comfort location’	Effective
Allow flexible staff and class scheduling	Effective
Mobilize additional staff for classroom coverage	Effective
Prepare teachers for anticipated student responses and questions	Effective



### *Follow-Up*

Crisis team members discussed activities and strategies that were completed after the initial day or days of the crisis response in order to support the crisis response goals of returning the school to stability and mediating the grief impact on the school community. In some cases, teams discussed follow-up activities that were completed within the first few days to weeks after the response. In other cases, teams discussed follow-up activities yet to be completed. Discussions revolved around a variety of follow-up issues including the operational debriefing of the crisis team, the monitoring of students and staff members that received direct support services, and managing long-term memorial committees and decisions. A total of 55 data units were coded in this category. Responders tended to focus most heavily on issues relating to student support and memorialization (See Table 31).

Table 31

#### *Number of Data Units Coded Per Each Follow-Up Theme*

Theme	Number of Data Units Coded
Follow-Up (Category)	2
Operational Debriefings (Specific Theme)	9
Ongoing Support (General Theme)	3
Student Support (Specific Theme)	11
Staff Support (Specific Theme)	7
Family Support (Specific Theme)	14

Table 31

*Number of Data Units Coded Per Each Follow-Up Theme (continued)*

Theme	Number of Data Units Coded
Memorialization (Specific Theme)	26
<b>Total</b>	<b>163</b>

As teams discussed follow-up activities related to the crisis response, their comments tended to be unique and related to the specific details of the crisis event. Two general statements related to follow-up were shared by separate schools. One responder discussed the challenges in replacing a teacher that died unexpectedly and attempted to anticipate student reactions to the hiring and replacement process. A second responder discussed a follow-up strategy the school used to communicate with parents after the death of a student in a car accident. Specifically, students were missing instructional time to visit memorials and to attend the funeral and the school chose to make direct family phone calls and communicate with parents in order to ensure the safety of the students involved.

Specific follow-up activities were discussed including the process of completing an operational debriefing of the crisis response. Across schools, six teams indicated that an operational debriefing was completed with a middle school principal clearly articulating the purpose:

“It was helpful to sit with the members of the planning team and discuss what worked and what might have been missed in terms of meeting the needs of the community so that we can modify our steps for future crises.”

Two patterns across responses indicated that debriefings were valued as a means of evaluating the process as well as to identify and implement immediate changes to address gaps or weaknesses in the response plan. One school in particular discussed problems with the phone tree in the operational debriefing and completed a follow-up staff meeting to disseminate an accurate phone tree in case other crises occurred during the same school year. One debriefing weakness identified by an elementary school respondent was the absence of central office administrative staff in the response process and the gap between school-based services and central office administrative support, however, this was considered a strength by a high school crisis team.

An ongoing follow-up activity discussed by multiple schools was the provision of ongoing services to students, staff, and the family of the deceased. A broad pattern reflected across two schools was the identification of possible anniversary issues related to the death of the student and teacher. Specifically, the teams questioned the possibility of anniversary responses and considered the provision of services for key anniversaries (e.g., graduation, one-year anniversary). Specific statements related to student follow-up supports generally related to direct service delivery. Schools focused on the provision of referrals and updates to parents as well as check-ins with at-risk and high needs students in the days and weeks following the immediate crisis response. One school implemented the specific strategy of regular morning check-ins with particularly at-risk students and classes in order to monitor post-crisis needs and provide ongoing services appropriately.

Follow-up supports for staff were briefly considered by teams as responders delineated specific strategies for ensuring the well-being of staff following the crisis event. Specific strategies implemented included staff check-ins as needed, allowing staff

to attend funeral services, and sharing employee assistance program information as needed.

Family follow-up supports were considered by teams with two patterns in responses developing. Teams first discussed logistical issues that required family involvement in follow-up activities including returning personal items, participating in memorial decisions, and delivering condolence cards and banners to the family. A second pattern developed as crisis responders reflected on the difficult interactions they had experienced with family members due to the emotionality of the situation. Teams noted the difficult adjustment periods families were experiencing and affirmed their desire to be available to families for support as needed.

Crisis teams discussed memorialization activities at length during the debriefing focus groups. Three areas of focus developed related to memorials: a) funeral and viewing related issues, b) memorial decisions that had already been made, and c) memorial subcommittees developed for the purpose of screening and discussing long-term memorial suggestions. Each crisis team noted the presence of students at both viewings and funerals and the importance of working with families around supporting children through the viewing and funeral process. Two crisis responders from a high school that dealt with the loss of a teacher noted the impact of student attendance at viewings and funerals without parents present. The school counselor articulated the challenging position that the school staff and crisis team members found themselves in at the services:

“It was difficult for staff in terms of the viewing and the funeral when kids came to the viewing without parents. Even though we did stress to the kids that they

should bring parents, or that parents should bring them, we still had a number of students who came without parental support and then teachers felt like they needed to be that support for the kids and that was difficult for them.”

