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Responding to Crises in the Public Schools: A Survey of School Psychologists' Experiences and Perceptions

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RESPONDING TO CRISES IN THE PUBLIC SCHOOLS: A

SURVEY OF SCHOOL PSYCHOLOGISTS'

EXPERIENCES AND PERCEPTIONS

by

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ABSTRACT

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A survey was created and mailed to 500 school psychologists randomly selected

from the National Association of School Psychologists' membership lists. The final

sample consisted of 228 school psychologists working at least half-time in a school

setting. The survey's purpose was to gather information from school psychologists on

their perspectives on crisis training and on crises experienced by public schools, as well

as what schools have for crisis plans/teams, and what they do for crisis response.

Nearly all of the participants (98.2%) reported that they had some type of crisis

intervention training. The majority of respondents indicated that their schools had both

crisis plans (95.1%) and teams (83.6%). Most of the participants reported that their

schools have experienced and responded to serious crises. Respondents indicated that

psychological debriefing was being used by the majority of schools (67%). Many participants suggested that additional training and practice would improve schools' crisis responses.

(100 pages)

ACKNOWLEDGMENTS

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CHAPTER I

INTRODUCTION

The Problem

In the past 20 years, abundant information has been published regarding how to respond to a crisis. Much of this literature is in response, in part, to the national public and media attention given to school-related tragedies and violence (e.g., shootings, bombings, and kidnapings) that have occurred in recent years (Brock, Sandoval, & Lewis, 2001). The increase in information in this area is also likely the result of advances in knowledge about psychopathology and research suggesting that many adults, adolescents, and children suffer long-term negative effects following crisis situations (Papageorgiou et al., 2000; Saigh, 1991; Stallard, Velleman, & Baldwin, 1999). Some of this literature pertains to the elements necessary for creating and implementing crisis response teams/plans in the schools (Brock et al.). The research-based literature has focused mainly on specific intervention techniques and the impact of crises.

Interestingly, while much has been written concerning crisis intervention, little of this literature is empirical research. Frequently, articles and books are published explaining how a community, organization, or school responded to a crisis, with practical suggestions for how to deal with future crises (Pitcher & Poland, 1992). Other writings present opinions based on theory and/or experience on how to best respond to crises, with little or no empirical backing (Klingman, 1988; Pitcher & Poland). Part of the reason for the lack of research in this area is that the unpredictable nature of crises make it difficult to utilize many important components of the traditional scientific approach (Pitcher &

Poland). The empirical literature focuses mainly on the efficacy of psychological debriefing and long-term therapy, and measuring the impact of crises on individuals. Despite the lack of empirical research, authors appear to have come to consensus on a couple of issues. First, the best way to respond to a crisis is to make plans ahead of time (Brock et al., 2001; Caplan, 1964; Klingman; Pitcher & Poland). Secondly, prior planning should include the establishment and training of a crisis response team (Brock et al.; Lichtenstein, Schonfeld, Kline, & Speese-Lineham, 1995; Pitcher & Poland).

However, it is still unclear whether most school districts have responded by forming crisis teams/plans. Apparently, many schools wait until a crisis has occurred before making efforts at crisis management, preparedness, and response (Brock et al., 2001; Johnson, 2000; Pitcher & Poland, 1992). Further, little evidence indicates that school districts with crisis teams/plans, have incorporated the important components emphasized in the literature. Nor is it known whether schools that experience crises utilize psychological debriefing, a controversial crisis intervention, in their response.

Various authors have stated that every school will inevitably face a crisis (Brock et al., 2001; Pitcher & Poland, 1992). While efforts to prevent crises are important, tragedies will occur requiring schools to plan ahead as to how they will respond (Brock et al.; Lichtenstein et al., 1995). Within the years 1992 to 1999, rates for many types of crimes in schools declined (e.g., physical fights, carrying a weapon to school, thefts, simple assault, rape, sexual assault, and aggravated assault) while others remained constant (e.g., threatened or injured with a weapon, offered illegal drugs; Kaufman et al., 2001). Thankfully, the school environment appears to becoming safer. Despite the trend

of decline in the overall numbers of crimes in schools; in 1999 there were still 2.5 million crimes committed against junior high and high school students with 186,000 being serious violent crimes (e.g., rape, sexual assault, robbery, and aggravated assault; Kaufman et al.). Between 1995 and 1999, 79 out of every 1,000 teachers became victims of crime at school (e.g., thefts, simple assault, robbery, rape or sexual assault, and aggravated assault; Kaufman et al.). The likelihood that a school will encounter a crisis from either intentional, accidental, or natural forces seems inevitable.

It is often not until the school is faced with a crisis that school personnel realize the seriousness of the situation and need for crisis teams/plans (Brock et al., 2001; Young, Poland, & Griffin, 1996). Such a neglect could result in serious future consequences for students, parents, and school staff. These consequences include psychological maladjustment, declining academic achievement, and even legal penalties for school districts resulting from parent and community expectations concerning the school's crisis response (Brock et al.; Johnson, 2000).

Preliminary Data Crucial to Solving the Problem

The purpose of the current study was to investigate the prevalence and quality of crisis intervention teams/plans in the U.S. school system in order to identify any significant deficits needing attention and improvement to better prepare for crisis situations. This study involved surveying a representative sample of school psychologists selected randomly from the National Association of School Psychologist's (NASP) member listings. If anyone would know what to do after a school-related crisis has

occurred, it would and should be the school psychologist (Aronin, 1996). But according to national surveys of school mental health workers, most do not receive graduate training for responding to school violence and/or crises (Astor, Behre, Fravil, & Wallace, 1997; Furlong, Babinski, Poland, Munoz, & Boles, 1996; Wise, Smead, & Huebner, 1987). The school psychologists were questioned concerning their crisis training, the types of school crises they had experienced, how the schools responded to the crises, and what types of crisis plans and teams exist in the schools they serve.

CHAPTER II

LITERATURE REVIEW

Crisis Intervention Theories and Foundation

The word crisis represents a spectrum of human experience. Crises vary in size, type, duration, and severity. A crisis's impact may range from a single individual to an entire community, to nations, or even the entire world. Public schools face a wide variety of crises, large and small, each year. Understanding the numerous variations of crises, crisis theory, crises' impact, and approaches to crisis management can help public schools better prepare for and respond to crises. The review which follows describes the crisis literature pertinent to schools' crisis management efforts.

Every school experiences a unique array of crises each year. Nevertheless, many crises have similar elements enabling the distinction of crises into groups, which facilitates planning for crisis response. Authors in the area of crisis theory typically differentiate between several types of crises. James and Gilliland (2001) introduced four distinct crisis categories: developmental, situational, existential, and environmental. Developmental crises involve typical events that occur as individuals grow, which disrupt the status quo and result in significant changes (e.g., child birth, career change, graduation). According to James and Gilliland, situational crises are unexpected tragedies or extreme occurrences, such as a car crash, a sudden death, or a kidnaping. The realization that life goals such as marriage, or having a certain career, will not occur as planned is an existential crisis. The final category, environmental crises, involves

events beyond anyone's control that affect large numbers of individuals in significant ways: natural disasters, recessions, war, and disease epidemics. According to Brock et al. (2001), schools usually do a good job of handling developmental crises (e.g., via transition planning and interventions), but experience more difficulty dealing with situational and environmental crises due to limitations in resources and training.

Caplan's Crisis Theory

Defining the different types of crises is a beginning for understanding and responding to crises. However, describing crisis types does not constitute a comprehensive rationale for crises. Theories explaining crises, trauma's impact, and intervention have been proposed for many years. One of the most prominent theories concerning crisis was proposed by Caplan (1964). Despite the age of this theory, it continues to be cited currently as an important foundational work for understanding crises (Brock et al., 2001; Klingman, 1988; Pitcher & Poland, 1992). Caplan's description of crisis theory can be summarized fairly simply by his definition of a crisis. Basically, a situation constitutes a crisis when the individual is not able to solve, overcome, or deal with the problem using previous strategies. His definition distinguishes between common everyday problems and crises.

Caplan (1964) explained that the crisis is a serious threat to personal needs, such that the frustration and tension felt when coping with typical problems not only persists, but increases towards feelings of upset, helplessness, and disorganization. Caplan summarized the crisis process under four phases. At first the person persists with his/her

usual problem-solving methods to reduce the tension. Secondly, current resources and coping skills fail leading to the rising and enduring tension and state of helplessness. Next, the individual begins emergency efforts to deal with the crisis: trial and error, redefining the problem, giving in, calling out to others for help. At this third phase the crisis may be solved in either an adaptive or maladaptive (e.g., avoidance, alienation, substance abuse, irrational fantasy, regression) manner. In the final phase, Caplan suggested that the crisis cannot be solved in either an adaptive or maladaptive fashion. The individual reaches a breaking point with significant negative consequences (e.g., suicide).

When a crisis is solved at the third phase, Caplan (1964) stated that the individual has moved to a different equilibrium level: either better or worse than precrisis. The person has added these new coping skills, good or bad, to their list of problem-solving methods. Caplan emphasized that the way crises are resolved can have a major impact on the individual's psychological well being. Based on the pattern established, future problems and crises will likely be solved in a similar way leading to greater success or possible mental illness. Caplan explained that individuals in the midst of trying to deal with a crisis are more susceptible to interventions because they have not yet established new stable patterns for interacting with the world. These new stable patterns are much harder to change.

Caplan (1964) redefined a crisis as an opportunity for growth or a catalyst for regression and future decline. He explained that previous researchers viewed crises as events that lead to the individual surviving or becoming worse, but not improving.

Basically, the crisis could have no impact or a negative impact, but not a positive impact. Caplan's theory proposes that the individual in crisis must seek new ways of coping, because past ones are not working. Through trial and error and reaching out to others, the person finds more effective (adaptive) coping skills, or maladaptive methods for dealing with the crisis. The end result is change, either toward positive growth or a negative decline.

The focus of Caplan's (1964) work is on three main primary prevention levels for reducing mental illness in the society: primary, secondary, and tertiary. Caplan defines primary prevention as " . . . lowering the rate of new cases of mental disorder in a population over a certain period by counteracting harmful circumstances before they have had a chance to produce illness" (p. 26). According to Caplan, secondary prevention entails both decreasing the amount of new cases (primary prevention) and effective timely screening, assessment, and treatment to reduce the number of people who already have the mental illness. Finally, tertiary prevention concerns the successful reintegration of treated individuals into society. Caplan includes crisis theory within primary prevention.

Caplan's (1964) prevention and crisis theories have many implications for schools. Based on these ideas, when a situational crisis occurs at a school, teachers and students alike will attempt to cope using available resources and their own habitual problem-solving methods. Given individuals' resilience, age, experiences, and past successes or failures they may cope effectively or inadequately with the crisis. Those who are unable to successfully cope may choose maladaptive methods leading to poorer psychological functioning. Others may continue to flounder until they reach a breaking

point or use extreme measures (e.g., suicide). According to Caplan's theory, through primary prevention the number of students and teachers with poor outcomes can be significantly reduced through assessment and intervention before, during, and following the crisis. Depending on public schools' preparations, crises can be an opportunity for growth or a disastrous situation with significant long-term negative consequences.

Klingman's Adaptation of Caplan's Theory
for School Crises

Klingman (1988) clarified and adapted Caplan's (1964) theory with a specific crisis intervention model for school settings. Klingman's model involves five levels of preventive intervention. The first level, anticipatory intervention, entails creating a formal plan, organizing and training teams, setting up links with community services, and testing the team/plan with trial runs. Klingman suggested primary prevention (second level) activities should include a quick first assessment of the situation, the use of generic interventions (e.g., relieving immediate stress and anxiety, assisting individuals in facing and comprehending the tragedy), parent and teacher consultation, dissemination of accurate information, and coordination of internal and external helpers on the scene.

Klingman (1988) proposed a subdivision of the next stage into early secondary and secondary prevention. He explained that early secondary prevention (third level) involves the first-order crisis interventions: psychological first aid (e.g., problem-solving processes), mass screening, and establishment of a walk-in psychology clinic for the student body and staff. Secondary prevention (fourth level) encompasses the provision of crisis interventions to diminish the long-term psychological impact and help individuals

master and cope with the disaster. The final level, tertiary prevention involves assisting

persons, treated during secondary prevention, to successfully reintegrate into the school.

This is only a brief summary of crisis theory that should be the foundation for any

crisis preparation in a school system. Nevertheless, this is only a starting point and much

more is involved in the development of comprehensive crisis response plans.

Establishment of an effective working plan and team requires time, personnel, resources,

and money (Brock et al., 2001).

Need for Intervention: The Impact of School Crises

Given the theories outlined above, it would be expected that if interventions do

not occur, there would be a number of individuals worse off psychologically, following a

crisis, than there were before the crisis occurred. School-age children and adolescents

face serious crises as demonstrated in a study by Singer, Anglin, Song, and Lunghofer

(1995). In their sample ($n = 3,735$) of American high school children, large percentages

had been victims or witnessed violent activities (e.g., punched, beaten, mugged, sexually

assaulted, threatened or injured with a knife or gun). In a national survey of school social

workers, 23% reported a crisis involving shootings or assaults with guns, and 13%

reported incidents involving knives in the past year (Astor et al., 1997). Without primary,

secondary, and tertiary preventive efforts some students experiencing crises like these

will develop mental illness. This idea is not only supported by theory, but has begun to

be investigated through research in recent years. A comprehensive review of the

literature regarding the impact of crises is beyond the scope of this thesis. However, below is a sample of the research in this field.

The impact of a variety of traumatic events on adults, adolescents, and children has been studied. In several uncontrolled studies a dose-effect relationship has been found between the amount of trauma experienced and the presence of negative psychological symptoms for events such as war (Papageorgiou et al., 2000), hostage situations (Vila, Porche, & Mouren-Simeoni, 1999), and sniper attacks on schools (Nader, Pynoos, Fairbanks, & Frederick, 1990). The most common symptoms of long-term distress found in children and adolescents following these crises were depression, anxiety, and posttraumatic stress disorder (PTSD). In addition to these studies, high rates of clinically significant PTSD symptoms and PTSD diagnoses have also been found following road traffic accidents (Stallard et al., 1999), and refugee and war trauma (Saigh, 1991).

