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Principals' Preparedness For, And Experiences of, Crisis Events At School

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PRINCIPALS' PREPAREDNESS FOR, AND EXPERIENCES OF,
CRISIS EVENTS AT SCHOOL

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DEDICATION

"Knowing how to respond quickly and efficiently in a crisis is critical to ensuring the safety of our schools and students. The midst of a crisis is not the time to start figuring out who ought to do what. At that moment, everyone involved – from top to bottom – should know the drill and know each other."

Margaret Spellings

Secretary of Education, 2005-2009

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ABSTRACT

In this study, principals in the low country region of South Carolina were surveyed to assess their perceived preparedness for, and experiences of, crisis events in their schools. This study replicated a study, conducted by Adamson and Peacock (2007), which was presented in an article entitled *Crisis Response in the Public Schools: A Survey of School Psychologists' Experiences and Perceptions*. Although their research was important, the population was limited to school psychologists. A literature review revealed no research on lessons learned from school principals. Since principals are responsible for managing the school from the moments following a crisis through the aftermath, information obtained from them is critical in understanding the most effective crisis response practices.

The population of this study consisted of acting principals in the South Carolina low country. A final sample size of 35 participants completed an on-line survey comprised of the same questions (with the addition of three) that Adamson and Peacock asked of school psychologists. Results of the study were analyzed using descriptive statistics to determine the frequency and response rate for each item. The findings of this study suggested that although more than 70% of the principals who participated in the study had experienced a significant crisis event, only half of the participants believed they were sufficiently prepared for such an event. Although nearly all of the principals had received training on crisis intervention, nearly half believed they needed additional training to be sufficiently prepared for such an event.

The study also assessed the principals' perceptions of the most effective crisis prevention, intervention, and postvention strategies. The results indicated that they recognized the importance of having pre-existing crisis teams, pre-existing crisis plans, and practicing drills for potential threats. However, it appeared that the participants in this study were more likely to endorse those activities they considered an innate function of their role as the school leader such as notifying parents, contacting emergency services, and conducting group meetings. They were less likely to endorse activities implemented by other members of the crisis team, such as psychological first aid, debriefings, or other psychological or counseling services.

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CHAPTER 1

INTRODUCTION TO THE STUDY

Statement of the Problem

It won't happen to me is not a plan. It is not a matter of whether a crisis will occur in a school it is a matter of when a crisis will occur in a school. Dramatic and heart wrenching events such as the shooting deaths of defenseless students at Sandy Hook and Columbine have brought national attention to the fact that school tragedies happen, even in the safest neighborhoods. Despite the extensive media coverage of these events, the National Center for Education Statistics reported from the most recent data collected on this subject that between July 1, 2010, and June 30, 2011, there were only 31 school-associated violent deaths in all of the elementary and secondary schools in the United States (Retrieved from http://nces.ed.gov/programs/crimeindicators/crimeindicators2013/ind_01.asp, June 19, 2014). Of these, 25 were homicides and 6 were suicides. When "instances of homicide and suicide of school-age youth at school were combined, there was approximately 1 homicide or suicide for each 3.5 million students enrolled," making this type of crisis event quite rare (Retrieved from https://nces.ed.gov/programs/crimeindicators/crimeindicators2013/ind_01.asp, June 29, 2015).

However, crisis events are not just school shootings or suicides. They include weather events and sudden deaths of those who work in or attend a school. It is important to note that research indicates unintentional injuries are the leading cause of death in school aged children (Adamson & Peacock, 2007, p. 749). Unintentional

injuries are fairly common and include car accidents, sports injuries, and drownings. In addition, schools may be affected by violent acts in the community, terrorist attacks, hurricanes or tornadoes. When considering all the possible types of events, the likelihood of a crisis occurring in any school greatly increases. In fact, in a study of 228 School Psychologists across the country, 93% reported that they had experienced a serious crisis event in their schools (Adamson & Peacock, 2007, p. 749). Crisis events are unexpected and the impact they have on staff, students, and the rest of the population is unpredictable. School leaders need to be prepared for such events so they can respond appropriately to the physical safety and emotional well-being of those affected since “responding to crises and improving school safety are critical to the overall mission of learning at school” (Cowan & Rossen, 2013, p. 8).

What are the most effective practices for school administrators to use when preparing for and responding to a crisis? The answer to this question is unknown. Although Adamson and Peacock (2007) conducted a survey of School Psychologists regarding this issue, no studies have been found on the lessons learned from those who are responsible for leading the response in the minutes, hours, days, weeks and months following a crisis: the school principals. Information obtained from school principals is a void in the literature but is essential to understanding the most effective crisis response practices since school principals are the first to be notified of a crisis, they are responsible for implementing and following a crisis plan, they are responsible for managing the school throughout the crisis, they are responsible for ensuring that the school returns to its regular routine, and they are responsible for maintaining a safe and productive learning environment, when all the other support staff has left the building.

This study will adapt the Adamson and Peacock study to school principals to determine whether they have experienced a crisis event, what they learned from the experience, and how prepared they were for the crisis event. The findings of this study will provide data on effective crisis response practices to guide in the establishment of research-based crisis management training, procedures, and protocols for schools.

A Personal Perspective

As a member of the school district crisis team, I arrive at a school the day after a tragedy to provide support for the students and staff. In the past, I have responded to numerous incidents in which a student or faculty member died, either on campus or in the community. I have helped schools move forward in the aftermath of tragedies such as the sudden death of a student in a bathroom in the middle of the school day, the drowning of a student while crabbing on the weekend, the shooting death of a student only steps away from the district discipline school, and the suicide of a high school student who set himself on fire while walking toward the school's main entrance, just after the first bell had rung. None of these events was expected but all required a swift and well executed response so that students and staff could return to a sense of normalcy as quickly as possible.

Having a well thought out plan has been proven necessary in reducing the impact and chaos in the days following a crisis event and allows those affected to focus their energy on the recovery process. The school administrator is the first person to be informed of a tragedy and is responsible for calling 911, contacting the district's security and emergency response department, notifying the superintendent, and following the district incident stabilization procedures. Once the initial district procedures have been

followed, the principal is left to manage the incident to the best of his capabilities, until assistance arrives. Since coordinating a district level crisis response may take hours and possibly may not be fully implemented until the following school day, it is critical that the one person responsible for maintaining order and safety in the moments immediately following a crisis event be sufficiently prepared and trained.

In responding to these events, I am always struck by the variability in the principal's skill level and methods used. For example, when the student died in the school bathroom, the principal was forced to address and attempt to squelch the onslaught of rumors regarding the cause of death, such as murder or a drug overdose, which divided the student body. Immediately following the shooting death of the student just off campus, the principal made the glaring mistake of permitting buses to leave down the very street where the victim's body still laid. When students were dismissed from the school where the student had set himself on fire, they were inadvertently exposed to a smell of burning fuel and the melted remains of his shoes, still present on the sidewalk. Unfortunately, the principals in these situations were solely responsible for implementing a seamless crisis response but did not possess the knowledge or training to effectively reduce the trauma their students experienced. In all of these instances, appropriate training of district principals may have resulted in a better executed response.

Purpose of Research

The purpose of this study is to determine the level of crisis preparedness for, and lessons learned by, school principals in the low country region of South Carolina.

Research Questions

The level of preparedness and experiences of school principals in crisis response will be determined by answering the following questions:

1. To what degree have school principals in the low country region of South Carolina experienced a crisis event in their school?
2. Do principals in the low country region of South Carolina believe they are sufficiently trained to respond to a crisis event?
3. What training have principals in the low country region of South Carolina received in crisis response?
4. What additional training do principals in the low country region of South Carolina believe should be provided?
5. What postvention strategies and recovery practices were implemented immediately following a crisis event?
6. What prevention, postvention, and recovery practices did school principals in the low country region of South Carolina believe to be the most effective?

Delimitations and Assumptions of Research

Delimitations to this study include the narrowing of those for whom data is collected to only the self reports of principals in the low country region of South Carolina. Since the low country region is mostly rural and suburban, the ability to generalize the findings to districts that are more urban may be limited. In addition, the data were collected during a brief time frame, from April 24th of 2015 through May 14th of 2015. Finally, the findings are limited to only those principals who chose to respond

to the on-line survey link that was sent to them electronically via email. As a result the sample size of 35 is relatively small, which is another limit of the research.

Definition of Terms

For the purposes of this study, the following terms were used as defined below:

1. *Caplan Crisis Intervention Theory* – Caplan Crisis Intervention Theory was developed by Gerald Caplan in 1964 as the first documented model of crisis intervention. It is based on the belief that a crisis state is characterized by a sense of disequilibrium and an inability to cope, which progresses through a series of well defined stages. With appropriate assistance, the crisis will typically be resolved in approximately 4-6 weeks when the individual is able to return to a steady state of being.
2. *Crisis Event* – A school-based crisis event can be any natural disaster, trauma, tragedy, or unexpected death that results in a severe emotional response from students, staff, and/or the community.
3. *Crisis Intervention* – A school-based crisis intervention refers to a range of interventions and processes that schools implement in response to a crisis event.
4. *Crisis Response Team* – A Crisis Response Team is a pre-established group of trained individuals who provide a coordinated response effort following a school-based crisis event.
5. *Crisis Plan* – A Crisis Plan is a pre-established set of procedures and practices to be followed during and after a crisis event.

6. *Grief Counseling* – Grief Counseling is a form of long-term psychotherapy to assist individuals in overcoming the death of someone close to them or in overcoming a traumatic event.
7. *Incident Command System (ICS)* – ICS was developed in the early 1970s as a “standardized on-scene incident management concept designed specifically to allow responders to adopt an integrated organizational structure equal to the complexity and demands of any single incident or multiple incidents without being hindered by jurisdictional boundaries” (Retrieved from https://www.osha.gov/SLTC/etools/ics/what_is_ics.html, September 9, 2014).
8. *National Incident Management System (NIMS)* – ICS changed into NIMS in the 1980s. It is a “systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work together seamlessly and manage incidents involving all threats and hazards—regardless of cause, size, location, or complexity—in order to reduce loss of life, property and harm to the environment” (retrieved from <http://www.fema.gov/national-incident-management-system>, September 9, 2014).
9. *NOVA model* – The NOVA model crisis response training model provides specific techniques and protocols to traumatized people, and was originally developed in 1987 by the National Organization for Victim Assistance .
10. *Postvention* – Postvention is a set of intervention strategies, processes, and techniques implemented by the Crisis Response Teams, following a crisis event.

11. *PREPaRE model* – PREPaRE model is a comprehensive crisis prevention and intervention model, adopted by the National Association of School Psychologists (NASP) in 2006, to align with the National Incident Management System (NIMS)
12. *Psychological Debriefings* – Psychological debriefings are large group, single sessions of therapy, which occur shortly after a crisis event. They are designed to mitigate the effects of the event by promoting some form of emotional processing of the event and by encouraging recollection and/or reworking of the event.
13. *Psychological First Aid* – Psychological First Aid is a therapeutic technique used immediately following a crisis event to reduce the initial stress of the event and provide coping skills to deal with the event.
14. *Psychological Triage* – Psychological Triage is the the process of immediately identifying those individuals who need psychological first aid or more intensive supports following a crisis event.
15. *Reunification Site* – Reunification Site is an off-site location designated to reunite family members and provide psychological first aid in order to begin the process of returning to a sense of normalcy.
16. *Safe Havens* – Safe Havens are established after a crisis event, typically in an off-site location, to provide psychological triage, to identify those individuals requiring psychological first aid or more intensive treatment, and to provide information to students, staff, family, and the community about the event and the recovery process.

Organization of the Remaining Chapters

This study is organized in a traditional fashion. Chapter Two is an examination of the literature which already has been conducted on crisis prevention and postvention in schools. Topics within the literature review include the historical context of crisis response, prevention and planning for a crisis event, reacting and responding to a crisis event, and the recovery process following a crisis event. Chapter Three outlines and explains the design and methodology of the research. This section includes the study design, rationale, participation explanations, data gathering methods, and data-analysis procedures. The positionality of the research, the subjectivity, and the limitations of the study are also addressed in Chapter Three. The data, the associated analysis, and the study findings are found in Chapter Four. Finally, Chapter Five provides a discussion of the findings which includes the implications of the study and thoughts about the generalization of the research.

CHAPTER 2

LITERATURE REVIEW

School crisis events are not rare. Although the likelihood of a shooting death occurring in a school is quite low, other tragic events, which may require a crisis response, such as sudden deaths, are fairly common. In fact, according to the national Centers for Disease Control and Prevention (CDC), unintentional injuries are the leading cause of death in school aged children, with over 9,000 per year. Unintentional injury deaths include those resulting from motor vehicle accidents, drowning, suffocation, poisoning, fires, burns, falls, and participation in sports and recreation activities (Retrieved from <http://www.cdc.gov/safecild/NAP/background.html>, January 2, 2015). School administration may also need to respond to severe weather events, terrorist attacks, and the death of students or staff by suicide, homicide, or illness.

When these events occur, it is the school principal who must respond immediately and effectively with best practices in order to reduce the impact of the tragedy on the school community. Unfortunately, although many peer reviewed articles can be found on crisis prevention and response, there is little empirical research on specific strategies that have been proven effective. A review of the literature on this topic reveals that “few accounts of responses to school-based crises have been published to date and most that have provided very general information” (Crepeau-Hobson, et al., 2012, p. 208). As a result, this review will attempt to offer an overview of the data available to inform best practices for school administrators to follow to prepare for, and respond to, an

unexpected crisis event in their school and to identify where additional research should be conducted.

This chapter begins with a discussion of the preventative measures that are now commonly used to avert violent school acts, followed by a discussion of the standard processes used in crisis preparedness, then an explanation of why schools should develop a crisis response plan prior to an event, and concludes with a presentation of the crisis response intervention strategies frequently cited in the literature. In reviewing the literature, it is clear that little research is available on the training and preparedness of school staff or the practices schools have found to be most effective in reducing the impact of a crisis event.

Before a Crisis Event

Despite the fact that information regarding how to prepare for and respond to crisis events in schools has been available for a number of years, administrators continue to neglect their responsibilities when pre-planning for these tragedies. For example, following the shooting death of a middle school principal by one of his students in a small, Midwestern school, the school-based team then developed a crisis response plan for the days that followed. Unfortunately, their plan dictated that only one member of the team would be available at the school at a time, which was woefully inadequate in meeting the needs of all of those affected. Furthermore, the impact on students appeared to be the primary consideration, with little thought given to the impact on other school staff. For instance, the only assistance provided to teachers was information on how to talk to students, not information on how they could manage their own grief issues (Collison, Bowden, Patterson, Snyder, Sandall, & Wellman, 1987). In this article, it was

noted that adequate staffing and intervention materials are important points to consider when formulating a crisis intervention plan.