The assistant principal added to this statement the personal impact of being a student support on a crisis team member:

“Yes, because that meant they could not deal with it the way they [staff] needed to deal with it. I know I saw a number of kids that really had had enough or shouldn’t have been there at all and kids were falling apart both inside and outside the funeral home. I felt very stressed at that point and thought ‘Gosh, I can’t even deal with this and now I have to help them deal with it and I can’t believe that parents would allow their kids to go to this and not make themselves available’.”

A similar comment was shared by a middle school principal who noted that a lot of students attended the funeral without parents, however the impact of the lack of parental attendance was not detailed.

Within a two to three weeks after the crisis event some schools had already established memorial artifacts or memorialization suggestions which they shared. Planned memorialization activities included a memory book, a poem printed in the school newspaper, playground equipment in a student’s honor, a fundraising walk for cancer, a college scholarship, and graduation accommodations to allow a parent to receive their child’s diploma. In their discussions two teams discussed their progress in initiating fundraising and public awareness activities for the walk for cancer and the playground equipment. The walk was intended to become an annual charity event while the playground was intended to be a one to two year project.

Three schools made immediate decisions to develop a memorial committee to screen and discuss memorial ideas rather than make numerous immediate decisions regarding long-term memorials. A high school principal shared the logic behind the memorial committee and its benefits:

“We left it to the family to contact us about the memorial committee. Kids that wanted to have also given us names and because of the [school system] we have to be very careful about establishing a precedent. There are other high schools that have gotten themselves in troubles and difficulties because they’ve allowed one thing for one student or staff member that’s passed away and then something happens and that can’t be honored; somebody else passes away and it can get very ugly because this is a very sensitive subject...in terms of what we do here permanently for a memorial? We will have a memorial committee when the [family] is ready to address the kids feeling like they need to do something to memorialize the [student]. We’ve planted seeds with the [family] in the direction of a scholarship rather than some kind of fixture, plaque, or tree planting in or at the building because you can never guarantee that you’ll be able to continue that memorial.”

Each school implementing a memorial committee valued the strategy for its ability to separate the decisions from the emotions of the moment and for the chance to bring together parents and staff members as well as students to discuss any memorial ideas.

The themes within this category of follow-up reflected the importance of anticipating and accurately reading the ongoing needs of the school community and providing opportunities to receive follow-up support services, private referrals, or

opportunities to participate in memorialization activities. While the types of supports varied depending on the target group (e.g., students versus parents) and purpose (e.g., memorialization versus counseling) a common thread throughout follow-up was a need for a structure and process to manage the school's ongoing needs in order to ensure that the needs are met effectively and appropriately. Teams identified a variety of strategies with varying degrees of perceived effectiveness in providing follow-up support following a school crisis (See Table 32).

Table 32

*Patterns in the Perceived Effectiveness of Follow-Up Strategies by School-Based Crisis Responders*

Crisis Intervention Strategy	Pattern in Perceived Effectiveness
Operation debriefings	Effective
District level administrative support in debriefings	Inconsistent
Follow-up student check-ins	Effective
Maintaining positive school-parent communication and provision of mental health referrals	Effective
Follow-up staff check-ins	Effective
Anticipating anniversary-based responses	Unknown
Utilizing school staff to provide student support at viewings and/or funerals	Ineffective
Memorial committees	Effective

## CHAPTER V

### Discussion

#### *Interpretation*

The paucity of literature comprehensively examining the efficacy of school-based crisis intervention programs and specific crisis intervention strategies has been documented (Pagliocca, Nickerson, & Williams, 2002). Current concerns noted in the available literature included the lack of systematic evaluations of school-based interventions, an overreliance on descriptive accounts of incidents (Poland et. al, 1996), the proliferation of 'how to provide a crisis response' manuals (Slaikue, 1990; Pagliocca et. al, 2002), and the increasing, yet unmet, need for every school district's crisis response policy to include an evaluative component which monitors and maintains the integrity of the process (Brock, Sandoval, & Lewis, 2001; Poland, Pitcher, & Lazarus, 2002). Despite the limited research support for systematic response procedures following a school crisis, a body of literature largely supports a growing set of specific strategies and techniques as critical to an effective school crisis response (Brock et. al, 2002; Kline et. al, 1995; Johnson, 2000; Pitcher & Poland, 1992; Trump, 2000).

Due to this untested and partially undeveloped literature base, there is a general limitation in school crisis intervention research. This limitation is an uncertain and, at times, variably defined, set of crisis intervention strategies which have not been subjected to rigorous investigation in order to inform practitioners regarding their level of advisability for use in a crisis response. The present study adds to this literature base and addresses this limitation. Specifically, this study identified specific crisis intervention



strategies which have received support for their efficacy through operational implementation in a school crisis and further defined practices which currently bear insufficient data regarding their efficacy. In addition, the present study added to the research base by providing a comprehensive program evaluation of a local school system's crisis intervention program across multiple crisis responses.

### *Research Goal 1*

The first research goal addressed three research questions by examining the level of support available in the extant school crisis intervention literature for specific crisis intervention strategies and practices in facilitating adaptation and coping in school populations. This study confirmed the perception of previous authors (Pagliocca et. al, 2002) regarding the strong presence of 'how to' articles and chapters regarding crisis response and the absence of systematic evaluations of crisis intervention strategies.

