An Integrated Model of School Crisis Preparedness and Intervention

A Shared Foundation to Facilitate International Crisis Intervention

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ABSTRACT   In an effort to promote the social and cognitive competence of youth, school psychologists must be prepared to address a multitude of contextual factors and life events that impact children's performance and adjustment in school and subsequent developmental trajectories. The domain of crisis preparedness and intervention has received increased attention during the past decade (as evidenced by a growing school crisis intervention literature) and is currently a training standard for school psychologists in some parts of the world. Crisis situations may emerge following natural disasters such as floods, fires, tornadoes or earthquakes and also from human generated situations such as bombings and school shootings. Each of these events is likely to affect the children and families in schools and communities by presenting them with problems that will be challenging to cope with. There are a variety of crisis preparedness and intervention models and strategies available to address crisis situations. Without a shared foundation for crisis intervention, responding to crisis situations may be further complicated, especially in situations where international colleagues are collaborating. Therefore, a shared foundation that includes both preparedness and intervention while emphasizing both developmental and school considerations will be invaluable in our efforts to facilitate collaboration among diverse colleagues across multiple contexts. The purpose of this article is to

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incorporate several models and frameworks in order to provide a shared foundation for school psychologists and other educational and mental health professionals regarding crisis preparedness and intervention. To establish a shared foundation for international crisis collaboration, it is also necessary to review the original works discussed in this brief overview and participate in relevant workshops.

KEY WORDS: integrated model; international collaboration; intervention; preparation; response; school crisis

The area of crisis preparedness and intervention has emerged as an important domain of knowledge and skills for many school psychologists and other mental health professionals (Brock and Jimerson, 2004a; Brock et al., 2002b; Rosenfeld et al., 2004; Whitla, 2003). There are numerous adverse outcomes associated with the experience of a crisis event. As emphasized by Brock and Jimerson (2004b):

> Interventions will be needed to (a) prevent and/or mitigate common stress reactions, (b) identify those who may develop psychopathology (e.g. post-traumatic stress disorder), (c) prevent and/or mitigate dangerous coping behaviours (e.g. suicidal and homicidal behaviours, depression) and (d) provide appropriate referrals to mental health professionals. In addition, school crisis interventions need to address problems that are relatively unique to the school setting. These include truancy, poor school adjustment (e.g. aggressive and/or delinquent behaviour), academic failure and the exacerbation of pre-existing educational problems (p. 1, see Figure 1).

These intervention efforts aim to facilitate healthy adaptation (e.g. among children, families, school and community) following crisis events.

The International Crisis Response Network (ICRN) of the International School Psychology Association (ISPA) has facilitated communication among international colleagues related to crisis prevention and intervention efforts that involve children and families. The ICRN has also sponsored a series of symposium sessions and workshops during the past few years including International Perspectives on School Psychologists Roles in School Crisis Prevention and Intervention (Jimerson et al., 2001, Jimerson et al., 2002) and Providing Support to Children Amidst War and Terrorism (Hawick et al., 2002). These sessions remind us of the similarities, differences and importance of cultural considerations when engaging in crisis preparation and response efforts around the world. Recognizing the unique variations of beliefs and traditions across cultures, it is essential that crisis preparedness and intervention efforts are sensitive to the diversity among children, families, schools and communities impacted by a crisis event (Capewell, 2000, 2001a, 2001b; Pfohl et al., 2002; Rabalais et al., 2002; Sandoval and Lewis, 2002; UNICEF, 1999; Young, 1998).

Seeking a shared foundation

Through the exchange of ideas and information, it has become clear that there are a variety of preparedness and intervention strategies; however, few professionals share a common understanding of these strategies. As demonstrated in the crisis intervention work of the National Association of School Psychologists (NASP) and the California Association of School Psychologists (CASP), a shared foundation among crisis intervention team members is fundamental in facilitating the efforts of professionals to give support in crisis circumstances (Brock et al., 2002b). Additionally, as the ICRN pursues plans to develop an international crisis response team, it will be important that international colleagues involved with this team have a shared understanding of school crisis intervention (the purpose, goals and objectives to establish an ISPA International Crisis Response Team are delineated in Appendix 1). While each team member brings unique training, experiences and expertise, a shared understanding provides a mechanism to structure collaborative intervention efforts.

