Managing School Crises: More Than Just Response

Effective crisis management begins long before a critical incident occurs.

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Sunday, you learn that one of your students was killed in a car accident and another was critically injured. The driver of the car, also a student, was found to be intoxicated. The students' teachers struggle with the news and one asks to take the week off. Rumors are flying and students are having difficulty....

The term *school crisis* often evokes thoughts of high-profile events, such as school shootings, bomb threats, and natural disasters. Schools are more likely, however, to experience student and faculty deaths and nonlethal violence. Regardless of the type of event, crises can cause disruption or chaos, involve serious physical risks, and trigger emotional and psychological problems that can have complex— and in some cases long-term—consequences. The integrity of a school's crisis response dramatically shapes outcomes, so it's important to have a multidisciplinary crisis or safety team and an active planning process to help school leaders successfully manage crises of all types and minimize their negative impact.

Effective crisis management does not start with the critical incident response. It encompasses four integrated phases: prevention and mitigation, preparedness, response, and recovery. Activities within each of the four phases are developed and overseen by a multidisciplinary school crisis team that is trained in the types of crises, systems, procedures, and unique needs that arise as the result of a crisis.

In addition, school crisis team training must address crises as physical and mental health and safety risks within the context of the school culture. The school's plans must also be fully integrated with community emergency response plans—including public safety, fire and rescue efforts, and community health and mental health services—as well as be clearly communicated to staff members,

parents, and community leaders.

Unfortunately, many schools are not equipped to respond appropriately to a crisis. Although a growing body of legislation, including the No Child Left Behind Act, mandates schools to engage in crisis prevention and intervention, research indicates numerous impediments to adequate emergency preparedness. Examples include lack of equipment and expertise; failure to practice or review existing plans; and competing priorities, particularly in terms of devoting energy and resources to academic issues (U.S. Government Accountability Office, 2007). Overcoming such impediments requires school leaders to recognize that crisis preparedness is not an option, but an imperative; crisis planning does not compete with schools' education mission, but rather supports it; and genuine crisis response capacity builds on ongoing prevention efforts and engagement.

There is a body of knowledge that informs best practice in school crisis response. The National Association of School Psychologists (NASP), the National Center for School Crisis and Bereavement at Cincinnati Children's Hospital Medical Center, the U.S. Departments of Education and Homeland Security, and other organizations offer resources, technical support, and training.

NASP recently released one of the first training curricula specifically designed to develop the crisis management skills of school-based professionals. The following recommendations provide a brief overview of NASP's *PREPaRE: School Crisis Prevention and Intervention Training Curriculum* (PREPaRE), which provides local-level training to school districts and responders across the country and is consistent with guidance from other well-established experts (e.g., U.S. Department of Education,

2003; U.S. Department of Homeland Security, 2004).