Coding patterns revealed multiple trends across coding categories that have implications for research and practice. First, all of the strategies coded as *strongly recommended* and many of the strategies coded as *recommended* were variably defined or not defined across articles and rather reflected broad statements about procedures (e.g., "it is critical to provide direct support after a crisis to students and staff in the school building"). While the coding data documented lengthy patterns of citations that supported their inclusion as *strongly recommended* or *recommended* practices, these strategies were not operationally defined due to their broad description and therefore reflected practices which may have varied across implementations. It became clear that as strategies and interventions were more specifically defined in terms of implementation steps and intervention protocols, they were much more likely to carry insufficient data in

the literature due to the lack of reports of an identical implementation or due to small variabilities in operational definitions or implementation procedures across studies.

A second finding related directly to the current study's purpose of determining the amount of support that crisis intervention strategies carried based on their effective implementation in previous crisis responses. It was revealed that the majority of studies bearing insufficient data fell into this category due to the lack of direct evidence from an actual crisis response supporting the use of the strategy. It was common for an author to recommend specific strategies for inclusion in a school crisis response based on their experience in consulting and providing support during numerous school crises, however, it was less common for these authors to provide direct operational support (e.g., structured feedback from crisis team members, evidence of a team-based operational debriefing) for the strategies they recommended. This pattern led the current study to determine that these articles, and the majority of school crisis intervention research, provided 'authority-based' support versus 'operationally-based' support for practices as patterns in research-advised strategies appeared to derive in many cases from conventional wisdom or experts in the field rather than from structured feedback or operational debriefings completed after a school crisis response. It should be noted that the same studies did not indicate that structured operational evidence was not available. Therefore, the operational evidence may exist, however patterns across articles indicated that it was infrequently reported.

The third trend in coding data related to the reporting of *not recommended* strategies in the literature. It was revealed that while numerous studies indicated broadly that some strategies were more successful than others, few authors made direct

recommendations against the use of a particular strategy. Most authors appeared to include only recommendations highlighting the positive effects of an intervention technique. Coding data indicated that only five strategies received patterns of direct recommendations against their use due to indications that the intervention technique may harm the individual or school's ability to adapt and cope in the wake of a school crisis event. These interventions included those listed in Table 15 and the use of a specific structured debriefing model (Critical Incident Stress Debriefing – CISD).

The literature base around CISD was unique in the sense that it represented the only crisis intervention strategy where evidence was provided both for and against its documented effectiveness. Therefore, it represented the only strategy that fell into the insufficient data category because of mixed data rather than an insufficient amount of confirmatory or disconfirmatory data in general. It should be noted that CISD received more attention in the literature than many of the other strategies coded within this study. As a more complete literature base around crisis intervention develops, some strategies that currently fall into the recommended or strongly recommended categories may shift categories due to the added direct evidence from crisis responses. Strategies that currently enjoy confirmatory and positive support in the literature may be critically analyzed in future studies and receive mixed data or negative direct feedback which could then shift the amount of experientially-based and research-based support for the strategy. Due to the significant gaps in the current literature base surrounding school crisis intervention, multiple strategies could show fluctuations in the level of research support provided until a solid foundation of direct operational support exists within the discipline.

## *Research Goal 2*

The second research goal addressed two research questions and examined the crisis intervention procedures employed by a local school system. This study confirmed the particular gap in the literature regarding the evaluation of comprehensive crisis intervention programs. While this study identified numerous articles detailing a single crisis response (Burns, 1990; Klingman, 1987; Klingman, 1988; Motomura, Iwakiri, Takino, Shimomura, & Ishibashi, 2003; Seebold, 2003; Toubiana, Milgram, Strich, & Edelstein, 1988) the coding process confirmed Pagliocca et. al's (2002) indication that the school crisis intervention field is lacking in comprehensive program evaluations. Pagliocca et. al (2002) further noted that most published case studies fall into two categories: 1) descriptive chronologies of a response or 2) educational articles at a general level about planning and intervention. These findings are consistent with the current study and reflect the challenges noted in documenting operational definitions and operational evidence for crisis intervention practices. Across the literature review and coding, no published studies were found that provided a comprehensive program evaluation.

The findings of the current study and its implications on research and practice can be considered on two levels. At the methodological level, the current study provided a viable framework for completing a comprehensive crisis intervention program evaluation by utilizing available procedural documents, results of the literature codings, and structured debriefings with school-based crisis teams following implemented crisis responses. This framework can be critically analyzed and modified to improve upon

identified limitations to yield valuable summative and formative data for practitioners and researchers alike.

In addition this study provided a structure for linking program implementation and program effects rather than just providing descriptive chronologies of a crisis response. By providing opportunities for debriefing group responders to link actions with outcomes, a mechanism was in place to understand the perceived effectiveness of specific intervention strategies through the perspectives of crisis responders, rather than to simply document the implementation of various strategies. This link between actions and outcomes allows researchers the opportunity to develop interpretations about the effectiveness of certain intervention strategies and offer prescriptive recommendations for school crisis response plans based on actual operational support for or against the use of a particular strategy.