Another example of poor crisis response came from an article by Fibkins (1998, p. 91) which described his principal's planned response to the death of a terminally ill, beloved teacher, and coach. Despite the thoughtful plan that had been previously developed, on the actual day the teacher died, the school was universally informed by way of an announcement made over the public address system, something that several articles deemed far too impersonal for such sensitive notifications. Finally, in *Lessons Learned from School Crises and Emergencies, Vol. 1, Issue 2, Fall 2006*, the U.S. Department of Education provided a synopsis of how one middle school responded, without any prior planning, to the death of seven of its students in a single car accident. Although the school Principal reacted quickly in coordinating with the Director of Counseling Services to notify staff of the accident, establishing counseling procedures, developing a protocol for working with the media, and creating a crisis team and assigning roles to its members, nothing was in place prior to the incident. By “developing a step-by-step plan that clarifies tasks to be performed before, during and after a crisis, schools and school districts can capitalize on the strengths of both professionals and volunteers, rather than spending time directly after an incident creating protocols and procedures from scratch” (p. 8).

Physical Safety

Ever since a series of school shootings captured national attention in the 1990s, efforts have been made to prevent more of these events from occurring by making schools safer. Officials demanded improvements in school safety to reduce the fear that

these horrific events could be repeated. The focus has been primarily on physical safety and security and has resulted in extreme measures such as metal detectors and surveillance cameras. Today, when entering an American school, one must first be deemed to be of no threat before being buzzed through the front door, identification badges are donned by everyone in the building, classroom and exterior doors remain locked at all times, a color coded system is implemented for any possible intrusion, and evacuation and other safety drills are routinely practiced. As Cindy Stevenson, who was the Deputy Superintendent of the Jefferson County School District at the time of the Columbine shootings, said, “We are a completely different district than we were ten years ago...we are far more attentive to safety and security. We are more alert; we are looking at safety and security plans. Who was looking at safety and security 10 years ago?” (Vail, 2009, p. 23). The implementation of these universally adopted physical safety protocols may make schools feel safer but they are just a small part of an effective crisis prevention and intervention plan.

Crisis Response Teams (CRTs)

Preventing intruders from entering the building may reduce the chance of a hostage situation or a school shooting but would not make a school any more prepared for one of the more likely crisis events. In these situations, physical safety would not be a factor. There is substantial empirical evidence to support that the most important step in developing an effective response would be creating a Crisis Response Team (CRT), before it is ever needed. Streufert suggested that the first three steps in creating a CRT should be recruiting members, writing a mission statement and identifying responsibilities (2003, p. 154). These practices would vary from school to school, based

on the personnel available, the training of the staff, and what the members felt was most important in their mission. Crepeau-Hobson, Seivering, et al. (2012) stated that in public schools, there should actually be two types of CRTs: building level teams and district level teams. Building level teams are “typically comprised of the school psychologist, school nurse, school counselor, administrator, teachers, and/or support staff. District level teams are usually comprised of personnel with mental health backgrounds exclusively (i.e., school psychologists, school social workers), as well as administrators who serve in a supportive role to the on-site administrator” (p. 210).

In preparing for more catastrophic and far-reaching events, community agencies should also be included in the district level response. When establishing any CRT, it is critical that “members of all crisis teams should have adequate training in crisis response and recovery” (Crepeau-Hobson, Seivering, et al., 2012, p. 210). If teams are continuously trained, they are ready to “move into a situation where emotions run high” (Callahan & Fox, 2008, p. 92) and are immediately available to provide psychological first aid, which “includes helping individuals with physical safety, practical needs, connecting with social supports, education regarding typical trauma symptoms, and support for making necessary decisions” (Epstein, 2004, p. 309).

Crisis Plans

Once the building level and district level teams have been established, they need to begin planning for any impending crisis events. Virtually all of the scholarly articles the researcher located, on the topic of how a school should or did respond to crises, asserted the importance of pre-planning for a tragedy with the establishment of a crisis intervention plan (Cowan & Rossen, 2013; Carey, 2008; Grant & Schakner, 1993; Knox

& Roberts, 2005; Collison, et al. 1987; Meilman & Hall, 2006). The need for crisis planning was reiterated by one of the mental health professionals who participated in the recovery process at Sandy Hook when she stated, “You can’t really fully prepare for the truly unthinkable like this, but you can be prepared enough to take appropriate action and then recognize how you have to adjust your plan to reality going forward. In our case, this will be a long-term, ongoing process” (Cowan & Rossen, 2013, p. 11). Furthermore, after the sudden death of one of her students by natural causes, Carey reported that “my school made it through my most difficult day as a principal because I had a crisis management plan” (2008, p. 37). In addition, following the death of four of their students in a car crash, Grant and Schakner reported:

We got through the crisis because we had a plan, because we improvised appropriately, because outside support people knew what they were doing, because we communicated with one another and with the community, but perhaps mainly because people rose above themselves to selflessly help one another.
(1993, p. 9)

After enduring the shooting death of a principal, without a crisis plan in place, Collison, et al. stated that, “a specific tragedy cannot be prepared for, but plans can be made for different kinds of events (e.g.: shootings, violent storms, suicides, teacher or student deaths)” (1987, p. 390). Finally, Meilman & Hall (2006, p. 383) stated that, prior to 1998, their university had provided postvention in a non-systematic manner, with varying departments who possessed varying philosophies, which made developing a single process problematic. In order to approach crises more consistently, a team was developed which “created their own particular brand of postvention, which seems to

work well and developed intuitively and organically based on what worked, what felt right, what made sense, and what was reproducible” (2006, p. 383).

Crisis Protocols

Several of the articles reviewed provided specific steps schools should follow or did follow in a crisis event. Two of the best examples, which were specifically designed for when a student dies on a college campus, as opposed to a K-12 school, were provided by Halberg (1986, p. 411) in the form of a “crisis intervention flow sheet” and by Callahan and Fox (2008, p. 90) in the form of a “checklist of activities” to be completed by a campus coordinator within the first three days following the event. These simple and easy to comprehend examples provide important information on assigning roles, identifying possible candidates for counseling, notifications, communications, legal issues, financial matters, funeral procedures, and memorials. Protocols such as these are crucial, because, as Callahan & Fox stated, “it is in times of crisis that (administrators) often forget to do that one thing that would have made the response better and stronger because they, too, can get caught up in the emotion of the moment” (2008, p. 93).

One general example of a K-12 crisis intervention model was provided by Carey in her 2008 article *Gone but not Forgotten: Grief at School*, which describes in detail “six key components that must be adapted depending on the particular incident and available personnel” (p. 37). Those components are: designated roles, effective and targeted communication, schedule for the day, security plan, basic counseling strategies and follow-up activities (Carey, 2008). Carey elaborates on all of these components so as to provide a seamless system of supports throughout the school for the duration of the crisis.

Grant & Schakner (1993), indicated that a thoughtful plan was in place prior to the death of four students from the same school in a car accident, yet the article only relays limited information on the eight steps followed in response to the event. Those steps included: immediately identifying and assigning support staff, designating a center of operations, determining who would address the media, developing a process for disseminating information to students and staff, assessing which students needed more intensive care and providing that level of support, contacting and communicating with the families of the deceased, and briefing the school board members.

Crisis Prevention and Intervention Models

Recently, educators have begun to recognize the need for more comprehensive crisis response models in schools. As Knox and Roberts noted in their literature review of Crisis Intervention and Crisis Team models, “there is limited empirical evidence documenting the effectiveness of school crisis intervention programs,” yet, “establishment of evidence-based procedures is critical, and evaluation procedures should be included in a school crisis response model to improve planning and intervention at the macro and micro levels” (2005, p. 94). Although there are no evidence-based crisis response models, there are several models that have been commonly used for a number of years.

Caplan Model

The first documented model of crisis intervention, which has been practiced for decades after events requiring a community-wide response, is the Crisis Intervention Model. The Crisis Intervention Model was developed in 1964 by Gerald Caplan, who is considered to be the “father” of modern crisis intervention (Epstein, 2004, p. 297). In

reviewing the literature, Caplan's method would be more accurately described as a conceptual framework for understanding crisis prevention, development, and intervention within the community at large, as opposed to an actual model of crisis response (Hoff, Hillisey & Hoff, 2011, p. 11-12). As Caplan states, he focused on two issues:

(1) developing a list of biopsychosocial stressful events and processes that were thought to increase the risk of future mental disorder in an exposed population; and (2) studying so-called life crises, namely, limited time periods of upset in the psychosocial functioning of individuals, precipitated by current exposure to environmental stressors, which appeared to be turning points in the development of mental disorder. (1989, p.3)

Caplan hoped to inform community leaders of effective preventive and intervention techniques to be used with individuals in crisis and to help make health, education, and welfare services more preventative. Although Caplan's model is valuable when working with individuals who have experienced a stressful event, it is not comprehensive enough to address all of the other issues that arise when a crisis occurs in a school.

NOVA Model

For more than 26 years, the National Organization for Victim Assistance (NOVA) has been providing national crisis team training, consultation, and response services in the aftermath of a critical incident as part of its mission "to champion dignity and compassion for those harmed by crime and crisis" (Retrieved from <http://www.trynova.org/help-crisis-victims/overview>, January 2, 2015). Like the Caplan model, the NOVA training model is designed for responding to any large scale event occurring in the community. It is not specifically designed for traumatic events occurring

in schools. Nevertheless, since NOVA's belief is that, regardless of the nature of the traumatic event, the typical human reactions to trauma are common, this model has been universally adopted and is frequently used as a school-based crisis response method. It should be noted that NOVA conducts its own trainings or trains trainers in its model of crisis response. Those trained include any member of the community who may be called upon after a critical event, such as members of law enforcement, mental health professionals, victim advocates, school counselors, and first responders (Retrieved from <http://www.trynova.org/help-crisis-victims/overview>, January 2, 2015).

The NOVA model of trauma mitigation is based upon the belief that there are “three tasks essential to reestablish precrisis levels of functioning: safety and security, ventilation and validation, and prediction and preparation” (Crepeau-Hobson, et al., p. 214). The first task involves reconnecting victims with their loved ones and ensuring that they feel secure. The second involves sharing their stories and validating their feelings. The third task involves victims preparing for what is next (Crepeau-Hobson, et al., p. 214). When schools adopt the NOVA crisis intervention model, it ensures that there is consistency in practices when including community members in school-based crisis response. However, since the model is implemented only after the crisis team has been informed of a critical event and asked to be deployed, it does not include any prevention measures, nor does it include long-term follow-up or after care, which appear to be critical components of an effective school based crisis plan.

U.S. Department of Education Model

In August of 1998, one year prior to the Columbine High School Shootings, the U.S. Department of Education released a guide for schools in the prevention and

intervention of violence entitled *Early Warning, Timely Response: A Guide to Safe Schools*. In this guide, readers are provided information on what makes schools safe, the early warning signs of school violence, what schools and communities can do to prevent violence, how to obtain help for troubled youth, and how to respond in the event of a violent act at school. Although some information is given on crisis response, this guide is unique in that its focus is on preventing violence from occurring in a school.

At the end of the guide, some specific information is offered on the importance of developing a crisis response team and a crisis response plan. Two key components of the plan should be “intervening during a crisis to ensure safety,” and, “responding in the aftermath of tragedy” (p.27). When the crisis team meets, it should establish plans for teacher and staff training, it should determine how it will follow district and state procedures, it should involve relevant community agencies such as emergency responders, and it should identify students and situations that have the potential for violence.

Finally, the guide provides direction on how to intervene in the event of a crisis. Specifically, it states that “immediate, planned action, and long-term, post-crisis intervention” will “reduce chaos and trauma” (p. 28). In order to be most effective, plans should be made for evacuation procedures and the identification of safe areas, an effective communication system, and securing immediate assistance from law enforcement. Continuous monitoring and review of the plan through inservice training, written manuals, and practice of the early warning signs was also recommended. One particularly useful component of the guide is the *Crisis Procedures Checklist*, which

could give principals a list of steps to take during and after a critical incident at school (p. 29).

PREPaRE Model

In 2006, the National Association of School Psychologists (NASP) released their first crisis response curricula specifically designed for K-12 schools to align with the National Incident Management System (NIMS). The *NASP PREPaRE: School Crisis Prevention and Intervention Training Curriculum* “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” (Reeves, Brock, et al., 2008, p. 11). It is designed to train school-based professionals prior to a crisis so that they will know what specific steps to take in the event of a crisis. The adoption and implementation of this model is important because it takes school-based crisis teams through every step involved in a tragedy, from the beginning moments of learning of the event all the way through to the long term grief counseling of those affected.

Federal Model

In March of 2011, in the aftermath of several school-based tragedies, it became clear that universal crisis response practices should be developed. As a result, Presidential Policy Directive (PPD) 8 was signed by President Obama, to inform national preparedness efforts. Subsequently, The US Department of Education developed its *Guide for Developing High-Quality School Emergency Operations Plans*, which replaced

the *Practical Information on Crisis Planning: A Guide for Schools and Communities* which was produced in January of 2007. Unlike the Caplan and NOVA models, this guide is designed specifically for schools, and, like the PREPaRE model, involves community agencies. The five mission areas for school preparedness referenced in the PPD are prevention, protection, mitigation, response, and recovery (U.S. Department of Education, Office of Elementary and Secondary Education, Office of Safe and Healthy Students, *Guide for Developing High-Quality Emergency, Operations Plans for Institutions of Higher Education*, 2013, p. 2). These terms are more easily understood when associated with the commonly used terms of before, during, and after.

Prevention, Preparedness, and Mitigation typically occur before an event. Prevention means the “capabilities necessary to avoid, deter, or stop an imminent crime or threatened or actual mass casualty incident” (U.S. Department of Education, 2013, p. 2). Protection means the “capabilities to secure schools against acts of violence and manmade or natural disasters” and “focuses on ongoing actions that protect students, teachers, staff, visitors, networks, and property from a threat or hazard” (U.S. Department of Education, 2013, p. 2). Mitigation means the “capabilities necessary to eliminate or reduce the loss of life and property damage by lessening the impact of an event or emergency” and “reducing the likelihood that threats and hazards will happen” (U.S. Department of Education, 2013, p. 2). Before an incident, schools should form a collaborative planning team, understand the situation, determine goals and objectives, develop, review and approve the plan, and, finally, train on and maintain the plan. Recommendations for completing these tasks are included in detail in the guide.

