

Article 26

Improving Crisis Response in Schools: A Case Study

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Abstract

School crises are daunting for professional school counselors (PSCs) because such events are unanticipated, and it is challenging to prepare for the circumstances. Regardless, expectations are that PSCs are the first line of support when a crisis event strikes a school community. The author proposes a crisis intervention model and evaluates three school crisis intervention programs: *Nonviolent Crisis Intervention*® and *Prepare Training*® (CPI, 2010), P-SAEF (Wachter, Minton, & Clemens, 2008), and *School Crisis and Survival Guide* (Petersen & Straub, 1991). In addition, the author shares a school shooting incident as a case example of PSCs responding to a major crisis.

Keywords: school crisis, critical incident, crisis intervention, school crisis counselor

Morrison (2007) conceptualized school crises as important and seemingly unsolvable situations that cause members of the school community to experience severe stress reactions that negatively affect the ability to effectively think, cope, and function. Crises are often rare and unexpected events, and it is daunting for professional school counselors (PSCs) to anticipate and prepare for the circumstances and special challenges associated with various potential crisis events. According to Myer and Conte (2006), this is true regardless of whether the crisis affects one individual or the whole school community. The authors posited that it is also the case whether the crisis is the result of accumulating stressful events or one devastating, catastrophic critical incident. Despite the circumstances, expectations are that PSCs are the first line of support in the event a crisis strikes the school community and should be prepared to handle a wide range of possible types of crises, such as a student overdosing at school (Wachter et al., 2008).

Students, parents, teachers, administrators, staff, and even community members bring their cultural and family values, concerns, and expectations into school settings.

Unfortunately, crises such as alcohol or drug abuse, violence, child abuse, accidents, terminal illness, death, natural disasters, and terrorism spill over into school communities (Knox & Roberts, 2005). Although crisis intervention is an important responsibility of PSCs, many times they are unprepared to assess and counsel students during the sudden and unexpected crises (McAdams & Keener, 2008). The purpose of this discussion is to present a case example of a school district response to a critical incident and to identify approaches PSCs are able to implement in order to become more successful in identifying and supporting students and families in crisis. Shared are evaluations of three crisis intervention programs in relation to the assertion that, through participation and training, PSCs can be better educated and improve crisis responses in schools.

Three Avenues for Recognizing and Assisting Students in Crisis

Ongoing Professional Development in Crisis Intervention

One avenue that PSCs might pursue to become more effective in recognizing and assisting students in crisis is ongoing professional development in crisis intervention. Due to the attention placed on incidents of school violence by the media, there has been an increased awareness of the need for crisis intervention training for school counselors (Collins & Collins, 2005). The American School Counselor Association (ASCA; 2000) clarifies the role of school counselors when a crisis affects the school community. The responsibilities of school counselors are: to provide counseling to students and school personnel during times of crisis through individual and group counseling; to consult with administrators, teachers, parents, and professionals; and coordinate appropriate services for the entire school community (ASCA, 2000). According to Allen et al. (2002), in addition to counselor education programs training future PSCs for crisis intervention, continuing professional development activities must allow for specialized training in developing proficiency in crisis response for current PSCs. Crisis response training should also be available through school in-services, local, state, and national crisis response programs, professional conferences, scholarly publications, audiovisual materials, and online training (Riley, 2000). The extent to which schools are seeking to improve their crisis response programs should reflect in continuing professional development to improve the crisis intervention skills of their PSCs.

In entering crisis-oriented relationships with students, PSCs establish initial helping processes and referrals to appropriate agencies and other professionals in the community (Allen et al., 2002). Crises require immediate intervention that begins with assessment to determine the degree of risk and the level of crisis that students face. Riley (2000) suggested that trainings for PSCs in crisis assessment should include interviewing skills, observations of characteristics of an individual in crisis, review of medical records, use of questionnaires, and methods appropriate for specific crisis situations. Persons in crisis often need affirmation of security and stability before decision-making responsibilities can resume. As a result, directive and action-oriented techniques, such as solution-focused brief therapy, are a common approach in training PSCs for crisis assessment and intervention (Pazulinec, 2009).

