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The Crisis Response to a School-Based Hostage Event: A Case Study

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During the past two decades there has been increased public, professional, and legislative interest in school crisis prevention and intervention. It is recommended that comprehensive crisis teams be established at the school, district, and community levels. A case study was conducted in which interviews were utilized to facilitate an increased understanding of the experiences of state crisis team members responding to a school-based crisis event and how crisis teams attempted a coordinated response. Data analysis revealed several themes related to the importance of knowing the school system, having prior crisis-related training, the need for role flexibility, expectations related to the response, personal impact of the response, and the need for self-care. School mental health professionals and crisis response teams can consider these themes and ways to address concerns related to these themes to improve crisis response efforts.

KEYWORDS crisis response, case study, crisis team, hostage event

Although the prevalence of lethal school violence and other large-scale school-based crises is rather low, these traumatic events impact all members of the school community (Brock, 2002; Daniels, Bradley, & Hays, 2007). The impact of school violence and trauma on children and adolescents has been well documented. According to Shen and Sink (2002), children may experience persistent and intrusive thoughts of the event, nightmares, and other problems. Teachers and other school personnel may also suffer

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the psychological effects of school-based crises (Newman, Fox, Harding, Mehta, & Roth, 2004).

Because of the potential for large scale impact, incidents of school violence require an organized and carefully coordinated response to meet the needs of the affected individuals (Brock, 2002) and the establishment of comprehensive crisis teams at the school, district, and regional or community levels (Brock et al., 2009). For these teams to function effectively, team members must share common goals, have well-defined roles, and be willing to work together in a coordinated manner (Cornell & Sheras, 1998). Further, a variety of school crisis interventions are necessary to meet school community needs following such events, including psychological triage procedures and services for those who have been moderately to severely traumatized (Brock & Davis, 2008). Provision of referrals for community-based treatment for individuals who are in need of intervention beyond those that can be provided in the school setting is also an important part of a coordinated response (Brock et al., 2009).

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. Instead, much of the interest and research in this area have focused on perpetrators of violence (e.g., O'Toole, 2000). Other literature in the area of school-based crisis relates to proposed crisis team structure and response models and curricula. These include Psychological First Aid (Sandoval, Scott, & Padilla, 2009), the National Organization for Victim's Assistance (NOVA) model (Young, 1998), and the PREPaRE model (Brock, Nickerson, Reeves, & Jimerson, 2008).

Specific strategies to address violence and other crises have also been published. For example, Berkowitz (2003) suggests interventions for children and youth exposed to community violence. Others have addressed crisis response to natural disasters (e.g., Gaffney, 2008).

Whereas recommendations have been made about the structure and function of crisis response teams, as well as what constitutes an effective response (e.g., Brock et al., 2008), there is a notable absence of empirical evidence to guide school personnel in developing emergency preparedness and crisis response plans for school shootings (Borum, Cornell, Modzeleski, & Jimerson, 2010), as well as a paucity of literature related to the specifics of actual crisis responses and how crisis teams coordinate with other emergency personnel.

Study Purpose

The purpose of the present study is to describe the response and experiences of a state crisis response team following an act of lethal school-based violence. Other mental health professionals can use this information to inform

crisis response planning and to improve the response to other school-based crises. The following questions guided this study.

PRIMARY QUESTION

What were the experiences of members of a state crisis response team who responded to a shooting and hostage situation at a public high school?

SUPPORTING QUESTIONS

What were the specific roles the participants assumed during the response? What situations did the responders find surprising or unexpected? What aspects of the response were perceived as effective or ineffective by the responders? Based on this experience, what advice and recommendations do these responders have for future responders?

RESEARCH METHODOLOGY: A QUALITATIVE CASE STUDY

Qualitative researchers want to understand how people interpret and assign meaning to their experiences (Merriam, 2009). Thus, our main research question focuses on the participating school crisis members' experiences during a particular event. The current study employed a case study approach to explore crisis responders' own accounts of the response following an armed school hostage incident. An instrumental case study provides an in-depth description and analysis of an "issue or concern" within a bounded situation like this particular school crisis response to better understand a particular phenomena and how different individuals respond to the same phenomena (Creswell, 2007, p. 74). Moore, Petrie, Braga, and McLaughlin (2003) argue that qualitative analyses are a particularly viable method given the rarity of targeted school violence. Regardless, it is important to understand how to most effectively and efficiently respond to a major school crisis. Case study is often used as an approach to teach others through the illustration of one detailed event. The question the researchers ask is, "What can be learned from this situation, in this case a unique crisis, that we would rather not see happen again?" But, if it were to happen, how might the crisis response be better managed as a result of the data collected and analyzed through this study?