In addition to providing methodological gains in the evaluation of crisis intervention programs, this study advanced the existing knowledge base around school crisis intervention in multiple areas. Within the field of psychology a gap between research and practice has been identified suggesting that effective and research supported interventions may not find themselves utilized in applied settings until long after they are professionally documented (Kratochwill & Stoiber, 2000; Kratochwill and Stoiber, unpublished). The current study identified the degree to which a research to practice gap exists within the procedures employed by a local school system. The school system procedures showed a high degree of match with research supported practices, however specific gaps were noted within the areas of developing school policy statements around crisis response, collaborating with community mental health providers to facilitate the

adaptation and coping of the school community after a crisis event, and aligning long-term prevention efforts with school-based crisis teams.

A second contribution of the current study related to the documented lack of direct operational support for crisis intervention strategies following actual school crisis responses. The lack of direct support places practitioners and researchers alike in a position of uncertainty when applying crisis intervention strategies within a school setting. Effectiveness and efficiency in service delivery during school crises can be improved by developing and adding to a literature base built around direct evidence drawn directly from crisis responses occurring in school settings. This study utilized direct and structured feedback from seven school-based crisis teams following crisis responses to identify patterns of perceived effectiveness, or ineffectiveness, across a variety of crisis response strategies. The patterns are reported in chapter four of this document.

In addition to identifying patterns in the perceived effectiveness of intervention strategies, the study analyzed a significant amount of responder feedback related to understanding the nature of school crises. Members of school-based crisis teams noted the importance of understanding, and being prepared for, school crises prior to the occurrence due to the instability and community-wide vulnerability inherent in the aftermath of a crisis event. While the available school crisis intervention literature notes the impact of crises on school communities, the current study provided multiple ‘first-hand’ accounts of the chaos and imbalance experienced by responders attempting to manage personal and professional responsibilities to support students, parents, and staff following a crisis event. This feedback should be used constructively to improve

professional development experiences and inform school-based crisis team planning meetings in order to ensure that teams are fully prepared prior to crisis events.

### *Limitations*

This study utilized decision rules for selecting and coding literature relevant to school crisis intervention. The decision rules applied for the selection of articles and books were broad and encompassed multiple related disciplines, however an inherent limitation when creating the selection criteria for the current literature review was that the focus was on available resources relating to crisis intervention in school settings or with child populations. By excluding other resources relevant data may have been overlooked. The available research base in indirectly related professions (adult emergency responders, community crisis centers, etc.) may contain recommendations and operational evidence relevant to the focus of the current study, however accessing every potentially related area of the literature was beyond the scope of the current study.

A second limitation with the literature coding procedure related to the ability of some of the results to be generalized in the future to the development of school-based crisis response procedures. The original decision rules developed for the coding of studies (See Appendices A, B, C, and D) applied criteria for the operational definition and implementation of the study. In many cases these criteria were able to be applied effectively in the coding process and yielded results regarding an intervention that can be generalized to professional practice (e.g., identifying a media liaison). In other cases, the patterns in professional scholarship strongly suggested the need to include broadly defined strategies (e.g., providing crisis support to the school – 51 codings across sources) that could not be broken down into operational definitions due to the nature of

the broad recommendation and the lack of documented specifics. These patterns are considered valuable for the purposes of the research as they reflect necessary and potentially valuable steps in proactively and responsively managing school crisis events. The limitation for schools is that without an operational definition the exact practice perceived to be effective cannot be exactly replicated without further consideration of how the broad practice is subdivided into more specific strategies which may or may not have received research support through the literature coding process.

A final limitation relevant to the coding procedures related to the amount of research support for individual intervention strategies. As noted in previous sections of this chapter, a tendency was noted in the literature for authors to provide confirmatory evidence for strategies and possibly exclude negative feedback for strategies that were not perceived to be effective. The exception to this pattern was in the research around CISD. Due to the lack of significant amounts of research providing critical analyses of intervention strategies based on direct evidence, the current coding results may be sensitive to changes in the available knowledge base. As further studies are published that utilize direct and operational support, provide critical analyses of strategies, and supply disconfirmatory as well as confirmatory evidence researchers and practitioners may find additional crisis intervention strategies falling into the *insufficient data* category due to mixed research support.

The comprehensive program evaluation relied upon access to school system resources and personnel following crisis events within the county. Three inherent limitations should be noted when applying the current methodology for debriefing focus groups. The first two limitations related to the responders debriefed after the school



crisis. The current study utilized responder perceptions as the measure for the effectiveness of the implemented response strategies. It is important to note that the responders represented the providers rather than the recipients of the direct intervention services and may, therefore hold different perceptions than those that received crisis support in the wake of the school crisis. At a minimum, crisis responders held particular insights into the application of response procedures, however were unable to provide direct feedback regarding the effectiveness of the strategies in facilitating personal comfort and grief management during the immediate impact of the crisis event. The second limitation related to the responders dealt with the questions being asked throughout the debriefing groups. While the goals of the debriefing questions were to ascertain the effectiveness of specific strategies, it should be acknowledged that the responders who rated the effectiveness of the strategies were the same practitioners that implemented the response strategies and problem-solved intervention related issues. While the available data appeared to provide a range of positive, negative, and descriptive responses related to implemented intervention strategies, the responders may have exhibited a desirability bias by reflecting more positively on the effectiveness of the implemented strategies due to their personal and professional role in identifying and implementing the strategies.