As with solution-focused brief therapy, crisis counseling is usually a systematic and structured procedure. According to Wachter et al. (2008), counselor trainers should always remind PSCs to focus on the safety and welfare of the students first. In addition,

many experts in the crisis intervention field will recommend that administrators, counselors, faculty, and staff use a team approach in order to tap into the expertise of all professionals on the campus (Knox & Roberts, 2005). By developing a strategic team plan, every professional should be assigned specific responsibilities in order to handle the crisis effectively and efficiently. As a crisis team member, the PSC should offer immediate counseling services, determine what immediate community resources are necessary, secure the students who are most at-risk, and coordinate with team members to plan further actions (Morrison, 2007). When the students have adjusted behaviors, chosen directions, or made other specific decisions that parallel the goals of the counseling relationship, it is important for PSCs to evaluate the results of the interventions (Riley, 2000). Pazulinec (2009) points out that, at some point, PSCs may decide that they have met the scope of their competencies and program guidelines and refer students to other services in the school district or community.

Although there is an increasing need for effective crisis intervention in schools, there is urgency for PSCs and administrators to collaborate in the development and implementation of crisis prevention and intervention programs. Although PSCs are prepared at the graduate level in university counselor-training programs, ongoing professional development is a prime target area for improving the crisis intervention skills of PSCs (Allen et al., 2002). Furthermore, Morrison (2007) recommended that crisis counseling trainers focus on high priority topics of crisis intervention in professional development activities for PSCs. PSCs are able to provide valuable insight to university faculty and administrators in charge of continuing professional development for PSCs based on actual experiences in the school setting (Riley, 2000). Using this information, professional development and subsequent classroom guidance lessons can focus on the areas of need identified by PSCs. As a result, PSCs can be prepared to meet the current needs of students, families, and schools by becoming more efficient and effective in recognizing and assisting students in crisis through university courses and professional development activities that should develop to better prepare PSCs to service their schools and communities.

Adopting a Model of Crisis Assessment and Intervention

A second avenue that PSCs might pursue to become more effective in recognizing and assisting students in crisis is to adopt a model for crisis assessment and intervention. With the recognition of the need for efficacy of crisis response services, many authors in the field have sought to develop a model to assist professionals who respond to crises (Collins & Collins, 2005; Greenstone & Leviton, 2002; James & Gilliland, 2001; Kanel, 2002; Roberts, 2000). Some of these authors provide advice on how to assess the level of risk students may face in crisis. Other authors give basic suggestions on procedures for emergent crises. Myer and Conte (2006) have recommended an assessment model that provides a theoretically driven approach to assessing and responding to crises in both emergency and evaluation phases of crisis assessment and intervention that PSCs may utilize.

Myer and Conte (2006) recently reviewed and evaluated four assessment models proposed for use in crisis intervention (Collins & Collins, 2005; Greenstone & Leviton, 2002; James & Gilliland, 2001; Kanel, 2002; Roberts, 2000). The authors concluded that although each assessment model had strengths, only the Collins and Collins (2005) model

was strong in all areas of assessment criteria and adaptable to a variety of settings, including schools. Myer and Conte posited that the other crisis assessment models failed to consider the student's age and development (which is vital for PSCs working with students), the degree of crisis symptoms, and areas of interpersonal functioning. According to Collins and Collins, the primary value of an assessment model in crisis intervention is to develop the perceptions of professionals working with students in crisis and the challenges that they face. Moreover, the authors added that the knowledge of the wide range of students affected by crises will lead to PSCs effectively individualizing interventions that are most appropriate for the individual. Therefore, Collins and Collins recommended a crisis model for PSCs to follow in the school setting when working with students.