The Setting

The school, "Public" High School, is located in a small town of roughly 5,500. About 91% of the 400 students attending the school at the time of the hostage event were Caucasian and 17% were eligible for free or reduced-price lunch.

The school had three administrators, three counselors, a part-time school psychologist, 28 teachers, and a school resource officer. The two-story high school is physically connected to a middle school via a lunchroom that the two schools share. The school is accessible only via one small highway.

The Crisis Incident

According to state bureau of investigation reports, the incident began when an armed man entered Public High School and took a classroom of students hostage. The gunman released the teacher and all of the students except for seven girls. Over the next several hours, while the rest of the school was engaged in lock down and evacuation procedures, law enforcement attempted to engage in negotiations with the hostage taker, but to no avail. The man sexually assaulted the girls he was holding and then released all but two of them. The incident ended when law enforcement officers stormed the classroom. The gunman killed one of the girls and then killed himself.

The hostage event at Public High occurred a number of years after the tragedy at Columbine High School in 1999. The Columbine shooting yielded a number of lessons learned that prompted schools and law enforcement agencies across the country to reassess how they prepare for, respond to, and mitigate incidents of targeted violence in schools. The county in which Public High is situated, as well as the school itself, incorporated a number of these improvements into its daily operations, including the use of active shooter response tactics and the development and implementation of an updated school emergency action plan (Kowlaski & Mangels, 2007).

What happened at Columbine also impacted the mental health response to school-based crises across the country and resulted in the formation of a variety of statewide crisis response teams, including the team that participated in the present study. The practices of this team were informed by the lessons learned at Columbine. The team's response to Public High was the first crisis that resulted in deployment of most of the team and was the first opportunity for members to provide crisis intervention services as a team. Hence, this school-based crisis event and the response of this team were selected for study.

Participants

In qualitative research, the selection of participants is purposeful, not random, because the researcher seeks participants and sites that will yield the most information (Lancy, 1993). Participants were selected for this study based on being a member of a statewide crisis response team (CRT) and having responded to the crisis situation at Public High School.

The CRT was created following the 1999 tragedy at Columbine High School in Littleton, Colorado to assist schools and communities in preventing and responding to crises. The team is comprised of certified school psychologists. Each member of the CRT has expertise and advanced training in crisis prevention and response, including training in the PREPaRE model (Brock et al., 2008).

The hostage event at Public High was the first opportunity the CRT had to respond as a team to a major school crisis. Previous research examining mental health response to such an event has generally been limited to individual school personnel (e.g., Daniels et al., 2007) and no research has examined the experience of a team of professionals dedicated to meeting the crisis response needs of schools across an entire state.

The voluntary participants in this study included six of the 12 members of the CRT who responded to the hostage event at Public High School. Four to five participants is a sufficient number within a case study design to allow for a concentrated effort of theme identification (Creswell, 2007). All of this study's participants identified as Caucasian. Five were female and one was male. All had experience with smaller school-based crises including suicide, sudden death, threats of violence, and gang violence. One study participant had been a part of the response to the Columbine shootings. All participants had a master's or specialist degree in school psychology and were licensed by the state department of education. The respondents comprise an experienced group with participants having 7 to more than 20 years of experience as a practicing school psychologist.

Procedures

Following University of Colorado Denver Institutional Review Board approval, all 12 CRT members who responded to Public High following the tragedy were sent an e-mail inviting them to participate in the study. Six of these 12 agreed to take part. Consent forms were e-mailed to these participants and once the consent forms were returned, interviews were scheduled at a time and place of participants' convenience. One interview was conducted via the phone due to the participant living a great distance from the researchers.

