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*School Crisis Intervention: An Essential Guide for Practitioners.*
By Scott Poland and Sara Ferguson. Copyright © 2025.
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# CHAPTER 1

# Introduction

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## WHAT IS A CRISIS?

The term *crisis* has been defined in many ways throughout history. Erich Lindemann (1944) is credited with developing the first formal framework to outline the symptom presentation of a crisis. Lindemann's work was inspired by his evaluation and treatment of survivors and loved ones of victims from a deadly fire that took place in Boston's Cocoanut Grove Club. At the time, Cocoanut Grove was one of the most popular nightclubs in the area. The fire occurred as a result of overcrowding, fire-hazard violations, and an electrical short that was fueled by methyl chloride in the air conditioning unit. Tragically, 492 people died and another 166 were injured (Boston Fire Historical Society, 2021). Lindemann provided intervention in the aftermath and detailed many observations, including presentations of acute grief and specific symptoms that formed a distinct syndrome. These symptoms included somatic distress, preoccupation with the image of the deceased, guilt, hostile reactions, and the loss of patterns of conduct. He also offered treatment guidance, sharing that survivors must face their loss and readjust to their new normal, in which the deceased person is no longer present.

In the 1960s, Gerald Caplan and his Harvard colleagues expanded upon this guidance in their work with families who immigrated to Israel following World War II. Their work led to the development of crisis intervention theory and practice (Poal, 2009). As a result, many definitions of the term *crisis* have evolved from this foundation, notably,

> "An obstacle that is, for a time, insurmountable by the use of customary methods of problem solving. A period of disorganization ensues, a period of upset, during which many abortive attempts at a solution are made" (Caplan, 1961, p. 18).

> "A precipitator in the form of a hazardous event intrudes on the life of an individual or

group, causing a state of tension that is subjectively uncomfortable and the person experiencing the hazardous event resorts to customary coping behaviors" (Janosik, 1986, p. 7).

"A perception of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of the person" (Gilliland & James, 1988, p. 3).

"An acute emotional upset; it is manifested in an inability to cope emotionally, cognitively, or behaviorally and to solve problems as usual" (Centers for Disease Control and Prevention [CDC]), 2020a; Hoff, 2009).

Throughout my (SP)* career, I have come to find that the "trilogy definition" is the best descriptor of a crisis event, in which three consecutive steps occur: (1) a person is involved in a precipitating event, (2) their perception of that event causes subjective distress, and (3) the person's usual coping methods fail, resulting in decreased level of functioning as compared to prior to the event (see Figure 1.1). These three components of a crisis must be recognized and understood because they are the elements that will lead to a successful intervention outcome. The perception of the event is by far the most crucial part to identify where your intervention can be most helpful. Survivor perception is the focus in this trilogy definition and the point that differentiates crisis intervention from most other forms of counseling.

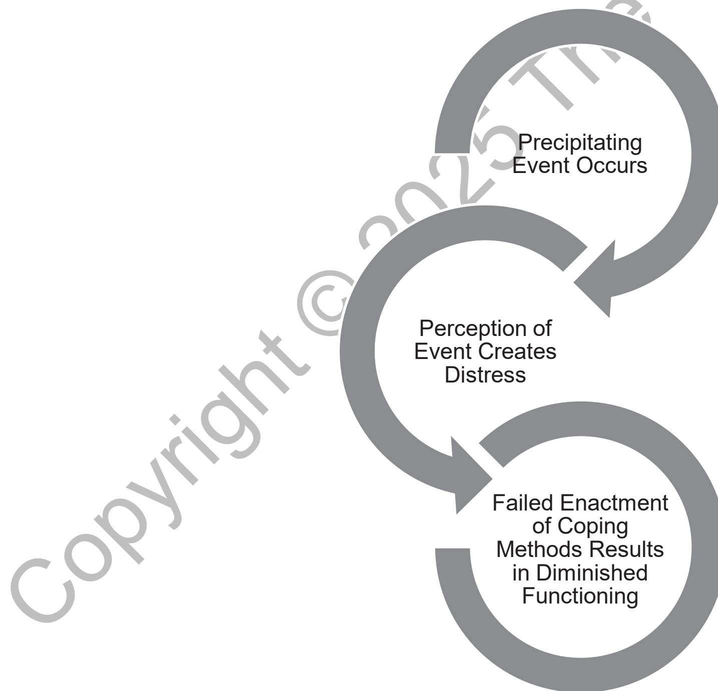


**FIGURE 1.1.** Trilogy definition of a crisis.

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* Unless otherwise specified, first-person pronouns in text (e.g., *I*, *me*, *my*) indicate Scott Poland, and *we* indicates both Scott Poland and Sara Ferguson.