The fourth mission, Response, occurs during the event and refers to the “capabilities necessary to stabilize an emergency once it has already happened or is certain to happen in an unpreventable way; establish a safe and secure environment; save lives and property; and facilitate the transition to recovery” (U.S. Department of Education, 2013, p. 2). In the guide, it is suggested that teams pre-determine the locations and procedures for evacuation, lockdown, shelter-in-place, accounting for all persons, communication systems, family reunification, recovery, and public health. In addition, the guide includes a comprehensive section on Active Shooter situations.

Recovery means “the capabilities necessary to assist schools affected by an event or emergency in restoring the learning environment.” Recovery includes the steps schools take in returning to normalcy as well as identifying and responding to negative mental health outcomes (Cowan & Rosen, 2013, p. 11). It is notable that the guide has very limited information is on recommendations for best recovery practices.

In addition to the consistency in terminology, the guide urges schools and districts to follow the National Incident Management System (NIMS), which includes the Incident Command System (ICS) structure used by the U.S. Department of Homeland Security so that a standardized model will then be followed and aligned with other practices implemented across the nation (U.S. Department of Education, 2013, p. 3). The ICS provides a systematic structure for school districts, describes key roles and responsibilities of crisis team members, and facilitates communication with community responders (Reeves, Kanan, & Plog, 2010). In their article *Managing School Crises: More Than Just Response*, Reeves, et al. state that their more recent response efforts have been guided by the ICS structure, and, as a result, have been much smoother

and more efficient than those crisis responses that did not follow such a conceptual framework.

While the *Guide for Developing High-Quality School Emergency Operations Plans* is comprehensive, the vast majority of the document provides advice on what to do before an event. Some direction is provided on what to do during an event, particularly as it relates to Active Shooter procedures. However, very little information is offered on the psychological first aid or therapeutic practices to be offered in the aftermath of a crisis. This is a noticeable omission in a document that is proposed to be universally adopted.

Integrated Model

Although systematic crisis response training such as NOVA and PREPaRE is available, there are those who believe that a “‘one size fits all’ model is not efficacious” (Crepeau-Hobson et al., p. 209). Since every crisis event is different, the responders must be flexible and adjust to the unique needs of any school tragedy. The nature of the supports and services provided in each instance will be different. Initial or “core” mental health responders must consider the need for additional or alternative team members and the types, location, intensity, and duration of services and supports that will be offered (Crepeau-Hobson, et al., 2012, p. 209).

After responding to three separate school shootings in Colorado, Crepeau-Hobson, along with several other state crisis responders, presented their own recommendations in an article entitled *A Coordinated Mental Health Crisis Response: Lessons Learned From Three Colorado School Shootings*. The article provides guidance, in chronological order, of what schools should have in place prior to, and in the event of,

a school tragedy. When planning for a potential crisis, the authors recommended training in the NOVA or PREPaRE model for all crisis responders, the formulation of a Crisis Response Team (CRT) that follows the basic Incident Command System (ICS) structure, the identification of Mental Health Incident Commander (MHIC) who is responsible for assessing the mental health needs in each situation, and an awareness of community resources. In the event of a crisis, the team will need to identify a “reunification” location and process to link students and families, as well as, a “safe haven” to triage the psychological needs of those affected and to provide mental health supports. At the safe haven, food and handouts of information and resources should be available. Scheduling of staff, having sufficient supplies, and the ability to effectively communicate are also critical to an efficient response. Following the crisis, provision of long-term follow-up and intervention, ongoing evaluation, and self care of those affected, as well as the crisis responders, should all be addressed. The overarching purpose of this article was to provide direction to schools and districts on crisis response training and the development of comprehensive but flexible crisis response plans to provide the most effective response to any crisis event. This article is unique in that it specifically includes the mental health resources that may be required in a well coordinated crisis response.

After a Crisis

Postvention Strategies

Regardless of which model of response is selected, if any, there are several postvention strategies, those interventions implemented following a crisis event to address the immediate and ongoing needs of those affected. One method used when the site of the critical incident has become a subsequent crime scene, unsafe for students and

staff, or has needed to be evacuated, is the use of a designated “reunification site.” The reunification site is the predetermined location where students will be reunited with their families (U.S. Department of Education, 2013, p. 31). Best practice is to rehearse evacuation drills to the reunification site prior to ever needing it. In addition, consideration should be made for how families will be informed of the process, how to verify who is authorized to take custody of a student, and how the process of reunification will be carried out (U.S. Department of Education, 2013, p. 31). Finally, the reunification site should provide mental health professionals who are able to meet the immediate needs of those affected, a roster of students who have come to the site, a log of students released, information on typical crisis reactions, and community agencies to contact if needed (Crepeau-Hobson, et al., 2012, p. 212). The reunification site is important because it re-establishes the natural social support systems necessary for a successful recovery (Crepeau-Hobson, et al., 2012, p. 212).

Similarly, current literature also recommends the creation of “safe havens” after a school based crisis event. Safe havens were implemented following the Columbine shootings, as a place where those impacted by the tragedy could gather and grieve. It is a location “open to students, parents, and staff as a forum for congregating, as well as to address immediate mental health concerns/issues” (Crepeau-Hobson, et al., 2012, p. 213). Safe havens can be used to begin the therapeutic process in the aftermath of a crisis event or to share information with students, staff and community members. It is suggested that attendance at the safe haven be tracked and follow-up procedures be developed for those who both did and did not attend (Crepeau-Hobson, Sievering, et. al., 2012, p. 214).

Mental Health

Although many procedures have been universally implemented to improve physical safety, few were found in the literature to address the emotional well-being and mental health of those impacted by crisis events. One could argue that the psychological safety of those impacted by a crisis is just as important as physical safety, yet little has been done to promote best practices in this area. The effect of crisis exposure can be far-reaching and long-standing, particularly with high profile events such as hurricane Katrina and the Sandy Hook school shootings. However, the impact the events have on those exposed to crises is essentially unknown if not addressed. As Cowan and Rosen stated (2013, p. 9), “While some students and staff may experience more apparent and sudden mental health problems such as difficulties concentrating, aggression, or isolation and withdrawal, others may experience more covert difficulties such as anxiety, fear, guilt, or depression.” These psychological challenges are critical to school success since they are likely to have a significant impact on both academic and job performance. Research needs to be conducted on administrator implementation of effective crisis response efforts that focus not only on physical safety, but also on the mental health, emotional well-being, and psychological safety of the school community members.

Debriefings

There are innumerable social and psychological theories associated with the grief process. A few are commonly noted in the literature as the primary methods in counseling individuals as part of crisis intervention. The method that is most frequently referenced in the literature is the use of debriefings. Meilman & Hall (2006) describe the development and procedures used with their Community Support Meetings or CSMs,

which are essentially large group sessions at which those affected are allowed to share their stories about the deceased and to be informed of the grieving process. Although Meilman & Hall stated that “the program has been successful in providing a valuable service to students” (2006, p. 384), the CSMs appear to provide only one intervention model for all individuals, without recognizing that some people may need more support or more intensive treatment.

These concerns were also raised by Crepeau-Hobson, Sievering, et. al., who stated that “Critical Incident Stress Debriefings are intended only for those individuals who have been directly exposed to a traumatic event and research findings related to its effectiveness have been inconsistent” (2012, p. 211). Epstein (2004) concurred, when he argued the pros and cons of group debriefing models or intervention following a crisis and made suggestions for changes such as breaking large groups into smaller groups, based on the level of traumatic impact (p. 305), creating different types of debriefings, developing social supports, and providing individual therapy (p. 311). In *How Schools Respond to Traumatic Events: Debriefing Interventions and Beyond*, Williams (2006) provided several alternatives to the traditional debriefing process, as well as extensive information and advice on how communities, parents, and schools could best address the needs of children in the aftermath of terrorist attacks, such as the events of September 11th, and other traumatic events.

Psychological Triage

Psychological triage is the process of determining who is most affected by a critical event and the amount of support those individuals will require following a critical event. Since research shows that those who are closest, both physically and emotionally,

to an event are the most affected, individuals who witnessed the event or knew the victims should be identified and assessed for the types of services and supports deemed necessary (Crepeau-Hobson, et al., 2012, p. 215). This process can occur as individuals arrive in the safe haven.

After the individuals who are most affected are identified, “psychological first aid” can be administered. Psychological first aid is an evidence-informed intervention model used immediately following a crisis event. It “is designed to reduce the initial distress caused by emergencies, allows for the expression of difficult feelings and assists students in developing coping strategies and constructive actions to deal with fear and anxiety” (U.S. Department of Education, 2013, p. 52). This reportedly effective strategy is a brief intervention that “helps students make meaning of the event, recognize the permanence of loss, or learn coping skills” (Streufert, 2004, p. 161). Although psychological triage and psychological first aid may begin during the event, or in the safe haven, these interventions may potentially continue through the response and recovery processes (Crepeau-Hobson, et al., 2012, p. 215).

Short Term Counseling

In conducting a review of the literature, several articles were located indicating that once the appropriate students have been identified, counseling and other recovery methods can begin. Considine & Steck (1994) offered 16 strategies that student support staff could use when discussing death with children, as well as, nine strategies for helping students deal with death in general. These strategies included listening to the child and hearing what he is saying, meeting individual needs, having the child share a picture of the deceased, stressing that the child is not responsible for the death, and openly talking

about fear. They also offered a list of books and other resources the school may access for assistance when someone dies. In contrast, Wall & Viers (1985) reported that one school combined two therapeutic models, following the suicide of a high school teacher, that “emphasize a naturalistic understanding to bolster coping” (p. 103). They used Cutter’s Suicide Prevention Model, which consists of group educational techniques to disseminate factual information about suicide, and, Welch’s Model of death and dying which is a “classroom format in teaching the grief process as a healthy response of the organism to emotional injury” and “facilitates ventilation of affect to illustrate the actual grief process” (Wall & Viers, 1985, p. 103). It should be noted that although this information appears useful in addressing the counseling needs of students in the aftermath of a crisis, the articles did not provide data to support the effectiveness of these methods.

Long Term Crisis Intervention/Grief Counseling

Researchers know that long after a crisis event in a school, some children will be continuing to work through the grieving process. Research shows that students who are grieving the loss of a loved one are “more likely to face emotional challenges, are prone to anxiety and loneliness, often need more support in school, and lack a sufficient support network to deal with their grief. They also tend to have more difficulty concentrating in class, have a higher absentee rate, and, experience a decrease in the quality of their schoolwork and frequency of completing homework (Niederberger, 2013, p. 2). As a result, developing an organized system for identifying individuals who have not returned to school or who have not responded to the initial, short-term, supports put into place is essential to the overall recovery process. Once those individuals are located, following

up with identified staff, students, and families and providing a list of experienced mental health professionals is also suggested (Crepeau-Hobson, Sievering, et. al., 2012, p. 221).

If communities lack these resources, then the school staff may need to provide interventions such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS) or Support for Students in Trauma (SSET). These programs are intended to be used by staff with varying levels of skill and training to reduce the distress caused by exposure to a traumatic event (Crepeau-Hobson & Summers, 2011, p. 295). Aside from this reference, no information could be found on the long term effects of a crisis event on students and staff and the concomitant counseling needs. As Crepeau-Hobson & Summers stated, “despite increased public, professional, and legislative interest in school crisis prevention and intervention during the past two decades, little attention has been paid to the mental health response following incidents of school violence” (2011, p. 282). This is an obvious void in the literature since when the crisis responders leave, the administration will be required to continue with the recovery process and will need to know what strategies have been found to be the most effective.

Recovery

In the US Department of Education’s emergency plan, “Recovery” is the final stage. Effective recovery methods are critical in the aftermath of a school crisis event since “we have come to understand that the potential psychological reactions associated with experiencing a crisis can be more widespread and complex for schools than physical harm because of the many types of and interactions between risk factors for each individual affected” (Cowan & Rossen, 2013, p. 9). Recovery may take months, or even

years, depending on the nature and magnitude of the event and the varying trajectory of the individuals affected (Cowan & Rossen, 2013, p. 12).

In her article entitled *Columbine: 10 Years Later*, Vail interviewed the administrators who responded to, and were responsible for, the recovery efforts following the shootings in April of 1999. Those interviewed, included the Principal, the Deputy Superintendent, the Superintendent, and a School Counselor. They each relayed the details of what they had experienced that day and the toll it has taken on them personally and professionally. Despite the passage of time, these professionals, and the community in which they reside, are still living with the scars of that traumatic event. One of the district administrators reported “we’ve had huge turnover in 10 years. Many teachers have retired and there’s been lots of turnover in leadership staff” (Vail, 2009, p. 23).

Cowan and Rossen reported similarly that after the school shootings at Red Lake High School in 2005, some of the most severe affects, such as resignations, emotional stress, physical ailments, depression, and suicide, occurred long after the tragedy (2013, p. 9). They went on to say that “a school’s capacity to meet the confluence of needs and mitigate trauma reactions in the event of a crisis will almost always reflect the functionality of the safety, crisis, and mental health resources that were in place before the crisis” (Cowan & Rossen, 2013, p. 12). Cowan & Rossen stated that best practices in crisis response should include an integration of emergency management and psychological safety prevention, intervention, response and recovery (2013, p. 11). Unfortunately, it is not clear what these best practices would be since there are no studies on the evaluation of a crisis response. In fact, Crepeau-Hobson & Summers concluded that “there is a notable absence of empirical evidence to guide school personnel in

developing emergency preparedness and crisis response plans for school shootings as well as a paucity of literature related to the specifics of actual crisis responses and how crisis teams coordinate with other emergency personnel” (2011, p. 282).

Leadership in a Time of Crisis

In searching for articles on lessons learned by principals following a crisis event, few can be found. In his article *Principals’ Decision-Making as Correlates of Crisis Management in South-West Nigerian Secondary Schools*, Oredein stated that “various suggestions have been made by scholars on how to manage crisis in secondary schools but not much work has been done on principals’ decision-making in managing such crisis” (2010, p. 64). Through his research, Oredein determined that principals who are good leaders and are good at making decisions are able to manage crises well. Although this is useful information, the study did not assess the specific skills that leaders should possess in order to be considered good decision makers.