An integrated model

It is recognized that colleagues in different parts of the world utilize various strategies and each provides unique contributions. By using these strategies and working to generate an integrated model of crisis preparedness and interventions, those who provide aid in schools and communities will be better equipped to manage crisis conditions. The proposed integrated model discussed below includes multiple preparation and intervention frameworks. Those receiving most emphasis include the National Organization for Victim Assistance (NOVA) Community Crisis Response team protocol (Young, 2002) and the Multi-Modal intervention (e.g. BASIC ID and BASIC Ph) framework (Lahad, 1997; Lazarus, 1976). The NOVA and Multi-Modal frameworks have been utilized by professionals in many countries in both preparing and responding to crisis events impacting children and schools. In addition, important cultural considerations are highlighted by the *United Nations International Children's Emergency Fund* (UNICEF, 1999). While there is minimal empirical research addressing specific strategies of crisis preparedness and response as related to crisis events in the schools, these frameworks have the support of professionals engaging in this work (Lahad et al., 2000). Therefore, further research is necessary and such empirical study will be utilized to further refine and advance the proposed shared foundation.

Acknowledging the multiple levels that influence children's healthy development and adjustment, the emphasis herein is on crisis preparedness and intervention as related to the school and community

context. Developmental considerations of individuals and families are also emphasized. The scope of knowledge and expertise necessary to facilitate crisis preparedness and intervention far exceeds the length of this article. Thus, the intent of this article is to promote a shared understanding and provide a brief summary of the fundamental frameworks that represent an integrated model. To fully develop a shared understanding original articles, chapters and books summarized herein should be carefully examined following review of this article. In addition, collaborative team members should participate in relevant ICRN workshops.

Building blocks of a shared foundation

A useful organization of preparedness and intervention activities has been described by Brock and Jimerson (2004a). Within this structure, multiple models and frameworks can be integrated to organize interventions in accordance with Valent's (2000) different phases of a crisis event. The structure by Brock and Jimerson begins with activities that may occur in the period before the crisis (Pre-impact), during the crisis event (Impact), the time immediately following (Recoil), days and weeks following the event (Post-impact) and months and years following the event (Recovery and Reconstruction). This temporal organization is helpful in illustrating the various activities that crisis preparedness and intervention includes (See Figure 1). The following models and frameworks used to create a shared foundation are discussed below in the order of application.

Promoting preparedness

Advanced planning and preparation is invaluable to professionals responding to a crisis event impacting a school and community (Capewell, 2000; Dwyer and Jimerson, 2002; Jimerson and Huff, 2002). In order to establish an infrastructure that promotes interventions and a shared foundation among professionals, the National Organization for Victim Assistance (NOVA) developed and distributed The Community Crisis Response team protocol (Young, 1998; 2002) for use in responding to crisis settings. Establishing a crisis preparedness and response plan for schools and communities is fundamental to creating an integrated model. ICRN members may already be familiar with essentials of these plans and promote the development of pre-crisis and in-crisis plans in schools and communities around the world. The following is a brief overview of key components as outlined by NOVA in The Community Crisis Response (Young, 2002).

Figure 1 *School crisis interventions during the different phases of a crisis event*

Pre-Impact *The period before crisis*	Impact *The period during crisis*	Recoil *Immediately after crisis*	Post-Impact *Days to weeks after crisis*	Recovery/Reconstruction *Months or years after crisis*
Crisis preparedness • Crisis education • Crisis drills • Crisis planning	*Immediate prevention* • Protect from harm and danger	• Minimize crisis exposure • Ensure actual and perceived safety		
Crisis planning • Establish an inter-agency task force • Establish a school crisis response team • Develop a directory of resources • Establish funds • Establish guidelines for identifying high-risk populations • Specify response facilities • Identify appropriate lodging and shelter • Establish a communication system • Design materials to identify crisis responders • Develop an information decimation system • Develop a plan for dealing with deaths • Plan for medical assistance		*Medical interventions* • First aid • Isolate medical triage	• Ensure treatment of pre-existing conditions	
		Support systems • Reunite with/locate caregivers and loved ones	• Reunite with friends and teachers • Return to school	
		Psychological interventions • Psychological first aid	• Psychological first aid • Group crisis debriefings • Psychotherapy Crisis prevention/preparedness	• Crisis prevention/preparedness • Anniversary reaction support Psychotherapy
		Psychological education • Psycho-education groups • Caregiver trainings Informational flyers	• Psycho-education groups • Caregiver trainings Informational flyers	• Anniversary preparedness • Caregiver training Informational flyer
		Risk screening and referral • Initial screening	• Individual screening • Referral procedures • School wide screening	• Individual screening
			Rituals and memorials • Ritual participation • Memorial development	• Ritual participation • Memorial implementation

Source: modified from Brock and Jimerson (2004b).

Pre-crisis planning

1. Establish an inter-agency task force that will contribute to the development of a crisis management plan. This task force should include members from relevant school and community agencies that would be involved in responding to a crisis. These agencies might include community emergency services divisions (e.g. fire, police, hospital, red cross), community child and family mental health or counselling services and regional educational and professional associations.