## STAGES OF CRISIS DEVELOPMENT

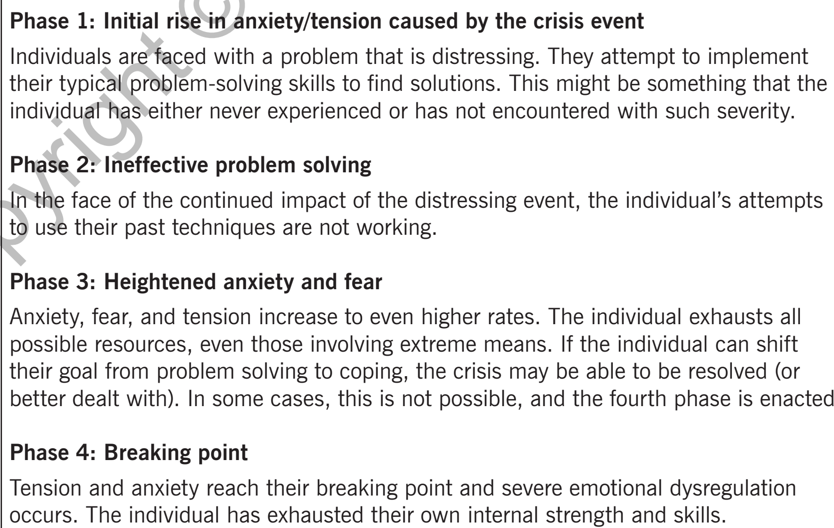
Events preceding and following a crisis are predictable in some sense (Caplan, 1964), and they typically follow a general course of development. A crisis develops in four phases, and it is important that you become familiar with each stage prior to providing any crisis intervention services (see Figure 1.2).

Crisis theory highlights three possible outcomes of crisis: better than, similar to, or worse than precrisis functioning (Caplan, 1964). In some cases, the individual may return to precrisis levels of functioning in a relatively brief time. In more severe crises, this time period may be much longer. Regardless, crisis intervention greatly improves the recovery of survivors.

## LEVELS OF CRISIS INTERVENTION

Ultimately, the goal of crisis intervention is to improve the survivor's level of functioning, to prevent future crises, or to manage them with improved efficiency. Crises represent an opportunity for growth and change. Individuals can grow emotionally and become psychologically stronger following well-resolved crises. While there are broad recommendations in crisis intervention, the process must be *site specific* and applicable to the context of the event. Crisis responses very quickly become personal, and victim responses will vary based on the unique characteristics of the individual and their family and community (see Chapter 10 for a deeper review of diversity needs). Crisis intervention approaches must therefore be tailored to meet individual needs.

Crisis intervention comes in differing formats, approaches, and levels, depending on the specifics of the crisis at hand. Intervention efforts are made on an individual or group basis and must be implemented to ensure safety and to mitigate potential harm of the victims. Crisis



**Phase 1: Initial rise in anxiety/tension caused by the crisis event**

Individuals are faced with a problem that is distressing. They attempt to implement their typical problem-solving skills to find solutions. This might be something that the individual has either never experienced or has not encountered with such severity.

**Phase 2: Ineffective problem solving**

In the face of the continued impact of the distressing event, the individual's attempts to use their past techniques are not working.

**Phase 3: Heightened anxiety and fear**

Anxiety, fear, and tension increase to even higher rates. The individual exhausts all possible resources, even those involving extreme means. If the individual can shift their goal from problem solving to coping, the crisis may be able to be resolved (or better dealt with). In some cases, this is not possible, and the fourth phase is enacted.

**Phase 4: Breaking point**

Tension and anxiety reach their breaking point and severe emotional dysregulation occurs. The individual has exhausted their own internal strength and skills.

**FIGURE 1.2.** Crisis phases.

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intervention can often come in the form of psychological assistance, particularly in the case of suicidal or homicidal students. Caplan (1964) described three levels of crisis intervention:

1. Primary intervention: activities intended to aid in preventing a crisis (e.g., suicide and violence prevention programs)
2. Secondary intervention: actions taken in the immediate aftermath of a crisis to minimize the impacts of the crisis and to mitigate potential escalation (e.g., processing death with students who witnessed a crisis event).
3. Tertiary intervention: provision of long-term follow-up aid to the survivors of a crisis (e.g., ongoing mental health support) in order to strengthen the coping process and help the individuals return back to precrisis functioning.

Primary interventions are discussed at length in Chapter 2, which provides best practices for prevention. The chief emphasis of this guidebook, however, is on the secondary level of intervention, with detailed reviews of the steps to take when responding to specific crises (e.g., unexpected death, suicide, violence). Tertiary intervention recommendations are included throughout the crisis discussions, along with special considerations for crisis intervention.

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## SCHOOL-BASED CRISIS INTERVENTIONS

School-based crisis interventions have evolved over time, with fire-related incidences being the most common and publicized over the last 150 years. As a result, fire drills were one of the first crisis prevention strategies that were addressed in crisis planning (Heath, Ryan, Dean, & Bingham, 2007). In the early 1990s, increasing rates of gun violence in schools prompted a significant shift in the emphasis of crisis intervention (Poland & Ferguson, 2021a). School violence continues to be a significant concern across school systems. Since the Columbine High School massacre in 1999, over 311,000 students have experienced gun violence at school (Woodrow Cox et al., 2022). Moreover, suicidal risk for the youth population continues to rise, taking the lead as the second leading cause of death among middle school children in 2021 (CDC, 2024b). These statistics are tragic and justify the great need for prevention and intervention services in the school context.