Among the samples of traumatized children and adolescents, in the studies above, the rates of PTSD ranged from 23 - 27%, which is significantly higher than the 1 - 14% lifetime prevalence range found in community samples (American Psychiatric Association, 1994). Without treatment, these negative symptoms and disorders continued to persist when the children and adolescents were reassessed at 8, 14, and 18 months following the tragedy (Nader et al., 1990; Stallard et al., 1999; Vila et al., 1999). There is a current lack of empirical research studies for outcomes of specific school-based crises.

Crisis Intervention Plans and Teams

The Extensive Crisis Literature and Lack
of Empirical Data

When a crisis occurs at school, some children and adolescents will have a difficult

time coping, eventually developing persistent psychopathological symptoms. To help

prevent such problems the school should intervene in some manner, but what should the

school do? The crisis literature is one source for guidance. However, sorting through the

hundreds of books and articles can be a discouraging task. Furthermore, much of the

literature presents how previous crises were handled without any formal evaluation or

data to support the efficacy of the crisis response. The majority of the empirical research

focuses on the impact of crises or on specific interventions for trauma (e.g., debriefing,

cognitive-behavioral therapy). The empirical data provided by these studies is far from

conclusive, but provides some guidance to school personnel for crisis response. A

sample of the literature providing examples, models, and suggestions for school crisis

response is summarized below.

Authors agree that the best way to intervene in a school crisis is to develop a crisis

plan and train a crisis team beforehand (Brock et al., 2001; Caplan, 1964; Klingman,

1988; Lichtenstein et al., 1995; Pitcher & Poland, 1992). However, it seems that the

majority of schools wait to plan until after a crisis has already occurred (Young et al.,

1996). Until recently, the crisis literature indicated that many schools did not have crisis

plans. However, published statistics regarding the existence of school crisis plans were

not available in the past. The trend of after-crisis planning by schools and lack of data

regarding these plans may be changing as a result of media attention to events of the last few years. In a recent survey of school psychologists (Allen et al., 2002), most (91%) indicated that their districts had crisis intervention plans. School mental health workers would appear to be some of the most eligible school personnel for creating and implementing these crisis plans. Nevertheless, school mental health workers' graduate training may not guarantee their preparedness for filling this role.

School Mental Health Workers' Crisis
Response Training

School psychologists, counselors, and social workers are in a unique position to help establish crisis plans and teams in their districts. Given their academic background and practical training, school mental health workers would be expected to provide counseling services following crises. School psychologists should provide direct services during a crisis: assessing, monitoring, and counseling students; referring students with serious difficulties to community agencies; and consulting with school personnel and parents (Young et al., 1996). However, are school psychologists, and other school mental health workers, prepared through formal training to direct crisis planning and provide crisis response?

Previous literature indicated that the majority of school mental health workers did not receive formal training during graduate school in the areas of crisis intervention and/or dealing with school violence (Astor et al., 1997; Furlong et al., 1996; Pitcher & Poland, 1992; Wise et al., 1987). However, Allen et al. (2002) conducted a recent survey of school psychologists' crisis intervention training experiences before and after

graduation. Allen et al. further questioned the school psychologists regarding the existence of school crisis plans, their participation on crisis teams, and suggestions for improving academic crisis training. Their findings suggest that crisis training efforts for school psychologists have improved in recent years. Allen et al. reported that 61.7% of the respondents who graduated after 1993 indicated that they had received crisis intervention training either through course work, practicum, or internship experiences. Allen et al. stated that 38.3% of the 1993 or later graduates had crisis intervention topics in their graduate classes as compared to only 10.8% of the 1980 or earlier graduates. Most of the respondents crisis training came after graduation.

Rationale for Crisis Plans/Teams

Crisis intervention, including crisis response teams and plans, is needed because crises interrupt learning and the entire school environment (Aronin, 1996). The reasons for a crisis team/plan include the numerous areas demanding attention during a crisis, the importance of a timely response, and the need to make wise decisions in a pressured situation (Klingman, 1988; Pitcher & Poland, 1992). However, there are a number of obstacles to crisis preparation and intervention including the need for funding, time involved for planning and training, and personnel available (Astor, Pitner, Meyer, & Vargas, 2000; Brock et al., 2001; Pitcher & Poland).

Little research exists concerning what to include in a successful plan, team, and crisis response. Even less research exists for differential planning and response to varying crises, disasters, and/or tragedies. Crisis responses, prior to the 1970s, focused

mainly on the physical needs and neglected the emotional and psychological needs of people following crises (Pitcher & Poland, 1992). Much of the crisis research literature focuses on individuals rather than groups, schools, or other organizations. Pitcher and Poland argue that schools must use the information from the individual crisis research literature and apply it to the broader school context.

Preplanning must involve teamwork. It is difficult to function when a crisis happens and single individuals working separately will quickly get overwhelmed (Klingman, 1988; Pitcher & Poland, 1992). Training is another essential component. If the school's staff and crisis team members have not received the requisite training concerning the plan and response, then the plan will be useless (Brock et al., 2001).

Of course, even under the best of circumstances not all crises can be avoided. School districts may find ways to prevent and/or diminish the impact of certain crises. However, unpredictable events do occur. This is why crisis plans must include components targeting the entire range from prevention to containment to postcrisis response (Pitcher & Poland, 1992). An interdisciplinary cooperative team is crucial to undertake such a massive task (Pitcher & Poland).

The Crisis Plan Content and Team
Membership/Roles

The crisis plan must be simple and the role of each team member must be clear, concrete, and easy to remember. The plan should be reviewed and modified at least annually (Brock et al., 2001; Pitcher & Poland, 1992). Communication is a serious area to consider in planning for a crisis (Pitcher & Poland). The literature suggests that school

personnel should plan alternate portable means for communicating between team members and with people outside the school (Brock et al.; Pitcher & Poland).

The first step in crisis planning is for schools to decide at what levels they will develop crisis teams. Various levels proposed include regional, community, district, or individual-school crisis teams (Brock et al., 2001; Lichtenstein et al., 1995; Pitcher & Poland, 1992). The most efficient approach suggested entails two identical teams, with eight members each, at the district and specific school level. This allows for each team member role to have two duplicate personnel who can consult, support, and cover for one another (Brock et al.; Pitcher & Poland). Specific school team members personally know the school, staff, and student body, whereas the district team will likely have more knowledge, expertise, and experience in crisis response (Brock et al.; Pitcher & Poland).

The next step is to decide who should be involved in the general crisis response, what different roles are needed on the crisis team, and who will fill those roles. A national sample of school social workers reported that a crisis affects every layer of the school system and that involvement of the complete school social network after a crisis is best (Astor et al., 2000). All school personnel who have contact with children (e.g., cafeteria workers, teachers, custodians, counselors, bus drivers, librarians) should receive basic training in crisis response (Pitcher & Poland, 1992; Young et al., 1996). This training can be delivered through presentations, handouts, and periodic crisis drills (Young et al.).

Crisis team members will probably include administrators, school psychologists, counselors, nurses, and other staff without class responsibilities (Lichtenstein et al., 1995;

Pitcher & Poland, 1992). A recent survey of school psychologists found that 53% were a part of their schools' crisis teams (Allen et al., 2002). While authors have given different labels to crisis team member roles, the duties and response areas are essentially the same. A team leader (usually principal/superintendent) coordinates all the other crisis team members, interacts with emergency services personnel directors, directs the school's crisis response, and records the team's actions (Brock et al., 2001; Lichtenstein et al.; Pitcher & Poland).

Another team member role is the counseling/intervention specialist and student representative (usually school psychologist, counselor, or social worker). This team member trains school staff to implement psychological crisis intervention, coordinates psychological triage (first aid, screening, and referral), provides long-term treatment, and works with the parent and teacher team representatives to help support the students (Brock et al., 2001; Lichtenstein et al., 1995; Pitcher & Poland, 1992). According to Pitcher and Poland, this team member also provides counseling to students who are having reactions that are beyond the scope of parent and teacher aid.

The team leader and intervention specialist are the core of the crisis team. Other additional roles and team members have been suggested to cover specific areas and duties for a crisis. The medical team representative (typically the school nurse) coordinates first aid and other physical treatment efforts (Brock et al., 2001; Pitcher & Poland, 1992). A fourth team member takes the role of law enforcement/security representative who coordinates efforts with local police (Brock et al.). A media representative works cooperatively with the press, providing prepared statements and updated information

(Lichtenstein et al., 1995). Many articles suggest that the media can have a significant negative impact on the crisis and after-math (Collison et al., 1987; Stallard & Law, 1993; Webb, 1994; Winje & Ulvik, 1995). A team member interacting with the media can help decrease rumors, assure correct information is shared, and make sure that the media presence is a positive and not a negative experience.

A sixth crisis team member, the parent representative, has a number of duties including planning how to handle the flood of calls and parents driving to the school following the incident, conducting a series of parent meetings, and possibly setting up a crisis hotline (Pitcher & Poland, 1992). The final team role suggested by crisis literature authors is the teacher representative (Pitcher & Poland). This crisis team member provides information to teachers about the incident and ways that students will likely react to the crisis. The teacher representative prepares teachers to assist students in coping and grieving. Some suggestions to teachers include informing the class honestly about the incident, discussing the crisis and letting children share their feelings, and consulting with the counseling liaison for students having more severe difficulties (Pitcher & Poland).

Following Caplan's (1964) model, authors in the crisis response literature suggest dividing each team member's duties and responsibilities into the three main categories of primary prevention (before the crisis), secondary prevention (during and immediately following the tragedy) and tertiary prevention (long-term monitoring and treatment; Brock et al., 2001; Pitcher & Poland, 1992).

The above method is the most common way of assigning team roles and dividing responsibilities found in the literature. However, school districts should adapt the roles and duties to fit specific needs. In addition, the team should make written plans outlining each member's role and duties, amass crisis materials to provide to teachers, students, and parents, and become aware of community resources (Pitcher & Poland, 1992).

Despite the abundance of crisis literature related to crisis plans/teams and crisis response in the public schools, little empirical research has been conducted in these areas. Past survey studies focused mainly on crisis training for mental health workers and their experience of violence in the schools (Allen et al., 2002; Astor et al., 1997, 2000; Furlong et al., 1996; Wise et al., 1987). For example, in two studies school psychologists and social workers were asked to select or describe violent events occurring in the past semester (Wise et al.) and year (Astor et al., 1997) at their schools. In addition, the surveys covered a broad range of violent events, such as antisocial behavior, bullying, child abuse, cursing, divorce, moving, parent death, sexual attack, and parent death (Astor et al., 1997; Furlong et al.; Wise et al.). In a recent survey, Allen et al. found that most schools had a plan and half (53%) of the school psychologists surveyed where members of crisis teams. None of these previous surveys assessed details of schools' crisis teams/plans or specific responses to crises (e.g., debriefing). The present study was intended to build upon and extend these previous surveys by exploring serious crises that have occurred throughout school psychologists' careers, school psychologists' crisis training, specific details of public schools' crisis plans/teams, and schools' crisis responses.

The Psychological Response: Basic

Crisis Intervention Techniques

The possible methods for assisting individuals and groups is potentially limitless. Within the crisis literature numerous models, treatment packages, simple-brief treatments, and long-term complex treatments have been proposed. Few of the brief/short-term treatments have been evaluated empirically. One exception is psychological debriefing, a specific short-term technique utilized to help emergency workers and crisis survivors process the traumatic event. More long-term treatments have been studied for individuals suffering lasting effects from crises. One example is cognitive-behavioral therapy (CBT) packages (long-term) for treating PTSD and other anxious, depressive, and traumatic symptoms. Given the nature of the public school setting, psychological debriefing and other similar short-term interventions will more likely be used as methods of crisis response in the schools. For students, parents, or school staff displaying greater negative symptoms following crises, schools will probably refer these individuals to mental health personnel in the community. The research pertaining to psychological debriefing and other short-term interventions will be reviewed below.

Before turning to debriefing, the other crisis interventions identified in the literature will be briefly summarized. Following a tragedy or disaster at a school, the crisis team member responsible for counseling and interventions will need to coordinate the implementation of crisis interventions. Examples of crisis interventions include: psychological first aid, classroom discussions and interventions, small group

interventions, community referral, crisis therapy, anxiety management, brief therapy techniques, and cognitive therapy (Brock et al., 2001; Lichtenstein et al., 1995).

Pitcher and Poland (1992) presented some of the basic approaches suitable for school responses to crises. One approach entailed a generic model for crisis counseling where the therapist acts as problem-solver helping individuals who are unable to find solutions and options because they are emotionally overwhelmed. Another approach included stress inoculation treatments (e.g., relaxation, gradual exposure, education, self-talk/thought replacement) for fear and anxiety (Pitcher & Poland).

A group counseling approach will likely be the most efficient response when dealing with a crisis at a school (Pitcher & Poland, 1992). Galante and Foa (1986) studied the effectiveness of group counseling on elementary school children in Italy following a disastrous earthquake in 1980. During seven weekly 1-hour sessions children discussed details, fears, myths, and feelings, related to the earthquake. Ideas emphasized included similarity in reactions, taking control of one's own fate, building the future, coming to terms with emotions, and providing correct information about earthquakes. Galante and Foa found that the children's frequency of earthquake stories, fears of recurrence, and other fears declined significantly nearly to zero in the treatment village. Galante and Foa discovered that the treatment village had a more significant reduction in the number of children at risk when compared with five untreated villages.

Finally, Aronin (1996) summarized the range and variety of actions to take before, during, and after a tragedy. Techniques of crisis response include, " . . . consultation, triage, crisis counseling, training of school staffs, referrals to community agencies, and

the implementation of a crisis intervention plan" (Aronin, p. 143). Aronin described other important considerations such as getting the students to safety, debriefing, assessing students to find those in need of further intervention, contacting parents and reuniting them with their children.