According to Myer and Conte (2006), numerous proposed models can guide professionals intervening with individuals in crisis (Collins & Collins, 2005; Greenstone & Leviton, 2002; James & Gilliland, 2001; Kanel, 2002; Roberts, 2000). According to Myer and Conte, a common element among most of the models is the influence of solution-focused brief therapy approaches including the identification of specific needs and the development of key strategies to address those needs. James and Gilliland (2001) provide very specific procedures designed to assist students in a variety of crises. Roberts (2000) delineated the different needs of students and appropriate interventions intended to assist those students and facilitate future growth. Greenstone and Leviton (2002) presented a model to helpers who have no education as helping professionals or no background in counseling. Kanel (2002), however, proposed a model assuming that the crisis worker will have a high level of counseling knowledge and skills in crisis prevention, assessment, response, and intervention.

According to Myer and Conte (2006), the common practice principles of crisis theory should be included in a crisis intervention plan for PSCs. These principles include immediate intervention with limited goals, focused problem solving, the instillation of hope, and effective coping strategies. In the authors' judgment, only one crisis model provided a theoretically driven crisis assessment and intervention practice system that can guide PSCs in providing single session and ongoing crisis counseling for students. Again, Myer and Conte recommended the Collins and Collins (2005) model of developmental-ecological intervention for crisis response. This model attends to both the individual and the environment and is usable across a wide range of crises, including an entire chapter dedicated to crisis counseling in the schools. By using the acronym ABCDE, it is easy to recall all of the aspects of the student addressed: affect, behavior, cognition, development, and ecosystem (Collins & Collins, 2005).

Avoiding Burnout, Vicarious Traumatization, and Compassion Fatigue

A third avenue that PSCs might pursue to become more effective in recognizing and assisting students in crisis is monitoring personal wellness as a means to avoid burnout, vicarious traumatization, and compassion fatigue. According to Wilkerson and Bellini (2006), administrators often assign PSCs to complete a multitude of duties, and many of these duties fall outside of the standards of the American School Counselor Association. Several researchers posit that PSCs are reporting high stress levels because they feel pulled in too many directions (Kirk-Brown & Wallace, 2004; Wilkerson & Bellini, 2006). According to a national survey by Lambie (2007), the incidence of

occupational burnout in PSCs may be as high as 39%. This is a concern because high stress levels not only effect PSCs but also their ability to handle crises. Some experts consider the failure to address personal wellness is similar to not addressing other ethical counseling issues and becomes a barrier to the counseling process (Lambie, 2007). Without a personal wellness plan, stress may lead to vulnerability of PSCs experiencing burnout, vicarious traumatization, or compassion fatigue.

Wilkerson and Bellini (2006) defined occupational burnout as a three-pronged psychological syndrome of occupational stress that results from demanding physical and emotional exhaustion, depersonalization, and lack of personal accomplishment. Emotional exhaustion refers to a depletion of psychic energy as well as physical and emotional resources. Depersonalization refers to the development of a cynical attitude and lack of empathy toward students and coworkers. Finally, lack of personal accomplishment refers to feelings of incompetency resulting from the negative perceptions of one's own work performance and job dissatisfaction (Kirk-Brown & Wallace, 2004). According to Lambie (2007), burnout in PSCs is attributed to three stressors: role overload (a sense that there are too many job-related tasks to accomplish with the given time and resources), role conflict (a simultaneous occurrence of multiple pressures that makes it very difficult to complete any single job-related task), and role ambiguity (a lack of clear guidelines to carry out job-related tasks).

Vicarious traumatization is a phenomenon in which a PSC experiences emotional or physical reactions to a traumatic event described by a student (Dunkley & Whelan, 2006). Such symptoms may include fear, anger, grief, anxiety, sadness, guilt, vulnerability, and feelings of hopelessness. According to Patrick (2007), the PSC may experience symptoms similar to post-traumatic stress disorder such as sensitivity, overemotional reactions, withdrawing from others, becoming overemotional, becoming judgmental, changing one's appetite, experiencing difficulty concentrating, and sleep disturbances. For example, a PSC working with a student who has been the victim of sexual assault may become paranoid or fearful of becoming a victim as well.