The CDC's Youth Risk Behavior Surveillance System (2020b) is a comprehensive national survey that monitors priority health risks and experiences among U.S. high school students. The Youth Risk Behavior Survey (YRBS) results highlight the vast amount of risk facing the youth population, many of which will be present at your school. Moreover, the results point to the significant need for school crisis preparedness and intervention. The most recent data set, published in 2023, offers an important picture of the well-being of the young people in the United States. The data have been generated from surveys gathered in 2021. Among the topics reviewed is mental health, and a bleak picture emerges for our youth, revealing increasing trends of suicidality and feelings of hopelessness and sadness. The data reflect the strong need for crisis preparedness and intervention, as students are experiencing increased psychological difficulties. Additional relevant findings for crisis intervention from the 2021 YRBS are summarized in Table 1.1.

**TABLE 1.1. YRBS Relevant Findings**

**Sexual risk behaviors** (CDC, 2023)

- The percentage of high school students who have ever had sex has declined over the last 10 years (from 47% in 2011 to 30% in 2021).
- The percentage of students who had four or more sexual partners also declined from 15% in 2011 to 6% in 2021.
- Condom use among students having sex decreased from 60% in 2011 to 52% in 2021.
- *Implications:* Serious health risk for STDs, including HIV. This decrease follows a period of increased condom use throughout the 1990s and early 2000s.

**Drug use** (CDC, 2023)

- 12% of high school students reported current prescription opioid misuse.
- 18% of students currently use an electronic vapor product.
- 16% of students currently use marijuana.
- 23% of students currently drink alcohol.
- *Implications:* Substance use is linked to sexual risk behaviors, violence, poor mental health, and suicidality.

**Violence and mental health** (CDC, 2023)

- *Violence*
  - 15% of high school students reported being bullied at school.
  - 16% of students reported being cyberbullied.
  - 9% of students did not go to school because of safety concerns.
  - 11% of students reported experiencing sexual violence.
- *Suicide*
  - 42% of high school students experienced persistent feelings of sadness or hopelessness.
  - 22% of students reported seriously considering attempting suicide.
  - 18% of students made a suicide plan.
  - 10% of students engaged in a suicide attempt.
  - All measured items are trending upward over the last 10 years.
- *Implications:* Experiences of violence and poor mental health are factors that have been shown to be linked to sexual risk behaviors that can lead to HIV and sexually transmitted diseases, unintended pregnancies, and increased suicide risk.

Relatedly, in 2021, the U.S. Surgeon General published a General Advisory, which has brought attention to an urgent public health issue in the nation. The advisory was titled *Protecting Youth Mental Health* (2021), and it called attention to the sharply increasing mental health needs of U.S. youth. The advisory cited the 2019 YRBS findings (particularly the 42% increase in feelings of sadness and hopelessness in the last decade) as a driving force in our country's need to respond with swift action. The advisory elaborated that the concerns reported in 2019 have likely been compounded by the COVID-19 pandemic, given the fear, high death rates, economic strain, and isolation that it produced. The advisory emphasized that while mental health issues are rampant among our youth, they are *treatable* and *preventable*. Recommendations are provided to the institutions that engage with youth, including schools, community organizations, the government, health care systems, and media (U.S. Surgeon General's Advisory, 2021).

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School-based crisis interventions can be thought of as an extension of the basics of crisis intervention applied to the school context. The goal of school crisis intervention has broadened from an individual to a group level, and the mission is to improve the well-being of the entire school community in the aftermath of a crisis (Anewalt, 2010). Primary and secondary interventions aim to maintain student well-being via prevention and targeted management of the crisis (Morrison, 2007). This aim is imperative, given that a traumatic event within a school community is a threat to students' optimal mental health and learning outcomes (Finelli & Zeanah, 2019).

## SCHOOL CRISIS RESPONSE TYPES

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Many students will encounter issues at school that are considered crises, though it is important to differentiate between occurrences that are stressful (e.g., failing a class) and those that are potentially traumatic. Moreover, crisis theorists note the difference between developmental crises and situational (or accidental) crises. *Developmental crises* commonly occur as individuals move through their developmental stages (e.g., from childhood to adolescence). They are generally more predictable in nature and create impact on an individual basis. *Situational crises* differ in many ways; they often occur without warning, and they can impact a larger group of people at once (Brock & Jimerson, 2012). As such, school crisis response typically focuses on situational crises, although developmental crises will be an important consideration throughout your planning and intervention.

Before reviewing the types of large-scale crises you may encounter, it is important to discuss the specific qualities of crises that may have traumatic implications. First, these types of crises are typically associated with extremely negative experiences and feelings. They have the potential to cause significant emotional pain and ongoing hurt. As mentioned, they often occur suddenly, with little predictability, creating a situation in which there is minimal time to adapt (behaviorally, cognitively, emotionally) to the issues the crisis has created. This characteristic is linked to another primary aspect of traumatic crises: they are typically out of one's control, generating feelings of powerlessness, helplessness, and/or a sense of being trapped. This loss of control can also create feelings of depersonalization, reducing one's feelings of self-worth and individuality. Lastly, large-scale crises have the potential for large-scale impact and require specific interventions, given the high number of people that can be traumatized in the aftermath (Brock & Jimerson, 2012).