Debriefing

Debriefing is an intervention technique, typically conducted in a group format, that has been proposed for use in crisis situations. Debriefings have been suggested as a useful crisis intervention tool for public schools (Aronin, 1996). Multiple variations of debriefing interventions appear in the research literature contributing to a controversy surrounding debriefing's effectiveness (Everly & Boyle, 1999). Even though many of the basic elements may appear similar, differences in debriefing treatment protocols could explain the deviation in outcomes.

In general, psychological debriefings entail a review of the details from the crisis event including each individual's thoughts, feelings, and actions during the event (Rose & Bisson, 1998). The facilitator emphasizes the normality of experiences. Suggestions are given for what symptoms to expect in the future, how to cope with present and future trauma-related stress, and how to access further support if necessary (Rose & Bisson).

The theoretical foundation for debriefing comes from a number of different sources. These sources include the group psychotherapy, crisis intervention, grief counseling, psychoeducation, cognitive-behavioral therapy, and catharsis literatures (Bisson, McFarlane, & Rose, 2000). This eclectic background likely influenced

debriefings's popularity, leading to the multiple versions and subsequent controversy.

Mitchell (1983) introduced a specific version of debriefing entitled critical incident stress debriefing (CISD). This was not the first time that brief interventions for crisis events had been described and/or studied (e.g., Bordow & Porritt, 1979). However, Dyregrov (1997) explained that Mitchell " . . . was the first to formulate the structure and procedures to be followed by these group meetings" (p. 589). Since the time that Mitchell's article was published, it has been cited frequently by those investigating debriefings (Bisson, Jenkins, Alexander, & Bannister, 1997; Bisson et al., 2000; Deahl et al., 2000; Everly & Boyle, 1999; Kenardy et al., 1996; Mayou, Ehlers, & Hobbs, 2000; Nurmi, 1999; Rose & Bisson, 1998; Wee, Mills, & Koehler, 1999). CISD, described by Mitchell, is looked at as an important formal model and standard for psychological debriefings.

When CISD was first introduced and described by Mitchell (1983), it was offered as a group intervention for treating emergency service personnel (e.g., firefighters, police, paramedics). Mitchell reported that the optimal timing for CISD was between 24 to 48 hours following the crisis and that waiting longer than 6 weeks postcrisis minimized CISD's efficacy. When described by Mitchell in 1983, CISD had six phases. Mitchell suggested that all phases be completed within 3 to 5 hours.

The first of the six phases is the introductory phase where the facilitator outlines the meeting, establishes the structure, and discusses the rules. Mitchell (1983) proposed two crucial rules: no criticism and absolute confidentiality. In the fact phase, the facilitator guides the group members in describing in detail the events, including what

was seen, heard, smelled, and done. The third phase focuses on feelings. Members are encouraged to express all their emotions felt, positive and negative, during the crisis, since the crisis, and currently. In the symptom phase, group members are asked to describe how the crisis is affecting their life, including themselves and others around them. The fifth phase is the teaching phase where the facilitator discusses natural stress reactions to crisis and the resulting symptoms. Signs of more serious distress are also described, all with a focus on normalization (i.e., many and even most humans react this way to tragedy). Mitchell reported that the final stage of CISD is the re-entry phase. During this phase the facilitator helps the group members make plans of action with suggestions on how to cope and where to access further services and support.

Since this first description of CISD it has been adapted for use with primary victim groups, groups of secondary victims, and in individual settings (Bisson et al., 2000). In later years, Mitchell's CISD model was broken down further into seven stages. The seventh phase was created by dividing the feeling phase into the thought and reaction phases (Bisson et al.). The thought phase focuses specifically on cognition during and since the crisis. The reaction phase is similar to the feelings phase described above. Other debriefing models all have similar components to CISD (Bisson et al.).

Support for debriefing's effectiveness. Before CISD was formally defined by Mitchell in 1983, studies had already investigated the effectiveness of brief crisis intervention with many components of debriefing similar to CISD (Bordow & Porritt, 1979; Bunn & Clarke, 1979). These brief interventions targeted hospital patients and their families following road traffic accidents or suffering serious illnesses. Interventions

included interviews discussing the crisis and emotional reactions, counseling, giving

support, empathy, and information, and 2-10 hours of social and emotional support from

social workers (Bordow & Porritt; Bunn & Clarke). Patients provided with the brief

interventions were compared to other patients who were given physical treatment without

additional psychological support. Patients and families receiving the brief crisis

interventions had significantly reduced scores on measures of distress and anxiety when

compared with the control patients and families. While these two studies do not provide

specific support for debriefing, they suggest that brief interventions can be helpful to

people following a crisis.

Debriefing techniques similar, but not identical, to CISD have also been

investigated for use in crises (Chemtob, Tomas, Law, & Cremniter, 1997; Stallard &

Law, 1993; Vila et al., 1999; Yule, 1992). Results from these studies support the

effectiveness of debriefing. These debriefings did not prevent the onset of PTSD

symptoms, but participants who did not receive debriefings had a worse outcome than

those who did receive debriefings. Debriefings were found to be helpful for identifying

children needing further long-term treatment for posttraumatic stress. Comparisons

between groups found that participants receiving debriefing had a significantly greater

reduction in avoidance, fear, and intrusion symptoms than individuals not debriefed.

Untreated groups consistently had higher levels of depressive symptoms than the

debriefed groups. However, the depressive symptom differences were not significant

between the groups.

A few studies have been conducted investigating CISD specifically, the majority

of which focus on emergency services personnel. Emergency staff receiving CISD were

found to have significantly lower scores on measures of traumatic stress and other

psychological problems (e.g., depression, anxiety) than workers not participating in CISD

(Jenkins, 1996; Nurmi, 1999; Wee et al., 1999). Subjective support from rescue workers

indicated that those participating in CISD found it to be useful (Jenkins; Nurmi; Robinson

& Mitchell, 1993). Individually these studies showed support for CISD as an effective

intervention following a crisis. Everly and Boyle (1999) included these CISD specific

studies in a meta-analysis. They found a large positive effect for the efficacy of CISD at

decreasing psychological distress within these studies and when the four studies were

aggregated. Everly and Boyle also performed calculations determining that the variation

in subjects, treatments, and traumas among the studies was not significant, such that they

were all homogeneous enough for comparison.

Deahl et al. (2000) investigated debriefing with soldiers returning from Bosnia.

These small group debriefings (8-10 soldiers) followed the Mitchell CISD and Dyregrov

psychological debriefing (PD) models using a specific manualized protocol. Despite the

methodological strength of this study, Deahl et al. were not able to demonstrate the

effectiveness of debriefing for reducing trauma symptoms. Anxiety and depression

symptoms increased for those in the control group and decreased for those in the

debriefed group, but without a statistically significant difference. However, Deahl et al.

found significant differences between the two groups on general measures of

psychopathology and substance abuse. Deahl et al. concluded that their study supported

the applicability of debriefing to a wider range of problems, but was inconclusive in regards to trauma symptoms.

Limitations of research supporting debriefing. The most frequent and significant limitation of studies supporting debriefing's effectiveness was the lack of random assignment to comparison groups (Bordow & Porritt, 1979; Chemtob et al., 1997; Jenkins, 1996; Nurmi, 1999; Robinson & Mitchell, 1993; Vila et al., 1999; Wee et al., 1999; Yule, 1992). Some studies had no comparison control group at all (Robinson & Mitchell; Stallard & Law, 1993). Another limitation of these studies was the use of few assessments (sometimes just one), most of which were self-report (Chemtob et al.; Robinson & Mitchell; Wee et al.). Finally, some of these studies had small sample sizes (Chemtob et al.; Jenkins; Stallard & Law; Wee et al.).

Research not supporting debriefing. Not all of the research investigating psychological debriefings has supported its use and some researchers have found negative results. Bisson et al. (1997) randomly assigned burn trauma victims to either individual and/or couples CISD or a no CISD control group. On all of the psychological measures the debriefed group fared significantly worse. Bisson et al. suggested that the initial differences between groups for trauma severity and amount of previous traumas could account for the poorer outcome on many measures. Worse outcome was also related to the closer proximity of CISD to the trauma (Bisson et al.). This result could not be accounted for by initial between-group differences. Matthews (1998) compared psychiatric workers experiencing assaults and other trauma at work who requested CISD

with those who did not. No consistent differences in the reduction of trauma symptoms were found between the groups.

The majority of studies finding negative results for debriefing did not investigate CISD specifically (Deahl, Gillham, Thomas, Searle, & Srinivasan, 1994; Hobbs, Mayou, Harrison, & Worlock, 1996; Kenardy et al., 1996; Mayou et al., 2000). For all of these studies, no significant results were found between debriefed and comparison groups on measures of traumatic stress, emotional distress and anxiety, and general psychological well-being. Even when 2- and 3-year follow-up assessments (Kenardy et al.; Mayou et al.) were performed, results continued to show no differences between groups, and in some instances worse outcomes for the debriefed groups. These findings suggest that debriefing may have no effect or even possibly a negative impact on the recovery of people after a crisis.

Limitations of the studies not supporting debriefing. As with the studies finding debriefing to be effective, many of the studies not supporting debriefing also lacked randomization to groups (Deahl et al., 1994; Kenardy et al., 1996; Matthews, 1998). With or without randomization, some of the studies still had important pretreatment differences between comparison groups (Bisson et al., 1997; Hobbs et al., 1996; Kenardy et al.; Matthews; Mayou et al., 2000). Other problems were specific to the individual study. Bisson et al.'s study was limited by the fact that debriefing was done with victims of ongoing trauma (still dealing with continued painful medical procedures during and after the debriefing). Kenardy and others' study was limited because the debriefings were

not monitored or standardized. Similarly, Mayou et al. were unable to gage the internal consistency of debriefings.

Conclusions and Critiques

Debriefing is a psychological technique suggested for use in crisis intervention. There are a variety of studies that both support and do not support the use of debriefing in this role. These studies vary by the type of trauma involved, the type of debriefing utilized (e.g., standardized or generic, individual or group), the timing of debriefing implementation (e.g., within 24 hours to 9 months later), degree of internal and external validity (e.g., randomization, measures, control groups, and sample sizes), and the type of person receiving debriefing (e.g., EMT, victim, and/or family/friend of victim).

Given the research reviewed it appears that psychological debriefing can be an important component of any response to crisis. Debriefing should not be the sole treatment following a tragedy, but should be incorporated into a complete crisis response package (Bisson et al., 2000; Everly & Boyle, 1999; Everly & Mitchell, 2000). However, some research has shown no improvement with debriefing, and in a few cases a negative impact. One mediating factor appears to be the debriefing format. Debriefings, conducted in a group format (Chemtob et al., 1997; Deahl et al., 2000; Robinson & Mitchell, 1993; Stallard & Law, 1993; Vila et al., 1999; Yule, 1992) showed better outcomes than those studies employing an individual debriefing format (Bisson et al., 1997; Hobbs et al., 1996).

Debriefing is a preventative technique to help the average person cope with stress and to identify individuals who need treatment because they have been more significantly affected by the tragedy. The large numbers of students, parents/guardians, and school staff potentially involved in school crises presents logistical challenges for efficient and effective crisis intervention. For schools, group debriefings provide a practical option for assisting all of the persons affected by the crisis. In the absence of feasible alternative interventions, group debriefings should be used as one piece of public schools' crisis response, until further research sheds more light on this issue.

Conclusions

Unexpected crises do and will occur that disrupt the school environment. Without intervention some students and staff will cope in maladaptive ways resulting in lasting negative psychological, social, and academic consequences. School administration and staff can help curtail the impact from crises by formulating crisis plans and creating crisis teams. Unfortunately, many schools wait until it is too late to take these steps. Given school psychologists' role in the schools, they may be in a position to advocate for and help implement crisis plans/teams. School psychologists would also be prime candidates for conducting psychological debriefings. The research literature has shown some empirical support for these interventions as possible therapeutic responses following a crisis. However, mixed results in some of the studies warrant caution when utilizing these treatments, until further investigations are conducted. While previous studies investigated school mental health workers' crisis training and experiences of violence at

schools, data is lacking regarding the content of schools' crisis plans/teams and schools'
use of specific crisis interventions, such as debriefing. This study was conducted with the
intent of assessing school psychologists' and public schools' preparedness for crisis
response through crisis plans/teams, school psychologists' experiences of serious crises,
and the interventions utilized to respond to the most serious crises.

Purpose and Objectives

The purpose of this study was to survey a national sample of school psychologists
to assess their crisis intervention training, the nature of schools' responses to crises, and
the existence of crisis teams/plans. The school psychologists were questioned concerning
their level of crisis training, their knowledge concerning the existence, content, and
composition of crisis teams/plans in their district, crises they have experienced, and
information about their school's response and use of crisis intervention techniques (e.g.,
debriefing).

The first objective of this study was to ascertain the range and quantity of crisis
training school psychologists have received. Secondly, this study assessed the presence
of crisis intervention plans and teams in schools served by the school psychologists
surveyed. A third objective was to determine the variety, frequency, and types of crises
experienced by the schools served by the school psychologists. Finally, this study
investigated typical responses to crises including the schools' use of psychological
debriefing within their crisis response.

Research Questions

To complete the objectives stated above, the following research questions were investigated in this exploratory survey study:

1. What percentage of school psychologists have received training in crisis intervention?

2. What percentage of schools, served by the school psychologists surveyed, have crisis intervention teams and/or plans?

3. In schools that have plans and/or teams, what is the content of the plan, team composition, and when were these created and implemented?

4. What types and amounts of crises have schools, with school psychologists, experienced?

5. How have schools, and the school psychologists serving them, responded to crises?

6. What percentage of schools responding to a crisis have utilized psychological debriefing?

7. In schools where crises have not occurred, what would school psychologists want to do to respond?

CHAPTER III

METHODS

Participants

Participants consisted of 228 school psychologists working at least half-time in a school setting (prekindergarten through high school). The sample contained more female ($n = 138$, 60.5%) than male ($n = 90$, 39.5%) school psychologists. The majority of the school psychologists participating indicated their race as White non-Hispanic ($n = 212$, 94.6%). School psychologists' age, in this sample, ranged from 26 to 78 years old ($n = 223$, $M = 48.68$, $SD = 9.40$).