A final limitation revealed in the comprehensive program evaluation related to the utility of the data for informing professional development and procedural changes across all types of school crisis events. Due to the scope and time limitations of the study, data were collected and compiled across a variety of crises (death by car accident, death by terminal illness, etc.). Research has documented the differences in grief and bereavement

responses based on the nature of the loss (Brock, 2002; Liotta, 1996; Rando, 1993), therefore it should be considered that the responses of school communities and the appropriate alignment of interventions to these responses after a crisis may also differ according to the nature of the loss. The current study identified multiple patterns in response strategies that can effectively inform future responses, however they should be considered within the context of interventions for crises in general rather than related to one specific type of crisis.

### *Implications for Practice*

The practice of school crisis intervention can be informed by the methodology and results of the current study. The findings from this study provided insight into areas of the school system's crisis intervention program that appear well developed (e.g., crisis team member trainings) and areas that would benefit from further development (e.g., developing a school policy on crisis intervention). This carries broad implications for the procedures and practices of this and other school systems. The data from this study can be used by school system staff to modify procedural guidelines, inform professional development plans, and develop long-range prevention and intervention programs.

The local school system and other practitioners within the collective disciplines that respond to school crises (e.g., counselors, administrators, nurses, etc.) would benefit from aligning their respective crisis intervention programs with the recommended practices coded in the literature and the practices perceived to be effective in the post-crisis debriefing groups. Based on the amount of attention received in the literature coding and debriefing groups, specific areas of focus for the local school system's crisis intervention program can be identified. The importance of pre-crisis professional

development was clear as the research and crisis team members noted the importance of team member preparedness in providing an effective and efficient crisis response. Pre-crisis staff development should build the skills of team members in the areas of understanding developmental responses to grief, understanding and applying school system policies and procedures, understanding and applying crisis intervention techniques, completing post-crisis follow-up activities, and understanding the nature of school crises. Teams should engage in pre-crisis training activities that explore the vulnerability of a school crisis and the chaotic nature of developing an intervention plan during a crisis event in order to reduce the instability of the team in an actual crisis response. Based on the results of the current study, additional professional development topics that may improve the functioning of the local school system's crisis teams included communicating crisis-related information to the school community, facilitating classroom discussions around crisis events, and aligning patterns in school system crisis events with long-term prevention initiatives.

In addition to pre-crisis staff development, preparedness activities were highlighted across the literature coding and debriefing groups. Important strategies to be included in crisis intervention plans included school system policy statements about crisis intervention, school-wide phone trees, pre-crisis team meetings to review roles and responsibilities, and the development of a crisis response plan which includes necessary materials (e.g., procedural forms), locations identified (e.g., counseling locations), informational resources (e.g., handouts for teachers and parents about developmental responses to grief), and procedural guidelines and team member expectations for a crisis response.

A final area highlighted by the literature coding and debriefing groups was the process of improving crisis team functioning. Team functioning activities that should be considered by school-based and district level teams included prioritizing pre-crisis professional development activities, scheduling regular crisis team meetings before a crisis occurs, ensuring that the team holds ‘process-level’ discussions throughout a response about what is or is not going well, and ensuring that post-crisis debriefings occur where the response is critically analyzed and the team engages in self-reflection about strengths of the response, weaknesses in the response, areas for improvement, and areas for follow-up in order to support the school community. A notable finding from the current study was the value that teams placed on the debriefings held for the purposes of the current study. Team members noted the importance of collectively meeting to discuss the event and response days and weeks after the initial response was completed. For the purposes of improving team functioning and engaging in team-level self-reflection, ongoing debriefings would be a recommended strategy for the local school system. This would allow teams the opportunity to reflectively discuss response steps as well as problem-solve current follow-up and extended grief response issues related to specific students, staff members, and the school community.

#### *Implications for Future Research*

Future research can be informed by the methodology and results of the current study. Methodologically, this study provided two key contributions which should be examined and improved upon by further researchers in crisis intervention. First, the decision rules for classifying practices should be considered as researchers in various fields undertake the process of identifying the level of evidence-based support available

for practices where experimental controls cannot be provided, however operational evidence can be made available. Secondly, the broad focus of the present study was useful as an exploratory tool for understanding the perceptions of crisis responders, however, further research could use a more focused scope of inquiry in applying the focus group debriefing structure to complete program evaluations of crisis response teams, recipients of crisis intervention services, and key stakeholders (e.g., parents) within communities supported in the aftermaths of crises. Future applications of the structure could also limit the groups to those experiencing similar types of losses (e.g., death by suicide) in order to identify specific loss responses and strategies perceived to be effective in managing these specific loss responses within homogenous populations.