In light of these characteristics, we must also consider the definition of trauma and/or a traumatic stressor. Trauma is generally thought of as an emotional response to a highly distressing event in which harm or the threat of harm takes place. Traumatic events are often associated with acts like physical and sexual abuse, accidents that cause serious injury, and deaths. The fifth edition, text revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR) defines a trauma event in its criteria for posttraumatic stress disorder (PTSD), describing it as an experience of death or, relatedly, the very real harm of death, serious injury, and/or violence of a sexual nature (American Psychiatric Association, 2022). The experience of trauma is also related to the lasting impacts (acute or prolonged) of the event. Exposure to traumas can result in impaired functioning, along with feelings of fear, paranoia, and helplessness,

**TABLE 1.2. Crisis Types**

- Weather related
  - Severe inclement weather
  - Flash flooding
  - Natural disasters (e.g., hurricanes, tornadoes)
- Fires
- Chemical/hazard spills
- Power outages/IT issues
- Medical emergencies
  - Mass allergic reactions
  - Outbreak of a disease
- Assaults and/or fighting
- Bus crashes
- Bomb threats
- Acts of terror or war
- Riots and demonstrations
- Armed intruder/school shooting
- Student and/or staff death (on or off campus)
- Suicide attempt or suicide
- Missing and/or kidnapped student or staff
- Hostage situations

*Note.* Based on *Vermont School Crisis Guide* (2017).

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memory difficulties, and dissociative symptoms. Moreover, individuals who experience trauma can struggle with changes in their perceptions about themselves, others, or the world (American Psychiatric Association, 2022).

This guidebook focuses on situational crises that have the potential for traumatic impact, for example, those that may culminate in death or injury. There are also thorough discussions of the varying impacts of traumatic events across school-related populations. Table 1.2 provides a list of the range of significant crises that can occur in the school context.

While this list is comprehensive, it is not exhaustive, as crises are unpredictable and occur with variable circumstances. Our crisis expert contributors have responded to a number of different kinds of crises, some of which involved injury, death, or criminal activity.

**PROFESSIONAL PERSPECTIVE:** PHILIP LAZARUS

Probably the most challenging crisis I responded to was in 2010 at the International School of Curacao in Willemstad, Curacao, a Dutch island in the Caribbean. Typically, I will respond to a crisis along with a partner or a small team. For this crisis, I responded on my own.

A former teacher at the school, Stephen Wayne Sudduth, had been arrested in Texas for possessing and producing child pornography. Police had found more than 58,000 illicit images and videos on his computer, and some included very young children he had taught while serving

as a kindergarten teacher at the International School. Prior to being employed there, he had also worked for the Hays consolidated school district near Austin and the Katy school district near Houston. The charges against Sudduth stemmed from an international investigation conducted by members of the Houston office of Homeland Security Investigations, the office of the Caribbean Attaché for Homeland Security, the Texas Attorney General's Cybercrime Unit, and the Public Prosecutor's Office in Curacao, a special task force unit comprised of Dutch and local law enforcement.

As would be expected, the entire school was in shock, and parents were concerned that their children may have been involved. I provided crisis intervention at the school and in the community on two different occasions, each for three days. I met with the school board, school administrators, all the teachers, the entire staff (e.g., bus drivers, custodians, cafeteria workers, teacher's aides). I met individually with every parent who was concerned about their child and with every parent who had a child in Sudduth's current or former classrooms. The perpetrator also had asked to babysit children at the school when their parents went out for an evening together. I met with members of the community and held evening presentations, which were covered by the media in three languages.

What made the situation so challenging was that parents at the school did not know, though some suspected, whether their children had been photographed or had been videotaped in compromising positions or partially or fully undressed. For example, children reported that their teacher took small groups of children into the bathroom and played "games" with them. I also provided a curriculum for the school called Good Touch, Bad Touch and other child abuse crisis prevention and intervention materials.

Every day was a long one. What helped was that I would often have a liaison who would guide me, and she would announce: "We are now going to meet with the school board in room xxx and I will take you there and bring you a fresh cup of coffee." Or "I will pick you up at your hotel at 6:00 P.M. and we will go to your presentation; the computer and all the equipment has already been set up for you." Therefore, I never had to be concerned about logistics and I could focus exclusively on delivering services and responding effectively with all parties and dealing with their specific concerns. I also had to learn about the staff of the school, the nation of Curacao, and the best interventions for child abuse, as well as read all of the reported news about the situation that had been reported in English prior to my arrival to the island.

Epilogue: Sudduth was sentenced to 360 months—30 years—in federal prison by U.S. District Judge Nancy Atlas, minus credit for the more than three years he had been in federal custody since his arrest. He will also serve 25 years of supervised release after he completes his prison term, during which time he will have to participate in counseling, have no contact with minors under the age of 18, and have limited access to computers and the Internet. He must also register as a sex offender.

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**PROFESSIONAL PERSPECTIVE:** CATHY KENNEDY-PAINE

The Thurston High School shooting [was one of my most challenging responses. . . .]. When we responded to this crisis, we had a crisis plan, a crisis team, a superintendent who understood crisis response, and immense community and national support (NEAT, NOVA, U.S. Department of Education). Even with all of that support, we encountered enormous challenges in planning, communicating, responding to national and international media, obtaining mental health support, and trying to mitigate the impact of the trauma on every aspect of our lives. The entire community was affected in some way for years. However, having an organized team and plan

in place did help people to feel a sense of confidence in a situation for which they otherwise felt little control.