According to Patrick (2007), compassion fatigue is a diminished ability for caregivers to be compassionate to the individuals that are receiving care. Although compassion fatigue may occur with family members of the terminally ill, it is most often associated with health care professionals who work intensively with victims of traumatic events (Everall & Paulson, 2004). Symptoms of compassion fatigue may include a lower immune system, sadness, grief, bursts of anger, depression, anxiety, nightmares, inability to concentrate, and even an inability to work with students who report symptoms that serve as triggers to the PSC. The distinction of vicarious traumatization from compassion fatigue is that it occurs only with PSCs who work with trauma victims. In addition, compassion fatigue is not associated with a specific population or a single presenting problem (Trippany, Kress, & Wilcoxon, 2004).

Wellness is described in terms of tasks of which the individual is responsible of balancing in order to achieve optimal life functioning. Myers and Sweeney (2008) described a holistic model, a "wheel of wellness," which consists of five foundations of wellness, or life tasks: spirituality, self-direction, work and leisure, friendship, and love. In addition, the "wheel" has 12 spokes, or subtasks, of self-esteem, self-control, rational beliefs, emotional awareness, problem solving, creativity, sense of humor, nutrition, exercise, self-care, stress management, and a sense of identity (Myers & Sweeney, 2008).

PSCs and other mental health professionals would further benefit greatly by attending workshops, conference sessions, or support groups that address burnout, vicarious traumatization, and compassion fatigue (Trippany et al., 2004). Such professional development can provide the participants with strategies that can reduce or prevent burnout. Strategies may include time management, relaxation techniques, recommendations to lower caseloads or hours worked, and suggestions on how to spend “down time” away from the workplace, such as a regular exercise regimen. It is further important to note that failure to address personal wellness and stress management can lead to an increased risk of the PSC of unintentionally making poor ethical decisions (Everall & Paulson, 2004; Kirk-Brown & Wallace, 2004).

Evaluation of Three School Crisis Intervention Programs

Crisis Prevention and Intervention Training

The Crisis Prevention Institute (CPI; <http://www.crisisprevention.com>) is a professional development organization for crisis prevention and intervention that is committed to creating safe and respectful work environments. Many school districts and counseling agencies contract this firm to provide crisis training for their employees. According to CPI (2015), 1980 saw the foundation of the company and more than 10 million human service professionals have since participated in the crisis training programs, which are available on the Internet, on site, and at hundreds of cities worldwide. The CPI training programs are designed to give PSCs and other professionals strategies for safely resolving situations when confronted by anxious or hostile behavior (CPI, 2015). In addition, CPI training professionals teach noninvasive behavior management and crisis response for dangerous situations. The CPI crisis-training program consists of two curricula: *Nonviolent Crisis Intervention*® and *Prepare Training*® (CPI, 2015).

The *Nonviolent Crisis Intervention*® curriculum, developed by CPI (2015) contains specific modules on how to respond effectively to the warning signs that someone is beginning to lose control. In addition, this curriculum addresses how staff can deal with their own stress, anxieties, and emotions when confronted with these challenging situations. According to McAdams and Keener (2008), any type of crisis incident from verbal outbursts to physical aggression can be an unsettling experience for anyone involved. For example, if a PSC responds to a crisis with fear, anxiety, or confusion, the crisis could further escalate rather than be diffused or prevented. Although the CPI training program does include noninvasive physical restraint as a last resort when an individual presents imminent danger to self or others, *Nonviolent Crisis Intervention*® focuses on communication strategies for crisis counselors to diffuse disruptive behavior with respect and dignity. In addition, a presentation of follow-up and debriefing strategies as an effective means of evaluating the success of crisis prevention should serve PSCs well (CPI, 2015).

CPI (2015) developed the *Prepare Training*® curriculum in response to the increasing demand by schools and agencies for counseling strategies after crises take place. These designs of techniques reduce the severity of the situation, increase counselor confidence and morale, and maintain a consistent platform for problem-solving and providing referral resources. CPI trainers teach appropriate responses to various crises so

that PSCs can behave in a rational and professional manner. According to CPI (2015), trainers teach PSCs how to address large assemblies of students as well as small groups and individuals. CPI trainings help new PSCs understand the importance of helping students neutralize or stabilize the threat and challenge of the crisis. In addition, CPI (2015) provides a comprehensive list of support services and how to make difficult decisions regarding the actions needed in the aftermath of the crisis. The *Prepare Training*[®] program builds upon the initial course with training developed as a process, including assessment, evaluation, and continuing quality improvement. Modules covering specific issues expand the process to create customized training programs dedicated to promoting respect, service, and safety among school personnel.