Most participating school psychologists responded that they obtained a MS/MA + 30 or EdS degree ($n = 137$, 60.4%). A sizeable portion of the sample reported having a PhD/EdD/PsyD ($n = 70$, 30.8%). A few respondents selected MS/MA as their highest degree ($n = 14$, 6.2%). Most participants indicated that the emphasis area for their highest degree was in school psychology ($n = 194$, 85.1%). Years of school psychology experience ranged from 2 to 38 years ($M = 18.41$, $SD = 8.36$, $n = 226$). The sample demographics for race and level of degree (e.g., MS, EdS, PhD) were similar to general NASP membership statistics (NASP, 2000). However, sex and years of experience varied from general NASP member data. This sample had 12.6% fewer female school psychologists than NASP's overall membership. In addition, only 31.9% of this sample had less than 15 years experience. Whereas, the majority of NASP's members (60.3%) had less than 15 years of school psychology experience.

The majority of school psychologists reported working at most (K-12, $n = 84$, 36.8%) or all grade levels (pre-K-12, $n = 70$, 30.7%). However, some participants worked only at the younger grade levels and some only with secondary students. School psychologists working in 36 different states were represented in the sample. Most of the school psychologists in the sample were assigned to five schools or less. The number of schools served ranged from 1 to 40 ($M = 3.12$, $SD = 3.46$, $n = 215$). See Tables 1 and 2 for demographic details on the school psychologist sample.

<div align="center">Instrumentation</div>

A survey developed for this study was used to obtain information from all respondents. The crisis intervention literature was reviewed to establish the basis for the questions included on the survey. The first part of the survey required the participants to complete a number of questions on basic demographic variables. The next section of the survey included questions relating to the type, variety, and frequency of crises experienced by the schools. The survey's third section asked about both the school psychologists' and their schools' preparation and training to respond to crises (e.g., formal schooling, workshops, crisis teams, and crisis plans). Finally, the school psychologists were asked questions concerning how their schools responded to a crisis.

Prior to mailing the final survey to the NASP sample, a pilot test was conducted with the survey. School psychology students at Utah State University were asked to distribute the survey to their supervisors and other school psychologists at their practicum sites in northern Utah and southern Idaho. The school psychologists were asked to

Table 1

School Psychologist Sample Demographic Detail Percentages

Characteristic	Groupings	Frequency	Percentage
Sex	Female	138	60.5
(*n* = 228)	Male	90	39.5
Race	African American	4	1.8
(*n* = 224)	Hispanic	4	1.8
	Native American	3	1.3
	White non-Hispanic	212	94.6
	Asian American	1	.4
Highest degree obtained	MS/MA	14	6.2
(*n* = 227)	MS/MA + 30 or EdS	137	60.4
	PhD/EdD/PsyD	70	30.8
	Other	6	2.6
Area highest degree	School psychology	194	85.1
(*n* = 228)	Other	34	14.9
Grades served	Prekindergarten	2	.9
(*n* = 228)	Elementary (K-5)	25	11.0
	Secondary (6-12)	33	14.5
	K-12	84	36.8
	Pre-K and elementary	14	6.1
	Pre-K-12	70	30.7
State where working	Northeast	69	30.9
(*n* = 223)	South	53	23.8
	Midwest	54	24.2
	West	47	21.1

complete the survey as if they were participating in the study. Additionally, these pilot

test participants were asked to provide feedback and suggestions on the survey. The

feedback and suggestions were reviewed and incorporated into a revision of the survey

Table 2

School Psychologist Sample Demographic Detail Averages

Characteristic	Mean	*SD*	Range
Age ($n = 223$)	48.68	9.40	26-78
Years of experience ($n = 226$)	18.41	8.36	2-38
Number of schools served ($n = 215$)	3.12	3.46	1-40

where deemed appropriate. Following revision, a final version of the survey was

produced and mailed to participants. A copy of the survey can be found in Appendix A.

Procedures

A sample of 500 school psychologists was randomly selected from the

membership listings of NASP. NASP reported that they would exclude from the sample

students, professors, and/or other professionals who were not working at least half-time

as school psychologists. Given that the list of 500 school psychologists was randomly

selected it was expected that the sample was representative of at least the population of

half- to full-time school psychologists who are members of NASP.

At the beginning of October, a survey was mailed to the sample of 500 school

psychologists. Prior to this, the study was reviewed and approved by the Institutional

Review Board (IRB) for Human Subjects at Utah State University. The survey was

accompanied by a cover letter (Appendix B) explaining confidentiality, informed consent, a contact person for questions, and the purpose and objectives of the study. Acknowledgment of consent to participate was based on the school psychologists' completion and return of the survey. Each participant was provided with a self-addressed prepaid business reply envelope to return the survey. School psychologists were asked to complete the surveys anonymously and a random number on each survey was used to identify the returned surveys so that a second survey could be mailed only to those who did not complete the first survey. However, a mix up with the mailing service prohibited matching the NASP membership list with the random numbers. During the distribution process different random numbers were printed on the survey than the random numbers used on the membership list sample. Furthermore, about 25 surveys were missing pages. Because of this, a second follow-up survey was mailed to all 500 school psychologists from the original list approximately one month after the original survey was mailed. School psychologists who had already completed and returned the survey were asked to discard the second survey.

One hundred seventy-six surveys were returned from the first mailing. An additional 111 surveys were returned following the second mailing for a total response rate of 57%. Fifteen surveys were excluded because the respondents were retired and no longer practicing as school psychologists. Another nine surveys were omitted because the respondents were university trainers/faculty. Twenty-two respondents worked solely in a private practice, agency, or other setting outside the public schools and were similarly excluded. A few participants received misprinted surveys in the first mailing and 8

respondents returned these partially completed surveys, which were excluded from analysis. As a result of the random number mix-up, 4 respondents returned the second mailed survey with a note indicating that they were unsure whether or not they had returned the first survey. These four surveys were also omitted. Finally, 1 respondent returned a blank survey, which yielded no usable information. Fifty-nine surveys were excluded from the study. The exclusion process resulted in a final sample size of 228 school psychologists for a useable response rate of 45.6%.

CHAPTER IV

RESULTS

This thesis research project was intended to obtain preliminary information about

school psychologists' knowledge of crisis intervention in the schools they serve. As such,

descriptive statistics were the primary method of analysis utilized for the data acquired

through the survey. To answer each of the research questions frequencies were calculated

for the structured survey questions. Finally, a qualitative approach was taken to

summarize the school psychologists' responses from the open-ended question and

comments on the "other" lines of the structured questions. Similar responses to the open-

ended questions were grouped together and the reoccurring themes were reported.

School Psychologists' Crisis Intervention Training

The first research question addressed the issue of school psychologists' training in

crisis intervention. One question on the survey, on which participants checked any

applicable crisis intervention training they had received, addressed this research question.

A quarter of the participants reported having taken graduate course work on crisis

intervention ($n = 57$, 25%) and 11% ($n = 25$) reported having received crisis intervention

training as a section in a graduate class. The majority of school psychologist respondents

received crisis intervention training through workshops ($n = 178$, 78.1%), conferences

($n = 136$, 59.6%), in-service trainings ($n = 153$, 67.1%), and/or personal study/reading

($n = 149$, 65.4%). Only 4 participants (1.8%) indicated that they had no crisis

intervention training. Nineteen respondents (8.3%) mentioned a variety of other crisis intervention training venues, including NEAT-NOVA, CISM, FEMA, Red Cross, on-the-job experience and training, research, group study, community and hospital training.

Crisis Intervention Teams and/or Plans in Schools

The school psychologists in this study were asked two questions pertaining to the presence of crisis intervention teams and/or plans in the schools they serve. The vast majority of respondents (95.1%, $n = 214$) indicated that the schools they serve have crisis intervention plans. A small number of the school psychologists indicated that their schools did not have a crisis plan (3.6%, $n = 8$) and several participants did not know if their schools had crisis plans ($n = 3$, 1.3%). An additional 3 (1.3%) did not respond to the question. Slightly fewer school psychologists reported that their schools had crisis intervention teams ($n = 188$, 83.6%). Twenty respondents (8.9%) indicated that their schools did not have crisis intervention teams and 17 (7.6%) were unsure of the existence of crisis intervention teams in their schools. Again, 3 participants (1.3%) did not respond to this question.

Crisis Team and/or Plan Design and Implementation

The third research question focused on details for the plans and/or teams existing in the public schools. Half of the survey questions were geared towards uncovering these details. One question asked school psychologists about the focus of their schools' crisis intervention plans. Respondents were allowed to mark any of the three choices that

applied resulting in percentages above 100%. Only participants who responded

affirmatively to their school having a crisis plan ($n = 214$) were included in data analyses

for the specific questions about the plans. Less than half of these participants ($n = 106$,

49.5%) reported that the plan's focus was to prevent the occurrence of crises. A majority

of these participants ($n = 164$, 76.6%) checked that the focus of the plan was to minimize

the impact of the crisis while it is happening and all of these respondents ($n = 214$, 100%)

indicated that the plan focused on responding to crises after they occur. A second

question pertained to the plan's specificity. A majority of participants reported that the

crisis plan included specific response techniques/procedures for different types of crises

($n = 147$, 69.7%). About a third of the respondents ($n = 64$, 30.3%) indicated that the

plan was general in nature using a similar response for each crisis. Seventeen participants

did not respond to this question (7.5%).

Participants who marked "no" or "do not know" for the question about the

presence of crisis intervention teams in their schools were directed to skip the crisis team

specific questions. Therefore, only the 188 participants who marked "yes" for the

presence of crisis intervention teams were included in the analyses of the crisis team

specific questions that follow.

The school psychologists were asked about the type of crisis intervention team

approaches utilized in the schools they serve. The survey listed four options and

respondents were allowed to choose any that applied. The majority of respondents

indicated the teams were school-based (team members from the school staff; $n = 140$,

74.5%) and/or districtwide (team members from the district and school levels; $n = 136$,

72.3%). Fifty-eight school psychologists reported that their schools were served by a community-based (professionals from the community) crisis team (30.9%). A few respondents ($n = 17$, 9%) indicated that their schools were served by a regional team (members from the county, region, or state level).

The next two survey questions required participants to identify school personnel who are members of the crisis team and the roles they play. The most frequently selected crisis team members were school psychologists, principals, school nurses/medical personnel, school counselors, and assistant principals. Many respondents indicated that regular education teachers, special education/resource teachers, school social workers, community mental health personnel, superintendents, and emergency services personnel were also members of the crisis team. Only a few school psychologists reported that students, auxiliary personnel (bus drivers, custodians, hall monitors, etc.), local public officials, parents, and others were members of the crisis team. The other crisis team members listed by participants included security/resource officers, office staff/secretary, clergy/religious leaders, activities director, community education director, student services personnel, teacher consultants, school adjunct counselors, communications liaisons, bus administrators, aides, and specifically trained staff. Table 3 provides a summary of responses to the crisis team membership question.

A question on crisis team member role options asked participants to check all of the activities that crisis team members were assigned to conduct. All of the options were selected by more than 50% of the respondents except for the item describing a director of physical first aid efforts prior to the arrival of community emergency services. Responses

Table 3

Public Schools' Crisis Team Members

Position/profession	Frequency	Percentage
Principal(s)	171	91.0
School psychologist(s)	170	90.4
School counselor(s)	152	80.9
School nurse(s)/medical personnel	135	71.8
Assistant principal(s)	120	63.8
Regular education teacher(s)	101	53.7
School social worker	91	48.4
Special education/resource teacher(s)	71	37.8
Community mental health personnel	64	34.0
Superintendent	59	31.4
Emergency services personnel	49	26.1
Auxiliary personnel (bus drivers, custodians, hall monitors, etc.)	40	21.3
Local public officials	27	14.4
Parents	14	7.4
Students	7	3.7
Other	26	13.8

written in by school psychologists included a safety committee, school communications, and a person to contact the other crisis teams. See Table 4 for details on the crisis intervention team role activities.

The next plan-specific survey question asked participants, who indicated that their schools had crisis teams ($n = 185$, 3 respondents reporting crisis teams did not answer this question), whether duties and responsibilities were outlined in the plan for each crisis team member. A majority of these participants responded affirmatively that their schools' plans outlined each team member's duties and responsibilities ($n = 122$, 65.9%).

Table 4

Public Schools' Crisis Intervention Team Role Activities

Activities/roles	Frequency	Percentage
Crisis team leader/coordinator	166	88.3
Provider(s) of psychological first aid and services	160	85.1
Media contact interacting with and providing information to the media	150	79.8
Track, direct, and guide students towards help and safety	145	77.1
Direct and assist teacher's efforts	139	73.9
Liaison between emergency services personnel and the school	124	66.0
Contact and provide information to parents reuniting them with children	117	62.2
Physical first aid director	96	51.1
Other	3	1.6

However, 36 (19.5%) indicated the plan did not outline duties and 27 did not know

(14.6%).

Two questions on the survey focused on the evaluation of the crisis team. The

first question asked participants if their schools' evaluated the crisis team's response.

Slightly more than half of the participants with crisis teams in their schools ($n = 187$, 1

respondent reporting a crisis team in their school did not answer this question) checked

yes ($n = 100$, 53.5%), 32 (17.1%) checked no, and 55 (29.4%) indicated they did not

know. The second question asked how often the evaluation occurred. Only respondents

that checked yes to the first question were asked to complete the second question.

Ninety-eight respondents answered the second question. The majority of the respondents

indicated that evaluations occurred following crises ($n = 47$, 48%). Of the 98 respondents,

25 (25.5%) reported that evaluations occurred periodically. Seventeen (17.3%)

participants reported evaluations occurred once a year, and only 6 (6.1%) selected twice a

year. Three respondents wrote in that their team evaluations happened quarterly (3.1%).