2. Establish a school crisis response team, a team leader and a crisis response manager. The school crisis team leader will supervise all planning for crises, immediate crisis response activities and long-term responses to crises. There should also be a crisis response manager who will make the key decisions during a crisis response and who is assisted by six individuals: (a) a logistics coordinator; (b) a psychological services coordinator; (c) a development coordinator; (d) a security/safety coordinator; (e) a medical coordinator and (f) a media coordinator. School crisis response teams should also include representatives of each occupational title within the school community (i.e. teachers, custodial staff). Team members should receive an appropriate foundation of knowledge and training in crisis matters.

3. Develop a directory of resources. The directory should include a current listing of key local, state and national resources that can be used for assistance during a crisis event.

4. Establish emergency funds. Schools and communities ought to set up emergency funds to be used to assist victims and survivors, including a way to distribute the funds. In addition, it is also important for schools and communities to consider how they will manage and distribute donations made following a crisis event. This can be a very controversial aspect of the crisis response. Thus it is critical to have clearly agreed upon procedures developed by a committee that is representative of the community.

5. Establish guidelines for identifying high-risk populations. Schools and communities should identify what groups may be most in need of immediate services and consider methods for providing such services as soon as possible. In diverse populations, cultural and language needs should be considered. For a further discussion of these issues the reader is referred to Brock (2002b), Brock et al. (2001) and Brock et al. (2002b).

6. Specify response facilities. Facilities should be identified that will be used for crisis response coordination and all related crisis response activities and services. This should be a natural environment to help normalize reactions.

7. Identify appropriate lodging and shelter. The pre-crisis plan should include designation of alternative sites for schools or workplaces and specify lodging for crisis intervention specialists or rescue

workers. It is important that evacuation plans have alternatives, in case the primary site is not available.

8. Establish a communication system. The plan should identify a communication headquarters and equipment for the communication needs of crisis team members, the school and the community. Phone trees indicating who will contact other members and identifying specific phone lines for specific purposes are important.

9. Design materials to identify crisis responders. Identification materials should be designed so that only those designated in the plan are permitted access to crisis response sites.

10. Develop an information dissemination system. A media coordinator and appropriate team should be trained to manage media coverage and disseminate information in the aftermath of the crisis. All crisis responders must be clear about the established media management plans. It is very valuable to develop materials such as press release templates in advance.

11. Develop a plan for dealing with deaths. Guidelines should be established regarding death notification processes including identifying a site for information and updates and appropriate memorials. It is very important to be sensitive to various cultural considerations when developing plans. For further discussion of these considerations see Sandoval and Lewis (2002).

12. Plan for medical assistance. Medical assistance should include school personnel who can help community responders and school nurses to administer first aid. It is also essential to identify priority care facilities that are easily accessible. The medical coordinator will also maintain contact with health care professionals in order to provide information to the school regarding the status of those injured.

13. Assemble a crisis response box. As described by Lockyer and Eastin (2000), a crisis response box is designed to assemble in one location the information and materials necessary to effectively manage a major crisis event. Recommended contents of the box include aerial photos of the school, local and school maps, blue prints of school buildings, teacher/employee rosters, keys, alarm turn-off procedures, sprinkler turn-off procedures, utility shut-off value locations, gas line and utility line lay outs, first aid supplies, cable television shut off, student photos, crisis team member names, emergency resource lists, evacuation site locations, list of students with special needs, etc.

Immediate interventions
The central aim of the immediate intervention strategies is to prepare for a multi-component crisis intervention. As highlighted by Brock and Jimerson (2004b):

there is no single activity that will provide resolution for all in the aftermath of crisis events. When it comes to crisis intervention, it is clear that one size does not fit all. Considering the complexity inherent in the multitude of individual and contextual factors influencing responses following a crisis and recognizing changes that are likely across time, systematic, and multi-faceted crisis intervention approaches are encouraged. Making use of a chronological framework, the intervention strategies (should) address unique considerations of crises impacting children in the school context. Insights based on research, practical experience, and theory should be incorporated into school crisis management plans aimed at facilitating the coping and adjustment of students in the wake of crises (p. 37).

The NOVA model of intervention

The National Organization for Victim Assistance (NOVA) team model emphasizes a short-term role, the first 72 hours, in crisis management. At the scene of a community crisis, there are four goals stated in *The Community Crisis Response Team Training Manual* (Young, 1998) for NOVA crisis responders to reinstate a community's functioning after a tragedy. The first goal is to provide planning at a crisis event. Second, training is provided at the crisis site to ensure that all response team members are in step with one another in order to provide help to their community. Third, team members are at the scene to provide crisis services; which include the restitution of individual's basic needs, aiding in death notification and supportive counselling. The last goal of the NOVA crisis response team is victim advocacy. Here responders provide such advocacy services such as: (a) helping find financial assistance; (b) managing the media; (c) ensuring victims legal rights and (d) providing correct information to loved ones.