Consistent with a qualitative research paradigm, this study employed interviews for data collection. In this study, one-on-one semistructured interviews were conducted 12 to 18 months after the event. The design for the interview guide was shaped by the literature, especially Brock et al.'s (Brock, Sandoval, & Lewis, 2001; Brock et al., 2009) model of school-based crisis response, as well as the U.S. Department of Homeland Security's (2004) National Incident Management System and Incident Command System. Interview topics related to (a) the participants' experience on the CRT (e.g., length of time as a member); (b) their individual response to Public High (e.g., length of time spent onsite, roles); (c) their perceptions of various issues such as the command structure, triage procedures, and follow-up;

(d) what was unexpected; (e) their evaluation of the response; (f) what helped them cope; and (g) what they would like other responders to know. The interviews were conducted by one of the study authors and lasted 60 to 120 minutes each. All interviews were audiotaped and transcribed in full. Altogether, there were over 109 pages of transcribed data. Member checks were completed following the completion of the interview transcription in an effort to insure accuracy. Each participant was provided with a copy of their interview transcript and was asked to evaluate the transcript for accuracy and to provide any necessary and desired corrections or revisions. Participants were referred to by pseudonyms on all reported data.

Data Analysis

Within-case sampling is a technique that allows researchers to "collect comparable data points from each interviewee" (Miles & Huberman, 1994, p. 29). This study's authors independently read each transcript multiple times to develop an initial classification system of emerging patterns of categories and to determine any themes across transcripts based on what was stated in each one.

LeCompte and Schensul (1999) offered analysis procedures that involve rereading materials to identify descriptive code domains. Codes are "names or symbols used to stand for a group of similar items, ideas, or phenomena that the researcher has noticed in his or her data set" (p. 55). Codes can be based on categories that match the theories presented in the literature review as well as categories apparent in the research questions (Summers, 2003). Through repeated comparative analysis, we were able to identify themes or patterns that answered the following research questions: What roles did the responders assume? What was the experience of responding to this crisis like? What was surprising or unexpected? What worked and didn't work? What they would recommend to future responders?

Establishing Criteria for Adequacy

The adequacy of qualitative research is evaluated using the following four strategies: (a) triangulation; (b) rich, thick description; (c) statements of discrepant information; and (d) member checking (Creswell, 2007). To establish adequacy, data was collected through different sources to build justification for the themes identified. The researchers included contrary information presented to gain credibility of the account for the audience, and current participants served as a check throughout the data analysis process.

The internal validity of qualitative research is "generally defined as the trustworthiness of inferences drawn from data" (Eisenhart & Howe, 1992, p. 644). Trustworthiness, also defined as naturalistic generalization, is established through the confidence that others can understand and learn from the case study also (Creswell, 2007; Stake 1995). Merriam (2009) also

suggests that for external validity "universals can't be found in the study of human affairs and that context-dependent knowledge is more valuable." A single case can be generalizable when its context transfers to a similar situation (e.g., other crisis response situations). Triangulation, member checks, peer examination, and submersion in the research situation all strengthen the validity of a qualitative study (Merriam, 1998, 2009); we incorporated these factors into the data analysis process. If researchers would like the study to be applied or generalized in other situations, they expect the readers will apply their own "personal meanings" of the event and know that the readers will reconstruct the knowledge in a way that is "more likely to be personally useful" (Stake, 2005, p. 455). While it is common for qualitative research to be applied or generalized to other situations, the researcher should provide enough detailed description that the readers can determine if the case fits their situations (Merriam, 2009).

RESULTS

General Information

The crisis event occurred on a Thursday and the CRT members began arriving at the site on the following Monday. The amount of time each participant spent onsite varied depending on what their individual circumstances would allow and ranged from 2 to 5 days. The Public High School counselors were charged with leading and coordinating the mental health response, though one CRT member provided leadership upon request and as needed. In addition to school and district mental health service providers and the CRT, other responders included victim's assistance agency personnel and therapists from regional community mental health centers.

General Themes Across Responders

Interview coding schemes yielded commonalities in the participating crisis team responders' experience. Organized in terms of what was important and necessary for an effective response and personal realizations and recognition of various aspects of the response, the following commonalities were considered major themes across participants. Selected quotes from individual responders are included to illustrate what the themes represent. The quotes were selected based on how well they exemplify the themes; thus, some participants are quoted more frequently than others.

FAMILIARITY WITH THE SCHOOL SYSTEM

Something that became quite evident through the review of the interview transcripts was the perception that to be effective as a school-based crisis responder, one must know the school organizational system. Participants

conveyed that without such knowledge, it would be difficult if not impossible to meet the needs of the school community following a crisis.