The final two questions applicable to the third research question pertained to crisis

drill practices in the schools. Participants were first asked if their schools conduct drills

for crises other than fire and natural disasters. Ninety-eight (43.4%) school psychologists

indicated these drills did occur. One hundred thirteen (50%) indicated drills did not occur

and only 15 (6.6%) reported not knowing. Only two participants opted not to answer this

question (.9%). The follow-up question asked whether or not the crisis team was

involved in the drills. Only participants ($n = 97$, 42.5%) who answered yes to the first

question, and indicated previously that their schools had crisis teams, were included in

the data analysis for this question. Of the school psychologists responding to the

question, 58 (59.8%) reported the crisis team was involved in the drills, 31 (32%)

reported the team was not involved, and 8 (8.2%) reported not knowing.

Crises in Schools

The fourth research question was answered via a survey question focused on

crises that broadly impact the school environment. School psychologists reported that the

most frequent crises experienced by their schools were suicides, transportation accidents

involving students/school personnel, and other unexpected deaths. The rest of the crises,

listed on the survey, were all reportedly experienced by less than 20% of the respondents.

School psychologists listed a number of crises experienced in the "other" category. These

"other" responses included bomb threats, expected deaths, community violence, teachers

sexually abusing students, lockdown from a custody dispute, a panic at a concert, teachers

being threatened with weapons, shooting threats, and the 2002 Washington, DC sniper

incident. Sixteen respondents (7%) indicated that their schools had not experienced any

crises that broadly impacted the school environment. Table 5 provides frequencies and

percentages for each of the crises listed on the survey.

<center>Schools' and School Psychologists' Crisis Responses</center>

Several questions were included on the survey to obtain information on schools'

and the school psychologists' responses to crises. These questions were utilized to target

the fifth and sixth research questions of this thesis project. Participants were asked about

responses both during/immediately after the crisis and in the following few days/weeks.

The participants were given seven common crisis response options and an "other"

response option for the question asking about immediate responses. They were asked to

indicate which options their schools' used in the most severe crisis. Sixteen participants

indicated, by not marking or writing in any responses, that none of their schools had

experienced a crisis, which broadly impacted the school environment. These 16

participants were excluded from the analysis of this question, concerning what the

schools did during their most severe crisis.

The most common crisis responses, selected by 50% or more of the respondents,

were to contact community emergency services, notify parents, and provide psychological

first aid to students. Less than 30% of the participants indicated that their schools

evacuated students from the building, moved students to another location in the school or

Table 5

Schools' Experience of Crises That Broadly Impacted the School Environment

Crises experienced	Frequency	Percentage
Other unexpected deaths	163	71.5
Suicide	143	62.7
Transportation accidents involving students/school personnel	110	48.2
School shooting	38	16.7
Natural disaster(s)	30	13.2
Terrorist attack	23	10.1
Chemical spill	10	4.4
Hostage situation	5	2.2
Explosion	2	.9
Other	18	7.9

classroom, closed the school, or provided physical first aid to students. Participants'
responses to this question are displayed in more detail in Table 6.

For the category focused on crisis responses in the following few days/weeks, the
participants were again provided with a variety of options from which to select any that
had been used by their school in the most severe crisis. Half of the options focused
specifically on the use of psychological debriefings in the schools.

The majority of respondents ($n = 142$, 67%) reported that their schools provided
psychological debriefing in either a generic or standardized format. According to these
participants, most of the psychological debriefings were geared towards school staff
($n = 102$, 71.8%). Over half of these respondents ($n = 77$, 54.2%) indicated that students
participated in the psychological debriefings. The school psychologists, where
debriefings occurred in their schools, reported that a small percentage ($n = 31$, 21.8%) of

parents attended the debriefings. The majority of participants ($n = 26$, 68.4%), who reported that their schools used a standardized debriefing approach ($n = 38$), selected CISD. A few respondents ($n = 12$, 31.6%) indicated that their schools used PD as their standardized debriefing method. Most of the schools using debriefings utilized a generic rather than a standardized format. The majority of the debriefings were provided to school staff and students with only a few parents participating in the debriefings.

The majority of the participants reported that their schools conducted meetings for teachers and administrators and provided brief psychological services (both individually and in groups). Eight participants (3.8%) indicated that their schools did not provide crisis interventions following crises. See Table 6 for details on schools' responses to severe crises in the following few days/weeks.

Participants wrote in the following "other" responses for both categories of crisis responses: lockdown, restraining students, guidance office services, NASP-sponsored crisis team, family members in debriefings, school extended hours to provide services to families, community professionals contacted to provide services to families/students/ teachers, assuring that parents were home and aware of the situation before sending students home, mailing letters to parents about the incident, and developing special programs.

The school psychologist respondents were also asked to evaluate how well their school(s)/district(s) handled crises on a 7-point Likert scale. The 7-point scale had the following descriptive labels below the numbers: not good at all (1), fair (2 or 3), very good (4 or 5), and superb (6 or 7). The participants' responses for this question

Table 6

Public Schools' Crisis Intervention Responses to the Most Severe Crises

Crisis responses	Frequency	Percentage
During/immediately after:		
Psychological first aid provided to students		
by school staff/crisis team	178	84.0
Parents contacted	147	69.3
Community emergency services contacted	111	52.4
Students evacuated from school building	62	29.2
Students moved to another location in the		
school or classroom	59	27.8
Physical first aid provided to students		
by school staff/crisis team	40	18.9
School closed for any length of time	37	17.5
Other	10	4.7
In the following few days/weeks:		
Brief psychological services	168	79.2
Individual brief psychological services	154	72.6
Group brief psychological services	151	71.2
Teacher/administrative meetings	150	70.8
Generic psychological debriefing	104	49.1
Parent/student/community meetings	94	44.3
Standardized psychological debriefing	38	17.9
Critical Incident Stress Debriefing (CISD)	26	12.3
Psychological Debriefing (PD)	12	5.7
School staff debriefing participants	102	48.1
Student debriefing participants	77	36.3
Parent debriefing participants	31	14.6
Other	4	1.9

resulted in a mean of 4.45 ($n = 222$, $SD = 1.26$), which was identified as "very good" on

the scale. The majority (56.4%, $n = 125$) of the school psychologists evaluated their

school(s)/district(s) as being a 5 (very good) to 7 (superb) at handling crises. Nineteen

percent of the respondents ($n = 42$) rated their school(s)/district(s) as "superb" at handling

crises. Nearly the same amount of participants (21.2%, $n = 47$) selected "fair" for the rating. Only 1.4% ($n = 3$) marked "not good at all" when considering crisis responses in the schools they serve. Six participants did not answer the question.

School Psychologists' Suggestions

The final research question focused on school psychologists' ideas for ways that schools could respond to crises. The last question on the survey was intended to answer the final research question. The participants were asked, "What else should your school do in crisis situations?" Many participants ($n = 109$, 47.8%) provided responses to this question. Several suggestions appeared repeatedly for this question. The two most frequent ideas (reported by more than 20 participants) pertained to practice and training. School psychologist respondents suggested frequent ongoing training with everyone in the district (e.g., districtwide inservices focused on crisis management). The other most common, and related, proposal was for practicing the plan routinely. Specific practice comments included role playing, doing simulations, having comprehensive drills with all school staff and community services, and continued evaluation. Many respondents commented that their schools needed specific plans with specific procedures for specific crises. The following ideas were each proposed by between 10 to 15 participants: better preparation/preplanning, have plans and supports in place beforehand; make preparedness and crisis prevention an administrative focus; define team roles and work as a team; involve the school psychologist, school counselor, and/or school social workers more in crisis efforts; and involve more community resources (e.g., work with the PTA, have

parent-community forum). Between 5 and 10 respondents suggested that debriefing should be a part of the school plan, teams should train to respond to specific populations, schools should provide greater depth of training for the team, and many schools are lucky to have only minor crises. Many similar additional comments were made by 2 to 4 participants. These comments included the following: involve community in dialog after the crisis, publicize the school team, create guidelines and handouts for teachers and parents, establish structured communication with parents, have better interaction with the media/use the media to give information to parents, hire extra staff in safety functions/student services, learn from experience and neighboring districts' experiences, provide long-term follow-up activities and services, have uniform system-wide plans mandating teams in schools, and create teams in every school in the district.

Some of the comments made were not repeated by other participants. However, these singly occurring comments contained many interesting ideas. One participant suggested hiring more school psychologists in the district. Another participant stated that better records needed to be kept on students (e.g., attendance). According to one school psychologist, his/her school utilizes name badges, cameras, finger-printing, sign-in and sign-out sheets, and locking doors as crisis prevention/response efforts. Other ideas included creating larger teams, developing individual student crisis plans, keeping things low key, having better communication between team members, and defining what constitutes a crisis. A few comments highlighted important crisis issues. These comments included the following: it is hard to know if the plan/training is good until it is tested, it is harder to organize crisis teams in rural areas, inner city students experience

more frequent crises, and a shift may be occurring away from having mental health

providers in the schools and more towards relying on community resources in an

emergency.

CHAPTER V

DISCUSSION

A survey was mailed to a sample of school psychologists from NASP membership

lists with the intent of obtaining their perspective on crisis intervention in the public

schools. The study's purpose was to ascertain public schools' accordance with the crisis

literature in regards to crisis plans/teams. Furthermore, the study was intended to reveal

the types of crises schools are facing, how they are responding to these crises, and

whether school psychologists possess the training necessary to assist in schools' crisis

response. The survey results, for each research question, will be discussed in regard to

the information presented in the literature review. This chapter will also present the

study's limitations and directions for future research.

School Psychologists' Crisis Intervention Training

School psychologists can be an important asset in schools' crisis intervention

efforts. Their presence can be particularly valuable in providing immediate and long-

term psychological services to students, faculty, and parents/guardians (Young et al.,

1996). Other areas where school psychologists could assist in responding to crises

include creating the crisis intervention plan/team, training school staff and/or the team in

crisis intervention techniques, and establishing prevention programs. However, if school

psychologists have not had training in crisis management, then their efforts to assist the

schools in this area will be greatly diminished. Most previous studies indicated that the

majority of school mental health workers were not being formally trained during graduate school in the areas of crisis/school violence intervention (Astor et al., 1997; Furlong et al., 1996; Pitcher & Poland, 1992; Wise et al., 1987).

Results from this survey are encouraging in regards to school psychologists' roles as leaders/contributors to schools' efforts at crisis intervention. Less than 2% of the participants reported that they had no training in crisis intervention. According to the respondents, most of their crisis intervention training came through workshops, in-service trainings, personal study/reading, and conferences. Approximately a third of the participants indicated that training came through graduate course work or a section in a graduate class. Allen et al. (2002) found nearly identical results; the majority of the school psychologists they surveyed had received crisis intervention training after graduation. They also found that roughly a third of their participants, graduating after 1993, had graduate course work training in crisis intervention. These results are promising in that school psychologists appear to be prepared to respond to crises and assist schools in these efforts. However, it also appears that school psychologist training programs could play a greater role in preparing school psychologists for crisis management in public schools.

Given the current focus on crisis intervention in schools, school psychologist training programs can take advantage of numerous options for preparing school psychologists to assist in schools' crisis response efforts. One option would be to offer graduate courses focused on crisis theory, crisis intervention, grieving processes/work, psychological first aid, fulfilling the psychological services role on a crisis team, and/or

establishing crisis plans/teams. A number of recent crisis response texts and manuals

(e.g., Brock et al., 2001; Johnson, 2000) have been published, which could be used as

either a course's main focus or as supplemental readings. Crisis response trainers and/or

guest lecturers are available as another option. A third option would be to have the

school psychologists in training attend crisis team trainings/meetings with local school

districts. This is only a sample of the various ways that training programs can help

prepare school psychologists for crisis intervention activities.

Crisis Intervention Plans in Schools

One of the most frequently stated ways that a school can have a positive impact on

crises is to plan ahead of time (Brock et al., 2001; Caplan, 1964; Klingman, 1988;

Lichtenstein et al., 1995; Pitcher & Poland, 1992). If a plan is not created and

implemented, then school staff will respond the best that they can, given the situation.

Sometimes this response may result in panic on the part of students, parents/guardians,

and/or school staff. Almost all of the participants in this study reported that the schools

they serve have a crisis intervention plan. Less than 5% of the respondents indicated that

either their schools did not have a plan or they did not know if their schools had a current

crisis intervention plan. A similar result was found in another previous recent survey

where 91% of the school psychologists reported that their schools had crisis intervention

plans (Allen et al., 2002). From these results, it appears that schools are becoming aware

of the benefits of creating crisis plans and of the consequences of not preparing ahead of

time.

Not surprisingly, most of the school psychologists' perspectives was that their schools' crisis intervention plans focused more on efforts to minimize the crises' impact during and after their occurrence. However, nearly half of the plans included preventive measures. These results suggest that many public schools are making a concerted effort to stop crises from happening or catch the crisis at an early stage before it widely affects the school. According to these respondents, many schools are planning ahead and not waiting until a crisis has occurred, as was seen in previous years (Brock et al., 2001; Johnson, 2000; Pitcher & Poland, 1992; Young et al., 1996).

Even more encouraging, was the participants' responses to the question about the nature of the crisis intervention plan. A majority reported that their schools' crisis plans have specific response techniques/procedures for a variety of crises. The minority of participants indicated that the crisis plan was generic. Having a plan is by far better than no plan at all. However, some interventions/procedures may be more appropriate for certain crises than others. Other interventions/procedures may apply more broadly to a variety of crises. The more functional approach appears to be the establishment of different procedures/responses for different crises. According to these participants, public schools are following this approach.

In addition to designating interventions and procedures in the crisis plan, many schools/districts outline specific duties for each member of their crisis team. The majority of the school psychologist participants reported that their schools follow the policy of defining responsibilities and duties, in the crisis plan, for each crisis team member. This practice ensures that crucial tasks will be less likely neglected in the

chaotic time period during and after a crisis (Klingman, 1988; Pitcher & Poland, 1992).