NOVA emphasizes four phases of crisis intervention which are: physical care and safety, crisis interventions, post-traumatic counselling and growth and survival after the crisis event (Young, 1998). While the NOVA approaches acknowledge these four phases of intervention, the emphasis is on the second and third phases, crisis interventions and post-trauma counselling.

The NOVA approach to crisis intervention is founded on the theoretical model of human behaviour developed by Abraham Maslow. Specifically, the NOVA model uses Maslow's 'Basic Hierarchy of Human Needs' as a representation for understanding the effects of crisis events on individuals. In order to return to healthy growth after trauma, physical, emotional, psychological and spiritual needs must be met (Young, 1998). Maslow's hierarchy consists of six requirements: survival needs, safety and security, cognitive functioning, love and belonging, intellectual and spiritual growth and self-actualization. When a crisis or traumatic event occurs, environmental stressors

outweigh the adaptive capacities of an individual causing a disruption in an individual's functioning. According to the NOVA model, in order to restore balance, a crisis response must address each of Maslow's six needs (Young, 1998).

Crisis intervention involves the restoration of three of Maslow's basic needs; which are safety and security, cognitive functioning and love and belongingness. In crisis intervention, the NOVA team model (Young, 1998) suggests that there are three tasks essential to re-establish functioning; safety and security, ventilation and validation and prediction and preparation (summarized in Table 1). The first task after the physical rescue is establishing safety and security. Establishing safety involves taking care of victim's medical needs, connecting individuals with their loved ones and ensuring basic survival needs. To provide a feeling of security, it is necessary for a crisis intervener to ensure a victim's freedom from fears and assist in the establishment of parameters to ensure a sense of control and safety. In school aged children, it is particularly important to restore contact with loved ones and provide them with physical symbols of safety and remembrance.

Table 1   *Key NOVA elements of crisis intervention*

Safety and security (S and S)

- Address physical safety and medical needs
- Ensure warmth, food, clothing and other basic needs
- Provide a sense of connection with others in a secure setting
- Help find privacy to express emotions
- Ensure confidentiality of communication
- Reassure survivors that their reactions are acceptable
- Help survivors take control of events going on around them
- Enable survivors to achieve efforts toward emotional safety

Ventilation and validation (V and V)

- Listen and let survivors 'tell their story'
- Help victims understand that their reactions are not abnormal

Prediction and preparation (P and P)

- Make practical predictions about what survivors will face such as, relocation, financial issues, medical conditions and identification of loved ones
- Make predictions about future emotional reactions
- Discuss preparation for future events; for example, planning for future protection, discussing additional counselling resources, informing victims of rights in the legal system and planning for memorial services

Source: Adapted from Young (1998).

Table 2   *Key NOVA elements of post-trauma counselling*

Education, experience and energy (E, E and E)

- Education of victims should address safety, the effects of trauma, how to handle symptoms of trauma and knowledge of social institutions
- Develop strategies for coping out of past experiences
- Talk with other survivors about their experiences
- Encourage victims to engage in regular physical activity
- Maintain energy and health through proper nutrition
- Both laughter and crying can relieve the body of emotional stress

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Rehearsal, reassurance and referral (R, R and R)

- Revisit the traumatic event mentally to provide clarity and show resilience
- Reconnect social relationships and re-establish emotional intimacy with family, colleagues, peers, etc.
- Refer survivors with severe trauma or complicating circumstances to mental health professionals

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Advocacy, activism and actualization (A, A and A)

- Accomplish goals on the behalf of victims or survivors such as working to educate others or change policy
- Some victims can choose to become activists and choose to tell their story in some form which can aid recovery in several ways; such as creating a focus in life, strengthen self esteem, provide hope, provide a way to express emotion etc.
- Aid survivors in integrating their lives to include past, present and future
- Find meaning in the traumatic event and draw upon its positive aspects that can lead to personal growth

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Source: Adapted from Young (1998).

The second task entails ventilation and validation. Ventilation refers to the process of allowing the victims/survivors to tell their story (Young, 1998). In validation, the importance is to show the survivors that they are not unusual in their reactions and feelings and that their experience is unique. In ventilation and validation, it is important for children to share their experiences. This can be done utilizing several methods including drawings, storytelling, creative writing or reenactments. In addition, it is necessary to discuss the feelings that the youth experienced. It is, however, important to acknowledge that the expression and sharing of crisis experiences and reactions may not be helpful for all individuals. As discussed in Brock and Jimerson (2004b), this approach appears to be contraindicated among physically injured acute crisis victims.