Our community's response to the Thurston High tragedy was effective largely because of the district's preparation and our own connectedness. Community agencies such as the police, church groups, the American National Red Cross, other school districts, and county mental health workers all provided support because of our prior relationships. The district crisis team coordinated the help of more than 200 counselors, setting up a screening system for outside mental health workers to ensure they had experience with schools. Additionally, school resource officers began serving our high school campuses through one of the first such partnerships with local law enforcement in our county.

We were able to implement our plan, albeit with more resources and for a longer period of time than a usual response. With the aid of grant funds, our primary response—additional mental health support and follow-up, extended for the next 3 years, until the freshman class had graduated. Our permanent memorial was constructed at the 5-year point, and that became a natural concluding event for the community involvement in the tragedy. The media, of course, have since noted the 10-, 15-, 20-, and 25-year anniversaries.

While the large-scale crises discussed have the potential to create traumatic impact, it is not a guarantee, and you will need to be highly attuned to the common characteristics of a crisis state (i.e., an individual's crisis experience in the aftermath of the event). Simply enduring a crisis does not result in a crisis state; rather, it occurs when the individual's coping abilities fail and the issues created by the crisis are not able to be solved, prompting acute distress. Acute distress is the experience of intense and unpleasant feelings that cause impairment in functioning and occurs shortly after exposure to a traumatic event (American Psychiatric Association, 2022). The primary symptoms include reexperiencing (memories or flashbacks of the event), avoidant behaviors and related emotional numbing, and increased arousal states. If these symptoms persist in the aftermath, they can be diagnosed as an acute stress disorder. If they remain after 4 weeks, the individual will likely then be diagnosed with PTSD.

Individuals who are displaying these symptoms are considered to be in a crisis state, and so they certainly require intervention. Crisis states are typically time-limited occurrences in which individuals will work hard to cope with the distress that they experience, reducing their acute state of distress. While some aspects of the crisis may linger, the acute pain that individuals experience can typically be reduced within a few weeks to a few months. Crisis states also present individuals with the need for change (Caplan, 1964); most often, individuals are forced to find new ways to cope, and those who do so successfully are able to return to precrisis functioning. On the other hand, those who are unable to may develop maladaptive behaviors or strategies that result in a further decline in their functioning (Brock & Jimerson, 2012).

It is also important to understand that while crisis states come with many of the symptoms commonly associated with pathological presentations, they are not generally regarded as mental health symptoms. Rather, they are considered understandable reactions to atypical situations. However, it is possible that preexisting mental health symptoms can intensify the crisis state and result in a deteriorated state of functioning for a longer period of time. Moreover, while most crisis states are resolved in a relatively short period of time, some individuals will be unable to cope and may go on to experience chronic PTSD (Brock & Jimerson, 2012). Aware-

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ness of the common characteristics of the crisis state will help you to tailor your interventions in the aftermath of a serious crisis. Crisis states and associated traumatic and grief reactions are discussed further in later chapters, as they relate to specific crises.

## WHAT IS YOUR SCHOOL'S ROLE IN SCHOOL CRISIS INTERVENTION?

> Responding to any crisis has prevention, preparedness, response, and recovery components.
>
> —RICHARD LIEBERMAN

> The initial response is only the beginning, not the end. Crises go on for a long time and one must be prepared for the entire event's impact, which can last years. School crisis response happens in phases and each phase has important interventions that help healing.
>
> —BILL PFOHL

Implementation of best practices for school crisis prevention, preparedness, and intervention is a critical component of efforts to mitigate the negative effects on students' learning and mental health. Your school must adopt these practices and ensure that you are equipped with a comprehensive crisis intervention approach. These efforts should generate ways for school personnel, students, and parents to return to precrisis functioning as quickly as possible in the aftermath of a crisis. They should address aftermath concerns, such as psychosocial issues, and identify preventative actions to enhance their preparedness for future crises.

Whatever policies are developed at the school level should be shaped by district policy and procedural guidelines. In most instances, the district's administration will provide your school with specific guidelines for handling major crisis events, such as a natural disaster. These guidelines should also include the district support resources (e.g., district crisis teams, medical and mental health support) that can be made available to your school. Regardless of what your district provides, it falls on your school to develop specific prevention and intervention approaches based on the needs of your school community.

Your school should collaborate with the district when beginning their crisis planning process. In order to plan effectively, the following must take place:

1. *Develop a school-based crisis team.* This team is a multidisciplinary group responsible for implementing appropriate crisis prevention and intervention. (This team is discussed in detail in Chapter 2.) In the best of circumstances, the district should provide not only policy and procedural guidelines but also support staff to help the school planning committee formulate a specific plan, organize and train the crisis team, and coordinate with relevant district and community resources.
2. *Create a written school safety plan.* This plan will outline all measures taken to ensure and maintain school safety, prevention efforts for potential crises, intervention procedures, and actions your school will take to help the school community return to precrisis functioning.

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As a school mental health professional (SMHP), your role in school crisis intervention is critical. Your training and expertise are significant assets of the school crisis team. SMHPs were not a primary part of school crisis intervention prior to the 1980s; however, their role is now recognized as a major part of these procedures. Your specific role in the process is discussed in more detail in later chapters, although the overarching role is to use your expert knowledge to provide support and services for those at risk for mental health issues.