Around one fifth of the participants, with crisis teams, reported that their schools' crisis

plan did not outline duties/responsibilities. This suggests that there is room for

improvement in some schools' crisis plans.

Public Schools' Crisis Intervention Teams

A major component in any crisis intervention plan is the defining and creation of a

crisis intervention team (Brock et al., 2001; Lichtenstein et al., 1995; Pitcher & Poland,

1992). Establishing a crisis team identifies individuals who are responsible for various

key aspects needing attention during crises. Without the team important tasks may be

neglected during and following a crisis. This neglect could lead to unnecessary chaos,

trauma, and/or panic with the students, parents/guardians, and/or school staff.

Interestingly, not all of the school psychologists reporting that their schools have crisis

intervention plans reported that their schools have crisis intervention teams. Around 10%

fewer respondents indicated that their schools had crisis intervention teams as compared

to crisis intervention plans. However, the majority of participants did report that the

schools they serve have a current crisis intervention team. Roughly 15% of the school

psychologists indicated that their schools did not have a crisis team or they did not know

if a team existed. Schools with crisis teams will likely follow through with their crisis

intervention plan. Crisis intervention efforts may be compromised if there is not someone

specifically assigned, trained, and responsible for implementing the crisis intervention

plan components.

According to this survey's participants, most public schools appear to be prepared for a crisis with current crisis intervention plans and teams in place. The presence of crisis plans and teams in the majority of the respondents' schools may be related to events in the past few years (e.g., 1999 Columbine High School shooting, September 11th, 2001 terrorist acts, and 2002 Washington, DC area sniper shootings). Despite the crisis literature consensus that many schools wait to plan until after a crisis occurs (Brock et al., 2001; Pitcher & Poland, 1992; Young et al., 1996), the lack of past empirical data on schools' crisis plans/teams complicates comparisons of changes in schools' practices.

The participants were asked several questions pertaining to the crisis intervention teams in their schools. The majority of the respondents who reported that their schools have crisis teams indicated that their schools were served by school-based and district-wide teams. Around a third of the participants reported that there was a community-based team serving their schools. Only a few participants indicated that a regional team served their schools. Having school and district employees comprising the crisis teams makes sense logistically. This is especially true when there are teams at both the individual school and district levels (Brock et al., 2001; Pitcher & Poland, 1992). Each team can support the other and provide assistance particularly if a member on one team is not available, then the person on the other team can fill in that role. These people are familiar with the students and parents. They understand the physical layouts of the schools and are familiar with school policies and procedures. Utilizing solely community-based teams can be a disadvantage for the same reasons. Obviously, the ideal would be to have teams at all four levels, which communicate and cooperate with one

another. However, schools with teams at the individual school and district level can establish strong relationships with community resources, which would facilitate responses during crises.

The variation in school staff who play a role on the crisis team is potentially limitless. However, given the participants' answers, certain school staff members are more frequently utilized for crisis intervention teams than others. According to the participants who responded affirmatively to having crisis teams in their schools the principal and school psychologist are almost always members of the crisis team. The percentage of school psychologists, responding to this survey, who reported that school psychologists are members of their schools' crisis team(s) was 20% higher than in another recent survey (Allen et al., 2002). Nevertheless, in both surveys, participants indicated that school psychologists play a role in the majority of crisis teams in schools. The 20% discrepancy may be related to the difference in the way that participants were questioned in the two studies. In this study, respondents were directed to mark school psychologist if any school psychologists were crisis team members in the schools they severe. Allen et al. asked the school psychologist participants if they were personally members of the crisis team. Some school districts probably divide various roles among their school psychologists. Therefore, a school psychologist may not be personally assigned to the crisis team even though other school psychologists in the district are apart of the crisis team. The principal has been suggested as the logical choice for team leader, given his/her administrative position in the school (Brock et al., 2001; Lichtenstein et al., 1995; Pitcher & Poland, 1992). In addition, the principal is usually the person

accountable for student's safety. For these and other reasons it appears that the principal is typically on the crisis team. One implication is that the schools without crisis teams may not have administration that is placing crisis management as one of their higher priorities.

In regards to the school psychologists' role, it appears that school personnel believe that their training, position, and/or background, make them prime candidates for crisis team membership. However, there were only 10% fewer school counselors indicated as serving on the participants' crisis teams. This possibly suggests that school psychologists are not viewed as having unique skills for mental health response in a crisis. Two other positions were also selected by the majority of participants: school nurses/medical personnel and assistant principals. The assistant principals are likely included on crisis intervention teams for the same reasons as principals. School nurses/medical personnel are logical choices for crisis teams given their ability to provide first aid services to the injured in a crisis (Brock et al., 2001; Pitcher & Poland, 1992).

Slightly more than half of the participants indicated that regular education teachers were members of the team. Part of the reason for their lower inclusion rate may be due to both training and time issues. These issues include having an assigned class that the teacher cannot leave unless a substitute is available, increased responsibilities, duties, and trainings related to the "No Child Left Behind" legislation, lack of prior training in administrative, medical, or psychological areas, and little time available for extensive crisis intervention training. Slightly less than half of the teams had school

social workers as members. This lower number may be due in part to the lower frequency of social workers working for school districts.

Many of the persons not reported by the participants as being members of the team were people working in the community (e.g., emergency services personnel, local public officials). Interestingly, students, parents, and auxiliary school personnel were rarely included on the crisis teams. Parents may not be included on the teams for similar reasons that community services personnel are not included. Some of these reasons may involve a lack of knowledge of school procedures, unfamiliarity with school staff and the student body, and little experience in the school setting (Brock et al., 2001). However, parents volunteering in the school may be a valuable asset to a school crisis team. It is possible that students and auxiliary school personnel may not be appropriate as members of the crisis team due to education level, lack of experience, not being recognized as a school representative/official, and lack of crisis intervention training. However, an effectively implemented crisis plan provides the students and all school staff with information and training on what to do and how to assist others during a crisis (Astor et al., 2000; Pitcher & Poland, 1992; Young et al., 1996).

School staff chosen for the crisis intervention team can be assigned to coordinate a variety of activities. The number of activities, roles, and even team members will vary depending on the size, location, and needs of each school/district. Nevertheless, a few basic team roles/activities have been identified repeatedly in the crisis intervention literature (Brock et al., 2001; Lichtenstein et al., 1995; Pitcher & Poland, 1992). Participants were asked to report which activities are covered by members of their

schools' crisis teams. According to the participants' responses, public schools appear to be following the crisis intervention literature guidelines on the basic role/activities for crisis intervention team members. All eight activities/roles, listed on the survey, were selected by 50% or more of the 188 participants with crisis teams in their schools/districts. In accordance with the results from the previous question, crisis team leader and psychological service provider were the two most frequently selected activities/roles. These activities/roles are often fulfilled by the principal and school psychologist/school counselor, which were the school staff most frequently selected for crisis team membership.

Interestingly, however, this concordance did not occur for the physical first aid director role. From the eight activity choices, physical first aid director was chosen by the fewest percent of participants (51.1%). In contrast, 20% more participants reported that school nurse(s)/medical personnel were members of the crisis team. It seems that physical first aid director would be the most logical role for the school nurse(s)/medical personnel. The results from this study suggest that many crises impacting schools do not occur on school grounds (e.g., suicide, transportation accidents). Therefore a physical first aid director would not be required in these situations. Nurse(s)/medical personnel likely fill a variety of roles in addition to physical first aid director.

A common suggestion from the crisis intervention literature is the periodic evaluation of the crisis team (Brock et al., 2001; Pitcher & Poland, 1992). Only half of the participants, whose schools are served by crisis teams, reported that these crisis teams were evaluated. Nearly half of these evaluations were indicated by the respondents as

occurring following crises. Another fourth indicated that periodic evaluations were conducted. Undoubtedly, evaluating the crisis team will help increase the team's effectiveness. Evaluations only following crises may not be frequent enough. Additionally, a crisis team's failure during a crisis may have been averted by evaluation beforehand.

Another way for schools to prepare for crises is through the use of crisis drills. Schools typically conduct drills for fire and other natural disasters. Drills for other crises are not as common. According to the literature, crisis drills for other incidents (e.g., suicide, unexpected deaths, school shootings) is one way that schools can proactively prepare for various crises and diminish the impact, chaos, and panic that ensues during and following crises (Pitcher & Poland, 1992; Young et al., 1996). Fifty percent of the survey respondents reported that their schools do not conduct drills for crises other than fire and natural disaster. However, the majority of participants, whose schools conducted crisis drills for other incidents, reported that the crisis team was included in these drills. This encouraging finding suggests that many schools are training their crisis teams and school staff/student body to respond to a variety of crises. These drills, which include the crisis team, provide a setting to evaluate and increase the effectiveness of the crisis team.

Crises in Schools

One idea repeated frequently in the crisis intervention literature is the assertion that in one way or another every school will eventually face a serious crisis (Brock et al., 2001; Pitcher & Poland, 1992). Three research questions focused on the types of crises

schools experience and the way the schools respond to crises. The school psychologists, completing this survey, were asked which types of crises have occurred in the schools they serve. The question focused on crises that have a broad impact on the school environment. Suicide and other unexpected deaths were the most frequently selected crises. The size of the event's impact can depend on the individual's status in the school and community. Suicides and other unexpected deaths have the potential for a tremendous impact. Nearly 50% of the participant's schools had also experienced transportation accidents involving students and school personnel. These incidents have similar potential devastating effects.

All of the other crisis categories were reported as having occurred in the schools by less than 20% of the respondents. Interestingly, the crisis with the fourth highest percentage of occurrence was school shootings. One out of every 6 participants indicated that the schools they serve had experienced a school shooting. A similar, but slightly higher, percentage of school shooting/gun incidents was found in a survey of school social workers (Astor et al., 1997). In all, 542 crises, with a broad impact, were reported to have occurred in the schools of the school psychologists responding to this survey. This implies that many of these school psychologists were involved in crisis response for two or more crises. However, a small percentage of the participants indicated that crises with a broad impact had not occurred in the schools they serve. The findings from this question tend to support the assertion that schools who have not suffered a significant crisis will likely experience one in the future (Brock et al., 2001; Pitcher & Poland, 1992). Based on the high probability that some form of major crisis will occur in the future,

schools that do not prepare ahead of time may be held liable and/or found negligent for their inadequate response during and after the crisis (Brock et al.). The safest bet appears to be preparation through crisis planning with the establishment of crisis teams.

The school psychologist participants whose schools had experienced crises were asked to describe the school's responses following the most severe crisis. Most participants reported that their schools provided psychological first aid. It is impressive to see that the school psychologists and counselors are being utilized by schools in crisis response. It is a relief that most of the participants reported having been trained to perform this response.

One interesting finding pertained to the use of physical first aid. Less than a fifth of these participants indicated physical first aid as being provided and/or required following the most severe crisis. Nearly three fourths of the respondents indicated that school nurse(s)/medical personnel are members of the crisis team. Furthermore, half of the participants reported that the crisis teams had a member coordinating physical first-aid activities. The low frequency of schools' physical first aid response is likely related to the types of serious crises public schools experience. The most frequent crises selected were other unexpected deaths, suicide, and transportation accidents involving students/school personnel. While most of these crises significantly impact the school environment, the majority likely occur off school grounds. Physical first aid would be provided by emergency personnel, families, or other individuals near the scene. These findings suggest that public schools' crisis responses will less frequently require physical first aid. However, this does not imply that physical first aid should be neglected in

schools' crisis plans and teams. A fifth of the participants' schools, in this survey, provided physical first aid following crises. It appears that the majority of the respondents' schools are taking the necessary precautions of having nurses/medical personnel in physical first-aid crisis team roles in case a serious crisis occurs on school grounds requiring a physical first aid response.

From the school psychologists' perspective, in this study, the majority of the schools are notifying parents during or right after a severe crisis occurs. However, a third of the respondents reported that the parents were not contacted immediately. Parent notification may relieve panic/stress and help reduce the situation's level of ensuing chaos. Schools that do not notify parents or are slow in this response may be held liable for adding to crises's severity and their broad psychological impact (Brock et al., 2001). Best practice would seem to be planning a procedure, before a crisis occurs, to quickly account for all students' whereabouts, gather factual information about the incident, and relay that information to parents via a team of callers, a calling tree, e-mail, media announcement, or some other method (Pitcher & Poland, 1992).

The survey results presented a clear trend in schools' crisis response practices in the days and weeks following a severe crisis. According to the respondents, most schools are providing some type of crisis response following severe crises. The majority of participants reported that their schools provide both individual and group brief psychological services, offer psychological debriefings, and conduct teacher/administrative meetings. Surprisingly, less than half of the respondents indicated that their schools conducted parent/student/community meetings after a severe crisis. A

similar trend was found for the debriefings. Most of the psychological debriefings were attended by school staff and students. Only a small percentage of parents were reported as having participated in the psychological debriefings. More of the crisis interventions appear to be targeting students and school staff rather than parents and others in the community. It seems that schools could improve their crisis management by involving the parents more in both immediate and long-term crisis response efforts. Due to the nature of the relationship and amount of time spent together, parents can be helpful in assisting their children cope with the crisis and identify signs of abnormal stress, anxiety, or depression requiring professional attention. Parents might have a difficult time completing these tasks if the school does not provide information, guidance, and/or support.

Two thirds of the schools were reported by the school psychologists to be using psychological debriefing. Participants reported that almost three times as many schools utilized generic psychological debriefings as compared to a standardized psychological debriefing format. According to the respondents, twice as many schools use the CISD standardized format instead of the PD format. Mixed results have been found for both generic and standardized psychological debriefings (Bisson et al., 1997; Bordow & Porritt, 1979; Chemtob et al., 1997; Deahl et al., 1994; Hobbs et al., 1996; Jenkins, 1996; Kenardy et al., 1996; Matthews, 1998; Mayou et al., 2000; Nurmi, 1999; Robinson & Mitchell, 1993; Vila et al., 1999; Wee et al., 1999; Yule, 1992). Nevertheless, it appears that schools have found debriefings to be a useful tool and are continuing to use debriefings as part of their crisis response. The generic psychological debriefings likely

vary between schools. Given the concern over the potential harmful effects of psychological debriefings, it would seem that the best practice would be to follow some type of structured format. However, until further research results are available it is difficult to distinguish the crucial/essential components necessary for effective psychological debriefings.