In another article entitled *Common Errors in School Crisis Response: Learning from our Mistakes* (Cornell & Sheras, 1998), five scenarios are presented in which principals’ actions had a direct impact on the outcome of the crisis response. This study is relevant since school crisis plans “typically highlight the importance of leaders taking charge by assessing the situation, making decisions, giving directions to others, and supervising activities” (Cornell & Sheras, 1998, p. 297). In instances where the principal implemented a skillful and competent response to the dangers of the immediate situation, utilizing the essential skills of leadership, team work, and responsibility, the result was a more rapid recovery and return to normalcy (Cornell & Sheras, 1998, p. 305). However, when the principal failed to recognize a crisis event, demonstrated weaknesses in

leadership, did not initiate a thoughtful team response, or neglected to take responsibility, the event actually became worse (Cornell & Sheras, 1998, p. 297). The authors noted “while we agree wholeheartedly that plans are integral to successful crisis response, equally important is the process by which school professionals implement their plan” (Cornell & Sheras, 1998, p. 297). As can be seen, school leaders must possess the skills and training necessary to respond appropriately and mitigate the effects of a crisis event in their schools.

To assist principals in planning for and preventing violence in their schools, researchers at The University of Oregon Institute on Violence and Destructive Behavior conducted a survey of school principals to assess the safety status and needs of schools across that state. This survey specifically inquired about the principals’ perceptions of risk and protective factors affecting school safety, as well as, school safety concerns and intervention programs. The principals surveyed indicated that bullying, harassment, poverty, and, transiency were the highest rated risk factors affecting school safety. On the other hand, response to conflict, suicide prevention, and staff training were the highest rated protective factors affecting school safety. Principals reported that their highest priority for change was improvement of the academic program. This was followed by improvements in school safety and discipline.

Implications of the study included the recognition that “changing the culture of harassment and bullying in schools would likely move us closer to the goal of violence free schools” (Sprague, Smith & Stieber, 2002, p. 60). Furthermore, recommendations were made for schools to utilize the survey results to develop safe schools plans including an audit of the physical safety of the building, school wide training on violence

prevention, and a self-assessment of relevant risk and protective factors. Gathering this assessment data would enable the principal to reduce the risk of violence and improve the overall safety of the school.

Conclusions

As this survey of the literature suggests, little research exists on proven methods of crisis management K-12 administrators should follow before and after a crisis event. Although many articles exist on crisis planning and response methods, few are empirical research articles. Adamson and Peacock purported that, “part of the reason for the lack of research is that the unpredictable nature of crises makes it difficult to utilize many important components of the traditional scientific approach” (2007, p.749). As a result, several researchers noted the need for empirical studies regarding these issues. For example, Knox and Roberts stated that “because school crisis management has increased in attention and need over the past decade, we hope the research needed to validate the knowledge base and interventions will be forthcoming” (1998, p. 297). Furthermore, despite the fact that crisis intervention models have been in existence for decades, their adoption in schools and school districts remains inconsistent. School crisis plans “typically highlight the importance of leaders taking charge by assessing the situation, making decisions, giving direction to others, and supervising activities” (Cornell & Sheras, 1998, p. 297). As Adamson and Peacock found in their study of 228 School Psychologists across the nation, the vast majority, 93%, reported that their schools had experienced and responded to a major crisis event. With such a high likelihood of a crisis event occurring, the question remains: Do school leaders feel prepared to respond to a crisis event and provide the necessary postvention and recovery supports needed to

ensure the overall well being of their students and staff? In this study, this researcher seeks to answer these questions, so that administrators may learn how to effectively reduce chaos and stress in the aftermath of a traumatic event in their schools.

CHAPTER 3

METHODOLOGY

In this chapter, the researcher will describe the research design, methodology and procedures used to investigate school principals' self-assessed levels of preparedness for and experiences with a crisis event in the low country region of South Carolina. This is a replication of a quantitative study conducted by Adamson and Peacock in 2007. That study consisted of a survey of school psychologists' experiences with, and perceptions of, crisis preparedness. In this study, principals were surveyed to assess their training on crisis preparedness, experiences in responding to a crisis event, and lessons learned from those experiences. This replication method was selected since school principals are typically responsible for managing a school crisis from the moments following the critical incident through the aftermath. As a result, they may be the best informants when obtaining data on crisis preparedness, crisis response, and best practices following a critical event. In this chapter, the researcher will present the study's research design, research sample, instrumentation, data collection procedures, and data analysis.

Research Questions

The level of preparedness for and experiences of a crisis event will be determined by answering the following questions:

1. To what degree have school principals in the low country region of South Carolina experienced a crisis event in their school?

2. Do principals in the low country region of South Carolina believe they are sufficiently trained to respond to a crisis event?
3. What training have principals in the low country region of South Carolina received in crisis response?
4. What additional training do principals in the low country region of South Carolina believe should be provided?
5. What postvention strategies and recovery practices were implemented immediately following a crisis event?
6. What prevention, postvention, and recovery practices did school principals in the low country region of South Carolina believe to be the most effective?

Research Design

For this quantitative study, an on-line survey method was utilized to assess principals' previous training, training needs, experiences with crisis events, perceived preparedness for crisis events and lessons learned from experiencing any previous crises. Since this is a replication study, surveying respondents to collect quantitative data for analysis, as was used in the original study, is most appropriate. In this study, respondents were asked the same questions that Adamson and Peacock asked of school psychologists in 2007.

Population

The population for this study was acting school principals in the low country region of South Carolina. For the purposes of this study, the low country is defined as Beaufort, Charleston, Berkeley, and Dorchester counties. The sample for this study is 129 school principals in the South Carolina low country for whom email addresses were

obtained. As stated previously, only principals were selected for this study due to the leadership role they must take in the aftermath of a crisis. The population of acting principals in the low country region of South Carolina was selected due to the researcher's ability to easily ascertain their names and contact information. A list of principals and their email addresses was obtained from each district and was utilized to make initial contact and follow-up contact with the participants.

Instrumentation

The instrument for this study is a replication of that used in the Adamson and Peacock study in which 228 school psychologists were surveyed. To ensure the validity of their survey instrument, Adamson and Peacock reviewed crisis intervention literature, developed questions based upon best practices found in the literature, piloted the instrument, and tested the instrument on a small sample, prior to sending it out.

The survey used in this study was created to obtain the same information but in an abbreviated format. To assess the content validity of the abbreviated survey, the researcher requested a peer review of both instruments by three professionals, with knowledge of instrumentation, who were currently employed in the field of public education. After reviewing both instruments, the results of the peer review indicated that both surveys obtained the same information from the respondents.

Some additional modifications were also made to the original survey. For example, Adamson and Peacock asked several questions about the make-up, roles, and responsibilities of the Crisis Response Teams. This information was easily ascertained from several other articles found in the literature. As a result, this researcher did not find it necessary to collect additional data on that topic. However, a noted void in the

literature is empirical research on effective strategies used in the event of a crisis. Due to this void, this researcher believed it was important to add a question regarding which prevention and postvention strategies the principals believed to be most effective. Finally, since these data could not be located in the literature, two questions were added to determine the level of preparedness of school principals for a crisis event.

An internet service, Survey Monkey, was used to manage the on-line survey and capture the results. Survey Monkey is a web based, survey development company, specifically designed for survey creation and data collection. As opposed to the original study, which utilized a paper and pencil survey sent to respondents in the mail, this survey method was selected because it ensures that the appropriate person receives the survey, the process of completing the survey is fairly quick and easy for respondents, the collection of results is immediate, and analysis of the data was simplified.

The first question in the survey used in this study requested the respondents' title to ensure that all of the participants completing the survey were acting principals. It was then broken down into several sections. The first section asked what types of crisis events principals had experienced, if any, their perceived level of preparedness for a crisis event, what established crisis prevention strategies they had in place, and what types of crisis prevention and intervention training they had received. The participants were then asked two questions that were not included in the original survey but that this researcher believed to be important for this study. Those questions ask whether the respondents believed they are sufficiently prepared to respond to a crisis and what additional training they believed they needed to be sufficiently prepared. Next, if the participants had experienced a crisis event in their school, they are asked what

postvention strategies were utilized. A new question was then added inquiring about what they believed were the most effective intervention and postvention practices in mitigating the impact of the event on the students and staff in their schools. Finally, as in the original study, respondents were asked whether the school/district evaluated the crisis response and how well the school/district handled the crisis event.

Data Collection Procedures

To collect the data for this study, a letter explaining the purpose of the study and requesting participation in the study, along with a hyperlink to the internet survey (Appendix A), was emailed to 129 identified principals in the low country region of South Carolina on April 24th, 2015. The names and email addresses of the principals were obtained through the district websites or through correspondence with the district offices. The letter was approved by the University of South Carolina Institutional Review Board (IRB) as part of the study approval process. The letter notified recipients that their participation in the study was voluntary, that the survey would take approximately five minutes to complete, that they were not required to answer every question, that their responses and all identifying information would be kept confidential, and that no compensation or enticement would be provided in return for their participation. If the recipients decided to participate in the study, they were asked to click on an internet hyperlink that sent them directly to the survey.

After the initial emails were sent, five were returned to the researcher because the email address could not be found. The researcher presumed that the other 124 were delivered to the intended recipients. At the conclusion of the first week, 27 participants had responded to the survey. One week later, on April 30th, 2015, a reminder email was

sent to potential participants. Two weeks later, on May 10th, 2015, the survey was closed with a sample size of 35 respondents, which is approximately a 28% response rate. After the survey was closed, the data was collected and compiled electronically by Survey Monkey.

Data Analysis

Once the preliminary survey data was obtained, the results were exported into Microsoft Excel and analyzed using a computer software program called ANALYZE-IT. Descriptive statistics are used to determine the frequencies and percentages of responses to each survey question and the individual items endorsed. In Chapter Four, the results from this analysis are depicted utilizing tables and histograms. Histograms provide a visual representation of the data distribution and frequency. The responses were initially screened for missing data. The majority of respondents answered all of the survey items. Three of the questions were “skipped” once. The data was then analyzed for inconsistencies and outliers. None were noted in the initial screening process.

Research Question One

To what degree have school principals in the low country region of South Carolina experienced a crisis event in their school?

To answer question one, the researcher will use descriptive statistics to establish the number of school principals in the low country region who reported having experienced a crisis event that broadly impacted the school environment. Individual responses to that survey question will be analyzed to account for the number of principals who indicated that they had experienced a crisis event. The number of principals who reported experiencing a crisis event that broadly impacted the school environment will be

calculated as a percentage of the total of those who responded. In addition, descriptive statistics will be used to determine the most common crisis events the principals reported to have experienced.

Research Question Two

Do principals in the low country region of South Carolina believe they are sufficiently trained to respond to a crisis event?

To answer question two, the principals will be asked whether or not the training they have received is sufficient to prepare them for a crisis event in their school.

Descriptive statistics to determine the frequencies of principals who responded yes, no, or I don't know on the survey will be calculated and analyzed to report how many principals indicated that they were, or were not, prepared for a crisis event.

Research Question Three

What training have principals in the low country region of South Carolina received in crisis response?

To answer question three, descriptive statistics of frequency and percentage will be used to describe the types of training principals in the low country region of South Carolina selected from the list of choices on this question of the survey. Histograms will also be used to provide a visual depiction of the distribution of the data.

Research Question Four

What additional training do principals in the low country region of South Carolina believe should be provided?

Question four will be answered using the descriptive statistics of frequency and percentage to describe the types of training principals in the low country region of South

Carolina selected from the list of choices on that survey question. In addition, a histogram will be provided as a visual representation of the training options selected by the respondents.

Research Question Five

What postvention strategies and recovery practices were implemented immediately following a crisis event?

Descriptive statistics of percentages and response rates will be used to answer research question six. These data will show the postvention strategies and recovery practices principals indicated they implemented following a crisis event. The data will be obtained from the items respondents selected from a list of choices. A histogram will be included to illustrate the shape of the data distribution.

Research Question Six

What prevention, postvention, and recovery practices did school principals in the low country region of South Carolina believe to be the most effective?

Question six will be answered in the same method as question five. The same list of choices was provided to respondents to select the prevention, postvention, and recovery practices principals thought were the most effective. The frequency and percentage of response rate will be provided in both a table and a histogram illustrating the data distribution.

Limitations

The purpose of this study is to gather data on principals' readiness for, and experiences of, crisis events in their schools. This study was limited to only acting school principals in the low country region of South Carolina. One limitation of this

study is the small population of principals in the low country of South Carolina, resulting in a small sample size of 129. In addition, the number of respondents was only 35, a response rate of 28%. As a result, generalizability of the findings may be limited. In addition, the survey was emailed at a time of year when many other demands are being placed upon principals' time, (e.g., high stakes testing and end of the year procedures). This could have resulted in a lower response rate than if the survey had been conducted at another time during the school year. Finally, principal self-reports might not align with the perceptions of staff or other members of the Crisis Response Team. Although they were assured anonymity, principals might be reluctant to report that they are not prepared for any event that could potentially negatively impact their school. These are some of the identified limitations of this study.

Summary

Chapter 3 reviewed the methods that were used to assess school principals in the low country region of South Carolina's self reported level of preparedness for, and experiences with, crisis events in their schools. This study is a quantitative study that replicates one conducted by Adamson and Peacock in 2007. Adamson and Peacock surveyed 228 school psychologists about their experiences with crisis prevention and intervention. In this study the same questions were asked of principals, with some modifications made to the individual survey items to collect additional data this researcher found relevant. A letter requesting participation in the study, along with a link to an online survey, was emailed to 129 principals in the low country region of South Carolina. There were 35 respondents, a response rate of approximately 28%. Those

results were analyzed using a software program called ANALYZE-IT. The results and analysis of this study are provided in Chapter 4.

CHAPTER 4

RESULTS

As stated in Chapter 1, the primary objectives of this study are to investigate how prepared principals in the low country region of South Carolina are for a crisis event and to gather information on their crisis prevention and intervention experiences. This is a quantitative study that replicates the methodology of a study conducted by Adamson and Peacock in 2007, posing the same survey questions to school principals as those posed to school psychologists, with the addition of three questions the researcher believes are relevant. This data will be used to determine whether principals in the low country of South Carolina have experienced a crisis event, whether they feel prepared to respond to a crisis, whether they have had adequate crisis response training, whether they feel additional training is needed, and what practices were in place prior to and following a crisis event and what practices they believed were the most effective.