Those of us who work in schools know how to be aware of how we can blend into a classroom and support a teacher as opposed to a clinician who comes in and wants to do therapy or is freaked out when they walk into a room with 20 kids who are falling apart. I remember the first day that the (other agency) people came in and they were wearing these really obnoxious crisis response shirts—it was like carrying a neon flashing light that says, "Crisis, crisis here I am, I'm going to help you and while we're talking I'm going to keep this flashing sign on you." (Gretchen)

Our directive was to go the cafeteria where the teachers were sitting in groups. We were to start up conversations with the teachers and a real interesting thing happened: the private practice mental health folks mostly—not all, but mostly sat themselves at a table in the middle of the cafeteria and waited for teachers to come to them. Now what we school people did was pick a table and sit down with the teachers and start talking with them. I was really struck by how different we approached the whole job. (Margi)

NEED FOR TRAINING IN CRISIS RESPONSE

Preparation for addressing the crisis-related needs of the school community is critical. Study participants all reported that without this training and background knowledge, they would not have known what needed to be done, let alone been able to meet the needs of those impacted. Gretchen explained it this way: "We came in with resources from the national organization, PREPaRE, and resources from the crisis institute. We were fortunate to have some really good documents so we didn't have to reinvent the wheel."

THE IMPORTANCE OF ADDRESSING THE NEEDS OF ALL THOSE IMPACTED INCLUDING THE ADULTS

Every participant in this study worked with both children and adults impacted by the hostage situation. Each appeared cognizant of the importance of meeting the needs of teachers and other school personnel during the initial response. Kim noted, "Responders should support the staff's needs first because they're the ones who'll interact with and support the students." And, according to Cynthia:

We sat with the floor plans of the building and the schedule of what teachers were in what rooms, at what times, with what kids . . . we knew that Teacher X in Room 4A down the hall from the event had issues of

a burglary 2 months ago; so we could determine the need for a mental health person there—what would be the most appropriate support for that teacher, so she could be there to support those kids. (Cynthia)

THE IMPORTANCE OF SEEING THE SCENE OR SITE OF THE INCIDENT

The participants reported that they were given the opportunity to tour the classroom where the hostage situation occurred. Law enforcement personnel led the responders to the room and described the scene both prior to and during the SWAT response. Although the participants noted how difficult this was, each also described the value of having a shared experience with those individuals with whom they would be supporting.

We did see the site later that day—took a tour of the school to see what teachers had heard and seen ... it was amazing, they had the actual SWAT team showing what the room was like and explaining how some people didn't know what was going on—like how the PA system wasn't working. ... The sheriff gave a step-by-step description. The picture of the whole experience was unreal—we were going to be working with the kids soon so this way we would have something tangible. (Gretchen)

We went into the room where the shooting actually happened and it was really pretty overwhelming . . . some of us were a little teary and it was emotional . . . a really strong impact, seeing the place and it was a mess and wasn't cleaned up. It was helpful, but hard. (Margi)

NEED FOR FLEXIBILITY IN THE ROLE OF THE RESPONDER

The specific roles described by participants varied widely depending on what was needed at the time. The flexibility required became clear through the analysis of the interview transcripts.

So after spending all that time putting together the high school plan, next thing you know—"Oh by the way, you're the lead contact for the middle school response".... I was like, "Ok, I guess I'll go work on that one now." And, so we set up a response plan for the middle school as well. ... [My role] shifted again and again. (Cynthia)

On day two I was stationed in a hallway outside of the alternative school where they anticipated that some students might need to talk . . . just be available . . . I had one paraeducator come in and talk with to me about trust issues. (Tom)

Being able to organize things, being prepared and then working without following the plan because things had changed. . . . I did follow up with

individuals and I also saw a group of three kids who had been hunkered down in the library throughout the event. . . . They had been forgotten and so I did a group with them. I saw individuals who either said they wanted to talk to somebody or somebody the day before felt like they needed to be checked on. (Sara)

I was with a teacher in his classroom throughout the day. That was his choice. This teacher had really good rapport with the students, so we sat and talked and processed at the beginning of each period for 15 or 20 minutes. . . . When I saw something going on with a student, I pulled them aside and we had places to go and talk for a while. I also ran some groups with kids right in the room and facilitated with the teacher . . . so we could talk through how frightened they were and how things were going to be okay. . . . What else did I do? At one point, I was called up to the counselors' area to work with kids that were falling out of some of the rooms; I worked with them one-on-one; they were our repeater kind of kids that had been in class for a while and were having a hard time and went back and forth so I did that for about half the day as well. (Gretchen)