The PREPaRE Model

The PREPaRE curriculum (Brock, 2006; Reeves, Nickerson, & Jimerson, 2006) trains members of school crisis teams to fill their roles and responsibilities. The PREPaRE acronym reflects the components of school crisis response that occur during the four phases of crisis management: *prevent* and prepare for psychological trauma, *reaffirm* physical health and perceptions of security and safety, *evaluate* psychological trauma risk, *provide* interventions, *respond* to psychological needs, and *examine* the effectiveness of crisis prevention and intervention.
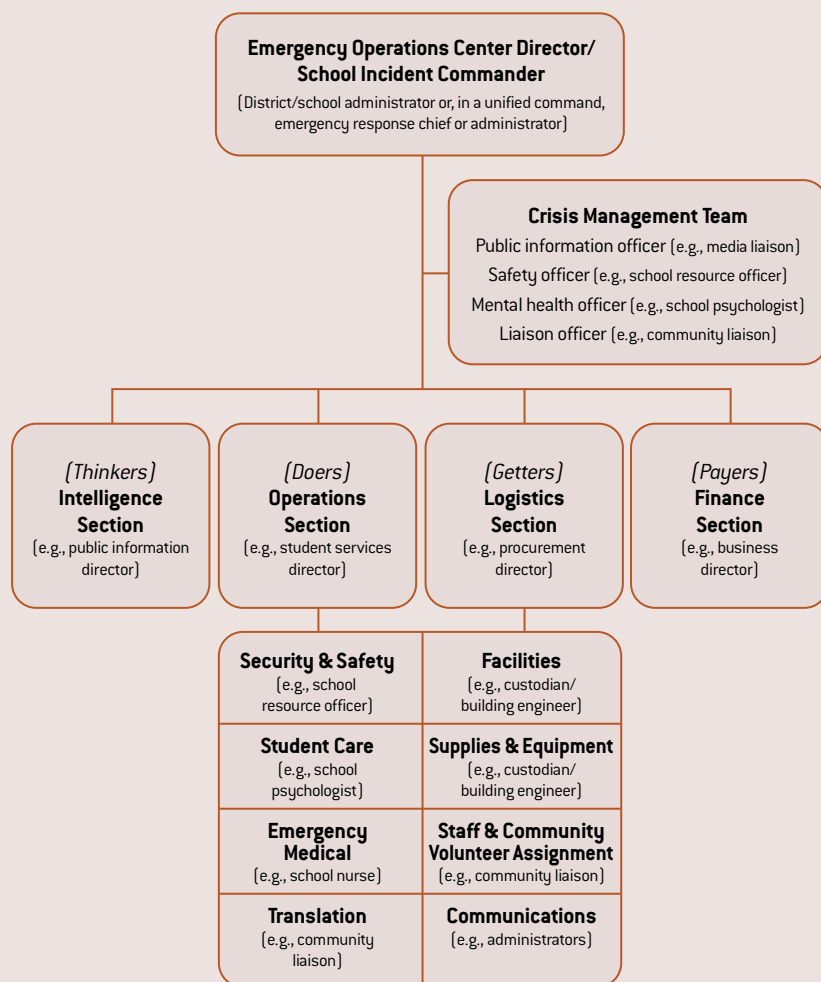
Prevent and Prepare

Effective crisis response is grounded in prevention and preparedness. Proper approaches focus on preventing crises before they occur, preparing for those crises that cannot be prevented, and fostering students' resiliency so that they are able to better cope with crises. Establishing a safe school climate through prevention programming that focuses on physical *and* psychological safety is key. These basic components of school safety also promote academic achievement and positive behavior.

Physical safety addresses the physical layout of the school, natural surveillance and monitoring of activities, accessibility to the building, and a sense of shared ownership by students and staff members to increase the likelihood of challenging inappropriate behavior. Crime prevention through environmental design is a model that specifically addresses these factors (Schneider, Walker, & Sprague, 2000).

Psychological safety can be addressed through a multitiered intervention model. This model should guide all school mental health

services—ongoing as well as crisis-related services. At the *universal* level, this includes developing a safe school climate, bullying prevention programs, a caring community, student resilience and coping mechanisms, school safety plans, safety education, and confidentiality procedures that allow students to

FIGURE 1

Elements of the Incident Command Structure (ICS)

Emergency Operations Center Director/ School Incident Commander
(District/school administrator or, in a unified command, emergency response chief or administrator)

Crisis Management Team
Public information officer (e.g., media liaison)
Safety officer (e.g., school resource officer)
Mental health officer (e.g., school psychologist)
Liaison officer (e.g., community liaison)

(Thinkers) **Intelligence Section** (e.g., public information director)

(Doers) **Operations Section** (e.g., student services director)

(Getters) **Logistics Section** (e.g., procurement director)

(Payers) **Finance Section** (e.g., business director)

Security & Safety (e.g., school resource officer)

Facilities (e.g., custodian/ building engineer)

Student Care (e.g., school psychologist)

Supplies & Equipment (e.g., custodian/ building engineer)

Emergency Medical (e.g., school nurse)

Staff & Community Volunteer Assignment (e.g., community liaison)

Translation (e.g., community liaison)

Communications (e.g., administrators)

FIGURE 2

Psychological Interventions

Indicated crisis interventions

Provided to those who were severely traumatized

Typically a minority of crisis survivors, but can include a significant percentage