In this chapter, survey data that was obtained from 35 acting principals in the South Carolina low country from April 24th through May 10th, 2015 will be analyzed. For this study, the low country is defined as Beaufort, Charleston, Berkeley, and Dorchester counties. Data presented in Chapter 4 will answer the following research questions:

1. To what degree have school principals in the low country region of South Carolina experienced a crisis event in their school?

2. Do principals in the low country region of South Carolina believe they are sufficiently trained to respond to a crisis event?
3. What training have principals in the low country region of South Carolina received in crisis response?
4. What additional training do principals in the low country region of South Carolina believe should be provided?
5. What postvention strategies and recovery practices were implemented immediately following a crisis event?
6. What prevention, postvention, and recovery practices did school principals in the low country region of South Carolina believe to be the most effective?

Descriptive Data

There were 35 participants who responded to the survey. The only qualitative information obtained was their role in school. Of the 35 participants, 34 indicated that they were principals. One responded that he/she was a Program Director who acted as the principal of a district alternative program. As a result, one could consider that respondent a principal, as he/she would assume the leadership role in that school in the event of a crisis. Taking that into consideration, 100% of those who responded to this survey are current school principals or leaders in the low country region of South Carolina.

Quantitative Findings

Descriptive statistics are used to present the data obtained from this study. On April 24th, 2015, 129 principals in the South Carolina low country were emailed a letter requesting their participation in the study, along with a link to an on-line survey. Five of

the emails were returned due to invalid email addresses. Thirty-five school leaders, or approximately 28%, responded to the survey. The survey results are presented below in the form of tables and, in some cases, histograms to display the information. Both tables and histograms are accompanied by an analysis of the data to explain the purpose and meaning of the findings.

Research Question One

To what degree have school principals in the low country region of South Carolina experienced a crisis event in their school?

To answer this question, the researcher will use descriptive statistics to establish the number of school principals in the low country region who reported to have experienced a crisis event. Individual responses to the survey were analyzed to account for the number of principals who indicated that they had experienced a crisis event. That number was then calculated into a percentage of the total of those who had responded.

Table 4.1

Have experienced a crisis event which broadly impacted the school environment

Principal response	Percentage	*Frequency
Yes	71.42%	25
No	28.57%	10

*N=35

According to the survey results, the majority of principals in the South Carolina low country (71.42%) indicated that they had experienced a crisis event which broadly impacted the school environment. Contrarily, nearly one third of the respondents (28.57%, $n = 10$) indicated that they had not experienced a significant crisis event in their schools.

As with the Adamson and Peacock study, respondents were asked to select what crisis events they had experienced. The most commonly reported crisis events, selected by nearly half of the principals, were transportation accidents involving students or school personnel (48.57%, $n = 17$) and other unexpected or natural deaths of students or school personnel (45.71, $n = 16$). The next most common crisis events experienced were suicides, which was selected by 20% of the respondents. Less common crisis events included natural disasters (8.57%) and man-made disasters (5.71%). None of the participants in the survey indicated that they had experienced a school shooting, a hostage situation, or a terrorist attack. “None of these” was selected by nearly one third (25.71%) of the respondents and 11.43% indicated that they had experienced an event other than those listed. Details regarding participants’ responses to this question are reported in Table 4.2 and in Figure 4.1.

Table 4.2

Crises Experienced That Broadly Impacted the School Environment

Crises experienced	Percentage	Frequency
School shooting	0.00%	0
Man-made disaster (chemical spill, explosion)	5.71%	2
Suicide	20.00%	7
Hostage situation	0.00%	0
Transportation accidents involving students/school personnel	48.57%	17
Other unexpected or natural deaths of students and/or school personnel	45.71%	16
Natural disaster (hurricane, tornado, earthquake, flood)	8.57%	3

Crises experienced	Percentage	Frequency
Terrorist attack	0.00%	0
None of these	25.71%	9
Other	11.43%	4

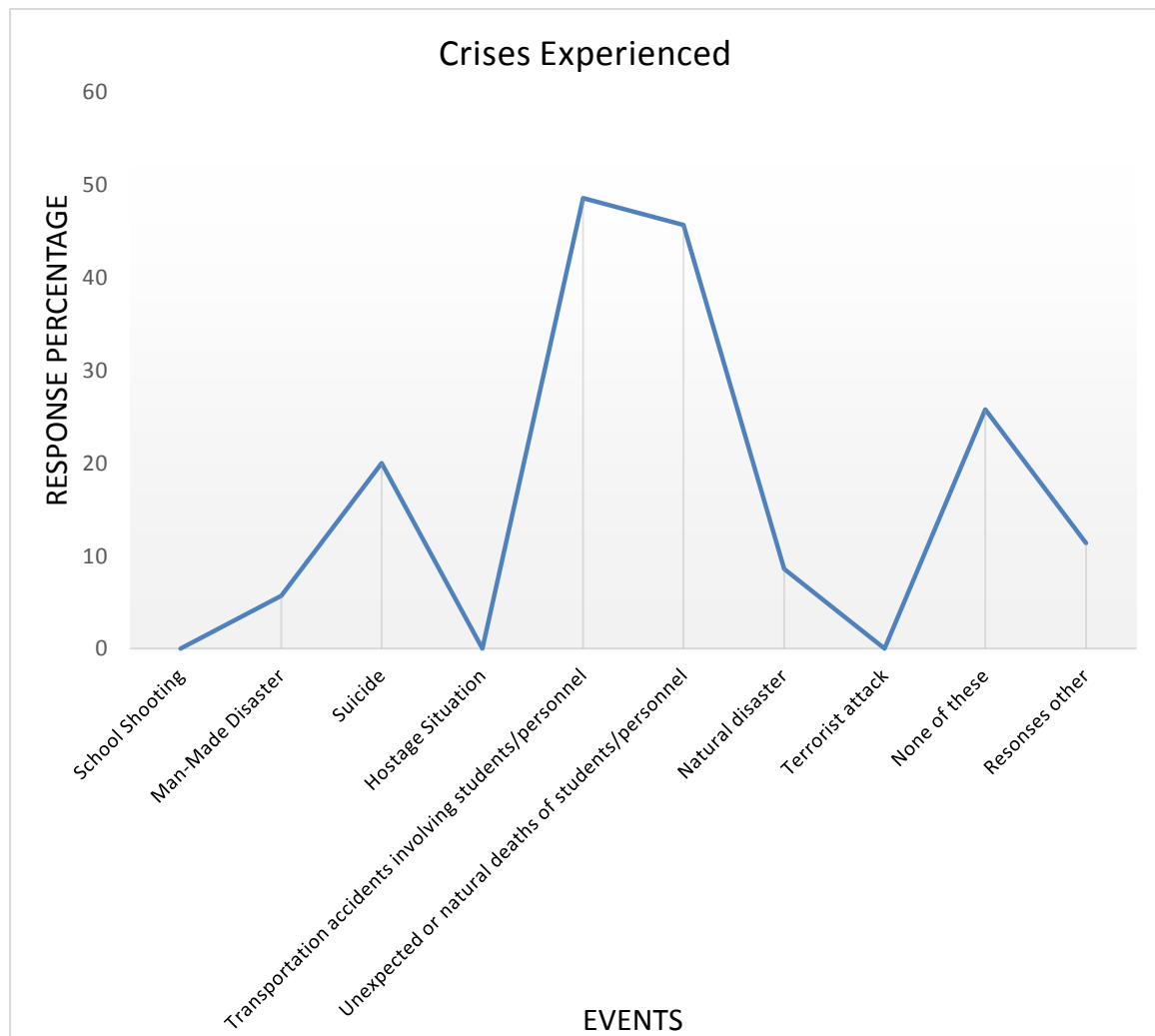


Figure 4.1 Crises Experienced That Broadly Impacted the School Environment

Research Question Two

Do principals in the low country region of South Carolina believe they are sufficiently trained to respond to a crisis event?

To assess whether principals in the South Carolina low country felt they were sufficiently trained for a crisis event, the frequency and percentage of principals who responded yes, no, or I don't know, to this question on the survey were calculated and analyzed. Adamson and Peacock (2007) did not ask this question of school psychologists. This question was added to this study by the researcher because it is relevant when gathering information about the overall level of principals' crisis preparedness in schools. All of the participants responded to this question. More than half of the principals surveyed ($n = 18$, 51.43%) indicated that they had received sufficient training to prepare them for a crisis event in their schools. However, the other half of the principals surveyed either felt they had not received sufficient training ($n = 8$, 22.86%) or they did not know ($n = 9$, 25.71%) whether they had received sufficient training to be prepared for a crisis event.

Table 4.3

Is the Training Sufficient?

Principal response	Percentage	*Frequency
Yes	51.43%	18
No	22.86%	8
I don't know	25.71%	9

*N=35

Research Question Three

What training have principals in the low country region of South Carolina received in crisis response?

The training experiences of school principals in the low country region of South Carolina were assessed with a survey question that asked respondents to indicate the types of crisis prevention and intervention training they had received. Since one participant skipped this question, only 34 of the 35 participant's responses were collected. All of those who answered this question indicated that they had received some type of crisis response training. The majority (85.29%) of the principals indicated that they had received an in-service training on crisis prevention and intervention. Well over half ($n = 21$, 61.76%) of the respondents had received workshop training. More than one third of the participants indicated that they had received training in a conference. However, when asked about formal training on comprehensive models of crisis response such as NOVA, PREPaRE, or NIMS, only 26.47% ($n = 9$) had received that level of training. Approximately one quarter ($n = 8$, 23.53%) of those who answered this question indicated that they had studied this topic personally. The most infrequently selected responses to this question included a section in a graduate class (11.76%), graduate course work (5.88%), and other types of trainings (5.88%). The data are depicted in Table 4.4 and Figure 4.2.

Table 4.4

Crisis Intervention Training Received

Crisis intervention training	Percentage	*Frequency
Graduate course work	5.88%	2
Workshop training	61.76%	21
Conference training	38.24%	13

Crisis intervention training	Percentage	*Frequency
Section covered in graduate class	11.76%	4
In-service training	85.29%	29
Personal study/reading	23.53%	8
Comprehensive training on a specific model of intervention such as NOVA, PREPaRE, and/or National Incident Management System (NIMS)	26.47%	9
None	0.00%	0
Other	5.88%	2



Figure 4.2 Crisis Intervention Training Received

Research Question Four

What additional training do principals in the low country region of South Carolina believe should be provided?

Another question that was added to this survey, which was not included in the Adamson and Peacock survey, was what types of training principals in the low country region of South Carolina believe they need to be sufficiently prepared for a crisis event. Assessing the principals' perceived training needs is necessary to guide schools and districts in planning for crisis prevention and intervention training. Participants were provided the same list of response choices as in Table 4.4 and Figure 4.3. The responses to this question are shown in Table 4.5 and Figure 4.3.

Table 4.5

Crisis Intervention Training Needed to be Sufficiently Prepared

Crisis intervention training	Percentage	*Frequency
Graduate course work	5.88%	2
Workshop training	55.88%	19
Conference training	23.53%	8
Section covered in graduate class	5.88%	2
In-service training	44.12%	15
Personal study/reading	8.82%	3
Comprehensive training on a specific model of intervention such as NOVA, PREPaRE, and/or National Incident Management System (NIMS)	47.06%	16
None	5.88%	2
Other	0.00%	0



Figure 4.3 Crisis Intervention Training Needed to be Sufficiently Prepared

More than half ($n = 19$, 55.88%) of the principals surveyed believed they needed additional training in the form of a crisis training workshop in order to be sufficiently prepared for a crisis event. Nearly half ($n = 16$, 47.06%) indicated that they needed comprehensive training on a specific model of crisis intervention and nearly half ($n = 15$, 44.125) also indicated that an in-service training on crisis intervention was needed. Approximately one fourth (23.53%) of the respondents felt that training in a conference was necessary to be prepared for crisis event. Less than 10% selected personal study as an option and about 5% of the participants selected graduate course work, a section in a graduate class, or “none” as the type of training needed to be sufficiently prepared.

Research Question Five

What postvention strategies and recovery practices were implemented immediately following a crisis event?

Prior to being asked what postvention strategies were used in the event of a school-based crisis, the respondents were asked what prevention strategies were currently established in their schools. Almost all of the principals indicated that they had a current school-based crisis intervention team ($n = 33, 94.29\%$), as well as, a current district-wide crisis intervention team ($n = 29, 82.86\%$). When the individual respondent's data were reviewed and analyzed, in fact all of the 35 participants in this study indicated that they had either a school-based crisis intervention team or a district-wide crisis intervention team. However, very few reported having a community based (5.71%) or regional team (2.86%). Nearly all of the respondents indicated that they had a protocol for ensuring the physical safety of students ($n = 32, 91.43\%$) and that they regularly practiced drills other than for natural disasters ($n = 32, 91.43\%$). When asked about crisis plans, 68.57% of the principals surveyed indicated that they had a current crisis intervention plan for a variety of crisis scenarios and 54.29% indicated that they had a current crisis intervention plan to be used for any crisis event. Again, the individual responses were analyzed and the results from that analysis indicated that all but three (or 91.43%), of the principals surveyed reported having some kind of pre-established crisis intervention plan.

After responding to question about crisis prevention strategies, participants were then asked what their school had done in the most severe crisis events. Nearly three quarters of the respondents to this question indicated that parents were contacted ($n = 24, 68.57\%$). Approximately half of the principals contacted community emergency services

($n = 16$, 45.71%) and held teacher and administrative meetings ($n = 20$, 57.14%) following the event. About a third of the principals reported that they evacuated students from the building ($n = 12$, 34.29%), moved students to another location ($n = 10$, 28.57%), and held meetings with parents, students, and community members ($n = 9$, 25.71%).

Table 4.6

Crisis Prevention Strategies Currently Established

Crisis Prevention Strategies	Percentage	*Frequency
A current crisis intervention plan to be used for all crisis events	54.29%	19
A current crisis intervention plan that includes a variety of options for responses depending on the situation and its severity	68.57%	24
A current school-based crisis intervention team	94.29%	33
A current district-wide crisis intervention team	82.86%	29
A current community-based crisis intervention team	5.71%	2
A current regional crisis intervention team	2.86%	1
A protocol for ensuring physical safety of students and staff (i.e., exterior doors remain locked, classroom doors remain locked, ID badges, etc.)	91.43%	32
Regularly practiced drills for crises other than for natural disasters (i.e., lock down, intruder, active shooter)?	91.43%	32
None	0.00%	0
Other	0.00%	0



Figure 4.4 Crisis Prevention Strategies Currently Established

In terms of psychological treatment, eight (22.86%) of the respondents indicated that their school had provided psychological first aid or brief counseling services following the event. In addition, four (11.43%) respondents indicated that group debriefings and long term grief counseling were used. Only two (5.71%) of the principals who answered this question indicated that physical first aid was required, and, only three (8.57%) indicated that their schools were closed for a period of time. Although 17.14% ($n = 6$) of the participants indicated that a Reunification Site was established, only one indicated that they had established a Safe Haven. Finally, 17.14% ($n = 6$) of the principals who responded to this question indicated that the question was not applicable to them and one indicated that other crisis interventions were used.