The rest of us doing whatever and making coffee, we need file folders, I'll go find some. . . . In the middle of the response, a vase of flowers broke . . . so we needed a vase and that's what I went and got. Too good to go find a vase? No, that's what was needed—we want to give them what they need and because you're a school-based responder and you know where to go find a vase, you just do that. (Cynthia)

NEED FOR FOLLOW-UP AND LONG-TERM INTERVENTION FOR THOSE IMPACTED

Common themes emerged among participants related to the importance of providing long-term follow-up for those who were severely impacted. They also described the difficulty of providing long-term follow-up and intervention due to the rural and isolated nature of the school and surrounding community.

Others set up long-term counseling support through Mental Health. A permanent mental health counselor was placed in the community but it took several weeks for that to happen. Meanwhile, students, staff and parents didn't have access to outside mental health support unless they drove to BigCity. But, one person couldn't possibly support all of the people impacted by the crisis. . . . I went back a month later to see how the staff was doing. They were tired, very drained. Staff told me their students' behavior problems were escalating. They were seeing the numbness wear off and the real behaviors unravel. They saw increased aggression, agitation, and irritation in their students. (Kim)

NEED FOR EVALUATION OF THE RESPONSE

Study data indicate that the participants have an appreciation of the importance of evaluating the crisis response. However, due to the nature of the incident and the fact that the participants were members of a crisis team external to Public High School and its respective district, there were no opportunities to conduct an adequate evaluation of the team's response. A great deal of concern related to this gap was observed across respondents.

We know the evaluation was lacking. . . . And that's so important because how are we going to learn? . . . We need to hear what the staff and students have to say about our response. We need to know where they think things fell short and what was helpful. When you don't get that feedback, you keep doing the same thing and assume it's appropriate. We base our response behavior and decisions on current literature . . . but there's minimal outcome research on the topic. I don't think there's any that specifically addresses evaluation of school shooting responses. . . . That was really frustrating because I think we could have had some really nice information to help others who might have to respond. (Kim)

RECOGNITION OF TURF ISSUES WITH OTHER RESPONDERS

Because of the nature of the incident, as well as the relatively isolated nature of the school's location, this tragedy required a number of outside responders to meet the needs of the school community. Study participants related that a variety of territorial issues arose, especially at the beginning. These issues were primarily centered on leadership and roles and responsibilities; however, these issues appeared to resolve themselves fairly quickly.

There were immediately those kind of turf issues at the beginning—who is going to do what and [other agency] people got their nose out of joint because they weren't going to be the ones to work directly with kids, they were going to be working with families and other people affected. . . . And there were some people who were not happy about the school people taking the lead because they felt that it didn't matter what setting you were in—you could still go ahead and do crisis stabilization. (Margi)

I heard rumblings from others about who made decisions and why are we stuck out here. . . . One person from [other agency] came up to me and said you're school psychologists? Why are you here—we are trained to do this. It was a little weird. (Sara)

RECOGNITION OF THE PERSONAL IMPACT OF RESPONDING

Responding to the incident at Public High was associated with a variety of crisis reactions and some secondary traumatic stress. Study data revealed a range of reactions experienced by study participants subsequent to the response. Most of these were generally transient in nature. For example, Margi reported having nightmares for a while afterwards. Sara described the impact on her this way:

I had some sleeping difficulties for 2 or 3 weeks and I noticed how irritable I was as well... but I would describe it as an incredible learning experience and an emotionally challenging, gut wrenching experience—it's always a great gift to be with people who are experiencing something so intense and they allow you into their lives for a little while.... Then afterward for me it's just a crush of emotions happening, I remember getting in my car that beautiful fall day and heading home and turning on the radio and then just starting to sob and sob. (Sara)

NEED FOR SELF-CARE AND SOCIAL SUPPORT, INCLUDING OPPORTUNITIES TO DEBRIEF

The need for self-care was seen as critically important to the responders who participated in this study. To ameliorate the impact of crisis response, participants noted the importance of having access to social and mental health supports.