Tier 3
Psychotherapy
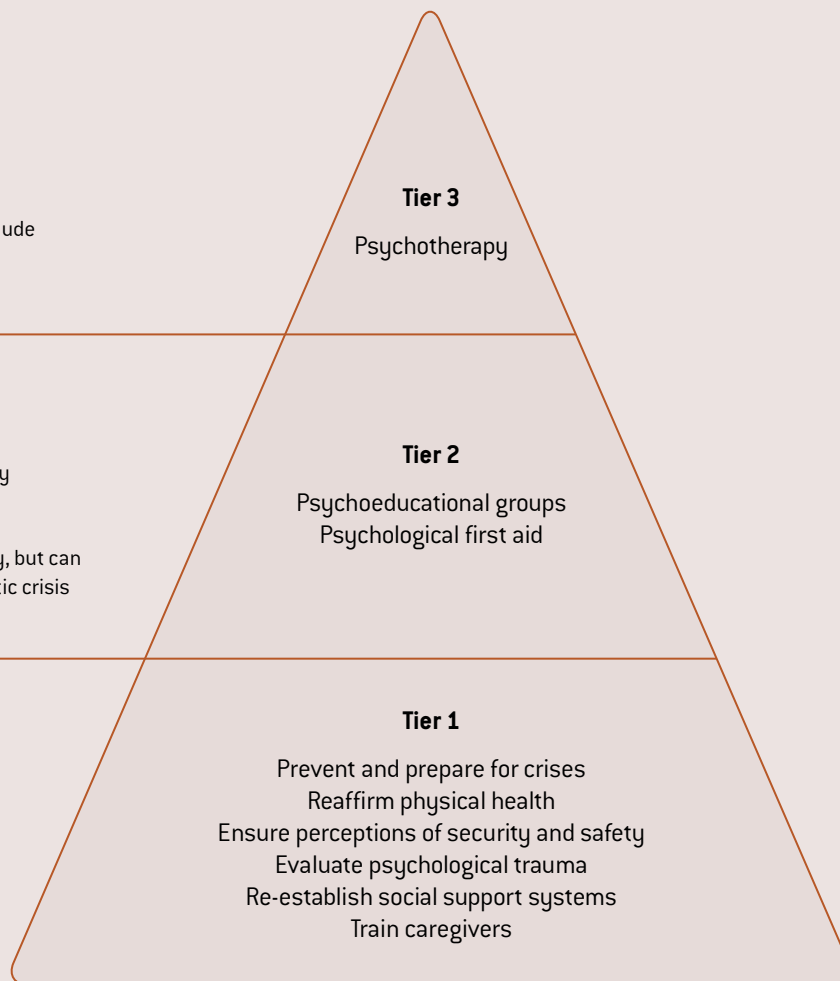
Selected crisis interventions

Provided to those who were moderately to severely traumatized

Usually involves only a portion of the student body, but can include an entire school following a highly traumatic crisis

Tier 2
Psychoeducational groups
Psychological first aid

Universal crisis interventions

Provided to all students who have some risk of psychological traumatization

Depending upon the nature of the crisis, can include an entire school

Tier 1
Prevent and prepare for crises
Reaffirm physical health
Ensure perceptions of security and safety
Evaluate psychological trauma
Re-establish social support systems
Train caregivers

report safety concerns. Many schools across the country use positive behavioral interventions and supports to help establish safe schools and track discipline data to help determine future school goals and school-based interventions. At the *targeted* level, more-specific interventions teach specific skills while monitoring crisis risks. At the *intensive* level, programming is individualized and includes threat and suicide assessments and alternative placements.

School crisis teams should be multidisciplinary: team members should be selected on the basis of their training (not necessarily job title); personality characteristics; and ability to provide good, stable leadership.

Each team member fulfills specific roles and responsibilities.

The U.S. Departments of Education (2003) and Homeland Security (2004) advocate that schools adopt the National Incident Management System Incident Command Structure (ICS). All federal and state agencies are required to use this structure to ensure a common set of principles, terminology, and organizational processes that allow crises to be managed at all levels. The ICS structure comprises five main components: command, intelligence, operations, logistics, and finance. (See figure 1.)

Command. Incident command is com-

posed of the incident commander and, if necessary, a leadership team that includes public information, safety, mental health, and liaison officers. The incident command sets objectives, assigns responsibilities, coordinates overall response, and coordinates with other agency incident commanders. The public information officer works with the media and the public to convey accurate information. The safety officer ensures the safety of the response personnel, the staff, and the students by conducting ongoing assessments of the situation and implementing measures to promote physical safety. The mental health officer helps coordinate and access mental health interventions, and the liaison officer is the point of contact for other agencies.