## HOW CAN YOU BEST PREPARE FOR YOUR ROLE IN SCHOOL CRISIS INTERVENTION?

**PROFESSIONAL PERSPECTIVE:** Franci Crepeau-Hobson

[It is so important for] responders [to be] trained in school-based crisis response and intervention. [I have been involved in crisis responses where] the folks leading the response were not trained in crisis response and had never worked in schools. They had no idea how important it was to have and disseminate the verified incident facts, nor any idea about the power of psychoeducation in the context of crisis intervention. They were unaware of the importance of having an incident action plan, triage, offering a continuum of supports/interventions based on need, or what these interventions might even look like. These individuals were well trained in threat assessment, trauma, and trauma therapy and were well intentioned, but the whole response was a mess because they lacked the training needed to lead an effective school-based crisis response. The kids and the school community in general did not get their needs met and continued to struggle for quite a while after the incident.

Given the complexity of crisis events and reactions, best practices for crisis planning and intervention require special expertise and training. It is recommended that all providers involved in crisis intervention engage in professional training. There are a number of options across the country and, when selecting your training, it is imperative that you find one that is offered by verified crisis response experts/organizations. I have provided over 1,000 trainings on this topic, many of which our own crisis expert contributors have taken. Additionally, expert contributors such as Mr. Richard Lieberman and Dr. Philip Lazarus are well-known trainers in the field.

**PROFESSIONAL PERSPECTIVE:** Cathy Kennedy-Paine

About 9 years into my crisis response career, I was given the task of designing my district's mental health support following a mass school shooting in one of our high schools. I received "on-the-job" training from many counselors who came to help us, and especially from the highly skilled professionals from the National Association of School Psychologists [NASP] National Emergency Assistance Team and the National Organization of Victim's Assistance. Following our shooting I attended a 3-day NOVA crisis training. NASP has developed the PREPaRE School Safety and Crisis Preparedness curriculum over the past 15 years and I have been able to integrate those concepts with all of my experience.

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One of the most well-known crisis intervention curriculums, PREPaRE (Brock et al., 2016), has been significant in school crisis training. It is the only comprehensive, nationally available training curriculum developed by educators (each of whom has firsthand school crisis response experience and formal training) for educators (NASP, 2021b). PREPaRE provides training to SMHPs and other educators on how to best fulfill the roles and duties they will have in the crisis planning and intervention process. The PREPaRE model incorporates guidance from the U.S. Departments of Education, including their Readiness and Emergency Management for Schools (REMS), and Homeland Security, including the Incident Command System (ICS) as described by the National Incident Management System (NIMS) from the Federal Emergency Management Agency (FEMA). It is based on a five-phase mission, including prevention, protection, mitigation, response, and recovery (Brock et al., 2016; see Figure 1.3). (If you are interested in participating in a PREPaRE workshop, contact the NASP PREPaRE Coordinator at *prepare@naspweb.org*.)

Experts agree on the top training courses available, and it is recommended that you engage in each of these continued learning opportunities as they will serve as the foundation for your crisis response. Top recommended training courses are reviewed in Table 1.3. Beyond the recommended training and programs, our contributors have shared what they have found to be most helpful in their careers responding to school crises.

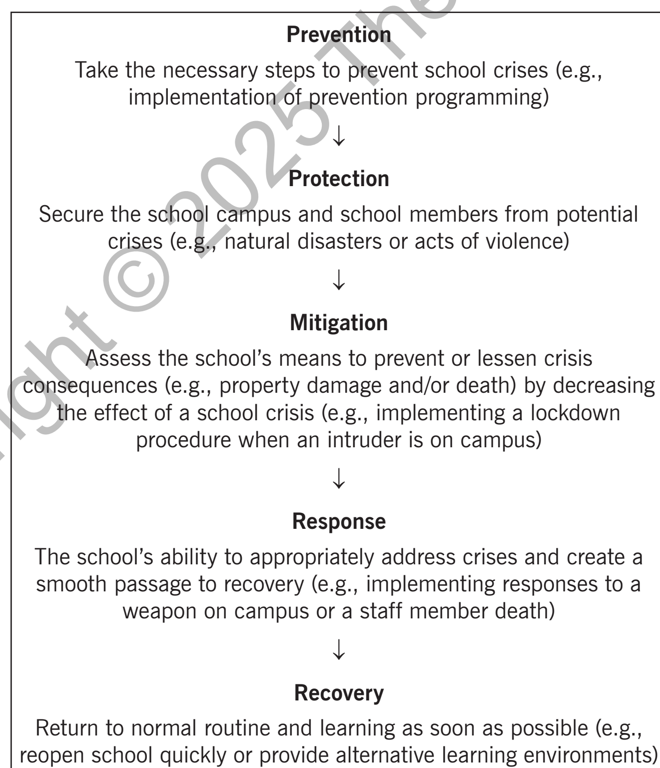


**FIGURE 1.3.** PREPaRE model's mission phases of a crisis. Based on Brock et al. (2016).

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**TABLE 1.3. Recommended Trainings**