Table 4.7

Crisis Intervention Responses to the Most Severe Cases

Crisis responses	Percentage	*Frequency
Not Applicable	17.14%	6
Community emergency services contacted	45.71%	16
Students evacuated from school building	34.29%	12
Students moved to another location in the school or classroom	28.57%	10
School closed for any length of time	8.57%	3
Parents contacted	68.57%	24
Establishment of a Reunification Site	17.14%	6
Establishment of a Safe Haven	2.86%	1
Physical first aid (provided during/immediately after the event)	5.71%	2
Psychological First Aid/Psychological Triage (provided during/immediately after the event)	22.86%	8
Parent/Student/Community meetings after the event	25.71%	9
Teacher/Administrative meetings after the event	57.14%	20
Brief psychological/counseling services	22.86%	8
Group psychological debriefing	11.43%	4
Long-term/grief counseling (in the weeks/months following the event)	11.43%	4
Other	2.86%	1

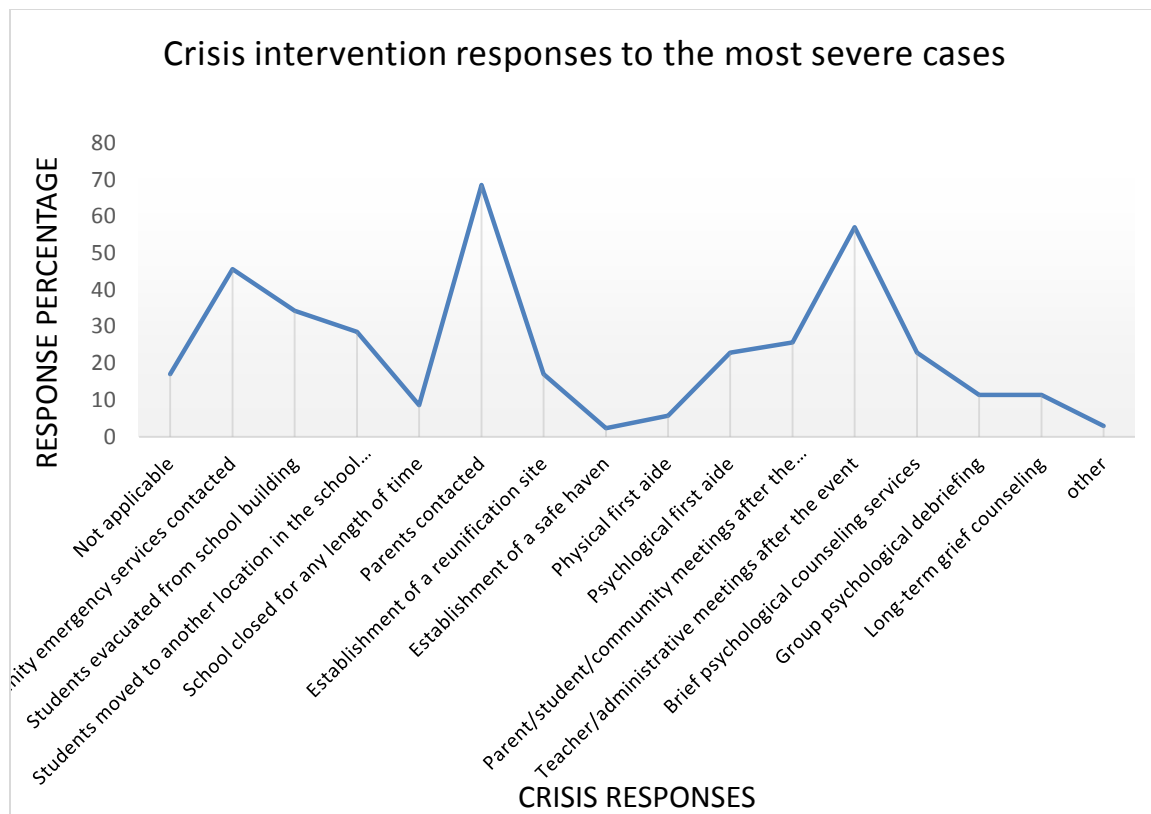


Figure 4.5 Crisis Intervention Responses to the Most Severe Cases

Research Question Six

What prevention, postvention, and recovery practices did school principals in the low country region of South Carolina believe to be the most effective?

As stated in the literature review for this study, little empirical research exists on which crisis intervention practices have been found to be the most effective. Due to this void in the literature, the researcher added a question asking principals, who are the leaders in crisis management throughout the event, what they believed were the most effective crisis prevention, intervention, and postvention strategies. The results of this question are found in Table 4.8 and Figure 4.6.

Table 4.8

Most Effective Crisis Prevention, Intervention, and Postvention Strategies

Crisis strategies	Percentage	*Frequency
Not Applicable	29.41%	10
A crisis plan to be used for all crisis situations	17.65%	6
A crisis plan that includes a variety of options for responses depending on the situation and its severity	41.18%	14
A pre-established school-based crisis intervention team	50.00%	17
A pre-established district-wide crisis intervention team	35.29%	12
A pre-established community-wide or regional crisis intervention team	11.76%	4
A protocol for ensuring physical safety of students and staff (i.e., exterior doors remain locked, classroom doors remain locked, ID badges, etc.)	41.18%	14
Regularly practiced drills for crises other than for natural disasters (i.e., lock down, intruder, active shooter)	52.94%	18
Establishment of a Reunification site	17.65%	6
Establishment of a Safe Haven	5.88%	2
Physical first aid (provided during or immediately following the event)	11.76%	4
Psychological First Aid/Psychological Triage (provided during/immediately after the event)	8.82%	3
Parent/Student/Community meetings after the event	29.41%	10
Teacher/Administrator meetings after the event	38.24%	13
Group psychological debriefing	8.82%	3
Long-term/grief counseling (in the weeks/months following the event)	5.88%	2
Other	0.00%	0

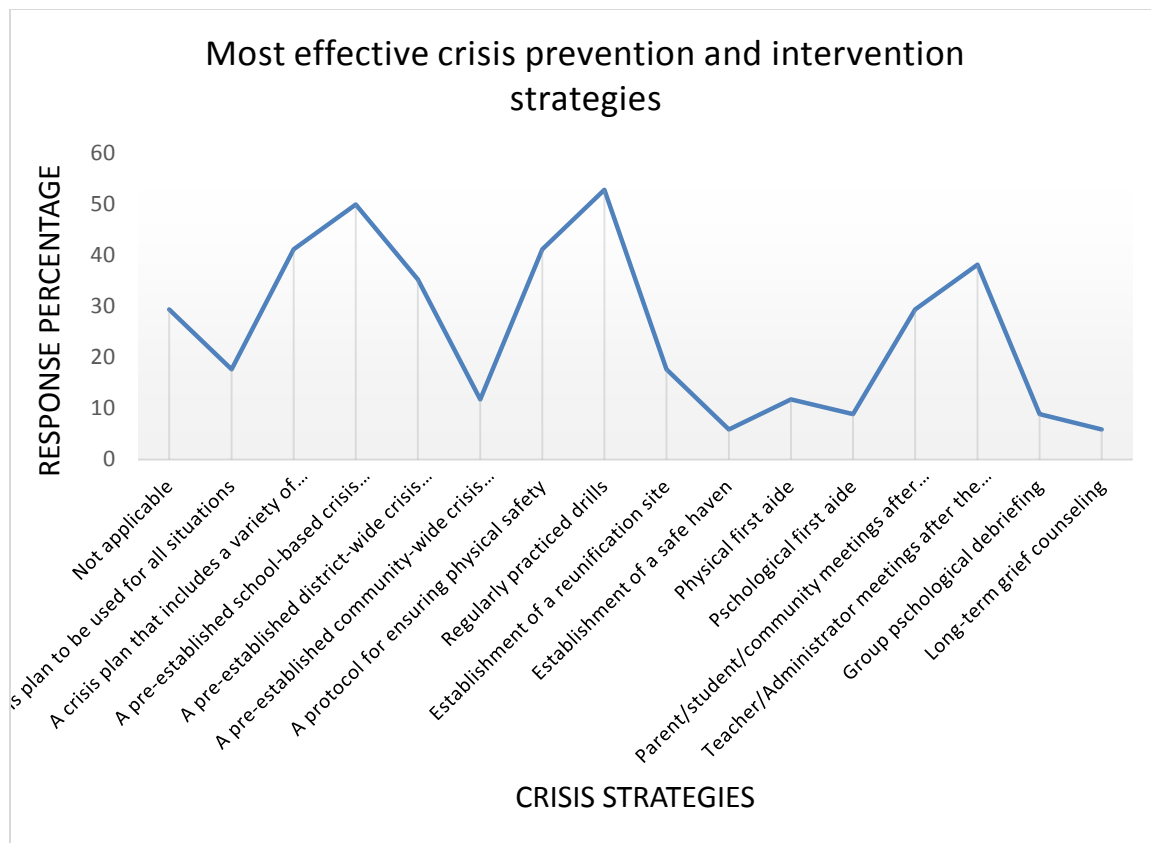


Figure 4.6 Most Effective Crisis Prevention, Intervention, and Postvention Strategies

When the principals were asked to indicate the most effective prevention and postvention strategies utilized in minimizing the impact of the crisis event, 10 (29.41%) of them selected “Not Applicable.” Half of them indicated that regularly practiced drills ($n = 18$, 52.94%) and a pre-established school-based crisis intervention team ($n = 17$, 50.00%) were the most effective prevention strategies. Having a pre-established district-wide crisis team was considered to be effective by more than one third of the respondents ($n = 12$, 35.29%), while only 11.76% ($n = 4$) of the respondents indicated that a pre-established community wide crisis team was one of the most effective preventions. Approximately 40% ($n = 14$, 41.18%) of those who answered this question indicated that a protocol for ensuring physical safety of students and staff and a crisis plan that included

a variety of options, depending on the situation, were the most effective prevention methods. On the contrary, only 6 of the participants (17.65%) indicated that a crisis plan for all crisis situations was one of the most effective strategies.

To ensure the accuracy of these findings, the individual reports from each respondent were analyzed and data was collected on the number of principals who indicated that having any kind of crisis team and any kind of crisis plan were effective strategies. When analyzing the data this way, 19 (76.00%) of the 25 respondents indicated that having a crisis team was one of the most effective strategies and 15 (60.00%) of the 25 respondents indicated that having a crisis plan was one of the most effective strategies. Clearly, this more detailed analysis resulted in much higher ratings on these two items and suggests that they are in actuality two of the most highly rated interventions.

In the event of a crisis, the most effective intervention and postvention strategies included teacher and administrator meetings ($n = 13$, 38.24%) and parent, student, and community meetings ($n = 10$, 29.41%). Establishment of a Reunification Site was considered most effective by six (17.65%) of the principals. However, only two (5.88%) found the establishment of a Safe Haven to be most effective. Approximately 10% of those surveyed believed that physical first aid ($n = 4$, 11.76%), psychological first aid ($n = 3$, 8.82%), and group debriefings ($n = 3$, 8.82%) were the most effective postvention strategies. Finally, long term grief counseling in the weeks and months following the event was considered to be one of the most effective postvention strategies by only two (5.88%) of the principals who answered this question.

Additional Data

The following questions were included in this survey because they were questions Adamson and Peacock asked of the participants in their study. Those questions are: 1) whether or not the school or district evaluates the crisis team response, and 2) on a scale of 1 to 7, how well your district handles crisis events. The results of those two questions are found in Table 4.9, Table 4.10, and Figure 4.7.

Table 4.9

Evaluation of Crisis Team Response

Crisis team evaluated	Percentage	*Frequency
Yes	51.43%	18
No	14.29%	5
I don't know	34.29%	12

*N=35

Participants were asked to indicate “yes,” “no,” or “I don’t know” to a question inquiring as to whether or not the school or district evaluated its crisis team response. All of those who took this survey answered this question. More than half of the principals surveyed ($n = 18$, 51.43%) indicated that their crisis team response was evaluated. Only five (14.29%) indicated that their crisis team response was not evaluated. However, more than one third ($n = 12$, 34.29%) of the respondents did not know whether their crisis response was evaluated.

The final question of the survey asked principals, on a scale of 1 to 7, with 1 being not good at all, 3 being fair, 5 being very good, and 7 being superb, how well they think their schools or districts do at handling crisis response. The responses to this question resulted in a mean of 5.57 ($SD = .81$), or a very good rating. The vast majority

rated their schools/districts highly on this item. Thirteen principals (37.14%) give a rating of five, or very good, and 15 (42.86%) principals give a rating of six on this item. The highest rating of seven, or superb, was awarded by four (11.43%) principals, while a neutral rating of four was selected by three (8.57%) of the principals .

Table 4.10

Crisis Team Performance Rating on a Scale of 1 to 7

Team rating	Percentage	<i>n</i>
One	0.00%	0
Two	0.00%	0
Three	0.00%	0
Four	8.57%	3
Five	37.14%	13
Six	42.86%	15
Seven	11.43%	4

*N=35

Summary

In Chapter 4, the findings of this study were presented. In order to answer the research questions, quantitative survey data was collected from principals in the low country region of South Carolina. The survey data was presented in this chapter in the form of charts and graphs depicting the percentages and response rates of each survey item. In addition, a description of the results was reported. Chapter 5 provides further discussion about these results and implications for future studies.