Peer-Supervision of Professional School Counselors

According to Allen et al. (2002), clinical supervision is an important program for PSCs as well as licensed professional counselors (LPCs). Peer supervision of PSCs enhances student safety, counselor effectiveness and well-being, and the use of effective and efficient helping skills (Goodman & Brown, 2008). Despite the substantive benefits of PSC supervision, the number of PSCs who participate in clinical supervision remains quite low (Knox & Roberts, 2005). In light of struggles to involve PSCs in clinical supervision, Wachter et al. (2008) proposed peer supervision as a viable option for the crisis-specific development of PSCs, and many school districts implement the design. This model, abbreviated P-SAEF, incorporates preparation and training, safety of the student, affective support for the PSC, evaluation and feedback, and follow-up planning. The authors add that this model can be adapted for the clinical supervision of interns as well (Wachter et al., 2008).

In order to participate in the first phase of the P-SAEF model, preparation, and training, PSCs should review the content and skills regarding crises and imminent harm. According to Wachter et al. (2008), this phase is well suited to group supervision. Group supervision activities may include attending crisis intervention seminars or workshops, researching and providing crisis training for other PSCs, reviewing the crisis response plan, developing an extensive referral database, and practicing suicide or violence assessment skills. Goodman and Brown (2008) recommended that new PSCs role-play intervention skills anxiety and uncertainty during a crisis. The purpose of preparation and training is to thoroughly prepare PSCs with the skills to initiate procedures to ensure student safety.

The second component of the P-SAEF model is also the primary goal of supervision, safety of the student (Wachter et al., 2008). When the supervisee informs a peer supervisor of a crisis incident, the supervisor must ensure and secure the student's safety. For example, in the event a student overdoses at school, the supervisor would ensure the following of district procedures regarding contacting the parents or guardians and notifying medical professionals. In the meantime, the supervisee would attend to the student. According to Knox and Roberts (2005), it is imperative to remind supervisees that in the case of overdose, the student may appear physically healthy, but there still may be medical needs that require immediate attention.

The third phase of the P-SAEF model is for the intervening peer supervisor to provide the PSC with affective support to provide a protective factor against burnout (Wachter et al., 2008). Such support should take place within a few days following the

crisis (such as a student overdosing) and may consist of an informal debriefing with a focus on the PSC's response to the event. The peer supervisor should help the PSC feel emotionally settled enough to engage in the next phases of evaluation and follow-up. In the case of the PSC having anger, anxiety, or depressive symptoms related to the crisis, peer supervisors might engage the PSC in relaxation exercises and even refer him/her for professional help outside of the school setting (Goodman & Brown, 2008).

Evaluation and feedback is the fourth component of the P-SAEF model and a critical aspect of peer supervision of PSCs (Wachter et al., 2008). Processing what approaches went well may reinforce responses and decisions that were most effective. However, the PSC and the peer supervisor need to speak frankly about mistakes and potential consequences that serve as teaching experiences to improve crisis intervention practices. According to Knox and Roberts (2005), the PSC and peer supervisor should review any obstacles in the process, such as outdated crisis plans, having telephone numbers for poison control, or knowledge about the dangers of overdosing. Finally, Wachter et al. (2008) recommended that the peer supervisor and the PSC process any unexpected events in order to facilitate the supervisee's own self-reflection.

The final stage of the P-SAEF model is a three-pronged approach to follow-up planning (Wachter et al., 2008). First, the supervisee and peer group need to discuss a formal plan to facilitate referral and follow-up services for the students as well as ensure their welfare after the crisis has stabilized. Next, the peer supervisor should make sure the PSC followed up with support services for the students, family, and close friends affected by the crisis. Finally, this component should include attention to administrative paperwork and campus action plans that may facilitate healing and prevent similar crises. The PSC may need to provide training and support to faculty and staff and help to revise the crisis intervention plan to incorporate new information brought to light by the crisis event (Goodman & Brown, 2008).