Further research is needed to provide clarity and consistency in the operational definitions and implementations of crisis intervention strategies. Some practitioners have taken this step and provided detailed implementation guidelines (e.g., Brock, 1998 provides guidelines for facilitating classroom discussions) however it is unclear whether other authors that identified a similar intervention (e.g., classroom discussions) utilized this set of procedural guidelines, other implementation guidelines, or none at all. It was found in this study that when more specificity was provided in describing and implementing an intervention, less research was generally available due to varying operational definitions. In order to obtain levels of consensus within the literature regarding the effectiveness of a certain strategy, it must be known in future research that the implementations were operationally defined, carried out consistently with similar goals, and were implemented and evaluated with integrity.

Further research is needed to clarify the perceived effectiveness of school crisis intervention strategies based on operational evidence (e.g., operational debriefings, structured feedback). Specifically, case study research and research examining specific outcome variables that documents the link between program implementation and program outcomes at the school and school system level will contribute to the field by improving the alignment between professional development prior to a crisis and response needs within school-based crisis teams. The current literature base does not identify or apply specific outcome variables, or markers, which could be used to measure intervention effectiveness. Future research should consider the use of outcome measures including student attendance rates, discipline records, structured teacher feedback forms, structured parent feedback forms, goal attainment scaling data, and behavioral recording forms and observations to measure the effectiveness of crisis intervention strategies.

It seems clear based on patterns in scholarship that a number of crisis intervention strategies may be considered useful based on conventional wisdom or authority-based practices (e.g., providing follow-up contacts to parents of affected students) despite the fact that the current coding system indicated the presence of insufficient data to consider the practice *recommended* or *strongly recommended*. While practitioners and researchers may find benefits from continuing to recommend and implement the strategy, further research is needed to define the characteristics of the intervention and conditions of implementation which yield perceived ratings of effectiveness through operational evidence. It is incumbent on practitioners to engage in reflective practice by defining when, how, and through what medium parent follow-ups should occur in order to maximize the level of care students and school community members receive after a crisis

and ensure that the level of care is aligned with the student's particular post-crisis needs. Similar logistical questions should be addressed by researchers and practitioners when considering other strategies and interventions that currently fall within the realm of conventional wisdom and/or *insufficient data*.

## Appendix A

### *Criteria for “Strongly Recommended” practices in crisis intervention:*

Evidence must consist of all of the following:

1. Documentation of the practice in the professional literature which meets both of the following criteria:
  - a. Described in at least 5 independent, peer reviewed and/or peer edited sources (not subsequent editions of the same source) and
  - b. For each source, at least one of the authors has had 5 or more crisis intervention related publications in the last 10 years.
2. Theoretical and/or existing procedural frameworks supporting the logic/rationale for the intervention, as indicated by inclusion of all of the following in the publication’s review of literature:
  - a. An alignment between the purpose of the study/intervention with an established theoretical or procedural framework,
  - b. A description of the degree of match between the parameters/methodology of the intervention (e.g., goals, population, outcome measures) and the established theoretical or procedural framework,
  - c. A determination, based on a high degree of match in criterion 2.b., that the intervention is theoretically or procedurally supported,
  - d. A description of the anticipated benefits (e.g., increased outcome, reduced symptoms of trauma, etc.) received from basing the study on the established framework, and
  - e. References supporting the alignment of the study and the framework based on prior research in school crisis intervention or closely related fields.
3. Consistency in the operational definition and implementation of the practice as indicated by both of the following:
  - a. Procedural description of practice must show agreement across sources on the following dimensions:
    - i. Setting of implementation,
    - ii. Population (e.g., staff, students),
    - iii. Group or individual implementation,
    - iv. Steps in implementation,
    - v. Approximate time of implementation after the crisis, and
  - b. Practice must have been implemented in at least 3 actual and separate crisis responses.
4. Documentation of the practice being evaluated through either:
  - a. Operational debriefings yielding positive perceptions of effectiveness

**OR**

  - b. Structured feedback (e.g., surveys or questionnaires) provided by the school noting positive perceptions of effectiveness.



## Appendix B

### *Criteria for “Recommended” practices in crisis intervention:*

Evidence must consist of all of the following:

1. Documentation of the practice in the professional literature which meets both of the following criteria:
  - a. Described in at least 3 independent, peer reviewed and/or peer edited sources (not subsequent editions of the same source) and
  - b. For each source, at least one of the authors has had 5 or more crisis related publications in the last 20 years
2. Theoretical and/or existing procedural frameworks supporting the logic/rationale for the intervention, as indicated by inclusion of at least three of the following in the publication’s review of literature:
  - a. An alignment between the purposes of the study/intervention with an established theoretical or procedural framework,
  - b. A description of the degree of match between the parameters/methodology of the intervention (e.g., goals, population, outcome measures) and the established theoretical or procedural framework,
  - c. A determination, based on a high degree of match in criterion 2.b., that the intervention is theoretically or procedurally supported,
  - d. A description of the anticipated benefits (e.g., increased outcome, reduced symptoms of trauma, etc.) received from basing the study on the established framework, and
  - e. References supporting the alignment of the study and the framework based on prior research in school crisis intervention or closely related fields.
3. Consistency in the operational definition and implementation of the practice as indicated by both of the following:
  - a. Procedural description of practice must show agreement across sources on the following dimensions:
    - i. Setting of implementation,
    - ii. Population (e.g., staff, students),
    - iii. Group or individual implementation,
    - iv. Steps in implementation,
    - v. Approximate time of implementation after the crisis, and
  - b. Practice must have been implemented in at least 2 actual and separate crisis responses.
4. Documentation of the practice being evaluated through either:
  - a. Operational debriefings yielding positive perceptions of effectiveness