In many ways, schools appear to be following crisis response guidelines established in the literature. The school psychologists responding to this survey also felt that their schools are doing a good job at handling crises. On a 7-point scale, the majority of respondents rated their schools' crisis response at a 5 (very good) or higher. A fifth of the participants rated their schools' handling of crises at a 3 (fair) or lower. While the schools most certainly have room for improvement, these survey findings are encouraging. One alarming finding was the responses of a small group of participants that their schools did not respond at all following crises. Undoubtedly some response is better than no response at all.

School Psychologists' Suggestions

The final survey question was intended to answer the last research question. As was found in the survey, some schools have not experienced crises that broadly impacted the school environment. Other participants indicated that their schools are not responding to crises or are not doing well in their crisis management approach. All participants were asked to give their suggestions on how else their schools could better respond to crises. The most frequent participant suggestions were for more training and practice in crisis

response. Respondents reported that the training and practice needs to be at the district level across all schools and school staff. The most elaborate crisis response plan will fail if school personnel are not made aware of its contents. In addition, crises are high stress situations where the fight or flight response comes into play diminishing the ability for clear and coherent thought. Plans that are not routinely practiced will be harder to implement due to the nature of crisis situations.

Many participants also suggested that their schools needed to create more specific plans and procedures for a variety of crises. A generic plan will be more effective in a crisis than no plan at all. Furthermore, some basic crisis intervention plan components may be applicable across crisis situations. However, some crisis responses will be more functional in one crisis situation than another. Schools with an established generic plan have made important steps towards successful crisis response. The next step and best practice is a basic plan that outlines additional procedures for a variety of specific crises.

Many respondents' suggestions focused on the administrations' approach to crisis management. Some participants reported that their administrators are not focused on crisis preparedness. Other respondents wrote that the administrators try to handle crisis response on their own and do not include the school psychologists, counselors, and social workers enough in crisis efforts. Surprisingly, only one participant suggested that schools need to hire more school psychologists. Hiring more school psychologists would help decrease caseloads allowing more time for activities, such as creating crisis plans and training crisis teams. In general, school staff follow the lead of school districts'

administrators. If the administrators do not make crisis preparedness a priority, then the school/district will likely not be ready to respond to a crisis.

Conclusions

The results from this study support the proposition that schools will eventually face a crisis that will broadly impact the school environment. Nearly all of the participants in this survey reported that their schools had faced at least one serious crisis. Most of these respondents' schools responded to the crises with various crisis interventions. However, some schools reportedly did not respond at all to crises occurring with a broad impact. Interestingly, a majority of the participants indicated that their schools utilized either a generic or specific debriefing approach for crisis response. This finding was surprising given the mixed results for debriefing's effectiveness in the crisis literature. Overall, the majority of participants rated their schools as doing a very good or better job at handling crises.

Schools employing school psychologists, who are NASP members, appear to be following many of the general and specific crisis intervention guidelines found in the literature. Most of these schools were reported to have both crisis intervention teams and plans. Furthermore, respondents indicated that many schools had specific crisis plans and crisis teams at the individual schools and district levels. While many of the schools focused on crisis preparedness for response, some schools were beginning to focus on crisis prevention. More schools are beginning to evaluate crisis plans/teams through crisis drills. All of the most commonly proposed crisis team activities and roles were

incorporated into at least half or more of the schools' crisis teams. Principals, school psychologists, school counselors, school nurse(s)/medical personnel, teachers, and school social workers were being used by these schools to fill the roles on the crisis teams. However, there appears to be a discrepancy in the percentage of school nurse(s)/medical personnel involved on the crisis team and the amount of physical first aid response being provided following crises.

While it appears that many schools are making concerted efforts towards effective crisis management, other areas still could be improved. Crisis plans/teams could be evaluated more frequently. More comprehensive training and practice, with all school staff and student body, would increase plans/teams effectiveness. Schools could involve and communicate better with community resources in crisis response efforts. Parent involvement and notification appears to be lacking in schools' crisis management. Finally, schools could improve their crisis response by preparing for a variety of crises with specific procedures/interventions.

The school psychologists, responding to this survey, reported that they had training in crisis intervention. However, the majority indicated that this training came through ways other than graduate course work or sections in graduate classes. Given public schools' increased focus on crisis intervention and the high inclusion rate of school psychologists on crisis teams, it appears that school psychologists need crisis intervention training. Another implication is that school counselor programs should also provide training in crisis intervention. University training programs could respond to this need through classes and other practical experience opportunities.

Study Limitations

A variety of limitations are inherent in any survey study. One limitation particularly applicable to this study is the response bias of the school psychologists. Some of the most frequently selected answers on this survey pertained specifically to the school psychologists' positions. For instance, school psychologist was the second most frequently selected position for the crisis intervention teams. On another question, provider of psychological first aid and services was also selected second most frequently by participants. It is possible that the school psychologists were more likely to mark items more closely related to their position than other options on the questions.

This study's sample is a fairly homogeneous group in certain aspects. The majority of the participants were female, White non-Hispanic, with an MS/MA + 30 or EdS in school psychology, worked at both elementary and secondary levels, were in their late 40s/early 50s, were assigned to three or less schools, and had many years of experience (12-25). The sample distribution was well varied geographically, but not in terms of age and ethnicity/race. This sample's age and years of experience may have influenced the survey results. The older sample with many years of experience would be more likely to have experienced more crises overall as well as more serious crises than a younger sample. This possibility could have resulted in higher frequencies for crises experienced, crisis training opportunities, and more situations requiring the schools' crisis response. The sample differed from the general NASP membership (NASP, 2000) on the

variables of sex and years of school psychology experience. These sample characteristics may limit generalization of these findings to other school psychologists.

Another limitation closely related to the response bias is the possibility of the school psychologists' level of involvement. Depending on the size of the schools, the number of schools assigned, and the nature of the school psychologists' position in the school/district, the school psychologists may have limited knowledge of crises and crisis intervention plans/teams within their schools/districts. Some school psychologists may have a position heavily involved in assessment where they would have less contact with crisis situations and response. It may be that school principals and superintendents would have greater knowledge of some aspects of their schools' crisis intervention plans/teams.

The current events happening during the survey mailing likely affected participants' responses. One major national event was the one year anniversary of the September 11th, 2001 terrorist acts. A second significant event was the 2002 Washington, DC area sniper shootings. Some participants named these events specifically in their responses. These events may have biased/affected the school psychologists' responses to the first survey question regarding schools experiences of crises. Some respondents may have reported, based on geographic proximity or other indirect impact, that their schools experienced shootings and/or terrorist attacks even if they were not directly involved.

An additional limitation pertains to the sample representativeness. The sample came from a random selection of NASP's membership list. Therefore it is impossible to know what differences exist in responses for school psychologists who are not members of NASP. Secondly, not all of the 500 NASP school psychologists responded to the

survey. It is unknown what differences may have existed in the answers of those who responded as compared to those who did not respond. One possible reason that some of the NASP school psychologists did not respond is that the survey did not apply to their situation. Some reasons that it would not apply include that their schools do not have crisis intervention plans and teams, they are not aware of crisis policies and procedures in their schools/districts, and/or their schools have not experienced many/severe crises.

A limitation, more general in nature, was wording problems on the survey. Despite a pilot test and careful review, some wording problems were not readily apparent until feedback was received from the study participants. For example, some participants were unclear on the final survey question as to whether they were being asked for comments/suggestions or evaluative feedback on their schools' crisis response. There is no doubt that the way a question is worded impacts the way that it is answered. For instance, broad general categories were utilized on many questions to decrease survey length and facilitate data analysis. This is a limitation generally due to the nature of surveys, whose goal are to sample many people broadly, but not obtain great depth of information. The clarity of the survey's instructions will also influence sample participation and individual response. Some survey questions pertaining to crisis plan/team specifics were answered by participants who reported that their schools did not have crisis teams/plans. The survey could have contained more specific instructions to help respondents answer only the applicable questions.

A specific difficulty reported by some respondents dealt with the issue of experience in multiple districts. Participants who had worked in more than one district

had a difficult time answering some of the survey questions related to crisis teams/plans and schools' responses to crises. These respondents indicated that some schools/districts did a better job at preparing for and responding to crises than other schools/districts they had worked for in the past. The participants decided to answer the survey questions based on their current position. The survey should have included an instruction of this nature, which would have increased the survey's clarity.

Overall, a survey of this kind is able to sample a narrow amount of information with a large group of people. Other approaches (e.g., interviews) are able to delve into the depths of the problem.

Future Directions

This exploratory information could be used to guide more in-depth investigations of these and other research questions. For instance, it would be interesting to conduct a similar survey study with school administrators. School administrators may have a different perspective, than school psychologists, on crises experienced by schools and on managing these crises. This is especially the case given that the responsibility for crisis preparedness and response rests mainly with school administrators. A similar survey study of recent school psychology graduates would help clarify present crisis training needs given the older age and many years of experience of this study's participants.

Useful in-depth information needs to be obtained about the details of the schools' crisis teams and plans. Schools could be compared based on the actual crisis plan documents and formal interviews with the crisis team members. It is possible that this

data could be used to develop an evaluative measure to compare schools' preparedness for crises. Additionally, researchers could compare the effectiveness of schools' crisis response and compare the crisis plans and teams to determine which elements, procedures, and team members/roles were more crucial to effective crisis response. These comparisons could be conducted via the use of crisis drills to observe the team's and plan's effectiveness.

Half of the participants indicated that their schools utilize generic psychological debriefings. It would be useful to know the specific components and approaches that make up a generic psychological debriefing in the schools. In general, there is a need for empirical research studies of crises' impact on schools and the effectiveness of specific crisis interventions. Many authors in the crisis literature indicated that the unpredictability of crises complicates empirical research in this field. It is possible that schools, such as in urban areas, which experience frequent crises could be used to plan empirical studies with the anticipation of another crisis occurring in that area.

REFERENCES

Allen, M., Jerome, A., White, A., Marston, S., Lamb, S., Pope, D., & Rawlins, C. (2002). The preparation of school psychologists for crisis intervention. *Psychology in the Schools, 39,* 427-439.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Aronin, L. (1996). Making psychology in schools indispensable: Crisis intervention for fun and profit. In R. C. Talley, T. Kubiszyn, M. Brassard, & R. J. Short (Eds.), *Making psychologists in schools indispensable: Critical questions and emerging perspectives* (pp. 143-146). Washington, DC: American Psychological Association.

Astor, R. A., Behre, W. J., Fravil, K. A., & Wallace, J. M. (1997). Perceptions of school violence as a problem and reports of violent events: A national survey of school social workers. *Social Work, 42,* 55-73.

Astor, R. A., Pitner, R. O., Meyer, H. A., & Vargas, L. A. (2000). The most violent event at school: A ripple in the pond. *Children & Schools, 22*(4), 199-216.

Bisson, J. I., Jenkins, P. L., Alexander, J., & Bannister, C. (1997). Randomised controlled trial of psychological debriefing for victims of acute burn trauma. *British Journal of Psychiatry, 171,* 78-81.

Bisson, J. I., McFarlane, A. C., & Rose, S. (2000). Psychological debriefing. In E. B. Foa, T. M. Keane, & M. J. Friedman (Eds.), *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (pp. 39-59). New York: Guilford Press.

Bordow, S., & Porritt, D. (1979). An experimental evaluation of crisis intervention. *Social Science & Medicine, 13,* 251-256.

Brock, S. E., Sandoval, J., & Lewis, S. (2001). *Preparing for crises in the schools: A manual for building school crisis response teams* (2nd ed.). New York: Wiley.

Bunn, T. A., & Clarke, A. M. (1979). Crisis intervention: An experimental study of the effects of a brief period of counselling on the anxiety of relatives of seriously injured or ill hospital patients. *British Journal of Medical Psychology, 52,* 191-195.

Caplan, G. (1964). *Principles of preventive psychiatry.* New York: Basic Books.

Chemtob, C. M., Tomas, S., Law, W., & Cremniter, D. (1997). Postdisaster psychosocial intervention: A field study of the impact of debriefing on psychological distress. *American Journal of Psychiatry, 154,* 415-417.

Collison, B. B., Bowden, S., Patterson, M., Snyder, J., Sandall, S., & Wellman, P. (1987). After the shooting stops. *Journal of Counseling and Development, 65,* 389-390.

Deahl, M. P., Gillham, A. B., Thomas, J., Searle, M. M., & Srinivasan, M. (1994). Psychological sequelae following the Gulf War: Factors associated with subsequent morbidity and the effectiveness of psychological debriefing. *British Journal of Psychiatry, 165,* 60-65.

Deahl, M., Srinivasan, M., Jones, N., Thomas, J., Neblett, C., & Jolly, A. (2000).

Preventing psychological trauma in soldiers: The role of operational stress

training and psychological debriefing. *British Journal of Medical Psychology, 73,*

77-85.

Dyregrov, A. (1997). The process in psychological debriefings. *Journal of Traumatic*

Stress, 10, 589-605.

Everly, G. S., Jr., & Boyle, S. H. (1999). Critical incident stress debriefing (CISD): A

meta-analysis. *International Journal of Emergency Mental Health, 3,* 165-168.

Everly, G. S., Jr., & Mitchell, J. T. (2000). The debriefing "controversy" and crisis

intervention: A review of lexical and substantive issues. *International Journal of*

Emergency Mental Health, 2, 211-225.

Furlong, M., Babinski, L., Poland, S., Munoz, J., & Boles, S. (1996). Factors associated

with school psychologists' perceptions of campus violence. *Psychology in the*

Schools, 33(1), 28-37.