The third task is prediction and preparation. Here, crisis team responders help discern those issues that will likely be faced in the near future and what future reactions to anticipate. Furthermore, it is

the role of the crisis team to help individuals and communities prepare for such events. For school aged children, it is essential to do such things as establish routine, help children focus on the future and re-affirm hope.

Psychological first aid entails the re-establishment of three basic human needs according to Maslow: cognitive functioning, love and belongingness and intellectual and spiritual growth. NOVA (Young, 1998) emphasizes that post traumatic counselling attempts to restore functioning in these areas in three steps (summarized in Table 2). First, functioning is restored through education on topics involving the trauma, working through the experiences of the trauma and restoring energy through a healthy lifestyle. Second, post-trauma counselling seeks to restore functioning through exploration of what the crisis entailed, reassurance through support of family, school, community and crisis responders and referral to additional resources. The third goal in post traumatic counselling is activism, advocacy and actualiza-tion. These three provide opportunities for survivors to grow intellectu-ally and spiritually as well as providing meaning to the traumatic event.

The NOVA in-crisis protocol
NOVA also offers an overview of an 'in-crisis protocol' (Young, 2002). This protocol does not address all specific elements, but attempts to provide many important considerations (see Young, 2002 for further discussion of the elements below).

1. Assess the crisis and organize the response plan. It is essential to immediately assess the crisis scenario to determine the nature and scope of the tragedy. This immediate assessment should inform deci-sions regarding the degree of crisis response required.

2. Confirm who is in charge. The crisis response manager should be designated in the pre-crisis planning effort. However, if that individual is incapable of serving, then confirm another who will serve as the crisis response manager. In addition, it is important to establish where the central command office will be located.

3. Hold a crisis management meeting. The crisis team members should be notified immediately and disclose available information. The crisis response manager and coordinators should discuss and deter-mine the optimal approach to handling the crisis response activities.

4. Develop a crisis response portfolio. The media coordinator should immediately develop a crisis response portfolio. The portfolio should include: (a) a crisis fact sheet that summarizes what has happened; (b) unique issues of the crisis event; (c) a summary of the school crisis plan activities; (d) brief biography of each of the crisis team members

and (e) an overview of predictable short-term crises reactions and long-term stress reactions.

5. Address immediate needs. Immediate needs to be addressed by the crisis management team include: (a) identifying students and staff who may be need immediate assistance; (b) discussing possible school closure; (c) determining the type and content of announcements to be made; (d) indicating when and where individual and group crisis intervention will be available and (e) deciding when and where family or community meetings will be held.

6. Hold a press conference. The media coordinator should work with the press to communicate appropriate information to the public. Details regarding the crisis response activities may be provided as soon as the assessment and initial decision-making meeting has been accomplished.

7. Plan for related logistics. The logistics coordinator should take the lead in organizing and implementing any clean up and/or security after the crisis. Based on their experience, NOVA suggests that it is important not to eradicate all signs of the crisis. The crisis management team should work together to plan memorial services and it is the logistics coordinator's responsibility to identify appropriate areas in the school or community for those services.

8. Arrange for crisis intervention services. The psychological services coordinator should designate members of the crisis response team to facilitate individual and group crisis intervention with high-risk populations. Initially, group sessions should be as homogenous as possible so that those who have encountered similar experiences have a chance to receive peer validations. Again, however, it is important to acknowledge that group approaches may not be necessary for all crisis victims. In particular, there is some evidence to suggest that crisis victims who have significant physical injuries often do not benefit from such services. In addition, those at highest risk of psychological trauma should be seen individually by an appropriate mental health professional. The psychological services coordinator should also arrange the family or community meeting that may be held to discuss the tragedy. This meeting should be both informational and a process of crisis intervention.

The focus of these group crisis intervention sessions is on providing a safe environment for individuals to tell their stories about what happened to them and for victims and survivors to receive validation for their experiences. Finally, 'it is absolutely critical to focus on hope and the future for the individual and the community in order to combat potential depression and despair' (Young, 2002; p. 348). (See Brock (2002a) and Ayalon (1992) for further discussion of Group crisis intervention.) Group crisis intervention has more recently been referred to

as 'Group Psychological First Aid,' to make the point that these are immediate interventions and not psychotherapeutic treatments.

9. Establish communications between crisis response team members. The crisis response team members need to be in touch with one another as new information will surface during each day. A member of the crisis management team should be designated and accessible to receive 'reports in from the field'.