**OR**

  - b. Structured feedback provided by the school noting positive perceptions of effectiveness

## Appendix C

### *Criteria for “Not Recommended” practices in crisis intervention:*

Evidence must consist of all of the following:

1. Documentation of the practice being evaluated negatively through either:
  - a. Operational debriefings yielding negative perceptions of effectiveness
  - OR**
  - b. Structured feedback provided by the school noting negative perceptions of effectiveness,
2. Documentation that intervention data is available across at least 3 independent, peer reviewed and/or peer edited sources (not subsequent editions of the same source),
3. Consistency in the operational definition and implementation of the practice as indicated by both of the following:
  - a. Procedural description of practice must show agreement across sources on the following dimensions:
    - vi. Setting of implementation,
    - vii. Population (e.g., staff, students),
    - viii. Group or individual implementation,
    - ix. Steps in implementation,
    - x. Approximate time of implementation after the crisis,
  - b. Reflects experiences from at least 3 actual and separate crisis responses, and
4. A high rate of agreement among researchers (80% or greater) regarding the perceived lack of effectiveness of the identified practice.

## Appendix D

### *Criteria for “Insufficient Data” for Practices in Crisis Intervention:*

Evidence may consist of any of the following:

1. Documentation is not available of the practice being evaluated either positively or negatively through either:
  - a. Operational debriefings yielding negative perceptions of effectiveness
  - OR**
  - b. Structured feedback provided by the school noting negative perceptions of effectiveness,
2. Documentation of intervention data is available in less than 3 independent, peer reviewed and/or peer edited sources (not subsequent editions of the same source),
3. Consistency in the operational definition and implementation of the practice is not supported as indicated by exclusion of either of the following:
  - a. Procedural description of practice must show agreement across sources on the following dimensions:
    - xi. Setting of implementation,
    - xii. Population (e.g., staff, students),
    - xiii. Group or individual implementation,
    - xiv. Steps in implementation,
    - xv. Approximate time of implementation after the crisis,
  - b. Reflects experiences from at least 3 actual and separate crisis responses, or
4. A low rate of agreement among researchers (80% or less) regarding the perceived effectiveness or lack of effectiveness of the identified practice.

## Appendix E

### *Coding Form for Individual Studies*

**Intervention/Strategy:** \_\_\_\_\_

**Reference:** \_\_\_\_\_

Indicator	Criterion Rating Y – Criterion Met N – Criterion Not Met	Comments
<b>Documentation in the Literature</b>		
Source	Peer reviewed	
	Peer edited	
Author productivity	SEE BACK	
<b>Theoretical/Procedural Framework</b>		
Alignment with framework		
Degree of match		
Established support		
Anticipated benefits		
References		
<b>Operational Implementation</b>		
Setting	Identify:	
Population	Identify:	
Group vs. individual	Identify:	
Steps	Identify:	
Time of implementation	Identify:	
Implementation in crisis		
<b>Evaluation</b>		
Operational debriefings	Positive	
	Negative	
Structured feedback	Positive	
	Negative	

**Author productivity (list relevant publications):**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

## Appendix F

### *Coding Form for Establishing “Recommended” Practices in School Crisis Intervention*

Indicator	Criterion Rating Y – Criterion Met N – Criterion Not Met	Quality of Evidence
<b>Documentation in the Literature</b>		
Described across sources	5 sources	
	3 sources	
Author productivity	5 publications in 10 years	
	5 publications in 20 years	
<b>Theoretical/Procedural Framework</b>		
Alignment with framework		
Degree of match		
Established support		
Anticipated benefits		
References		
<b>Operational Implementation</b>		
Setting		
Population		
Group vs. individual		
Steps		
Time of implementation		
Implementation in crises	3 crises	
	2 crises	
<b>Evaluation</b>		
Operational debriefings	Positive	
	Negative	
Structured feedback	Positive	
	Negative	
<b>Rate of Agreement</b> (only for ‘not recommended’ practices)		

**Intervention/Strategy:** \_\_\_\_\_

**Determination:**

\_\_\_\_\_ *Strongly Recommended*

\_\_\_\_\_ *Recommended*

\_\_\_\_\_ *Not Recommended*

\_\_\_\_\_ *Insufficient*

*Data*

**Sources:**

- 1.
- 2.
- 3.
- 4.
- 5.

- 6.
- 7.
- 8.
- 9.
- 10.

## Appendix G

### **INFORMED CONSENT FORM**

#### *Effectiveness of School-Based Crisis Intervention: Research and Practice*

I state that I am 18 years of age and wish to participate in the research being conducted by Dr. William Strein and Mr. Ivan Croft in the Counseling, and Personnel Services Department at the University of Maryland, College Park. Mr. Croft is a school psychologist with the Howard County Public School System and a doctoral student at the University; Dr. Strein is his dissertation advisor.