Galante, R., & Foa, D. (1986). An epidemiological study of psychic trauma and treatment

effectiveness for children after a natural disaster. *Journal of the American*

Academy of Child Psychiatry, 25, 357-363.

Hobbs, M., Mayou, R., Harrison, B., & Worlock, P. (1996). A randomised controlled trial

of psychological debriefing for victims of road traffic accidents. *British Medical*

Journal, 313, 1438-1439.

James, R. K., & Gilliland, B. E. (2001). *Crisis intervention strategies* (4th ed.). Belmont,

CA: Wadsworth/Thomson Learning.

Jenkins, S. R. (1996). Social support and debriefing efficacy among emergency medical workers after a mass shooting incident. *Journal of Social Behavior and Personality, 11,* 477-492.

Johnson, K. (2000). *School crisis management: A hands-on guide to training crisis response teams* (2nd ed.). Alameda, CA: Hunter House.

Kaufman, P., Chen, X., Choy, S. P., Peter, K., Ruddy, S. A., Miller, A. K., Fleury, J. K., Chandler, K. A., Plany, M. G., & Rand, M. R. (2001). *Indicators of school crime and safety: 2001* (NCES 2002-113/NCJ 190075). Washington, DC: U.S. Departments of Education and Justice.

Kenardy, J. A., Webster, R. A., Lewin, T. J., Carr, V. J., Hazell, P. L., & Carter, G. L. (1996). Stress debriefing and patterns of recovery following a natural disaster. *Journal of Traumatic Stress, 9*, 37-49.

Klingman, A. (1988). School community in disaster: Planning for intervention. *Journal of Community Psychology, 16,* 205-216.

Lichtenstein, R., Schonfeld, D. J., Kline, M., & Speese-Lineham, D. (1995). *How to prepare for and respond to a crisis.* Alexandria, VA: Association for Supervision and Curriculum Development.

Matthews, L. R. (1998). Effect of staff debriefing on posttraumatic stress symptoms after assaults by community housing residents. *Psychiatric Services, 49,* 207-212.

Mayou, R. A., Ehlers, A., & Hobbs, M. (2000). Psychological debriefing for road traffic accident victims: Three-year follow-up of a randomised controlled trial. *British Journal of Psychiatry, 176,* 589-593.

Mitchell, J. T. (1983). When disaster strikes . . . The critical incident stress debriefing process. *Journal of Emergency Medical Services, 8*, 36-39.

Nader, K., Pynoos, R., Fairbanks, L., & Frederick, C. (1990). Children's PTSD reactions one year after a sniper attack at their school. *American Journal of Psychiatry, 147*, 1526-1530.

National Association of School Psychologists. (2000). [Membership demographics]. Unpublished raw data.

Nurmi, L. A. (1999). The sinking of the Estonia: The effects of critical incident stress debriefing (CISD) on rescuers. *International Journal of Emergency Mental Health, 1*, 23-31.

Papageorgiou, V., Frangou-Garunovic, A., Iordanidou, R., Yule, W., Smith, P., & Vostanis, P. (2000). War trauma and psychopathology in Bosnian refugee children. *European Child & Adolescent Psychiatry, 9*(2), 84-90.

Pitcher, G. D., & Poland, S. (1992). *Crisis intervention in the schools.* New York: Guilford Press.

Robinson, R. C., & Mitchell, J. T. (1993). Evaluation of psychological debriefings. *Journal of Traumatic Stress, 6*, 367-382.

Rose, S., & Bisson, J. (1998). Brief early psychological interventions following trauma: A systematic review of the literature. *Journal of Traumatic Stress, 11*, 697-710.

Saigh, P. A. (1991). The development of posttraumatic stress disorder following four different types of traumatization. *Behavioral Research and Therapy, 29*, 213-216.

Singer, M. I., Anglin, T. M., Song, L. Y., & Lunghofer, L. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *Journal of the American Medical Association, 273,* 477-482.

Stallard, P., & Law, F. (1993). Screening and psychological debriefing of adolescent survivors of life-threatening events. *British Journal of Psychiatry, 163,* 660-665.

Stallard, P., Velleman, R., & Baldwin, S. (1999). Psychological screening of children for posttraumatic stress disorder. *Journal of Child Psychology and Psychiatry, 40,* 1075-1082.

Vila, G., Porche, L., & Mouren-Simeoni, M. (1999). An 18-month longitudinal study of posttraumatic disorders in children who were taken hostage in their school. *Psychosomatic Medicine, 61,* 746-754.

Webb, N. B. (1994). School-based assessment and crisis intervention with kindergarten children following the New York World Trade Center bombing. *Crisis Interventions, 1,* 47-59.

Wee, D. F., Mills, D. M., & Koehler, G. (1999). The effects of critical incident stress debriefing (CISD) on emergency medical services personnel following the Los Angeles civil disturbance. *International Journal of Emergency Mental Health, 1,* 33-37.

Winje, D., & Ulvik, A. (1995). Confrontations with reality: Crisis interventions services for traumatized families after a school bus accident in Norway. *Journal of Traumatic Stress, 8,* 429-444.

Wise, P. S., Smead, V. S., & Huebner, E. S. (1987). Crisis intervention: Involvement and training needs of school psychology personnel. *Journal of School Psychology, 25,* 185-187.

Young, K. A., Poland, S., & Griffin, L. (1996). Making psychology in schools indispensable: Our role in crisis intervention. In R. C. Talley, T. Kubiszyn, M. Brassard, & R. J. Short (Eds.), *Making psychologists in schools indispensable: Critical questions and emerging perspectives* (pp. 147-152). Washington, DC: American Psychological Association.

Yule, W. (1992). Posttraumatic stress disorder in child survivors of shipping disasters: The sinking of the 'Jupiter'. *Psychotherapy and Psychosomatics, 57,* 200-205.

APPENDICES

Appendix A: Survey

CRISIS INTERVENTION AND SCHOOL PSYCHOLOGISTS

Demographic Information:

Age: _____

Sex (check one):   _____ female   _____ male

Race (check one):
          _____ African American   _____ White non-Hispanic
          _____ Hispanic   _____ Asian American
          _____ Native American   _____ Other (specify_____)

Degree obtained (check highest degree obtained):
          _____ B.S.   _____ M.S./M.A.   _____ M.S./M.A.+30 or Ed.S.
          _____ Ph.D./Ed.D./Psy.D.   _____ Other _____

Area of highest degree (check one):
          _____ School Psychology
          _____ Other _____

Years of experience as a school psychologist: _____
Grades served: _____   State in which you are currently working: _____
Number of schools to which you are assigned: _____

Crisis Intervention Practices in the Schools:

1. Have any of the schools/districts that you served experienced any of the following
    crises, which broadly impacted the school environment? (check all that apply)
          _____ School shooting   _____ Natural disaster(s)
          _____ Chemical spill   _____ Explosion
          _____ Suicide   _____ Terrorist attack
          _____ Hostage situation
          _____ Transportation accidents involving students/school personnel
          _____ Other unexpected deaths
          _____ Other _____
                        _____

2. Do any of the schools you serve have a current crisis intervention **plan**?

       _____ Yes   _____ No   _____ Do not know

    What is the focus of the plan? (check all that apply)
    _____ Preventing crises before they happen
    _____ Efforts to minimize the impact of the crisis while it is happening
    _____ Responding to the crisis after it has occurred

    Is the school's crisis plan (check one)
    _____ General in nature using the same response for every type of crisis, **OR**
    _____ Does it include specific response techniques/procedures for different
             types of crises

3. Do any of the schools you serve have a current crisis intervention **team**?

       _____ Yes   _____ No   _____ Do not know

If yes, go to question #4. If no or do not know? , then skip to question #8.

4. What type of team approach to crisis intervention do the schools you serve use?
(check all that apply)
        _____ School-based team (members from school staff)
        _____ Community-based team (professionals from the community)
        _____ District-wide team (members from district and school levels)
        _____ Regional team (members from county, region, or state level)

5. Who are the members of the crisis team? (check all that apply)
       _____ School Psychologist(s)   _____ School Counselor(s)
       _____ Principal(s)   _____ Assistant Principal(s)
       _____ Superintendent   _____ Local Public Officials
       _____ Students   _____ Parents
       _____ Regular Education Teacher(s)   _____ School Social Worker
       _____ Emergency Services Personnel
       _____ Community Mental Health Personnel
       _____ School Nurse(s)/Medical Personnel
       _____ Special Education/Resource Teacher(s)
       _____ Auxiliary Personnel (bus drivers, custodians, hall monitors, etc.)
       _____ Other _____

6. Are individuals assigned to conduct the following activities? (check all that apply)
_____ Crisis team leader/coordinator
_____ Provider(s) of psychological services and psychological first aid
_____ Media contact interacting with and providing information to the media
_____ Liaison between emergency services personnel and the school
_____ Direct and assist teacher's efforts
_____ Track, direct, and guide students towards help and safety
_____ Contact and provide information to parents reuniting them with children
_____ Director of physical first aid efforts until community services arrive
_____ Other _____
        _____

7. Does the plan outline duties and responsibilities for each of the crisis team members included in the plan?
_____Yes   _____ No   _____ Do not know

8. Does your school(s) evaluate the crisis team's response?
_____ Yes   _____ No   _____ Do not know

If yes, how often? (check one)
_____ Periodically   _____ Once a year   _____ Twice a year
_____ Following crises   _____ Other _____

9. Does your school(s) conduct drills for crises other than fire and natural disasters?
_____ Yes   _____ No   _____ Do not know

Is the crisis team involved in those drills?
_____ Yes   _____ No   _____ Do not know

10. What type of training have you had in crisis intervention? (check all that apply)
_____ Graduate course work   _____ In-service training
_____ Workshop training   _____ Personal study/reading
_____ Conference training   _____ None
_____ Section covered in a graduate class
_____ Other _____

11. In the most severe crisis that has happened, what has your school done?
    (check all that apply)
    During/Immediately After:
    _____ Community emergency services contacted
    _____ Students evacuated from school building
    _____ Students moved to another location in the school or classroom
    _____ School closed for any length of time
    _____ Parents contacted
    _____ Physical first aid provided to students by school staff/crisis team
    _____ Psychological first aid provided to students by school staff/crisis team
    _____ Other _____

    In the following few days/weeks:
    _____ Parent/Student/Community meetings
    _____ Teacher/Administrative meetings
    _____ Brief psychological services
        _____ group   **and/or**   _____ individually
    _____ Generic psychological debriefing
    _____ Standardized debriefing that follows a specific format, model, or manual
        One of the following specific standardized debriefing models:
            _____ Critical Incident Stress Debriefing (CISD)
            _____ Psychological Debriefing (PD)
        Who participated in the debriefings?
            _____ Students   _____ School Staff   _____ Parents
    _____ Other _____

12. On a scale of 1 – 7 how well do you think your school(s)/district(s) does handling
    crises? (Circle a number)

1	2	3	4	5	6	7
Not good at all		Fair		Very Good		Superb

13. What else should your school do in crisis situations?

    _____
    _____
    _____
    _____

Appendix B: Cover Letters

October 1, 2002

Dear School Psychologist,

We are writing to request your participation in a study exploring public school's crisis response practices and your experiences as a school psychologist with crises in the public schools. The information collected from this survey will help public schools improve their crisis response efforts and assist training programs in their work with future school psychologists. The brief survey accompanying this letter is a thesis research project fulfilling part of the requirements for a master's degree in school psychology at Utah State University. The focus of this survey is crisis intervention in public schools with an emphasis on crisis teams and crisis plans.

This study has been reviewed and approved by the Institutional Review Board (IRB) for Human Subjects at Utah State University. If you have any questions about this approval you may contact the IRB office at (435) 797-1821. Participation in this study is voluntary. By completing and returning this survey, you are providing your consent to use the information for data analysis in the thesis. There is no risk to you if you choose to participate. Please do not put your name on the survey. Once you have completed the survey, please detach and retain the cover letter. Mail the survey in the pre-paid business reply envelope by October 31st. In an effort to obtain the most accurate measure of current crisis management practices in public schools, a second copy of the survey will be mailed to school psychologists who have not responded within two weeks of October 31st.

Your name and address were provided by NASP as part of a list of 500 school psychologists taken randomly from NASP's member lists. This information was provided by NASP for use in research purposes only. The only persons that will have access to the list and surveys are the researchers listed below. All information will remain completely confidential. The surveys contain a random number to assist in keeping track of the school psychologists who have returned the survey. The returned survey and school psychologist lists will be kept in separate secure locations and your answers to the survey will remain completely confidential. Upon completion of the research project the identifying information will be destroyed in approximately one year.

If you have questions please feel free to call one of us at the phone numbers provided below. If you would like results of this study please include a note with your returned survey or contact us via phone. Thank you for your time.

Sincerely,

Austin Adamson   Gretchen A. Gimpel, Ph.D.
Graduate Student   Associate Professor
(208) 852-1495   (435) 797-0721

December 1, 2002

Dear School Psychologist,

This is the second mailing of a survey for a study exploring public school's crisis response practices and your experiences as a school psychologist with crises in the public schools. Technical difficulties were experienced with the first mailing. We are confident that this study will yield valuable information. We re-mailed the survey to everyone on the original NASP list of 500 school psychologists to make certain that each person received a complete copy. If you have already completed and returned the complete survey, then please disregard this second mailing. However, if you were unable to complete the first survey, we would greatly appreciate you completing and returning this second copy. The information collected from this survey will help public schools improve their crisis response efforts and assist training programs in their work with future school psychologists. The brief survey accompanying this letter is a thesis research project fulfilling part of the requirements for a master's degree in school psychology at Utah State University. The focus of this survey is crisis intervention in public schools with an emphasis on crisis teams and crisis plans.

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If you have questions please feel free to call one of us at the phone numbers provided below. If you would like results of this study please include a note with your returned survey or contact us via phone. Thank you for your time.

Sincerely,

Austin Adamson   Gretchen A. Gimpel, Ph.D.
Graduate Student   Associate Professor
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