It was helpful that I had my [significant other] who is also a mental health person to talk to afterwards. The CRT didn't have a chance to debrief the emotional impact of it, that was something that we should have done and didn't. It was the end of the day and all of us were headed off in the opposite directions. (Margi)

I called another school psych, a long-time friend of mine. . . . I needed to talk to somebody who could handle it. My husband couldn't handle it, my kids couldn't handle that, it's not fair and we can't do that, you have to give it to somebody that you know that can handle it . . . you don't rebound your [sic] hurt. (Cynthia)

Variations Within General Themes

Within these themes across responders, several variations were observed. Specifically, data analyses revealed variations in what was surprising or unexpected during the response and what the participants thought was important for future responders to know.

SURPRISES AND UNEXPECTED EVENTS NOTED BY PARTICIPANTS

Some of the study participants were surprised by the variety of reactions and impact. For example, Cynthia was caught off guard by the degree of guilt experienced by many of the teachers. She noted that some teachers felt guilty because they hadn't been at school that day; some felt guilt over not following emergency procedures during the crisis; and some male teachers expressed guilt because they had been unable to protect the female students from the sexual assault.

Several participants were also surprised by the lack of backlash against the school and law enforcement for how the situation was handled. Kim compared this with the Columbine tragedy:

Not one lawsuit. And the insurance people had that building cleaned up and ready to go back in—what? Five or six days? They cleaned it up so the kids could go back to school. With Columbine, it took months. It wasn't cleaned up until the following year. So, we learned to move fast and get the school back to normal as soon as you can. (Kim)

The lack of involvement of the media caught some responders by surprise. Unlike the Columbine tragedy, no television crews were on site during or immediately following the hostage situation. Gretchen described it this way:

I think things could have been a whole of a lot worse up there—they were able to control media by the shear virtue of how Public High is less accessible, they could barricade off the highway, really keep them away. They were able to stage the press across the road from the school. (Gretchen)

ADVICE FOR FUTURE RESPONDERS

What each participant thought was most important for other/future responders to know varied widely. Gretchen had several pieces of advice she wanted to share:

First, wait until you're invited, know you're not going to be all things to all people, know what your goals should be and try not to be anything different; don't do anything outside of your experience or your scope of practice that you are comfortable with. (Gretchen)

Kim thought it was important not only to expect to be impacted but also to be careful about sharing experiences with family members: "Don't dump on your family. Don't tell them the gory stories. It's not good for them—don't traumatize your family." The sole male respondent, Tom, expressed the importance of knowing who was in charge and being aware of the command structure.

Cynthia wanted to remind future responders that final decisions about who responds and what the response looks like should ultimately be left to the staff at the crisis site since they are the ones who know the students, community, and potential impact best: "The school counselors made the final decisions about what their needs were and how best to respond." Both Cynthia and Sara thought it was important to keep in mind the potential limitations of cell phone service, landlines, and computer and printer access at crisis sites.

DISCUSSION AND IMPLICATIONS FOR PRACTICE AND RESEARCH

The importance of providing appropriate and effective crisis intervention to individuals impacted by an act of violence or other crisis in the school setting cannot be overstated. While the sample of the present study was restricted to school psychologists on a statewide crisis response team, this research provides a rich description of how a particular CRT responded to a school-based crisis and can serve as an example for future responses. As noted by Borum et al. (2010), responders are reliant on the lessons learned in the aftermath of a crisis to guide future response efforts. The findings from this research can provide guidance to other school mental health professionals engaged in crisis response. These practitioners may benefit from attention to those factors identified by experienced responders that appear crucial to an effective response.

Central to effective school-based crisis response is knowledge of the uniqueness of schools and school systems. This is echoed by Brock et al. (2001) who noted that crisis responders who are not school employees often make simple mistakes because they don't have an understanding of how the school functions. Although general crisis-related principles and approaches to interventions can be utilized in the schools, having an understanding of the culture, the nature and structure of relationships, and how a crisis can impact the system at all levels is critical to meeting the needs of the school community in the aftermath of a crisis.

Consistent with Brock et al.'s (2009) contention that having adequate crisis response-related background knowledge is crucial to an effective response, the participants in this study noted the necessity of obtaining prior training and expertise in the areas of trauma and crisis intervention service provision, as well as having knowledge of existing resources. The National Association of School Psychologists practice model (2010) speaks to the importance of school psychologists having knowledge of crisis intervention and collaborating with school personnel, parents, and the community

in the aftermath of crises. The results of the present study are consistent with this charge.