I understand that this research focuses on school crisis intervention. Specifically, it will help the researchers to understand the perceptions of school staff who respond to crises in regard to the effectiveness of crisis response strategies and needs for improving the crisis intervention process.

I understand that my involvement will require approximately 90 minutes. I will be a member of a focus group and will be asked to respond to a series of questions regarding the crisis intervention strategies implemented at my school's recent crisis response.

Sample questions and prompts which may be used in the focus group follow:

- "As you walked through the process of the crisis response, what things were helpful? What things were not helpful?"
- "Describe what it was like to implement the county crisis response procedures in the midst of this situation."
- "What are some examples of specific tools or interventions that your team used that helped your students cope with this tragedy? What did you see happen when they worked?"
- "I'm curious to hear about steps and strategies that might be added to future responses to improve their effectiveness in helping students cope."

I understand that a facilitator will guide the focus group and audiotape the entire session in order to ensure accuracy in documenting perceptions and responses. The audiotapes will be accessible only to the focus group facilitator and Mr. Croft. The audiotapes will be kept in a locked file cabinet in Mr. Croft's home and will be destroyed upon completion of the study.

I understand that all information collected in this study is confidential and that my name will not be identified at any time. The data I provide will be grouped with data others provide for reporting and presentation.

I understand that this research is not designed to help me personally, although information resulting from this research may help Howard County Schools improve its crisis intervention procedures. I further understand that my participation is entirely voluntary and involves no more than minimal risk. I may refuse to participate, decline to

answer any of the questions asked, or stop at any time during the process, or withdraw my information at any time prior to completion of the analysis of all information.

Although this research involves no more than minimal risk, I understand that the University of Maryland does not provide any medical or hospitalization insurance for participants in this research study nor will the University of Maryland provide any compensation for any injury sustained as a result of participation in this research study, except as required by law. If you have questions about your rights as a research participant or wish to report a research related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland 20742 (e-mail) [irb@deans.umd.edu](mailto:irb@deans.umd.edu); tel: (301) 405-4212.

If I have any questions I may contact the researchers at:

Ivan Croft, School Psychologist  
2857 Deerfield Dr.  
Ellicott City, MD 21043  
Work: (410) 888-8860  
Home: (410) 203-1106

Dr. William Strein  
3228 Benjamin Building  
College Park, MD 20742-1125  
(301) 405-2869  
(e-mail) [strein@umd.edu](mailto:strein@umd.edu)

Name of Research Participant: \_\_\_\_\_

Signature of Research Participant: \_\_\_\_\_

Date:

\_\_\_\_\_



## Appendix H

### *Focus Group Discussion Guide*

#### 1. Introductions

- a. Introduce facilitator and group members
- b. Welcome group members and thank them for their participation
- c. State purpose of the focus group:

“The purpose of this focus group is to allow yourselves, as members of your school-based crisis response team, to share your perceptions about your recent crisis response and help improve crisis response procedures in the county. Our discussion will be structured by several key questions, however I invite you to share your views openly and let me know what questions I missed.”

#### d. Establish ground rules

- i. Acknowledge use of the tape recorder to ensure that notetaking doesn't prevent the facilitator from being involved in the discussion
- ii. In order to be able to transcribe the audiotape, one person should talk at a time
- iii. Participants are encouraged to speak openly and freely as confidentiality on the part of the researcher is ensured

#### 2. Opening questions

- a. “Tell me about your role and experience with crisis intervention.”
- b. “Through the unique viewpoint of your role and your profession, what did you notice during the crisis response?”

3. Focus questions/statements
  - a. “As you walked through the process of the crisis response, what things were helpful? What things were not helpful?”
  - b. “Describe what it was like to implement the county crisis response procedures in the midst of this situation.”
  - c. “Your team experienced several steps in planning to respond to this crisis from gathering information to planning staff communications to supporting students and discussing the response. What resources or strategies helped you complete these steps efficiently and effectively.”
  - d. “Give me some examples of specific tools or interventions that your team used that helped your students cope with this tragedy. What did you see happen when these tools or interventions worked?”
  - e. “What did you see happen when certain interventions or strategies did not help the process of the response? What were these strategies and interventions?”
  - f. “What do you see needing to happen next to continue helping your students and community adapt to the changes from this crisis?”
  - g. “I’m curious to hear about steps and strategies that might be added to future responses to improve their effectiveness in helping kids cope.”
  - h. “What questions did I miss?”
4. Offer to answer any questions about study.

5. Thank participants for their time and involvement.
6. End focus group.

*Recommended Prompts For Use During Discussion*

1. “What was it about \_\_\_\_\_ that makes you say that?”
2. “That’s helpful...Let’s hear some different thoughts.”
3. “I can’t seem to read the groups reaction to that. Help me out.”
4. “Before we move on, let’s hear any burning thoughts about \_\_\_\_\_.”
5. “What I hear you saying is that \_\_\_\_\_. Am I getting that right?”
6. “What did that strategy ‘look like’ when it happened?”
7. “Give me an example of that if you can.”
8. “Help me understand \_\_\_\_\_.”

## Appendix I

### *Coded Articles and Book Chapters*

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