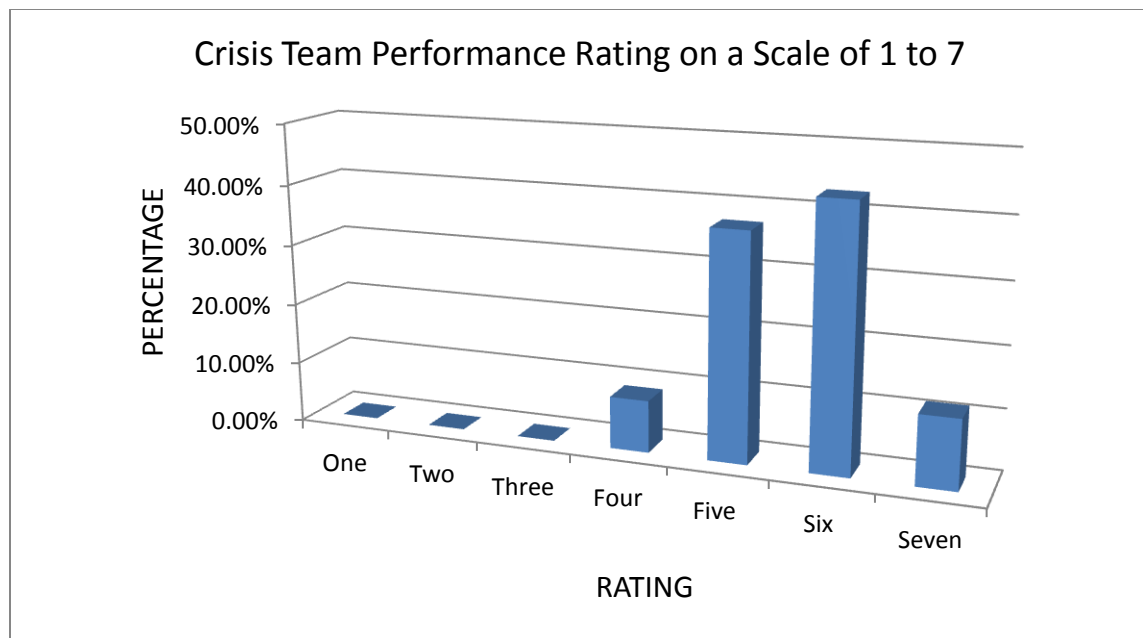


Figure 4.7 Crisis Team Performance Rating on a Scale of 1 to 7

CHAPTER 5

CONCLUSIONS AND DISCUSSION

In Chapter 5, a summary of the study is presented. The findings of the research, which were presented in Chapter 4, are analyzed and conclusions are drawn from the data. The chapter begins with a brief summary of the purpose of the study and a review of the literature on the topic. The chapter continues with a description of the research methodology and a summary of the findings. The chapter concludes with a discussion of the implications of the study and recommendations for further research.

Purpose of the Study

As a long time district crisis team member in the South Carolina low country, I have responded to many crisis events in schools. I have witnessed responses to these events that were both well executed and poorly executed. In situations where the school had a pre-established crisis plan that was followed during and after the event, I witnessed a fluent process of intervention and postvention strategies that resulted in minimal disruption to the school environment. On the other hand, I have also witnessed crisis responses in which decisions were made poorly and protocol was not followed, resulting in chaos in the learning environment and unnecessary additional trauma to students and staff. In experiencing a large variety of crisis responses, I began to recognize that the overall quality of the crisis response is only as good as the one leading it, which is typically the school principal. Unfortunately, many principals believe they know what is best for their school and their students causing them to react inappropriately at a time

when emotions hinder their ability to make the best decisions for all of those affected, which could result in unnecessary suffering and confusion.

The daily news is filled with any and every incident of school violence or mass casualty occurring in schools. The stories are disturbing and heart wrenching and frequently result in demands to increase the physical safety of children in a place where they should be free from harm. The response is an emphasis on ID badges and drills and gun control. The collateral damage to the students, staff, parents, and community is deep and dark. Everyone looks for someone to blame. Why weren't the doors locked? Why wasn't the glass bullet proof? Why did it take the police so long to respond? Where was the administration? The person responsible for the decision making in the initial moments of any school crisis is typically the school principal, but, is s/he prepared? Is s/he able to make the right decisions at times of chaos and uncertainty? Is s/he able to manage the response to a crisis event in a way that minimizes the impact on those affected? With so little research conducted in this area, these questions have yet to be answered. In reviewing the literature available on crisis response, it is apparent that mass casualty events in schools are quite rare. In addition, the likelihood of a student dying of a violent act at school is slim. Therefore, a principal may believe that s/he does not need to prepare for such an unlikely event. However, accidental deaths of students and staff are common and can have such a negative impact on the overall school population, that a well executed and comprehensive crisis response is deemed necessary.

Extensive literature on crisis teams, crisis plans, and crisis response methods was available. However, little empirical research could be located on those practices that crisis responders found to be most effective. In several articles, researchers

recommended additional studies be conducted on proven methods of crisis intervention and postvention. Since school crisis events appear to be gaining more attention, the need for additional research in this area is evident.

One important study was conducted by Adamson and Peacock in 2007. That study surveyed the crisis responses and perceptions of 228 school psychologists across the country. The findings of that study indicated that nearly all school psychologists (98.2%) had experienced a serious crisis event and that the majority had pre-established crisis plans and crisis teams in their schools. In addition, the most frequently implemented crisis intervention responses were psychological first aid, brief psychological services, contacting parents, and holding teacher/administrator meetings. Less than half of the participants indicated that meetings were held with parents and community members following a crisis event. Finally, many of the respondents believed that additional training on crisis intervention would be beneficial in improving schools' crisis responses.

An obvious void in the literature is empirical research on the crisis experiences and perceptions of school principals. In fact, only two studies were found on this topic. One simply stated that principals who are good leaders and are good decision makers, handle crises well. The other article indicated that when the principal failed to recognize a crisis event, demonstrated weaknesses in leadership, did not initiate a thoughtful team response, or neglected to take responsibility, the event actually became worse. However, none of the articles addressed the level of preparedness of school principals or the lessons they had learned after experiencing a crisis event. As Adamson and Peacock stated, "despite the abundance of literature related to crisis plans/teams and crisis response in the

public schools, little empirical research has been conducted in these areas” and “past survey studies have focused mainly on crisis training for mental health workers and their experiences of violence in schools” (2007, p. 751). As previously stated, since the principal is usually the first to respond in the minutes, hours, and days following a crisis event and also remains throughout the intervention and recovery process, s/he would be the best person to survey for this data. Therefore, in this study, the researcher seeks to answer the following questions:

1. To what degree have school principals in the low country region of South Carolina experienced a crisis event in their school?
2. Do principals in the low country region of South Carolina believe they are sufficiently trained to respond to a crisis event?
3. What training have principals in the low country region of South Carolina received in crisis response?
4. What additional training do principals in the low country region of South Carolina believe should be provided?
5. What postvention strategies and recovery practices were implemented immediately following a crisis event?
6. What prevention, postvention, and recovery practices did school principals in the low country region of South Carolina believe to be the most effective?

Methodology

This is a quantitative study that replicates the Adamson and Peacock study discussed above. Adamson and Peacock surveyed 228 school psychologists’ perceptions of, and experiences with, crisis events. This study asks the same questions of school

principals that were asked of the school psychologists, with the removal of questions related to crisis team roles and responsibilities, since these data can easily be found in the literature. However, three questions were added to the study that the researcher believed to be important since no data could be located on these items. Respondents were asked: 1) whether they felt sufficiently prepared for a crisis event, 2) what additional training they would need to feel prepared, and 3) what intervention and postvention strategies they believed were most successful in mitigating the effects of the event on students, staff, and community members.

To collect the data to answer the research questions, a letter requesting participation in the study, as well as a link to an on-line survey, was emailed to 129 identified principals from the low country region of South Carolina. The survey was created in a web-based program entitled Survey Monkey. The letter and corresponding link to the survey was emailed to principals in April of 2015. A reminder email was sent one week after the initial email. When the survey closed, the data were collected and preliminarily analyzed by the on-line survey company. There were 35 participants in the study, which was a response rate of approximately 28%. Descriptive statistics were used to determine the frequencies and percentages of responses to each survey question. The data was then used to gather information on school principals' level of preparedness for, and experiences of, crisis events. Limitations to the research include a small sample size and the possibility that principals are unable to honestly and accurately assess their own crisis prevention and intervention skills.

Summary of the Findings

The primary objective of this study was to assess principals' self reported readiness for, and experiences with, crisis events in their schools. Specifically, the researcher sought to investigate the number of principals in the South Carolina low country who have experienced crisis events, whether or not the principals believe they have been sufficiently trained to manage a crisis event, and what they believe are the most effective postvention strategies for mitigating the effects of the event on students, staff, and community members.

To answer research question one, principals in the low country region of South Carolina were asked whether or not they had experienced a crisis event that broadly impacted their school environment. All 35 of the participants responded to this question. Of the 35 respondents, 25 (71.42%) indicated that they had experienced a crisis event which broadly impacted the school environment. Only 10 (28.57%) indicated that they had not experienced such an event. Although this percentage is somewhat lower than Adamson and Peacock obtained from school psychologists (93%), it does suggest that school principals can anticipate a serious crisis event that will require a coordinated response, during their tenure. In addition, the number of school psychologists who endorsed this item in the original study could be higher than principals due to the nature of the school psychologists' position in schools and districts. For example, school psychologists are frequently assigned to several schools or to district crisis teams, which would make their exposure to crisis events greater than principals who are assigned to only one school.

When the principals in the low country region of South Carolina were asked what types of crisis events they had experienced, the event that was selected most frequently, by nearly half of the respondents, was transportation accidents involving students/school personnel. These results are nearly identical to those Adamson and Peacock obtained from the school psychologists. Approximately 48% of both groups indicated that they had experienced this type of crisis event. Nearly half (45.71%) of the principals in the South Carolina low country selected other unexpected or natural deaths of students and/or school personnel as the second most frequently experienced crisis event. Although this aligns with the Centers for Disease Control data, indicating that unexpected injuries are the leading cause of death in school age children, this is much lower than expected when compared to the Adamson and Peacock study, in which 71.5% of the school psychologists indicated they had experienced an unexpected death, other than suicide. Finally, only 20% of the participants in this study indicated that they had experienced a suicide event at their school that broadly impacted the school environment, while 62.7% of the school psychologists in the previous study indicated that they had experienced a suicide event that broadly impacted the school environment. The variability in these findings could result from the variability of perception of broad impact on the school. For example, I have experienced situations in which, because a student died suddenly in the community, the principal did not believe the incident warranted a school based crisis response and did not give the crisis responders validation that they were needed. Yet, the crisis responders believed they were necessary at these times to assess the impact on those who were close to the student or the event, either physically or emotionally, and to begin the process of activating their coping mechanisms.

To examine whether or not principals in the low country of South Carolina are ready for a critical event, and to answer research question two, participants were asked whether they believed they have received sufficient crisis response training. Although half of the respondents indicated that the training they received was sufficient, the other half either felt they were not sufficiently trained (22.86%) or that they did not know whether they were sufficiently trained (25.71%). These findings reflect my own experiences as a crisis responder. Of those principals I have observed leading a response, approximately half follow the district protocol, follow the steps taught in crisis training, and make good decisions regarding those issues that were not addressed in workshops. However, I have also encountered principals who did not follow the pre-determined practices, and who demonstrated neither good leadership nor good decision making at a time of crisis.

Research question three further investigated the crisis preparedness of school principals in the South Carolina low country by inquiring about the training they had received in crisis response. The majority (85.29%) of the principals surveyed had received in-service training on crisis intervention and more than half (61.76%) had received workshop training. Those results are similar to those obtained from the Adamson and Peacock survey of school psychologists. It is notable that despite the fact that the majority of principals reported that they had been trained in crisis intervention, only half of the respondents feel they had been sufficiently trained. In addition, only a quarter of the participants indicated that they had received comprehensive training on a specific model of intervention such as NOVA, PREPaRE, or NIMS. Since there is now federal guidance on crisis prevention and intervention in light of the increase in mass

casualty events in schools, this response rate is surprisingly low. Being trained on a comprehensive model of crisis intervention permits the school leader to respond in a thoughtful, guided manner, which reduces the risk of errors in judgment at a time when poor decisions could result in undue distress or even death. Given this finding, school districts and principal education programs should consider increasing training in this area to provide principals with the skills necessary to respond appropriately.

After inquiring about what crisis intervention training principals had received, the researcher sought to understand what training principals believed they needed to be sufficiently prepared for a crisis event. Research question four was answered by using the descriptive statistics of frequency and percentage to describe what types of training principals in the low country region of South Carolina selected from the list of choices on that survey question. More than half of those surveyed indicated that they needed workshop training and nearly half of those surveyed indicated that they needed comprehensive training on a specific model of intervention such as NOVA, PREPaRE, or NIMS to be sufficiently prepared. As stated previously, principals should have formal training on crisis response in order to be sufficiently prepared. The data suggests that the principals recognize the need for this level of training to meet this need.

The purpose of research question five was to determine the most frequently utilized postvention strategies and recovery practices implemented immediately following a crisis event. First, the principals were asked what crisis intervention strategies were currently implemented in their schools. Nearly all of the principals surveyed (94.29%) indicated that they had a current school-based crisis intervention team. The majority (82.86%) also indicated that they had a district-wide crisis

intervention team. When the individual responses were analyzed, it was determined that all 35 participants indicated that they either had a school-based or district-wide crisis intervention team. Nearly all of the participants indicated that they practiced drills for a variety of situations and that they had a process for ensuring the physical safety of students. When asked about the existence of crisis intervention plans, most of the participants (68.57%) indicated that they had a plan for a variety of scenarios. However, when the individual responses to this question were analyzed, it was determined that almost all (91.43%) of the principals had some form of a current crisis intervention plan in place prior to a critical incident. When these results are compared to those in the Adamson and Peacock study, they are similar in that most respondents indicated they had a school-based crisis team and a crisis plan.

When asked what interventions the principals had used following a crisis event, the most frequently selected was contacting parents, followed by holding teacher/administrative meetings, and contacting community emergency services. About one third indicated that parent/student/community meetings were held. These results mirror those in the Adamson and Peacock study. However, only about one third of the respondents in this study reported using counseling techniques such as psychological first aid or brief counseling services. This is much lower than the previous study, in which the majority of psychologists indicated using psychological first aid and brief counseling services as part of their crisis response. Since all of the comprehensive models of crisis response include a short term counseling component, this is surprising and could actually reflect the principals' lack of knowledge or understanding of the practices that are

occurring in the school following a crisis event, not that those strategies were not implemented.

Because several articles indicated that little empirical research exists on the most effective strategies utilized in the event of a crisis, this question was added to glean information on this topic. To answer research question six, the same list of choices was provided to respondents as in the previous questions, in order to determine what prevention, postvention, and recovery practices principals in the South Carolina low country thought were the most effective. Ten of the participants indicated that this question was not applicable. Presumably, these were the 10 respondents who indicated that they had not experienced a crisis event in their school.