School Crisis and Survival Guide

Petersen and Straub (1991) provided PSCs with excellent crisis prevention and intervention resources in their publication, *School Crisis Survival Guide: Management Techniques and Materials for Counselors and Administrators*. According to the authors, hundreds of school districts use this handbook as a foundation for their own crisis response plans and as an outline for trainings for PSCs and other school personnel. This publication contains sequential instructions and approaches for counseling students faced with many types of crises, including grief and bereavement, tragic accidents, terminally ill classmates, suicides, acts of violence, and natural disasters. In addition, it includes reproducible activity sheets for PSCs to use at different stages of the students' recovery to help them to get in touch with their feelings, identify problems, and facilitate the healing process. The publication contains five sections, which include effective school crisis planning, developing age-appropriate interventions, implementing crisis counseling techniques, utilizing individual and group activities, and addressing concerns for specific crises.

Counselor educators presenting material from the *School Crisis Survival Guide* (Petersen & Straub, 1991) usually begin the first day of professional development for PSCs with an overview of planning for a crisis and setting the crisis team in motion. The first phase of the training explains why every school needs a crisis plan, how to assemble

an effective and efficient crisis team, and the components of a quality crisis plan. According to Collins and Collins (2005), the school crisis plan should clearly articulate interventions that PSCs can easily implement during the first 24 hours of the crisis event. In the second phase of school crisis training, the counselor educators provide sequential guidelines for developing and administering a specific school crisis plan to meet the needs of the campus (Petersen & Straub, 1991). Topics in the second phase include verifying the facts, informing administration of the crisis, informing faculty and staff, making the announcement in the classrooms, assigning staff roles and responsibilities, addressing the media, and planning a memorial service in the aftermath of a school crisis. This is important because trauma affects children in different ways than adults due to their perception of death at varying age levels (Collins & Collins, 2005). In the third phase of school crisis training, counselor educators address the initial reactions to trauma, the long-term effects of a school crisis, characteristics of grief and bereavement, and how to prevent symptoms of post-traumatic stress disorder (Petersen & Straub, 1991).

Counselor educators usually begin a second day of training from the *School Crisis Survival Guide* (Petersen & Straub, 1991) with special concerns for specific crises. According to Collins and Collins (2005), suicides, natural disasters, acts of violence, and premature deaths are often difficult for students to understand, and they need guidance in dealing with the associated trauma and grief. In addition to introducing age-appropriate counseling techniques for coping with such school crisis events, Petersen and Straub (1991) presented several effective ways PSCs can prevent school violence and teen suicide. However, the majority of the second day of training focuses on hands-on activities for the resolution of trauma and grief. These individual and group activities for a wide array of age groups include releasing anger in constructive ways, helping students deal with fear, and navigating through the denial, anger, and depressive stages of the grief and bereavement process. In addition to counseling strategies and student activities, Petersen and Straub also shared a comprehensive list of bibliotherapy books for students and resource books for PSCs. Professional development taken from the authors' publication is a powerful tool in educating PSCs to be more effective and efficient in dealing with student crises.

Critical Incident Case Example

On Wednesday, January 4, 2012, student Z assaulted another middle school student without provocation, and administration and security escorted him to the office. Z refused to enter the office, so three school personnel stayed in the hallway with Z while the principal went into the office to call the local police. At this point, Z lifted his shirt revealing a handgun tucked in the front of his pants. The personnel stepped away from Z as he removed the weapon and cocked the handgun. Z began walking nervously back and forth waving the handgun, and school personnel continually pleaded with him to drop the weapon.

At the same time, administration issued a lockdown of the school and called 911. The local police arrived within minutes, but they could not enter the locked building. Z pointed the handgun at the officers through the glass doors, and 911 tapes indicated that the officers ordered Z over a dozen times to drop the weapon. The officers shot through the glass doors, and Z ran down the hallway with two officers moving methodically down the hallway in pursuit. When Z reached the end of the hallway, he turned to face the

officers, looked down the other hallways, and he then pointed the handgun at the officers, who opened fire on Z.