Intelligence. The "thinkers" quickly assess the situation, determine needs, and then coordinate with the logistics and operations sections.

Operations. The "doers" are responsible for addressing immediate needs, such as search and rescue, reunion, first aid, and mental health interventions.

Logistics. The "getters" obtain and manage the resources to carry out the activities needed under operations, including facilities, supplies and equipment, volunteers, and communication systems.

Finance. The "payers" pay for necessary items and track expenses. This becomes especially important whenever the school seeks any disaster-related reimbursement.

This team should develop and foster a plan that includes good prevention efforts; delineates specific responses to a crisis; and promotes recovery efforts that address the physical and psychological needs of students, staff members, and families at all three levels of intervention.

Reaffirm Physical Health

This involves meeting students' basic physical needs (e.g., hydration, food, warmth), facilitating perceptions of safety, and providing students with carefully selected information. It is not enough for students to actually be cared for and safe following a crisis; for recovery to begin, they must believe that the crisis-related

dangers have passed (Brock, Nickerson, Reeves, & Jimerson, 2008). Adult reactions are also important influences, so it is important that adults maintain a calm demeanor. Only after the crisis threat has passed and physical needs are met is it appropriate to provide psychological interventions.

Evaluate Psychological Trauma

Before staff members can begin providing psychological interventions, each student's level of psychological trauma must be evaluated. Adolescents have different needs than adults and every student may react differently. Evaluation is best done by the school-based mental health professional (i.e., school psychologist, social worker, or counselor). Factors to assess are crisis exposure, threat perceptions, personal vulnerabilities (e.g., previous crisis experiences or mental health problems), crisis reactions, and coping behaviors. Individuals who are at greater risk for psychological trauma will need more intensive and individualized interventions (Brock, 2002). Once this is complete, well-informed intervention recommendations can be made. Depending on the nature of the crisis, staff members may need evaluation and support as well.

Provide Interventions and Respond to Needs

Schools should be prepared to provide a continuum of interventions so that each student receives the appropriate level of support. Parents should be kept apprised and engaged, and school-based supports, interventions, and resources should be culturally appropriate. This continuum follows the same three-tiered approach that is used to support students' mental health and well-being in noncrisis circumstances. (See figure 2.) Most students will respond well with first-tier interventions and the reestablishment of social support systems (Barenbaum, Ruchkin, & Schwab-Stone, 2004). Teaching parents and teachers how to help students is also very empowering and effective.

Second-tier interventions include more-directive services, such as individual and group psychological first aid. This is a specific process to reestablish immediate coping and to begin addressing crisis-generated problems.

Psychological first aid strives to help students feel less alone and more connected to classmates by giving them a chance to share experiences and identify healthy coping strategies. *Especially when it comes to group psychological first aid, these interventions should be conducted by someone who has had specific training.* Third-tier interventions (psychotherapy) are reserved for those students who are experiencing the most significant psychological impact and most often will be provided outside of school.

The recovery phase of crisis response can take time—months or even years, depending on the degree and the extent of the trauma. It is not uncommon for students and staff members to exhibit continued or delayed reactions, and principals should ensure that staff members continue to be observant and that resources continue to be available as long as necessary. Effective intervention during recovery will promote academic learning, not detract from it.

Examine Effectiveness

Crisis plans should be reviewed, revised, and practiced regularly (Brock et al., 2008). When plans are implemented, feedback should be sought from staff members, parents, and students to identify the strengths and modifications that need to be made. In addition, when concluding a response, administrators must remember that they have also been exposed to the event and have been affected. Providing care for the caregiver is vitally important to the physical and psychological health of the staff. Healthy coping skills and mutual support should be emphasized.

Summary

School crisis response—protecting hundreds of students and staff members from risks and safeguarding their physical and mental health—presents unique challenges. Response efforts that build on prevention programming will be most effective. Collaboration with community emergency services is essential, as is ongoing practice and review of crisis plans.

School crises also present unique opportunities. The educational environment can be used to develop students' coping skills and resilience as a regular part of learning. Educators can also work with students in the aftermath of crisis to transform the experience into a strength- and capacity-building process. Principals who lead in this regard not only minimize negative crisis outcomes but also advance students' academic and social-emotional success. **P**L

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