| Program name | Key features | Training options and how to access |
|---|---|---|
| American Red Cross Trainings (2022) | Offers training for professionals in the areas of first aid, disaster response, and mental health support. | Visit American Red Cross online at *www.redcross.org/take-a-class*<br>In-person workshops and online training |
| Critical Incident Stress Management (CISM; 2016) | Comprehensive, integrated, systematic, and multicomponent intervention system. While originally intended for emergency responders, with some modification, CISM is useful when applied to other populations at high risk for psychological injury or posttraumatic stress. Its approach is aimed at strengthening human resilience (Everly & Mitchell, 2016). | Visit Crisis Prevention Institute online at *www.crisisprevention.com/Blog/Incident-Management-Training*<br>Verbal Intervention Training: In person<br>Nonviolent Crisis Intervention: Hybrid (in person and online)<br>Nonviolent Crisis Intervention with Advanced Physical Skills: Hybrid |
| Dr. Dewey Cornell's School Threat Assessment Training | School violence expert Dr. Cornell has a team that provides in-person and online threat assessment trainings to schools. He utilizes a model that he developed outlined in the Comprehensive School Threat Assessment Guidelines (CSTAG; School Threat Assessment Consultants, LLC, n.d.). | Visit School Threat Assessment online at *www.schoolta.com*<br>In-person workshops and online training |
| National Organization for Victim Assistance (NOVA) Model (2023) | NOVA Crisis Response Team Training™ (CRT) has over 30 years of evidence-informed and field-tested best practices as a crisis management utility that includes trauma mitigation and education protocols. NOVA CRT training is an effective tool that can be instantly scaled up for mass-casualty critical incidents and has trained over 10,000 responders (NOVA, 2023). | Visit NOVA online at *www.trynova.org/training/overview*<br>In-person workshops |
| PREPaRE (2009, 2014) | Trains school-employed mental health professionals and other educators on how to best fill the roles and responsibilities generated by their membership on school crisis response teams. PREPaRE is the only comprehensive, nationally available training curriculum developed by educators (each of whom has firsthand school crisis response experience and formal training) for educators. | Visit National Association for School Psychologists online at *www.nasponline.org/professional-development/prepare-training-curriculum/upcoming-prepare-workshops*<br>Free materials available online<br>In-person workshops available to the public and option to request trainings for your school<br>Printed training curriculum: *PREPaRE, Second Edition* (2014), by Stephen E. Brock, Amanda B. Nickerson, Melisa Louvar Reeves, C. Conolly, Shane R. Jimerson, R. Pesce, and B. Lazzaro |

*(continued)*

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**TABLE 1.3.** *(continued)*

| Program name | Key features | Training options and how to access |
|---|---|---|
| Readiness and Emergency Management for Schools Technical Assistance (REMS TA) Center (USDOE, 2006) | Created by the U.S. Department of Education's (USDOE's) Office of Safe and Supportive Schools to aid education agencies and related community partners to manage safety, security, and emergency management programs. REMS TA helps to expand preparedness efforts (including prevention, protection, mitigation, response, and recovery efforts) of schools, their districts, and community partners. Also serves as the main source of information dissemination for emergency preparedness. | Visit REMS TA online at *https://rems.ed.gov*<br>Offers online and in-person training and prerecorded webinars on the following topics:<br>• Hazards and Threats<br>• Planning Basics and Principles<br>• Emergency Exercises<br>• Family Reunification<br>• Bereavement |

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**PROFESSIONAL PERSPECTIVES**

***What Have Been the Most Helpful Aspects of Your Training?***

[. . .] learn[ing] specific skills and strategies for responding, [along with] tips and resources from experts and attendees about experiences.

—Amanda Nickerson

[. . .] using a model to navigate circumstances to help people (students and school staff members) address crisis-related problems and concerns and cope as effectively as possible. Also, using a structure to evaluate the response as it is ongoing, identify service gaps and improve what was offered.

—Cindy Dickinson

[. . .] the ability to shadow and be mentored by a leading expert in the field.

—Stephanie Crawford-Goetz

[. . .] having a sense of what to expect (PREPaRE), making it easier to function and adapt/change in the noise and chaos. Triage and matching degree of trauma with needed (or not needed) intervention. Lots of "aha's" like not imposing intervention when not needed, using homogeneous groups having similar degree of trauma so as not to create vicarious trauma, keeping disengagement in mind.

—Jeff Roth

Training of staff members is critical. It's important that mental health practitioners, crisis responders, and school administrators receive consistent training in response practices so they can use a shared terminology.

—Michelle Pastorek

What has been helpful is learning from others in real-life situations. "Book" learning is not sufficient for being a good crisis responder.

—Bill Pfohl

## BARRIERS TO CRISIS INTERVENTION

What helps brings us to a review of the barriers you might face in your crisis interventions. My experience has taught me that the greatest barrier to crisis intervention is lack of preparedness. Crisis planning is critical to the process and is discussed in detail in the following chapter. In the aftermath of crises, your school must always review the response, evaluating the good and the bad. This assessment will enhance the planning process, as it will aid in identifying specific barriers that prevented the provision of best practices. Sadly, many schools are faced with this consideration in the aftermath of a crisis in which their response went wrong. Experts agree on common barriers, and their experiences highlight these roadblocks in real time.