10. Establish a rumour control hotline. If the crisis has affected the entire community, a rumour control hotline and/or internet site that is available 24 hours a day may be useful to help people get accurate information. Reducing inaccurate rumours is important to reduce the eventual impact of the crisis.

11. Hold daily intervention sessions with the crisis response team members. Team members need to have a chance to process their own reactions to the crisis and to listen to others' experience as an anchor to reality. Such sessions are also useful to review what was accomplished each day and review the plan for the following day(s).

12. Keep track of news reports. The media coordinator should have someone to watch and listen to all media reports. Many times a media report can exacerbate a traumatic situation; as a consequence, the media coordinator can respond immediately with press releases or press conferences as appropriate.

13. Begin long range planning. Crisis team members should meet with the school crisis response coordinator to plan for the next few weeks, months and years. Memorials and continuing crisis intervention will likely be the focus during the upcoming weeks. Holidays and significant school events such as homecomings, proms or graduations should be considered in the plan for the next few months. The focus over the next few years should include such things as 'remembrance dates,' and addressing the trauma in terms of the developmental stages of children as they grow from elementary school to high school. For instance, when addressing grief among bereaved youth, it is important to recognize various cognitive and socioemotional levels among youth of different ages (Lehmann et al., 2001a; 2001b; 2001c; 2001d; 2001e).

14. Debriefing and evaluation of the crisis response. As discussed in Brock et al. (2001), at the conclusion of the crisis response it is critical to ensure that all team members are given the opportunity to debrief. The primary goal of such activities is to ensure that crisis response teams are successfully able to return to their pre-crisis roles and responsibilities. In addition, it is important to recognize that every crisis response is a learning experience. As a result, an evaluation of the response itself will be important to the success of future crisis responses.

Table 3   *Classroom group crisis intervention (GCI) summary*

GCI Step	Facilitative statements	Goal(s)	Goal attainment signs
Introduction	'I'm sorry this happened to your (our) school. When bad things like this happen, it is often helpful to talk about it. So, we are going to spend some time today talking. From our discussion we will have a better understanding of what happened, how it has affected us and what we can do to help each other cope'.	• Explain GCI purpose • Identify facilitators • Review GCI steps • Review rules	• Questions about GCI stop.
Providing facts and dispelling rumours	'We have experienced an event that was so unusual we might find it hard to understand. I would like to share with you what we know about this tragedy. Feel free to ask questions. It's important that you understand what happened'.	• Assist students to come to a reality based understanding of the event	• Questions about the traumatic event stop
Sharing stories	'Each person who gets through an event, such as the one we have just experienced, has a story. We are going to tell as many of these stories as we can today. Who wants to start?'	• Get students to talk about their experiences • Help students feel less alone and more connected to classmates	• Everyone has had a chance to share crisis stories
Sharing reactions	'Following a trauma, such as the one we've just experienced, it is not unusual for people to feel and behave differently for a while. Some common reactions are . . . These are normal reactions to abnormal circumstances. Who has had some of these reactions?'	• Get students to talk about trauma reactions • Help students feel more connected to classmates • Normalize trauma reactions	• Everyone has had a chance to share trauma reactions
Empowerment	'Traumatic events can make us feel helpless. I would like to see us take action or make plans to repair trauma related damage or prevent trauma reoccurrence'.	• Help students regain a sense of control over their lives	• Concrete action is taken or planned
Closing	'What can we do to begin to place this event behind us and move on with our lives?'	• Help students begin to think about placing the trauma behind them	• Completion of activities that enable students to begin the process of saying good-bye to that which was lost

Source: From Brock (2002); Group Crisis Intervention, in *Best Practices in School Crisis Prevention and Intervention*. Copyright 2002 by the National Association of School Psychologists.

Group crisis intervention

As indicated above, group crisis intervention (GCI) (Brock, 2002a) is a useful strategy to help students and staff understand the trauma they are experiencing, express thoughts and feelings and identify and/or learn coping strategies. Generally GCI is a single session with a group of individuals lasting approximately from one to three hours. Variations of GCI have been used by many professionals (McGlenn and Jimerson, 2004; Mitchell and Everly, 1996; Young, 2002). It is essential that the process be tailored to the developmental level of the participants. Broadly, the GCI has six steps: (1) introduction; (2) providing the facts and dispelling rumours; (3) sharing stories; (4) sharing reactions; (5) empowerment and (6) closing (Brock, 2002a; Summarized in Table 3). It is also important to establish post GCI support services for those who need additional support after the GCI.