The principals who did respond to this question indicated that having a crisis team, having a crisis plan, and having regularly practiced drills for crises other than natural disasters were the most effective prevention strategies. Having a protocol for ensuring the physical safety of students was believed to be the most effective intervention strategy. Meetings with parents, students, the community, teachers and administration after the event were reportedly the most effective postvention strategies.

Although only six of the principals surveyed indicated that a plan for all crisis events was one of the most effective strategies, 14 of the principals indicated that a plan for a variety of scenarios was one of the most effective strategies. This finding aligns with current research, suggesting that the most effective crisis intervention plans are those that are comprehensive but flexible.

Although more than 20% of the principals surveyed indicated that psychological first aid and group debriefings were implemented following a crisis event, very few (less

than three) indicated that psychological first aid, group debriefings, grief counseling, or, the establishment of a safe haven, were the most effective postvention strategies implemented. This is perplexing since crisis responders believe that their role in the process of providing psychological first aid and counseling services is critical to the recovery process. However, it appears that the principals are either unaware of the effectiveness of this strategy or do not value its contribution.

In summary, it appears that principals in the low country region of South Carolina are likely to experience a crisis event that impacts their school. These events are more likely to be a sudden death of students or staff, or transportation accidents, than mass casualty events. However, only half of those surveyed feel they are sufficiently prepared for such an event. Although nearly all of the principals have received training on crisis intervention, nearly half believe they need additional training in the form of a workshop or more comprehensive training on a specific model of crisis response, to be sufficiently prepared.

In regards to crisis prevention, intervention, and postvention strategies, it appears that the principals who completed this survey recognize the importance of having pre-existing crisis plans, having pre-established crisis teams, and practicing drills for potential threats. In addition, it appears that the participants in this study were more likely to endorse and value those items that are innately part of their role as the school leader such as notifying parents, contacting emergency services, and conducting group meetings, than those implemented by other members of the crisis team such as psychological first aid, debriefings, or other counseling services, that were endorsed by the school psychologists in the previous study.

Implications

As more and more mass casualty events impact schools, communities, and the safety of our children, more attention is being given to how schools respond to these critical incidents. The purpose of a successful crisis response is to reduce the chaos and ensure the physical and emotional well being of those affected. Although crisis teams, with expertise in managing these incidents, are often called upon for a swift and coordinated response, it is the school leader who takes the initial steps of implementing the plan and seeing it through to the end. As a result, the responsibility lies with the school principal to manage a comprehensive and effective crisis response so that the students, staff, parents, and community can return to the business of learning.

The results of this study suggest that the principals surveyed in the South Carolina low country are not sufficiently prepared to respond to a crisis event. Despite the fact that they have received training in crisis management, they believe that additional training is needed. This information is important as school districts, state administrative groups, and education leadership programs plan for coursework and professional development activities. It seems that offering comprehensive training on specific models of crisis response, or workshops on crisis management, would be beneficial in providing principals the skills and training necessary to implement an effective crisis response.

Due to the lack of empirical research on proven crisis response methods, one of the purposes of this study was to gather data on the crisis prevention, intervention, and postvention strategies found to be most effective. Unfortunately, it appears that the principals surveyed were more likely to endorse and value those strategies that fell under their job duties, such as regularly practiced drills, school-based crisis teams, crisis plans,

and school-based meetings, as opposed to any kind of mental health interventions. Although some of the principals surveyed indicated that immediate short-term counseling services were provided, they did not indicate that this intervention was one of the most effective strategies. This is surprising since all comprehensive models of crisis response include a mental health component which is valued by the crisis responders who provide this service. It could be that since the principals were not the individuals providing this level of support, they were not aware of the effectiveness of psychological first aid or other counseling services in mitigating the impact on those closest to the event, both physically and emotionally.

Recommendations for Further Research

This study was an investigation of how prepared principals in the South Carolina low country are for a crisis event and what prevention, intervention, and postvention strategies they found to be most effective. It is noted that the population and sample size for this study is small, making generalizability of these data limited. The low response rate may be partially due to the fact that this survey was sent to participants during high stakes testing, which is historically a time when principal's schedules are full. As a result, it is recommended that further research on this topic be conducted at a time of year when the demands placed upon a principal are fewer, and on a larger population of principals from across the country, with a representation of urban, suburban, and rural schools.

To gather more data on the self reported level of principals' preparedness for a crisis event, it is recommended that further research be conducted on the specific duties and responsibilities that principals must manage when coordinating a crisis response, and

their perceived level of preparedness for each of these. The data can then be used to provide more detailed information on what specific training is needed. For example, an assessment could be made about whether principals need additional training on making public statements, calming angry parents and community members, or coordinating with public safety departments.

One of the surprises of this study is how few principals indicated that mental health interventions were some of the most effective strategies in a successful crisis response. This researcher wonders whether the principals were aware of the meanings of some of the crisis response terminology such as safe havens, psychological triage, and psychological debriefings. If that is the case, future studies might include definitions of the terms, when offering these items in a list of survey choices. In addition, surveying the crisis responders who provide these interventions could result in more meaningful data on this topic.

Finally, because the crisis intervention strategies vary greatly depending on the magnitude of the event and its impact on those affected, future research should be conducted on the specific strategies that were found to be successful for a variety of responses. In other words, the interventions for a mass casualty event, such as a school shooting, would not be the same as those for a suicide, or those for a natural disaster. Collecting data on interventions found to be most successful for each type of critical incident would allow crisis responders the ability to act quickly when responding to the different types of crisis events.

Concluding Remarks

One of my favorite roles as a long time school psychologist is being a crisis responder. I feel like a super hero coming into a school in its darkest hours, helping students feel better by assisting them in activating their coping mechanisms. I have responded to catastrophic events that have left behind deep scars for several years but that had such well executed crisis responses that damage to those who witnessed the event, or were emotionally tied to it, was greatly minimized. On the other hand, I have witnessed situations when the district procedures and policies schools are expected to follow were completely ignored because the principal had not been effectively trained, resulting in unnecessary exposure to additional trauma and extended recovery times for those affected. What I witnessed in these events is that, even if the school district has a policy or procedure in place, it is the principal, the building leader, who decides what will happen and how it will happen in the school.

Since the principal manages the crisis response from start to finish, the question arises as to whether or not s/he is sufficiently trained and prepared to address the situation appropriately. That is the question the researcher hoped to answer with this study. This was a quantitative study of 35 principals in the South Carolina low country. The study was a survey that replicated another study conducted with school psychologists in 2007. The findings of this study indicated that although the principals in the low country region of South Carolina are fairly likely to experience a crisis event, and have received training on crisis response, many believe that additional training on a comprehensive method of crisis intervention is necessary to be sufficiently prepared for a crisis event. In addition, this survey sought to determine what prevention, intervention, and postvention strategies

principals believed were the most effective in mitigating the effects of the crisis event. The principals in this survey appeared to be more likely to endorse those interventions that they manage, such as crisis plans, crisis teams, faculty meetings, and drills, as opposed to those provided by other crisis responders (e.g., school psychologists and counselors). Future studies are recommended on more clearly defined roles of the principal in the crisis response and more clearly defined terminology. With the additional data on principals' preparedness for crisis events, I would hope to ensure more coordinated and effective crisis responses that are successful in reducing the trauma to those involved and fewer situations in which students, family, and staff are exposed to unnecessary trauma.

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APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER



OFFICE OF RESEARCH COMPLIANCE

INSTITUTIONAL REVIEW BOARD FOR HUMAN RESEARCH
APPROVAL LETTER for EXEMPT REVIEW

This is to certify that the research proposal: **Pro00043824**
Entitled: *SC Principals' Level of Preparedness for a Crisis Event in Their Schools*
Submitted by:

Principal Investigator: Patricia Daughtry
College: Education
Department: Educational Administration
Wardlaw
Columbia, SC 29028

was reviewed in accordance with 45 CFR 46.101(b)(2), the referenced study received an exemption from Human Research Subject Regulations on **4/24/2015**. No further action or Institutional Review Board (IRB) oversight is required, as long as the project remains the same. However, the Principal Investigator must inform the Office of Research Compliance of any changes in procedures involving human subjects. Changes to the current research protocol could result in a reclassification of the study and further review by the IRB.

Because this project was determined to be exempt from further IRB oversight, consent document(s), if applicable, are not stamped with an expiration date.

Research related records should be retained for a minimum of three (3) years after termination of the study.

The Office of Research Compliance is an administrative office that supports the University of South Carolina Institutional Review Board (USC IRB). If you have questions, contact Arlene McWhorter at arlenem@sc.edu or (803) 777-7095

Sincerely,

A handwritten signature in blue ink, appearing to read "Lisa M. Johnson".

Lisa M. Johnson
IRB Manager

APPENDIX B

E-MAIL REQUESTING PARTICIPATION IN THE STUDY

From: Patricia Daughtry

Sent: April 24, 2015

To: Name

Subject: Survey of Principal's Crisis Preparedness

My name is Patricia Daughtry and I am a doctoral candidate in the Education Leadership Department at the University of South Carolina. As part of the requirements for completing the PhD program, I am conducting a research study on the level of crisis preparedness of school principals. You are being asked to participate because your district has indicated that you are an acting school Principal in the South Carolina Low Country.

Your participation in this study is completely voluntary. If you choose to participate, you are being asked to complete an on-line survey that will take approximately 5 minutes. You are not required to answer every question. All of your responses will be kept confidential. No personally identifiable information will be asked of you or associated with your responses to any reports of these data. No monetary compensation or course credit will be awarded for your time, but your participation is greatly appreciated.

If you would like to participate, please click the link below to go to the survey website.

Survey link: <https://www.surveymonkey.com/s/PNPQBCV>

Should you have any comments or questions, please feel free to contact me at Daughtry@email.sc.edu or 843-814-5917.

Thank you very much for your time and cooperation.

Sincerely,
Patricia Daughtry, Ed.S.

APPENDIX C
SURVEY QUESTIONS

Crisis Preparedness Survey of Principals
in the Low Country Region of South Carolina

1. What is your title?
 - a. Principal
 - b. Assistant Principal
 - c. Assistant Administrator
 - d. Other (Please Specify)

2. Have any of the schools where you have worked as a principal experienced any of the following crisis events, which broadly impacted the school environment?
 - a. School shooting
 - b. Man-made disaster (chemical spill, explosion)
 - c. Suicide
 - d. Hostage situation
 - e. Transportation accidents involving students/school personnel
 - f. Other unexpected or natural deaths of students and/or school personnel
 - g. Natural disaster (hurricane, tornado, earthquake, flood)
 - h. Terrorist attack
 - i. None of these
 - j. Other (please specify)

3. What crisis prevention strategies are currently established in your school/district?
 - a. A current crisis intervention plan to be used for all crisis events
 - b. A current crisis intervention plan that includes a variety of options for responses depending on the situation and severity
 - c. A current school-based crisis intervention team
 - d. A current district-wide crisis intervention team
 - e. A current community-based crisis intervention team
 - f. A current regional crisis intervention team
 - g. A protocol for ensuring physical safety of students and staff (i.e.: exterior doors remain locked, classroom doors remain locked, ID badges, etc.)

- h. Regularly practiced drills for crises other than for natural disasters (i.e.: lock down, intruder, active shooter)
 - i. None
 - j. Other (please specify)
- 4. What type of training have you received on crisis intervention? (check all that apply)
 - a. Graduate course work
 - b. Workshop training
 - c. Conference training
 - d. Section covered in a graduate class
 - e. In-service training
 - f. Personal study/reading
 - g. Comprehensive training on a specific model of intervention such as NOVA, PREPaRE, and or National Incident Management System (NIMS)
 - h. None
 - i. Other (please specify)
- 5. Do you believe the training you have received is sufficient to prepare you for a crisis event in your school?
 - a. Yes
 - b. No
 - c. I don't know
- 6. What additional trainings do you think you should receive in order to be prepared for a crisis event in your school? (check all that apply)
 - a. Graduate course work
 - b. Workshop training
 - c. Conference training
 - d. Section covered in a graduate class
 - e. In-service training
 - f. Personal study/reading
 - g. Comprehensive training on a specific model of intervention such as NOVA, PREPaRE, and or National Incident Management System (NIMS)
 - h. None
 - i. Other (please specify)
- 7. In the most severe crisis that happened, what has your school done? (check all that apply)
 - a. Not applicable
 - b. Community emergency services contacted

- c. Students evacuated from school building
 - d. Students moved to another location in the school or classroom
 - e. School closed for any length of time
 - f. Parents contacted
 - g. Establishment of a Reunification Site
 - h. Establishment of a Safe Haven
 - i. Physical First Aid (provided during/immediately after the event)
 - j. Psychological First Aid/Psychological Triage (provided during/immediately after the event)
 - k. Parent/Student/Community meetings after the event
 - l. Teacher/Administrative meetings after the event
 - m. Brief psychological/counseling services
 - n. Group psychological debriefing
 - o. Long-term grief counseling (in the weeks/months following the event)
 - p. Other (please specify)
8. If you have experienced a crisis event in your school, what prevention and/or postvention strategies did you think were most effective in minimizing the impact of the event? (check all that apply)
- a. A current crisis intervention plan to be used for all crisis events
 - b. A current crisis intervention plan that includes a variety of options for responses depending on the situation and severity
 - c. A current school-based crisis intervention team
 - d. A current district-wide crisis intervention team
 - e. A current community-based crisis intervention team
 - f. A current regional crisis intervention team
 - g. A protocol for ensuring physical safety of students and staff (i.e.: exterior doors remain locked, classroom doors remain locked, ID badges, etc.)
 - h. Regularly practiced drills for crises other than for natural disasters (i.e.: lock down, intruder, active shooter)
 - i. Establishment of a Reunification Site
 - j. Establishment of a Safe Haven
 - k. Physical First Aid (provided during/immediately after the event)
 - l. Psychological First Aid/Psychological Triage (provided during/immediately after the event)
 - m. Parent/Student/Community meetings after the event
 - n. Teacher/Administrative meetings after the event
 - o. Group psychological debriefing
 - p. Long-term grief counseling (in the weeks/months following the event)
 - q. Other (please specify)

9. Does your school evaluate the crisis team response?

- a. Yes
- b. No
- c. I don't know

10. On a scale of 1-7, with how well do you think your school/district(s) does handling crises?

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