### *What Challenges May You Encounter in Crisis Preparedness?*

One of the most prominent challenges in crisis preparedness is the limited access to resources in a number of domains, for example, staff, funding, and training programs. This situation is particularly true for underserved areas, such as rural and low-income communities. Additionally, staffing has become an increased concern in the context of the COVID-19 pandemic, with school staff shortages reported across the nation (Carver-Thomas, 2022). Moreover, federal funding for education is already a limited resource that must be carefully budgeted to meet the varied needs of student bodies; crisis preparedness, while important, is just one piece of the pie. Lastly, while there are training programs offered nationwide, their accessibility is limited, given their high costs and length of time required (e.g., weekend workshops that many school staff members must attend on their off hours).

Another challenge in crisis preparedness is the development of inadequate plans. While some states mandate crisis prevention training, many do not, nor do they provide best practice guidelines, leaving a large number of school districts to enact their own methods. This results in varied levels of crisis preparedness across school districts and states, along with inconsistent approaches that may not be well supported by evidence-based practices. We are sorry to share the fact that there are too many tragedies to point to wherein best practices for crisis response were not implemented.

Other barriers include potential territorial issues. I have found that initially, schools often want to handle things on their own, without the help of the community; however, they typically do not have enough SMHPs. Political issues and competitiveness among providers may occur. I have also found that school administrators consistently underestimate the impact of a crisis and do not always understand that they are in it for the long term. I recommend that schools decide in advance whom they would call on for assistance should a major crisis occur.

Moreover, often schools do not properly utilize mental health expertise, which is a key component of the crisis prevention process. SMHPs offer unique knowledge and skills that can aid in identifying environmental and individual risks, along with appropriate prevention and intervention strategies to help maintain school safety. It is imperative that schools utilize SMHPs in their crisis preparedness. Should your school not have an SMHP on staff, it is recommended that you create a relationship with the district SMHP assigned to your school. This SMHP can play an active role in your crisis prevention process.

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## PROFESSIONAL PERSPECTIVES

### *What Barriers Have You Encountered in Crisis Intervention?*

"It can't happen here." Often, administrators are reluctant to provide training or address their safety vulnerabilities because of this belief. Breaking through this resistance can be very difficult.

—Cathy Kennedy-Paine

Sometimes administrators at the school or district level have been ineffective or even caused harm; sometimes some teachers have not understood the need and length of response; racial/ethnic barriers and mistrust on a particular occasion when we worked with Black students as a mostly White team; need for conflict resolution between two teacher teams after [the] teacher rape of student; dealing with media presents both barriers and opportunities during crisis response.

—Jeff Roth

Administrators want to "handle it all," but do not know what to do. Families that do not wish to have their student's death confirmed or any close peer outreach to occur. Administrators who did not know how to use available resources effectively. Administrators who did not appreciate the scope of the work needed to restore schools to more normal functioning. Crisis teams coming in to support schools, and school colleagues returning to their normal activities/not helping.

—Cindy Dickinson

School administrators are often reluctant to allow outside professionals to provide requisite services to their students and staff. Some district superintendents embrace outside experts in the field of crisis intervention and, in my state of Florida, I have worked in a number of districts with well-intentioned administrators who welcomed and appreciated support. However, we were not successful in helping the Sandy Hook community in spite of pleas from their own school psychologists for help. I believe if they had received more expert help, their response could have greatly improved.

—Philip Lazarus

In my own experience, I've seen a range of skill and desire by onsite staff (school psychologists, counselors, social workers) impact the degree of their involvement and support in a crisis in their school.

—Fulvia Franco

The few barriers [I have encountered] include school administration and staff not having completed basic crisis response training to collaborate more effectively with district crisis teams. Another barrier is not having timely communication to the school and larger community now that social media can be used to post information, factual or not, so quickly to so many people. In schools we now feel we are trying to get out communications in a timely manner while still honoring the family that has lost their loved one and dealing with rumors by providing factual information.

—Stephanie Crawford-Goetz

[I have encountered barriers such as] administrative/parental direction not to proceed with intervention, media interference and messaging, and funding [issues].

—Richard Lieberman

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> [I have observed] inappropriate allocation of resources (over-responding or under-responding) and sometimes turf wars or people with different priorities (e.g., concern about their school "looking good" and avoiding bad press as opposed to being most concerned with the welfare of students and school community).
>
> —Amanda Nickerson

Lack of training and poor leadership on the part of administrators (e.g., not accepting help) appear to be a recurring theme across experiences and point to critical needs in the preparation for school crises. Moreover, these examples reiterate the imperative need for administrators to include SMHPs in crisis intervention. SMHPs have a significant responsibility, and you *must* advocate for your involvement in the process.

Crisis intervention in the school context is a complex approach that requires a considerable number of working parts, considerations, and collaborations. The purpose of this guidebook is to equip SMHPs and related school personnel to build their crisis intervention knowledge and skills and to ultimately help them to be best prepared to handle the challenges that come with large-scale school crises. This guidebook offers a number of best practices recommendations, guidelines, and unique professional reflections that give a window into the real-world experiences of experts. Ideas for consideration, hands-on activities, and recommended resources are reviewed. The guidebook brings you through considerations for prevention, intervention, and postvention (i.e., acts that should take place in the aftermath of a crisis) in the domains of unexpected deaths, suicide, and school violence. It offers guidance on important matters such as funeral planning and memorialization, media management, diversity issues, and legal implications. It is our hope that this guidebook can help to strengthen your practices in school crisis intervention and, ultimately, enhance the safety and well-being of your school community.

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