Multi-modal model of intervention

ICRN members should also be familiar with the multi-modal model of intervention (e.g. BASIC ID or BASIC Ph). The multi-modal model approach to assessment and intervention was published by Lazarus in 1976. This approach emphasizes seven modalities: behaviour, affect, sensation, imagery, cognition, interpersonal and drugs-biology and that create the acronym BASIC ID (Lazarus, 1997). Lazarus asserted that each modality may be assessed to obtain a history of a particular individual, to ascertain where problems are occurring within each modality and to determine the individual's specific coping methods. Thus, the BASIC ID framework allows a therapist or an intervention team to work more efficiently with the individual to resolve significant conflicts and strengthen coping methods.

Lahad and colleagues created a similar approach known as the BASIC Ph model (See Table 4). The BASIC Ph incorporates six components: belief and values, affect, social, imaginative, cognitive and physiological. Each of these components is viewed as discrete elements, that when sorted into various combinations, form distinct coping strategies. While individuals often utilize more than one coping style throughout a lifetime, Lahad and colleagues contend that a dominant cluster of coping will develop over time. By understanding individual coping styles, crisis interventions and therapy may be tailored to best suit the needs of each person. Based on the BASIC PH model, Lahad and colleagues developed a psycholinguistic protocol to assist the helper to assess the victim's coping mode by active listening to the way s/he tells her story. Thus making sure that the intervention is resourceful and coping oriented.

A more formal way to assess which coping style is primarily

Table 4   *Summary of the multi-modal model*

Self-value	Emotions	Role-others organisation	Intuition humour	Reality knowledge	Action practical
B	A	S	I	C	Ph
Belief	*Affect*	*Social*	*Imagination*	*Cognition*	*Physical*
Frankl Maslow	Freud Rogers	Erikson Adler	Jung de Bono	Lazarus Ellis	Pavlov Watson
Attitudes Beliefs Life-span Value-clarification	Meaning Listening skills Emotions Ventilation Acceptance Expression	Social role Structure Skills Assertiveness groups Role-play	Creativity Play Psychodrama 'as-if' Symbols Guided fantasy	Information Order of preference Problem solving Self-navigation Self-talk	Activities Games Exercise Relaxation Eating Work

Source: From Lahad (1997; 2002).

employed by an individual, Lahad and colleagues advocate a biblio-therapy technique called 'Six Piece Storymaking'. The structure of Six Piece Storymaking consists of the therapist instructing the client, in a very specific manner, to draw a story. Once the client has completed the drawings, he or she explains the story to the therapist. Through this assessment, the therapist or crisis team member should not only determine the dominant coping method of the individual, but should also pay attention to the individual's tone when describing the story and the prevalent theme of the story. In doing so, further insight may be gained regarding the most crucial issues to address.

Through this brief assessment technique and the overall composition of the multi-modal approach, the BASIC Ph provides a framework of assessment that enables crisis intervention teams to explore individual coping styles and recommend who may require further support or professional treatment. The BASIC Ph model may also serve as a 'blue-print', that a school crisis intervention team can use to plan a multi modal intervention incorporating activities from all the six modes. Furthermore, Ayalon and Lahad (2000) have also developed a school and community crisis prevention program based on this concept and Lahad and Ayalon (1995) developed a Death Education program for all ages and Suicide Prevention (Ayalon and Lahad, 1996) based on the same principles.

Follow-up interventions
Crisis events are likely to have a lasting impact on a school and community. Appreciating developmental considerations, we are reminded of the importance of providing follow-up interventions that will attend to

the needs of both adolescents and adults. Unfortunately, the effects of traumatic events on adolescents' psychological well-being and behaviour have often been underestimated, especially in the months following the crisis (Vernberg, 2000). Thus, it is imperative that we understand the grieving process for youth who have experienced loss of any type so that we may better address their needs when responding to crises.

Pfohl et al. (2002), emphasize that the grief that youths experience depends on a number of developmental considerations, including the following: age, developmental level, presence of mental health problems, previous experience of child abuse or other types of trauma and familial support. In addition, contextual variables such as gender, culture, socioeconomic status, severity of exposure to traumatic event, degree of perceived and actual life threat, severity of loss and parents' responses to the traumatic event also impact bereavement. Moreover, individual coping styles, as asserted by Lahad within the BASIC Ph model, govern an individual's ability to effectively cope when crises occur. Due to the complexities of adolescent bereavement and individual coping styles, follow-up interventions should be tailored to address a wide range of concerns.