The officers fired 4–5 shots at Z, striking him twice in the shoulder and once in the abdomen. None of the bullets struck Z in the back nor in the head, as these rumors would later arise. As Z fell, his head struck the floor lacerating his head, which an autopsy later verified. He laid unconscious on the floor until EMTs transported him by ambulance to a local hospital. Z never regained consciousness and passed away shortly after arrival. Sadly, investigators later verified that the weapon was in fact an airsoft pellet gun. Z had obtained the handgun from a friend, and only Z knew his intentions that day.

District Crises Response to the Incident

Once school administration lifted the school lockdown, a nearby park served as an evacuation site for the middle school students and staff, and soon afterward school bus drivers shuttled all of them to a local high school. The district consisted of over 50,000 students organized in six clusters, each having one high school, two middle schools, and multiple elementary schools. Every cluster had its own crisis response team of six counselors each. On that Wednesday morning, district administration dispatched two cluster crisis teams of twelve counselors to the evacuation site. A dozen counselors assisted with the reunification of students and parents, while a small number of students, faculty, staff, and parents were consoled.

Because the middle school was still a crime scene, and there was an expectation of low attendance on Thursday, January 5, the district administration had an unopened new elementary school for three deployed crisis teams of counselors to receive the students, faculty, and staff. Over two-thirds of the students did not go to school that day, so counselors had the opportunity to provide responsive services to the faculty and staff traumatized by the critical incident. That same afternoon, the counselors accompanied the faculty and staff as they returned to their campus to claim personal items left behind two days before, begin the healing process, and prepare lessons for the next day as students returned to the middle school.

Friday morning, January 6, was a difficult day for everyone, as most students returned to school and walked in the hallway where the incident had occurred. Over 40 counselors from all of the cluster crisis teams visited every classroom to provide accurate information of the events, allow the students to express their fears, and to let everyone know that counselors would be available in the school library. A steady stream of reluctant students entered the library where counselors provided individual and small group responsive services for over a week.

Saturday morning, January 7, the original two crisis response teams met to provide counseling services to the school community. However, the expected multitude of grief-stricken individuals never materialized because the funeral for Z was the same day. However, the low turnout provided the opportunity for the counselors to debrief and decompress. Sharing their experiences with colleagues was an important therapeutic step in the crisis response process. In addition, the counselors eagerly welcomed the opportunity to rest the following day, Sunday.

Monday, January 9, arrived, and with it 200 students who had not been in school since the critical incident. Although the funeral for Z provided closure to some, many of

these students were the ones closest to Z and who were most angered at his death. The counseling sessions were more intense and emotions ran very high. Students shared that others should be talking to counselors but were resistant. Counselors continued following up with students previously serviced, but they also received new referrals and reached out to reluctant students.

Tuesday, January 10, brought a larger stream of students referred for counseling or reaching out on their own for consolation. After the students left school for the day, counselors planned a group activity for the next day to ensure all students received an opportunity to speak to a counselor. The strategy was for counselors to provide a brief guidance lesson to all students through the first period classes, give an opportunity for open dialogue, and record all of their responses. With the collaboration of the campus administration, a 3-hour extension of first period would occur on Wednesday morning to allow for this intervention. In order to implement this plan, it was necessary to recruit 40 counselors and 40 scribes to attend a training that Tuesday afternoon. Phone calls began just prior to noon, and by 4:00 p.m., all of the 40 counselors were at the middle school and the training began. Additional phone calls were required to recruit district personnel to serve as scribes. By 5:30 p.m. commitments for the scribes was complete.

On Wednesday, January 11, the combined crisis team of counselors and scribes initiated the guidance and counseling activity, and it proved to be an inspiring success. Students opened up and began sharing their experiences in more depth than many had during individual or small group counseling sessions. The activity incredibly opened the flood gates, as student activity in the library increased considerably. The success of the activity was truly amazing and was only possible by a collaborative effort of over 40 district counselors and another 50 employees who responded with very short notice and without knowing exactly what was expected.