Addressing the needs of all those impacted, including the adults, was an obvious theme in the study findings. This is a critical issue in light of previous research that suggests that not only are teachers and administrators at risk for multiple negative long-term consequences including illness and burnout, they may feel their needs are neglected following acts of school violence (Daniels et al., 2007; Newman et al., 2004). In addition, teachers may be expected to meet the mental health needs of students when they lack the necessary training and expertise to do so (Newman et al., 2004). Thus, ensuring that opportunities for school personnel to access support from crisis responders and/or mental health professionals is an important part of crisis planning.

School psychologists who serve on crisis teams have a variety of prevention, preparedness, response, and recovery responsibilities (Brock et al., 2008). Findings from this study underscore this point. The roles and tasks of responders shift during and after a school-based crisis and it is imperative that they are prepared to make these adjustments. Having adequate training in crisis response may foster the ability of crisis responders to both anticipate and take on the range of responsibilities required.

The findings of this study demonstrate a need for follow-up, long-term intervention for those impacted. Although most students and school personnel will be able to get back to the typical school routine quickly and without formal mental health treatment, some students will require additional intervention (Brock et al., 2009). Consequently, longer-term recovery needs and postvention should be addressed. For schools that are in relatively isolated communities, school-based interventions may be the best way to meet these needs. Examples of such interventions include Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Jaycox, 2003) and Support for Students Exposed to Trauma (SSET; Jaycox, Langley, & Dean, 2009). CBITS is a skills-based, group intervention provided by mental health professionals that is intended to relieve symptoms of Posttraumatic Stress Disorder (PTSD), depression, and trauma-related anxiety. SSET is an adaptation of CBITS that can be implemented by school personnel who do not have a background in mental health and clinical training. It includes a series of 10 lessons intended to reduce the distress that results from exposure to trauma.

This study's findings also show the need for an evaluation of the response. The crisis intervention literature is replete with suggestions related to the conduct of an evaluation of crisis response and interventions for school and district crisis teams (e.g., Brock et al., 2008, 2009), yet even at the building level, this step is often overlooked (Adamson & Peacock, 2007). Add the complication of the involvement of multiple outside agencies, and the assessment of the efficacy of the response appears even less

likely. However, school district and state teams should include a postcrisis evaluation meeting in their response plans. These appraisal debriefings can be an effective way to review the crisis plan and the response to identify limitations and make improvements (Razi & DeChillo, 2005).

Study findings revealed some challenges of working with individuals from other teams and agencies as a result of turf issues. Brock et al. (2009) describe territorial issues as a common obstacle to crisis prevention and preparedness. As with individual teams, having common goals, well-defined roles, and a willingness to work together in a coordinated manner can serve to reduce these difficulties (Cornell & Sheras, 1998).

Although exposure to graphic descriptions and scenes of crises and disasters poses some risk of vicarious traumatization (Clukey, 2010; Trippany, White, Kress, & Wilcoxon, 2004), the results of the present study suggest that having the opportunity to view the crisis scene may foster the ability of crisis responders to more effectively meet the needs of those impacted. However, considering the risk of secondary trauma to responders, the impact of this experience merits further study. Regardless of exposure to the actual site, the personal impact of the response and the need for opportunities for social support to debrief with other responders following the response are important to recognize. Consistent with other research with school crisis responders (e.g., Bolnik & Brock, 2005), participants in the present study noted crisis reactions subsequent to their involvement in the response. Being aware of one's own reactions to violent acts and to their clients' traumatization allow for the engagement in self-care strategies (Trippany, White Kress, & Wilcoxon, 2004). This study's participants appear to have this awareness, as well as an appreciation for the importance of self-care.

When considering this study's findings, the following limitations should be considered. First, due to the lag between the hostage event and data collection, the potential for a recall bias exists. Recollections of the event, the response, and the participants' experiences may have changed over time. In addition, small sample size and focus on one tragedy may offer a limited perspective specific to this particular crisis.

These limitations notwithstanding, this study provides a number of insights related to an actual mental health response to a school-based crisis. Such information has been limited in the professional literature. It is hoped that this study's findings will help to inform crisis planning and intervention for mental health professionals responding to future school-based crises.

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