Follow-up interventions for school-age youth may range from systematic screenings, to cognitive-behavioural interventions or guided parent-child interactions. For example, the screening process can be useful in identifying those who may require further treatment. Within the school setting, students may initially be given self-report questionnaires to complete, to assess immediate responses and exposure to the traumatic event. Once the self-reports have been reviewed, interviews may be conducted with those students who appear to be most at risk for long-term psychological distress. Recommendations for further support or interventions should be based on the self-reports, observations and interviews (Brock and Jimerson, 2004b; Vernberg, 2002). In general, follow-up interventions for youth within the school context should possess a psycho-educational component. Providing psychological education to students, staff and caretakers about the crisis that has occurred allows them to comprehend more thoroughly what has taken place and helps negate any rumours that may have developed (Brock and Jimerson, 2004b). Furthermore, psycho-educational activities provide a forum in which individuals may express their grief and learn healthy coping strategies.

Culturally grounded support services

Given the diversity among children, families and communities around the world, it is essential that international crisis responders be cognizant and sensitive to cultural considerations and that support

services be culturally grounded. In identifying successful approaches to providing culturally grounded support services, UNICEF has provided a summary of important considerations, including: (a) a shift from a trauma approach to a community-based approach, fostering psychological healing that attends to the daily life struggles and priorities of the community and considers their beliefs and understanding of well-being; (b) identify local professionals from multiple disciplines who may exist in local community to assist in assessment strategies; (c) be aware of heterogeneity (e.g. differences or variation) within a community; (d) promote restoring natural support networks and utilize coping strategies that existed prior to the crisis event and facilitate the reintegration of children and families into community structures (e.g. schools); (e) traditional healing methods may be supplemented with training on psychosocial needs, healing and conflict resolution; (f) identify, incorporate and promote local capacities such as mental health professionals and consider additional training for para-professionals such as teachers to provide support to children and the community, a primary goal is to help people to become proficient and self-sufficient in providing support services; (g) understand community standards for socialization, considering who is included among vulnerable groups (e.g. children, women) and community standards for a healthy functioning person; and h) sustainable programs require successful community integration, thus, the community support, conflict prevention and evaluation of support services are each essential (see UNICEF, 1999 for further details). Attending to these key considerations should facilitate support services that '…integrate individuals and families within their communities, identify and restore natural community networks and coping strategies, inform relevant treatment for vulnerable groups and contribute to sustainability' (UNICEF, 1999; p. 5).

Attending to local considerations and concerns is emphasized in Capewell's (2001a; 2001b) Site-Specific Critical Incident Review and Action (SS-CIRA) processes. The SS-CIRA describes a method of assessment to decide on the most appropriate strategies and methods for supporting children and families after a tragedy. The term *site-specific* recognizes that no two critical incidents are the same, underscores that it is essential to understand the political, social, cultural and economic context of the incident. The particular considerations influencing the response include: (1) the specific context (e.g. social, cultural, political); (2) the specific incident (e.g. scale, nature, local significance); (3) the specific affected community (e.g. local population(s)) and (4) the specific resources available.

Summary

The proposed scaffolding of an integrated model of crisis preparedness and intervention aims to facilitate the collaboration of international colleagues who provide aid to children, families and professionals in schools and communities following crisis events. Developmental considerations of individuals and families are also emphasized in relationship to crisis preparedness and intervention with respect to the school and community context. This article incorporates multiple models and frameworks in order to provide a shared foundation for school psychologists and other educational and mental health professionals regarding crisis preparedness and intervention. Important areas reviewed in this article include: pre-crisis planning, in-crisis plan, group crisis intervention, multi-modal interventions, follow-up interventions and culturally grounded support services. Recognizing that the knowledge and expertise necessary to facilitate crisis preparedness and intervention exceeds the scope of this article, additional readings and participation in workshops are essential to establish a shared foundation among international colleagues.

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Appendix 1. International School Psychology Association – establishment of an international crisis response team

The purpose
To increase cooperation and solidarity among school psychologists throughout the world in helping schools and communities strengthen their coping skills and resilience following a natural or human made disaster.

The goals
- To establish an international crisis response team.
- To facilitate the dissemination of knowledge and practice of prevention and crisis intervention among school psychologist throughout the world.
- To promote the development of skills and capabilities in crisis intervention among professionals, community leaders and volunteers.
- To assist schools throughout the world to set-up crisis intervention programs to cope with students' reactions to crisis situation.

The specific objectives
- To form an international crisis response team, who can organize and mobilize resources for areas of mass disasters and help the local team of school psychologists to manage after-shocks needs in their schools and help them get organized.
- To develop programs for continuous preparation and advancement of knowledge among professionals by upgrading their education and training with novel tools and modalities in crisis intervention.
- To create means for 'helping-the-helpers' among school psychologists around the world, thereby avoiding their burn out and compassion fatigue.
- To create an Internet knowledge base and basic training platform in the various local languages through NASP and ISPA web sites, thereby elevating and improving professional proficiency in the international arena.
- To build a framework for international periodic conferences of knowledge sharing on issues of crisis intervention and management.