Thursday, January 12, was a day of follow-up visits with students and some adults in both individual and small group counseling sessions. The middle school administration, office staff, librarians, counselors, and other campus personnel participated in the same activity as the students did the previous day. Including everyone in the school community in the activity proved to reunite the entire campus. In the words of the principal, "it brought us closer together than ever before." The exit strategy for the crisis response team began by midday, and follow-up visits in the library continued that afternoon with only a dozen counselors and a few other district personnel remaining.

On Friday, January 13, a crisis team of six counselors arrived and remained available for counseling services the next two weeks. In addition, a training took place for all faculty and staff on the signs and symptoms of post-traumatic stress. On Monday, January 16, the counselors at the middle school received information about the needs of individuals and small groups of their students. On Tuesday, January 17, a parent involvement meeting occurred at two district high schools in which counselors explained the effects of grief and loss. The other four high schools had similar parent meetings later that same week. All of the crisis counselors in the district remained on standby and made regular visits to the middle school to assess the need for counseling services.

Additionally, on Saturday, January 14, a team of licensed professional counselors (LPCs) in the community volunteered to provide "psychological first aid" to the PSCs who responded to the critical incident. PSCs shared their stories, participated in creative arts activities, and engaged in post-trauma individual counseling as well. The PSCs were

resilient, and many continued to volunteer for the district-wide crisis intervention team in the ensuing school years.

Implications for School Counselors

The ability of students to understand and process the meaning of a crisis event, develop strategies to sort out their feelings, and maintain control of everyday life experiences ultimately depends on the coping skills and resources provided to them by PSCs through a timely and organized crisis response plan. According to Myer and Conte (2006), school districts need to provide ongoing crisis prevention and intervention training for all PSCs. Fortunately, the district in the case example utilized *Prepare Training*[®] (CPI, 2010). In addition, a well-developed and regularly reviewed crisis response plan for school districts is vital for appropriately dealing with a crisis in the school community. Morrison (2007) posited that crisis response plans should include annual campus-wide faculty and staff training on the specifics of the plan. All school personnel need to know the essential details of the crisis response plan such as the sequence of events that will take place, the persons responsible for components of the plan, and the foreseen timing of interventions (McAdams & Keener, 2008).

According to Knox and Roberts (2005), crises such as alcohol or drug abuse, violence, child abuse, accidents, terminal illness, death, natural disasters, and terrorism spill over into school communities. Administrators often expect PSCs to be experts in handling school crises, and therefore must become more effective in recognizing and assisting students in critical events. Ongoing professional development is merely a starting point, and adopting a crisis model for assessment, intervention, and monitoring personal wellness should be included as well. Although it is impossible to anticipate all school crises, the PSCs need to be prepared to address a variety of potentially catastrophic events and have the knowledge and skills to help students navigate such difficult circumstances. Clearly, PSCs are much less effective in providing crisis intervention when their stress levels, personal wellness, and overall general health are not at acceptable standards to provide high quality counseling services (Morrison, 2007).

PSCs will also be more effective during crises if the school district implements professional development and supervision for PSCs. Organizations such as the Crisis Prevention Institute (CPI, 2010) design programs to give PSCs and other professionals strategies for safely resolving situations and intervening with students in crisis. Publications, such as *School Crisis Survival Guide: Management Techniques and Materials for Counselors and Administrators* (Petersen & Straub, 1991), can serve as an excellent framework for school districts to both develop a crisis response plan and outline activities for PSCs to use with students following crisis events. Finally, school districts should assign veteran peer counselors to supervise new PSCs and ensure that district protocols are followed (Allen et al., 2002).

The purpose of crisis counseling is to assist students in achieving emotional stability, making appropriate behavioral adjustments, developing cognitive reframing and meaning making, and maintaining healthy relationships and social connections. All crisis counseling strategies are aimed at helping students make the personal and interpersonal changes necessitated by the crisis. Through an empowering counseling relationship, PSCs assist students in crisis stabilize the situation as much as possible, create a feeling of

safety, lessen negative reactions, examine available options, connect with resources, and make plans for their own immediate future.

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